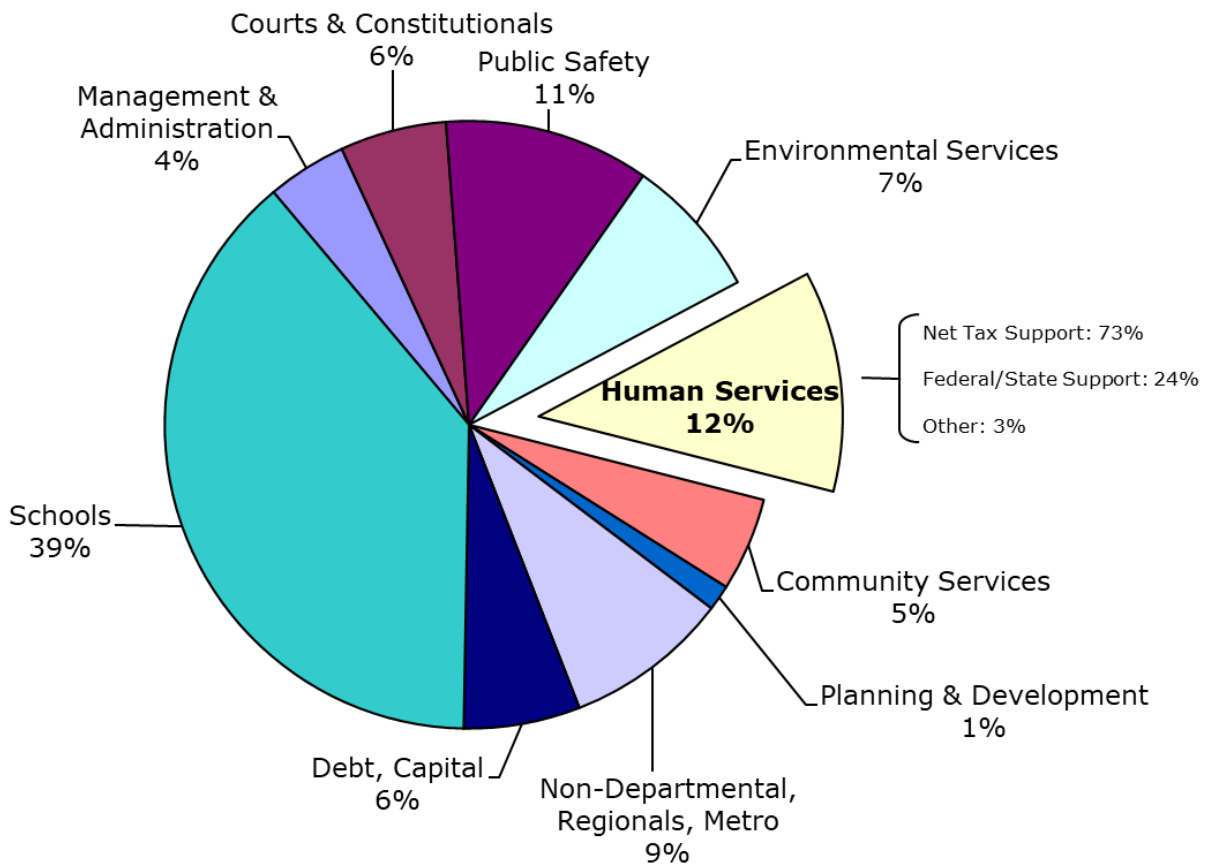


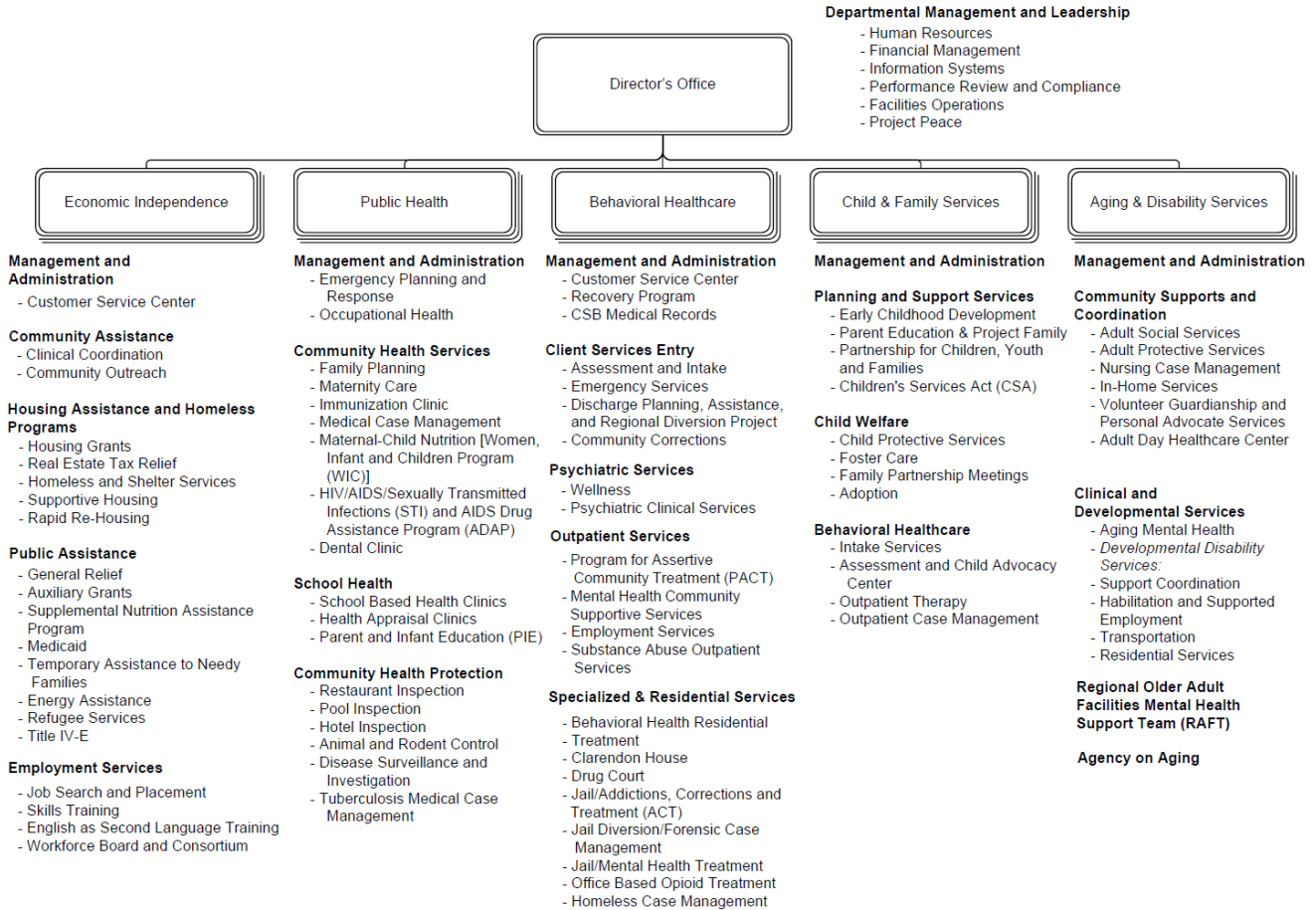
Our Mission: Strengthen, protect, and empower those in need

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 2025 Proposed Budget - General Fund Expenditures



LINEs OF BUSINESS



Housing Choice Voucher Program

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

Housing Choice Voucher Program is in the Housing Choice Voucher fund

SIGNIFICANT BUDGET CHANGES

The FY 2025 proposed expenditure budget for the Department of Human Services (DHS) is \$190,690,584, a three percent increase over the FY 2024 adopted budget. The FY 2025 proposed budget reflects:

- ↑ Personnel increases due to employee salary increases and slightly higher retirement contributions based on current actuarial projections, adjustments to salaries resulting from the accounting and financial job study (\$183,729), judicial and legal services job study (\$17,293), human resources and safety job study (\$31,031), the addition of 8.75 permanent FTEs as detailed below, partially offset by the reductions below.
- ↑ Non-personnel increases primarily due to contractual increases (\$2,490,446), eviction prevention (\$1,402,838), electricity adjustments (\$473,157), state substance abuse disorder allocation (\$195,597), Sequoia Plaza rent expenses (\$74,718), state allocation for mental health (\$33,727), Sequoia Plaza operating expenses (\$22,575), and one-time funding for electric vehicles (\$13,021). Non-personnel increases are offset by removal of one-time funding for food security grants (\$150,000), eviction prevention (\$4,000,000), housing grants (\$2,481,350), OBOT consultant funded by the opioid settlement (\$45,000), and the reductions below.
 - The total rental subsidy funding for the Housing Grant Program in the FY 2025 proposed budget is \$15,077,676, including funding for a new housing grants category for youth aging out of foster care (\$101,232). The program budget funds the annual increase, including increases for the Maximum Allowable Rent.
- ↑ 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 in Virginia Department of Social Services Administration Revenue (\$174,821).
 - ↑ Increase in Agency on Aging funding (\$43,979).
 - ↑ Increase in DDS case management, residential, and habilitation state revenue (\$36,250).
 - ↑ Increase in Refugee Resettlement Program (\$78,660).
 - ↑ Increase in Virginia Department of Health COOP (Continuity of Operations Planning) (\$182,789).
 - ↑ Increase in Permanent Supportive Housing grant funds from the Virginia Department of Behavioral Health and Developmental Services (\$480,324).
 - ↓ Decrease in Early Intervention Part C reduction (\$137,498).
 - ↓ Decrease in VDSS (Virginia Department of Social Services) Fostering Future Allocation (\$90,997).
 - ↓ Decrease due to the elimination of the Child Care Quality Grant (\$24,000).
 - ↓ Decrease due to the reduction of RDAP (Regional Discharge Assistance Plan) grant (\$160,248).
 - ↓ Decrease due to the reduction of Opioid Abatement Grant (45,000).

The FY 2025 proposed permanent staffing level is 797.72 FTEs, an increase of 8.25 FTEs over the FY 2024 adopted budget. The FTE changes are due to the increases listed below. The positions shown in *italics* were approved by the County Board in FY 2024 after the FY 2024 budget was adopted.

- Departmental Management and Leadership Division (4.0 FTEs net):

- Add a coordinator for the youth substance abuse prevention program (0.50 FTE). The program's funding is budgeted in Non-Departmental.
- *Grant-funded Management Specialist (\$77,188, 0.50 FTE) to support Quality Assurance to identify and correct data quality errors in Welligent electronic health record.*
- *Transferred positions from the Behavioral Health Division to the Director's office.*
 - *Grant-funded Management Specialist to the Quality Assurance and Administration Division (\$102,882, 1.00 FTE).*
 - *Grant-funded Human Resources/OD Specialist (\$145,361, 1.00 FTE) to the Human Resources Bureau.*
 - *Transferred and reclassified a Behavioral Health Emergency Services Clinician (Licensed) (\$142,407, 1.00 FTE) to the Department Management and Leadership Division to coordinate department training for the Community Services Board, Welligent, and other departmental training needs.*
- Economic Independence Division (7.75 FTEs net):
 - Community Assistance
 - *Grant-funded limited-term IT Support Specialist (1.00 FTE) to support the Homeless Management Information System. This position's budget will be carried over through the FY 2024 closeout process.*
 - Employment Services
 - Re-allocated grant-funded non-personnel funds to create an Employment Services Specialist (\$107,038, 1.00 FTE) to support Ticket To Work.
 - Eliminate a position in the Employment Center as described further below (- \$102,173, -1.0 FTE).
 - Public Assistance
 - Add two grant-funded out stationed Eligibility Workers (\$214,102, 2.0 FTEs).
 - Housing Assistance and Homeless Programs
 - Re-allocated an Administrative Technician (\$43,020, 0.50 FTE) from Housing Choice Vouchers to support the Continuum of Care program.
 - *Grant-funded increase of a current Eligibility Worker (\$25,348, 0.25 FTE) to fulltime to support the Permanent Supportive Housing program.*
 - Add two Human Service Specialists for the Eviction Prevention Program (\$250,878, 2.0 FTEs).
 - Add two Eligibility Workers for the Housing Grants Program (\$233,517, 2.0 FTEs).
- Behavioral Health Care Division (0.00 FTE net):
 - Outpatient Bureau:
 - *Grant-funded Behavioral Health Therapist (Licensed) (\$60,008, 0.50 FTE) to support persons in the Permanent Supportive Housing program with serious mental illness.*
 - *Grant-funded Behavioral Health Therapist (Licensed) (\$63,959, 0.50 FTE) to assess clients' ongoing medical needs and complete authorizations.*
 - *Grant-funded permanent Human Services Clinician III (\$114,758, 1.00 FTE) to serve as the Intensive Care Coordinator.*
 - Client Services Bureau
 - *Transferred a Behavioral Health Emergency Services Clinician (Licensed) (-\$142,407, -1.00 FTE) to the Department Management and Leadership Division to coordinate department training for the Community Services Board, Welligent, and other departmental training needs.*
 - Residential & Specialized Clinical Services Bureau

- *Reallocated existing grant funding to create a two-year limited-term Behavioral Health Therapist (Licensed) (1.00 FTE) to support jail-based services.*
- *Add a jail-based Behavioral Health Therapist (Licensed) (\$134,131, 1.00 FTE).*
- Management and Administration:
 - *Transferred two positions to the Departmental Management and Leadership Division: a grant-funded Management Specialist (-\$102,882, -1.00 FTE) to the Quality Assurance and Administration Bureau and a grant-funded Human Resources/OD Specialist (-\$145,361, -1.00 FTE) to the Human Resources Bureau.*
- Aging and Disability Services Division (1.00 FTE net):
 - Clinical and Developmental Services Bureau
 - *Grant-funded permanent Human Services Clinician III (\$130,322, 1.00 FTE) to provide housing-focused case management.*
- Child and Family Services Division (-2.00 FTE net):
 - *Grant-funded Management Specialist (\$107,620, 1.00 FTE) to support the Virginia Quality Birth-5 program.*
 - Eliminate three positions as described further below.
- Public Health Division (-3.00 FTE net):
 - Eliminate three positions as described further below.

FY 2025 Proposed Budget Reductions

Child and Family Services Division

- ↓ Eliminate two filled positions in Behavioral Intervention Services (BIS) (\$277,093 net reduction, 2.0 filled FTEs). BIS provides voluntary, individualized behavior-based coaching to help caregivers understand child development and implement specific parenting strategies. Services last up to six months. BIS generally provides services to parents of youth ages 3-17. In FY 2023, 69 clients were referred, 93 clients served. There are more cost effective, alternate ways to provide parents with education and skills related to behavior management.
IMPACT: Eliminating this program will mean that families, some of whom are low income, will need to access parenting support through other mechanisms. Families would have to rely on other community-based options such as Arlington Public Schools to provide intervention supports through an Individualized Education Plan, and/or school counseling services. Parents will rely on community resources such as libraries, Parks & Recreation, cooperative playgroups, MOM's Clubs, early Head Start and Preschool programs, and Infant Toddler Connection of Virginia as resources for support.

- ↓ Eliminate the vacant Teen Network Board (TNB) Coordinator (\$136,011, 1.0 vacant FTE). Arlington TNB is a County and School Board-appointed teen advocacy group comprised of high school and home school students, from different backgrounds and parts of the County, to provide community voice for Arlington youth. The Teen Network Board discusses issues, makes recommendations, and acts to improve the lives of Arlington teens.
IMPACT: The duties associated with managing the TNB will be transferred to the liaison for the Arlington Partnership for Children, Youth and Families. Associated ancillary activities will be supported by remaining Behavioral Health Bureau staff.

Economic Independence Division

- ↓ Eliminate a filled Employment Services Specialist (\$102,173, 1.0 filled FTE). The Workforce Innovation and Opportunity Act (WIOA) grant provides funding for workforce training and supportive services to eligible Arlington adults, youth, and dislocated workers, who are unemployed or underemployed. The provision of WIOA-funded workforce training and supportive services will be contracted out to a vendor who can provide more cost-efficient services. The WIOA caseload is minimal and can be effectively managed by remaining staff. By contracting out WIOA-funded services, one Employment Services Specialist serving WIOA clients can be eliminated.

IMPACT: No impacts to the public are anticipated. Following the reduction, WIOA-funded services will continue to be provided to clients of the AEC (Arlington Employment Center) by a contracted vendor.

Public Health Division (PHD)

- ↓ Eliminate a filled Tuberculosis (TB) Outreach Worker (\$102,281, 1.0 filled FTE). The TB Outreach Worker provides directly observed therapy to patients with active TB. Directly observed therapy prevents the spread of TB in the community by ensuring that medicines are taken and potential problems with compliance are identified and reported in a timely manner.

IMPACT: Impact to the TB program is minimal. Active TB numbers have been trending downwards, with a 45 percent decrease in active TB clients since FY 2020. TB outreach work will be redistributed to remaining staff.

- ↓ Eliminate a filled Public Health Planning and Education Supervisor (\$192,274, 1.0 filled FTE). This position oversees planning and education for the division including emergency preparedness and response activities.

IMPACT: The impact is minimal for emergency preparedness and response. PHD has reorganized creating a dedicated manager for emergency preparedness and response. This new position has been hired and will supervise staff dedicated to emergency preparedness and response.

- ↓ Eliminate the dental program (\$165,581 net reduction, 1.0 vacant FTE and 1.0 filled FTE that will be vacant midyear). The Dental Clinic provides care to low-income Arlington residents. Services include preventative and diagnostic procedures, examinations, x-rays, and sealants. The clinic primarily serves children through high school age and adults 60 and older (including Mary Marshall Assisted Living clients) who are uninsured. 515 clients were served in FY 2023, of which, 295 were children.

IMPACT: A portion of the local budget will be retained to fund a non-profit contract to continue services. The vendor will accept eligible clients regardless of their insurance status. Uninsured self-pay clients will be charged based on a sliding ability to pay scale. Self-pay clients experiencing financial hardship may apply for aid from the Community Assistance Bureau.

DEPARTMENT OF HUMAN SERVICES
DEPARTMENT BUDGET SUMMARY

DEPARTMENT FINANCIAL SUMMARY

	FY 2023 Actual*	FY 2024 Adopted	FY 2025 Proposed	% Change '24 to '25
Personnel	\$93,743,155	\$100,634,768	\$105,903,655	5%
Nonpersonnel	77,906,618	84,982,367	85,182,050	-
Intra-County Charges	(627,495)	(359,075)	(395,121)	10%
GASB	(55,994)	-	-	-
Total Expenditures	170,966,283	185,258,060	190,690,584	3%
Fees	6,368,626	6,465,165	6,396,961	-1%
Federal Share	20,844,758	17,311,845	18,153,261	5%
State Share	24,199,102	26,843,079	27,564,700	3%
Transfers	2,906	173,345	141,839	-18%
GASB	(55,994)	-	-	-
Total Revenues	51,359,398	50,793,434	52,256,761	3%
Net Tax Support	\$119,606,885	\$134,464,626	\$138,433,823	3%
Permanent FTEs	779.87	789.47	798.22	
Temporary FTEs	5.30	5.30	5.30	
Total Authorized FTEs	785.17	794.77	803.52	

* FY 2023 actual expenditures and revenues received reflect the Governmental Accounting Standard Board (GASB) standards for Statement No. 87 on leases and Statement No. 96 for subscription-based software. See the County Government GASB Summary for department details in the front section of the budget book.

DEPARTMENT OF HUMAN SERVICES
DEPARTMENT BUDGET SUMMARY

Expenses & Revenues by Line of Business

	FY 2023 Actual Expense	FY 2024 Adopted Expense	FY 2025 Proposed Expense	% Change '24 to '25	FY 2025 Proposed Revenue	FY 2025 Net Tax Support
Departmental Management and Leadership	\$15,745,327	\$14,570,883	\$16,719,858	15%	\$774,064	\$15,945,794
Economic Independence Division (EID)						
EID Management and Administration	4,987,313	5,250,180	5,246,438	-	3,174,763	2,071,675
Community Assistance	2,492,532	2,353,707	2,395,673	2%	4,133,361	(1,737,688)
Housing Assistance and Homeless Programs	26,979,877	32,343,488	32,213,457	-	1,285,669	30,927,788
Public Assistance	6,380,333	6,915,666	7,023,426	2%	2,303,827	4,719,599
Employment Services	3,423,738	3,603,975	3,686,458	2%	802,518	2,883,940
EID Subtotal	44,263,793	50,467,016	50,565,452	-	11,700,138	38,865,314
Public Health Division (PHD)						
PHD Management and Administration	8,923,595	6,428,661	6,795,290	6%	1,603,080	5,192,210
Community Health Services	7,171,047	7,270,899	7,304,884	-	2,262,296	5,042,588
School Health	8,973,748	9,213,230	9,385,978	2%	865,283	8,520,695
Community Health Protection	3,914,531	3,903,096	4,004,786	3%	1,130,356	2,874,430
PHD Subtotal	28,982,922	26,815,886	27,490,938	3%	5,861,015	21,629,923
Behavioral Health Division (BHD)						
BHD Management and Administration	4,771,146	6,107,856	5,197,228	-15%	777,603	4,419,625
Client Service Entry	6,388,290	8,866,994	8,745,353	-1%	2,422,614	6,322,739
Psychiatric Services	4,554,425	4,758,993	5,173,060	9%	1,271,575	3,901,485
Outpatient Services	9,377,266	8,742,475	9,931,466	14%	4,614,312	5,317,154
Specialized and Residential Services	10,735,290	11,621,356	12,801,126	10%	3,810,039	8,991,087
BHD Subtotal	35,826,417	40,097,674	41,848,233	4%	12,896,143	28,952,090
Child and Family Services Division (CFSD)						
CFSD Management and Administration	4,940,281	5,018,371	5,015,951	-	2,085,059	2,930,892
Planning and Support Services	3,607,157	4,937,408	4,591,329	-7%	1,955,339	2,635,990
Child Welfare	6,310,743	6,505,972	6,697,883	3%	4,599,456	2,098,427
Behavioral Healthcare	6,259,796	8,878,991	8,508,054	-4%	4,752,109	3,755,945
CFSD Subtotal	21,117,977	25,340,742	24,813,217	-2%	13,391,963	11,421,254
Aging and Disability Services Division (ADSD)						
ADSD Management and Administration	1,252,763	1,219,159	1,048,733	-14%	-	1,048,733
Agency on Aging	2,741,907	2,735,256	2,868,595	5%	1,058,316	1,810,279
Community Supports & Coordination	6,786,516	6,389,302	6,656,388	4%	1,358,404	5,297,984
RAFT Program	1,973,423	2,643,356	2,645,485	-	2,655,282	(9,797)
Developmental Disability Services	12,275,239	14,978,786	16,033,685	7%	2,561,436	13,472,249
ADSD Subtotal	25,029,847	27,965,859	29,252,886	5%	7,633,438	21,619,448
Total	\$170,966,283	\$185,258,060	\$190,690,584	3%	\$52,256,761	\$138,433,823

DEPARTMENT OF HUMAN SERVICES
DEPARTMENT BUDGET SUMMARY

Authorized FTEs by Line of Business

	FY 2024 FTEs Adopted	FY 2025 Permanent FTEs Proposed	FY 2025 Temporary FTEs Proposed	FY 2025 Total FTEs Proposed
Departmental Management and Leadership	71.10	75.10	-	75.10
Economic Independence Division (EID)				
EID Management and Administration	27.75	29.00		29.00
Community Assistance	17.75	18.00		18.00
Housing Assistance and Homeless Programs	25.15	29.90		29.90
Public Assistance	50.30	51.80		51.80
Employment Services	18.00	18.00		18.00
EID Subtotal	138.95	146.70	-	146.70
Public Health Division (PHD)				
PHD Management and Administration*	22.90	24.00	0.40	24.40
Community Health Services	54.50	52.00		52.00
School Health Clinics	69.32	68.32		68.32
Community Health Protection	28.50	27.50		27.50
PHD Subtotal	175.22	171.82	0.40	172.22
Behavioral Health Division (BHD)				
BHD Management and Administration	20.00	18.00		18.00
Client Service Entry*	58.75	50.50	4.75	55.25
Psychiatric Services	18.70	19.36		19.36
Outpatient Services	67.80	69.14		69.14
Specialized and Residential Services	52.50	57.00		57.00
BHD Subtotal	217.75	214.00	4.75	218.75
Child and Family Services Division (CFSD)				
CFSD Management and Administration	23.00	23.00		23.00
Planning and Support Services	10.50	10.50		10.50
Child Welfare	33.50	33.50		33.50
Behavioral Healthcare	34.35	32.35		32.35
CFSD Subtotal	101.35	99.35	-	99.35
Aging and Disability Services Division (ADSD)				
ADSD Management and Administration	6.00	6.00		6.00
Agency on Aging	10.00	10.00		10.00
Community Supports & Coordination*	30.40	30.25	0.15	30.40
RAFT	11.50	11.50		11.50
Developmental Disability Services	32.50	33.50		33.50
ADSD Subtotal	90.40	91.25	0.15	91.40
Total	794.77	798.22	5.30	803.52

* FY 2024 Adopted FTE count includes temporary FTEs in the following lines of business: PHD Management and Administration (0.40 FTE), BHD Client Service Entry (4.75 FTEs), 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 interpersonal violence in the lives of Arlingtonians.
- Provide the Arlington County Partner/SHIFT (Shaping Healthy Interactions For Tomorrow) that aims to reduce repeated incidents of intimate partner violence by providing those who have used harmful and abusive behaviors psychoeducational 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.

Quality Assurance

- Guide process improvement by analyzing qualitative and quantitative data and using it to guide recommendations for future growth.
- Facilitate the development of Performance Measurement Plans to assess outcomes across all department divisions.
- Support new department initiatives through research and investigation.
- Gather and interpret community feedback on agency services.
- Report mandated data and information on program performance to state and federal entities.

PERFORMANCE MEASURES

Project PEACE

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Project PEACE prevention presentations/Attendees	34/2,256	11/198	14/1,862	8/706	10/1,000	10/1,000
Project PEACE Trainings to Allied Professionals /Attendees	22/701	9/159	13/492	20/599	10/500	10/500
Total Project PEACE Meetings	39	67	58	55	46	46

- In FY 2023, Project PEACE continued to offer a combination of virtual and in-person trainings and presentations. Most notably, Project PEACE launched its first comprehensive training on intimate partner violence. The training outline and content was created by Project PEACE goal 2 to address training gaps in IPV response across the continuum of partners. Project PEACE

DEPARTMENTAL MANAGEMENT AND LEADERSHIP

staff piloted their first training in March and held a second in June. The training is in-person over two days and takes a multi-disciplinary approach so that anyone who identifies as a first responder is able to attend- including community members. Additionally, Project PEACE continued to promote and implement the Askable Adult community workshops with continued success in scheduling and attendance.

- While there were several new initiatives in FY 2023, Project PEACE struggled with the number of attendees at each opportunity. Multiple Askable Adult and Safe Zone trainings were cancelled due to low attendance. The program has seen this drop in attendance across partners outreach events and trainings as well. To increase our efforts for FY 2024, Project PEACE is experimenting with outreach, delivery models, and incentives to boost attendance in the coming years.
- Project PEACE is strategically structured into three main goal group committees which implement the actions plans of the [Blueprint](#). In FY 2023, these committees continued to meet consistently with goal groups meeting monthly, Implementation Task Force meeting bi-monthly and Leadership Roundtable meeting quarterly. Some meetings were hybrid but mostly virtual.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Partner/SHIFT

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of clients served	57	40	96	144	100	96
Number of group sessions completed	132	152	280	257	240	240
Percent of clients completing the program	73%	90%	78%	70%	80%	90%

- In FY 2023 Abuser Intervention Program (AIP) changed their name to Partner/SHIFT (Shaping Healthy Interactions for Tomorrow). This change was made to have a name that better reflect the values and mission of the program. The name was also trademarked.
- The number of people completing the Partner/SHIFT 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 Partner/SHIFT. Court referrals have resumed and services are being provided digitally during the pandemic.
- In FY 2023 Partner/SHIFT continued to see a substantial increase in number of clients referred and served. The program attributes much of this increase to the fact that there continued to be a higher number of arrests for domestic violence post covid in the first half of FY 2023 and therefore more court referrals. The program anticipates a decrease in participants in FY 2024 because Partner/SHIFT is no longer accepting out of county referrals due to staffing capacity and ACPD domestic violence arrests are trending down.
- The FY 2023 program completion rate continued to decrease but is still comparable to previous years. The majority of non-completions were due to clients' attendance challenges, missing more than two classes. Partner/SHIFT has determined that often times the attendance barrier is predicated by a client's struggle with ongoing substance use or mental health needs and concerns. Partner/SHIFT is exploring better partnership with Behavioral Health to meet these needs and increase satisfactory completion.
- In FY 2023 Partner/SHIFT began implementing new risk assessments to assess immediate and ongoing risks of continued violence. These risk assessments are helping staff better

DEPARTMENTAL MANAGEMENT AND LEADERSHIP

understand the place at which clients are starting from as well as the better ability to communicate the risk of further harm/violence back to the referral partners, most often courts and child protective services.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:

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

MANAGEMENT AND ADMINISTRATION

PROGRAM MISSION

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

Management and Administration

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

Customer Service Center

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

PERFORMANCE MEASURES

Customer Service Center

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Calls abandoned prior to being answered	6%	5%	6%	13%	7%	7%
Quality of consultant information: average evaluation score for consultants	98%	97%	100%	100%	98%	98%
Callers who received accurate information to connect them to services	98%	97%	97%	97%	96%	96%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Calls received in the Call Center	50,934	72,042	73,779	77,101	80,000	80,000
Total walk-in visits	45,461	1,613	24,849	36,038	42,000	42,000
Total Resource Center walk-in visits (duplicated)	4,669	305	762	891	3,500	3,500
Total clients assessed by consultants	5,455	1,750	2,284	2,490	2,500	2,500
Quality of Call Center telephone interaction: call quality scores	97%	97%	97%	97%	96%	96%
Wait time for consultants from point of registration: percent of customers waiting 15 minutes or fewer to see consultants	77%	100%	96%	91%	80%	80%

MANAGEMENT AND ADMINISTRATION

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Front Desk customer satisfaction: percent of customers satisfied with front desk service	98%	N/A	97%	98%	98%	98%

- In FY 2023, “Calls abandoned prior to being answered” increased due to staff turnover and ongoing staffing vacancies. It is anticipated that the abandonment rate will return to previous rates in FY 2024 and beyond.
- From FY 2020 through FY 2022, 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. In FY 2023, call volume continued to increase despite a 45 percent increase in walk-in volume due to increased levels of need in the community.
- In FY 2020 and FY 2021, “Total walk-in visits” decreased due to front desk closures resulting from continuing pandemic; walk-in visits grew in FY 2022 with the reopening of front desks for the Arlington Employment Center, Housing Assistance Bureau, Child and Family Services Division, and Aging and Disability Services Division.
- In FY 2023, “Total walk-in visits” increased due to full walk-in service being available as well as an increased level of need in the community. The number of walk-ins in FY 2024 and FY 2025 is anticipated to continue to increase, however, not quite to pre-pandemic levels due to the hybrid mode of service provision.
- In FY 2020 and FY 2021, “Total Resource Center Walk-in Visits (duplicated)” decreased due to the closure of the Resource Center from the beginning of the pandemic to Q3 of FY 2021. Visits increased in FY 2022 with the Resource Center being reopened by appointment only. In FY 2023, the Resource Center didn’t reopen for walk-in services until Q4. It is anticipated that Resource Center visits will increase significantly in FY 2024 and FY 2025 as the Resource Center once again returns to normal operations.
- “Total clients assessed by consultants” measure includes telephone and walk-in assessments.
- In FY 2020, “Total clients assessed by consultants” dropped due to the State suspending the interview requirements due to the pandemic. In FY 2021, “Total clients assessed by consultants” decreased due to a sharp decline in both walk-in and employment assessments completed during the pandemic. “Total clients assessed by consultants” increased in FY 2022 and remained fairly stable in FY 2023 due to the hybrid nature of consultations. It is anticipated that it will remain stable in FY 2024 and FY 2025.
- “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 2021, “Wait time for consultants from point of registration: percent of customers waiting 15 minutes or less to see consultants” increased because walk-in assessments were severely limited due to front desk closures; therefore, clients did not have to wait to be seen by a consultant.
- In FY 2022 and FY 2023, “Wait time for consultants from point of registration: percent of customers waiting 15 minutes or fewer to see consultants” decreased due to an increase in the number of client walk-ins. It is anticipated that the percentage of customers waiting 15 minutes or less to see consultants will continue to decrease to near pre-pandemic levels for FY 2024 and FY 2025 as client walk-ins increase.
- In FY 2021, Front Desk customer satisfaction surveys were suspended due to front desk closures. Customer satisfaction surveys were reinstated in FY 2022, with “Front Desk

MANAGEMENT AND ADMINISTRATION

customer satisfaction: percent of customers satisfied with front desk service” returning to 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 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

COMMUNITY ASSISTANCE

PROGRAM MISSION

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

Clinical Coordination

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

Community Outreach

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

PERFORMANCE MEASURES

Clinical Coordination

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Client report of effectiveness	100%	93%	97%	81%	90%	90%
Emergency needs met	96%	N/A	N/A	N/A	90%	90%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Client office visits	1,629	0	0	714	1,750	1,750
Number of emergency financial assistance households served	128	41	N/A	N/A	N/A	N/A
Number of local and state eviction prevention households served (duplicated)	1,747	2,262	4,633	2,839	3,000	3,000
Quality of documentation: average client file score	80%	N/A	N/A	N/A	85%	85%
Timeliness of closing cases: number and percent of cases closed within 30 days of last contact	140/28%	N/A	N/A	N/A	N/A	N/A
Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them	25/89%	105/88%	48/81%	111/82%	125/85%	125/85%

- In FY 2023, “Client report of effectiveness” decreased due to clients being unaware of the changes in the funding guidelines to including eligibility and funding caps. As residents get

COMMUNITY ASSISTANCE

familiar with the current funding guidelines, we anticipate an increase in "Client report of effectiveness" for FY 2024 and FY 2025.

- In FY 2020, "Emergency needs met" replaced "Housing stability: percent of clients with adequate/high or improved score at exit". Data collection on this measure will resume in FY 2024 or FY 2025.
- Since FY 2021, closing assessments were not completed as cases were not closed due to the impact of the Coronavirus pandemic resulting in a N/A entry.
- In FY 2020, "Client office visits" ceased in March/April 2020 when "assistance from a distance" model began. In FY 2023, visits increased with the reopening of services without appointment. It is anticipated that client office visits will return to normal levels in FY 2024 and FY 2025.
- In FY 2020, "Number of Emergency Financial Assistance households served" decreased as households needed to pay off higher amounts, thus increasing the amount of each payment, lowering the number of households that could be served. In August 2020 (FY 2021), the number of households decreased further due to Emergency Financial Assistance funds provided directly to a non-profit partner for client distribution. Furthermore, in FY 2021, this performance measure transitioned to the new measure "Number of local and state eviction prevention households served".
- In FY 2022, "Number of local and state eviction prevention households served" increased due to an increase in the number of clients accessing the State's RRP (Rent Relief Program) portal to seek emergency rental assistance with their property managers. In FY 2023, numbers decreased as expected due to the State RRP program ceasing to accept applications. The final allocation of RRP were disbursed in September 2022 (FY 2023).
- In FY 2020, "Quality of documentation: average client file score" decreased due to documentation being gathered differently, based on funding requirements during the pandemic, affecting client file scoring. In FY 2021 and FY 2022, statistics were not captured as files were not evaluated due to staff redeployment to COVID-related emergency assistance. This continued in FY 2023.
- In FY 2020, due to the pandemic most case closures were suspended to ensure that clients get the same worker and do not have to repeatedly recount the details of these traumatic times.
- In FY 2021, "Timeliness of closing cases: number and percent of cases closed within 30 days of last contact" will no longer be measured.
- In FY 2020-2023, client surveys transitioned from paper to telephonic, resulting in variations in the number of surveys completed. Satisfaction rates ranged from 81 percent to 89 percent. Overall, clients indicated that they felt they were treated fairly and their needs were addressed well. Some clients expressed frustration with program changes and long wait times when seeking services during the pandemic.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

COMMUNITY ASSISTANCE

Community Outreach

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Resolution of client needs	94%	84%	88%	90%	90%	90%
Passed citizenship interview	98%	97%	100%	100%	95%	95%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total information and referral requests	6,777	5,043	6,636	5,351	5,000	5,000
Total individuals served (unduplicated)	1,829	1,416	1,415	1,439	1,530	1,530
Total number of program offerings	928	573	537	579	650	650
Number of volunteer hours	5,181	2,216	2,442	2,495	2,500	2,500

- Client needs are addressed in one of the following categories: Housing, Medical, Immigration, Education, Employment, Food/Clothing, and Other.
- In FY 2020, “Total information and referral requests” increased due to high volume of clients with emergency financial assistance needs. In FY 2021, it returned to pre-pandemic levels.
- In FY 2022, “Total information and referral requests” increased due to many community offices such as Social Security, consulates, and immigration offices reopening and clients needing assistance navigating these services. In-person services were also expanded in FY 2022.
- In FY 2023, “Total information and referral requests” decreased as staff worked with fewer clients but for longer periods of time.
- “Total individuals served (unduplicated)” in FY 2021 has been updated due to a reporting error.
- In FY 2020–2023, “Total number of program offerings” decreased because, during the pandemic, some program offerings were moved to an online format while others were suspended. In FY 2024, “Total number of program offerings” is expected to slightly increase.
- “Number of volunteer hours” varies based on the number of volunteers and program offerings. Due to program changes since the pandemic, numbers decreased from FY 2021-2023, and are not expected to return to pre-pandemic levels in FY 2024 or FY 2025.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 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.

Permanent Supportive Housing

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

PERFORMANCE MEASURES

Housing Grants

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Amount of money available per month for non-rental expenses with and without Housing Grant for families	\$1,505/ \$870	\$1,435/ \$764	\$1,748/ \$1,137	\$1,907/ \$1,294	\$1,910/ \$1,300	\$1,910/ \$1,300
Amount of money available per month for non-rental expenses with and without Housing Grant for persons with disabilities	\$723/ \$0	\$747/ \$3	\$811/ \$41	\$872/ \$97	\$915/ \$99	\$915/ \$99

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Amount of money available per month for non-rental expenses with and without Housing Grant for residents age 65+	\$736/ \$39	\$746/ \$40	\$788/ \$52	\$850/ \$105	\$910/ \$110	\$910/ \$110
Retention of housing by grant recipients	90%	93%	85%	79%	85%	85%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average number of households served per month	1,241	1,380	1,497	1,481	1,587	1,705
Total number of new applications processed	1,072	1,145	1,223	1,601	1,714	1,841
Percent of initial applications/on-going reviews processed accurately according to Housing Grant policies	95%/ 97%	97%/ 98%	92%/ 93%	92%/ 93%	93%/ 93%	93%/ 93%
Percent of initial applications/on-going reviews processed on time according to Housing Grant policies (within 60 days).	97%/ 96%	96%/ 95%	94%/ 89%	93%/ 91%	93%/ 92%	93%/ 92%

- In FY 2020, the Housing Grant program’s Maximum Allowable Rents (MARs) increased for the first time in ten years, mirroring the County’s Committed Affordable Units at 60 percent area median income (AMI). The MARs index continues to be updated each year mirroring the County's 60 percent AMI rent standards. This annual increase in MARs continues to aid more households to find and lease affordable units each year by providing rental subsidies that are competitively aligned with present-day rental units.
- During the onset of the COVID-19 pandemic (March 2020) administrative provisions were made to stabilize households that had been adversely affected by the pandemic financially, i.e., loss of income, unemployment, and/or loss of work hours. The program continued serving grant benefits to these households despite failing to meet work hour and income requirements.
- Effective FY 2023, pre-pandemic Housing Grant eligibility requirements were re-established. While there was an initial decline in participants, there was a steady increase for the remainder of FY 2023. It is anticipated that the number of households will continue to increase as demand for the program remains high.
- The year over year growth processed applications received demonstrates strong demand for the program expanding avenues for more residents to obtain rental leases.
- Retention rates decreased in FY 2023 due to increased rate of closed housing grant cases due to non-compliance. Households may vacate their units due to eviction, relocate out of the area, or no longer meet program eligibility criteria often fail to respond to documentation requests. The program cannot determine whether these households are able to retain their housing.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Real Estate Tax Relief (RETR)

Critical Measures	CY 2020 Actual	CY 2021 Actual	CY 2022 Actual	CY 2023 Estimate	CY 2024 Estimate	CY 2025 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	\$5,135/ 11%	\$5,651/ 11.5%	\$5,899/ 15%	\$6,150/ 13%	\$6,150/ 13%	\$6,150/ 13%
Housing stability (returning households) – Percentage of households returning to the program	95%	96%	95%	95%	95%	95%

Supporting Measures	CY 2020 Actual	CY 2021 Actual	CY 2022 Actual	CY 2023 Estimate	CY 2024 Estimate	CY 2025 Estimate
Households receiving RETR – Full Exemption	568	608	597	594	594	594
Households receiving RETR – 75% Exemption	126	127	115	111	111	111
Households receiving RETR – 50% Exemption	94	74	65	68	68	68
Households receiving RETR – 25% Exemption	78	60	56	51	51	51
Households receiving RETR – Deferral only	33	25	26	26	26	26
Households receiving RETR – Total	899	894	859	850	850	850
Applications processed accurately	100%	100%	100%	95%	95%	97%
Eligibility determinations processed on time	92%	89%	88%	90%	90%	90%

- These measures are reported on a Calendar Year (CY). CY 2023 estimates are finalized when FY 2024 is completed.
- 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 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Homeless and Shelter Services / Continuum of Care

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of participants exiting to permanent housing: Individual Shelters	31%	53%	42%	52%	45%	45%
Percentage of participants exiting to permanent housing: Family Shelters	90%	86%	94%	81%	85%	85%
Percent of adults in family shelter leaving the program with maintained or increased income	74%	65%	80%	69%	70%	70%
Percent of individuals housed at the shelters serving adults only who leave with increased or maintained income, excluding emergency weather beds	45%	58%	51%	53%	50%	50%
Homeless Recidivism (Emergency Shelter Re-Entry)	12%	12%	12%	4%	12%	20%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Emergency shelter clients served at individual shelters, excluding emergency weather beds	257	204	213	271	275	275
Emergency shelter clients served at family shelters	146	102	92	166	175	175
Hypothermia clients served using the emergency weather beds at the HSC	300	253	183	233	280	280

- “Homeless Recidivism (Emergency Shelter Re-Entry)” is defined as the percentage of persons who returned to homelessness within two years of exiting a homeless program to permanent housing. Reported on Federal Fiscal Year (FFY), October 1 – September 30 of each year.
- Hypothermia season begins November 1st through March 31st each year. Clients served using the emergency weather beds at the HSC and RPC continue to serve residents across jurisdictions for those in need of safe haven from the cold. Roughly 60 percent of all hypothermia clients were non-county residents, a consistent year-over-year trend within Arlington’s cold-winter shelter.
- The use of FEMA funding nationwide was utilized to secure hotel rooms during the pandemic in FY 2021-FY 2022 aiding low congregate shelter capacity for vulnerable and at-risk residents susceptible to the spread of COVID-19. These resources infused across neighboring jurisdictions provided additional shelter options for highly mobile subpopulations.
- In FY 2020, 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 building was retrofitted to accommodate emergency winter shelter expanding spacing and census capacity for up to 25 adult individuals.
- Additional COVID-19 emergency response funding was deployed state-wide in FY 2021 and FY 2022 for Rapid Rehousing, emergency shelter, and permanent housing vouchers to end homelessness. These efforts have helped the shelter census remain low during the pandemic. These housing resources were available to re-house residents through FY 2023.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

- Family shelters experienced census declines during the pandemic due to shelter bed modifications pulled offline to accommodate social distancing among current household residents. As vaccine protections improved, shelter capacity was restored and/or expanded to non-congregate apartments.
- During FY 2023 trends begin to reflect both the economic and housing challenges present in Arlington, VA (and across the Nation) as housing costs rise, pandemic resources end, and incomes remain stagnant. This was evident in the [Point-in-Time \(PIT\) Count](#), when counts of sheltered and unsheltered homelessness returned to pre-pandemic levels. The need for both single adult and family shelter increased in FY 2023.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Rapid Re-Housing

Critical Measure	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Participants exiting to Permanent Housing	127/84%	180/85%	179/94%	184/86%	184/90%	184/90%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Median length of stay in months for people leaving the program	8.7	5.0	9.9	9.2	12.0	12.0
Number of people assisted with a housing subsidy and case management annually	344	343	379	426	379	379
Percent of adults who leave with increased or maintained income at program exit	69%	44%	71%	72%	90%	90%

- In FY 2020, the single-adult Rapid Re-housing provider exhausted available funding halfway through the fiscal year, which created a backlog for referrals until funding was renewed at the beginning of FY 2021. Exits to permanent housing destination slowed as a result.
- Additional COVID-19 emergency response funding was deployed state-wide in FY 2021 and FY 2022 for Rapid Rehousing, emergency shelter, and permanent housing vouchers to end homelessness. These efforts have helped the shelter census remain low during the pandemic. These housing resources were available to re-house residents through FY 2023 resulting in a record setting high number of people exiting homelessness. In FY 2024, these COVID-19 emergency funds will no longer be available, resulting in fewer resources to move people into housing and increased demand on shelter resources.
- The County’s stride to end homelessness is more important than ever as the influx of targeted COVID-19 funding support from Federal, State and local resources, used to prevent and quickly rehouse people experiencing homelessness has concluded.
- To meet increasing community needs, Arlington County will work with affordable housing partners to identify new solutions to prevent housing loss and evictions for tenants.
- Additionally, Arlington County and PathForward will implement the CoC’s first ever Joint Transitional Housing and Rapid Re-housing project which will provide non-congregate, temporary housing for people experiencing unsheltered homelessness and those with the highest service needs.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Permanent Supportive Housing (PSH)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Approved applicants who obtain housing	52/53%	61/59%	33/38%	73/59%	87/60%	87/60%
Permanent Supportive Housing (PSH) tenants who remain in permanent housing	314/97%	347/96%	326/93%	362/92%	368/94%	368/94%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Occupied PSH households at end of fiscal year	301	320	319	347	362	378
New committed affordable units (CAFs) secured each year for PSH	18/7%	18/2%	10/1%	0/0%	15/3%	0/0%
Landlord satisfaction: leasing office staff surveyed and those satisfied with PSH services	19/89%	15/100%	22/72%	20/75%	22/90%	22/90%
Timeliness of obtaining housing: median months from approval to move-in for applicants	7	5	5	7	5	5
Case manager home visits completed or attempted every 90 days	61%	24%	30%	45%	50%	60%

- "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 2020 through FY 2023 is attributed to a state contract to house 80 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.
- In FY 2023, there were no CAFs dedicated for PSH use.
- "Median months from approval to move-in" times varies depending on the timing of new development projects brought online for PSH client lease up.
- The PSH program is dependent upon the number of affordable units that are developed as well as the number of PSH units that the developer proposes in each project.
- PSH demand for housing remains high. Clients referred for assistance continue to present complex challenges and barriers affecting housing placements. Low vacancy rates, in addition to a slow pace of dedicated PSH CAF units, continue to impede the program's ability to house clients on pace with growing demand.
- Of the dedicated PSH units, the program maintained a 95 percent occupancy rate in FY 2023. Other general agreements with landlords offer units only available upon turnover or application acceptance.
- Additional staffing capacity, awarded through a state grant for PSH in FY 2022 and FY 2023, added a housing locator to assist in securing new scattered site apartment units with landlords outside of dedicated CAFs, two housing specialists, added behavioral health case managers and a fulltime administrative subsidy technician.
- The percent of home visits conducted include home visits which the behavioral health case manager attempted, but the client refused. The FY 2020 - 2022 completed or attempted home

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

visits by behavioral health staff decreased due to the pandemic. Virtual based home visits ceased in April 2022; in-home visits were directed to resume.

- "Landlord satisfaction" results continue to suggest the hybrid service delivery model as an area of improvement to ensure participating tenants receive the appropriate mental health and substance abuse service supports. Landlords report the need for timely responses to requests for support and in addressing tenancy issues.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 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

General Relief

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average number of households assisted with General Relief Maintenance per month	51	36	28	30	30	30
Applications processed on time	100%	100%	92%	99%	100%	100%
Recipients receiving SNAP and/or Medicaid	100%/100%	100%/100%	100%/100%	90%/95%	100%/100%	100%/100%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
General Relief Maintenance Expense	\$180,879	\$121,032	\$100,160	\$106,320	\$115,000	\$115,000
SSI reimbursements for General Relief payments	36%	35%	15%	21%	30%	30%

- In FY 2021, “Average number of households assisted with General Relief Maintenance per month” decreased due to recipients receiving unemployment benefits, increased cost of living, and reduced demand for the program due to Medicaid expansion. In addition, COVID-19 has had an effect—General Relief applicants must apply for Supplemental Security Income (SSI) through the Social Security Administration office, which closed in Arlington and has only been available virtually limiting applicants’ access. For these reasons, the “Average number of households assisted with General Relief Maintenance per month” continued to decrease in FY 2022. It is anticipated that “Average number of households assisted with General Relief Maintenance per month” will remain steady for FY 2024 and FY 2025.
- General Relief Maintenance expenses are offset by reimbursements from Social Security when clients are awarded Supplemental Security Income (SSI). The frequency and amount of these reimbursements fluctuate, depending on factors such as when clients first started receiving the General Relief Maintenance benefit and when their Social Security award is determined to be effective.
- In FY 2020, the General Relief Maintenance payment amount increased from \$220 to \$300 per month for single persons and from \$294 to \$350 per month for two or more persons, and General Relief Medical expense was terminated.
- In FY 2021, “General Relief Maintenance Expense” decreased due to a reduction in the number of GR recipients. During the pandemic, many GR applicants and recipients who had previous work histories were able to receive extended unemployment benefits and did not meet the income guidelines for GR.
- In FY 2022, “General Relief Maintenance Expense” decreased even further due the high cost of living causing many under-resourced families to move out of the area. Also, Social Security Administration offices remained closed or partially closed, requiring customers to access services remotely. Many of these customers do not have access to reliable internet and/or devices.
- In FY 2023, “General Relief Maintenance Expense” and “SSI reimbursement for General Relief Payments” increased due to the reopening of most SSA offices in the area. FY 2024

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and FY 2025 should see an increase as offices begin to catch up on pending application data in their system.

- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Auxiliary Grants

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average number of persons assisted per month	76	75	74	70	75	75

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Auxiliary Grant expense	\$584,452	\$658,804	\$756,368	\$720,880	\$773,007	\$773,007

- In FY 2021, “Auxiliary Grant expense” increased due to a six percent General Relief rate increase effective 07/01/20, and due to the annual Social Security Administration cost of living increase, the AG rate increased by \$11 per recipient effective 01/01/21.
- In FY 2022, “Auxiliary Grant expense” increased due to a 15 percent rate increase in July 2021 and another 15 percent rate increase in January 2022.

Supplemental Nutrition Assistance Program (SNAP)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of potentially eligible people participating in June of each year	30%	34%	42%	48%	38%	38%
Amount of benefits issued in June of each year	\$1,184,809	\$1,682,322	\$2,239,623	\$1,486,846	\$1,338,500	\$1,338,500

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of households/recipients participating in June of each year	4,059/ 6,499	4,280/ 7,129	5,171/ 8,805	5,571/ 9,478	5,000/ 8,530	5,000/ 8,530
Number of applications processed each year	3,306	3,851	4,299	4,578	4,600	4,600
Percent of applications processed within timeframe	99%	99%	92%	96%	97%	97%
Percent of cases calculated correctly that were reviewed locally (State Fiscal Year)	94%	89%	75%	80%	90%	90%

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- Due to the pandemic, Food and Nutrition Services (FNS) has authorized temporary policy changes including waiving initial interviews, delaying SNAP renewals and Interim Review to ensure uninterrupted participation, issuing the maximum benefit allotment to households based on zero income, and issuing separate EBT (electronic benefits transfer) cards managed by the school system to students eligible for free and reduced lunches. FY 2021 and FY 2022 reflect higher volumes due to the pandemic.
- In FY 2022, most temporary policies changes continued, and participation increased significantly due to the introduction of broad-based categorical eligibility. The number of cases monitored increased in SFY 2022 due to new staff and an increased number of applications/renewals requiring a review. Ninety-five percent of newly hired staff had little to no prior program experience which put an extra responsibility on supervisors to train new staff and monitor more cases.
- “Percent of potentially eligible people participating in June of each year” is expected to decrease in FY 2024 and FY 2025 due in part to the end of Public Health Emergency and the end of expanded SNAP-related policy guidance by the Food and Nutrition Administration.
- In FY 2023, “Amount of benefits issued in June of each year” decreased due to several factors related to the pandemic: 1) The ending of PHE in SFY 2023 ended a policy which provided emergency allotments to bring all SNAP households up to the maximum for their household size since the pandemic began in mid-March 2020, 2) SNAP interviews continued to be waived during SFY 2023, meaning if there were no outstanding questions, staff did not interview customers but did request verifications and closed cases if verifications were not provided, and 3) SNAP reviews and Interim Reports were reinstated as a regular function in July 2020. It is anticipated that these factors will result in continued reductions to benefits being issued in FY 2024 and FY 2025.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Medical Assistance

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total number of households/recipients receiving Medical Assistance	17,587/ 21,787	20,973/ 25,346	23,853/ 28,597	25,922/ 31,274	24,000/ 28,147	24,000/ 28,147
Total applications received	3,710	4,463	3,853	4,388	3,600	3,600
Applications processed on time	100%	97%	90%	94%	97%	97%
Reviews processed on time	99%	98%	100%	99%	97%	97%
Accuracy of eligibility determinations	94%	92%	90%	69%	90%	90%
Percentage of Medical Assistance recipients accessing medical care	81%	89%	84%	74%	67%	67%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Enrollments at Virginia Hospital Center	292	295	291	400	350	350

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Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total Reimbursements (\$ millions)	\$128.87	\$165.20	\$188.00	\$229.51	\$200.00	\$200.00

- Medical Assistance performance measures were updated in 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.
- In FY 2020 and FY 2021, “Total Medical Assistance Households” increased due to CMS’ (Centers for Medicare and Medicaid Services) COVID-19 policy to keep recipients enrolled except under extreme circumstances, like death, moving out of state, or customer request. This policy continued throughout FY 2022 which increased “Total Medical Assistance Households” further. The total number of households continued to increase in FY 2023 but are projected to decrease in FY 2024 and FY 2025 due to the end of this policy.
- In FY 2021, “Total applications received” increased due to temporary policy changes related to COVID-19, including the exclusion of pandemic unemployment benefits and the relaxation of verification requirements. In FY 2022, the decrease may be indicative that most eligible applicants are currently covered. FY 2023s increased due to an increase in the number of Ukrainian parolees/refugees admitted into the United States making them eligible for resettlement assistance and other benefits. Also, there was a change of how Emergency Services applications were processed in FY 2023. These cases were previously denied if no emergency service was verified but these applicants are now given continuous coverage pending emergency service validation. This likely encouraged these households to apply because it appeared they were eligible for full coverage Medicaid, although they were not. It is anticipated that “Total applications received” will decrease in FY 2024 and FY 2025 as the number of Ukrainian parolees/refugees decreases and applicants begin to understand eligibility requirements.
- In FY 2023, “Accuracy of eligibility determinations” decreased due to staff turnover, ongoing vacancies, and an increase in Medicaid applications during the past year of the public health emergency. Accuracy rates are expected to rebound back to normal in FY 2024 and FY 2025.
- For FY 2022, data for “Percentage of Medical Assistance recipients accessing medical care” was corrected following a reporting error. FY 2023 decreased due to reduced utilization by adults. It is anticipated that FY 2024 and FY 2025 will also see a decrease due to fewer people being eligible following the end of the public health emergency.
- In FY 2020 and FY 2021, “Enrollments at Virginia Hospital Center” increased due to COVID-19 related emergencies. “Enrollments at Virginia Hospital Center” remained fairly consistent in FY 2022. In FY 2023, enrollments increased due to changes in the eligibility policy for immigrants. Lawful Permanent Residents (LPRs, sometimes called “green-card holders”) no longer need 40 qualifying quarters of work to become eligible for Medicaid. It is anticipated to remain fairly stable in FY 2024 and FY 2025.
- In FY 2020 and FY 2021, “Total reimbursements” increased due to an increase in “Total Medical Assistance households”. Year-end “Total reimbursements” data was not available from the State in FY 2022 and has now been provided.
- In SFY 2022 and 2023, the increase in Medicaid spending was likely due to the pandemic policy which retained most recipients in the Medical Assistance program; thereby allowing many recipients to continue care when eligibility would normally have been cancelled and the impending end to the Public Health Emergency.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Temporary Assistance for Needy Families

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 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	\$355/\$32	\$492/\$70	\$567/\$86	N/A	\$600/\$86	\$600/\$86
Number/percent of VIEW participants employed	24/29%	7/24%	16/40%	22/27%	25/30%	25/30%
Percent of VIEW participants still employed after three months	75%	50%	100%	91%	65%	65%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total applications	422	552	713	699	650	650
Accuracy rate for internal audits	93%	83%	60%	96%	95%	95%
Processing timeliness for initial applications/redeterminations	100%/94%	100%/98%	100%/100%	98%/100%	99%/97%	99%/97%
Average households/individuals receiving benefits per month	113/201	126/261	163/418	161/372	150/325	150/325

- Temporary Assistance for Needy Families performance measures are based on the State Fiscal Year (SFY), which runs from June 1 to May 31 of each year.
- In FY 2021, “Increase in monthly household income available to meet family living expenses as a result of receiving TANF: amount of income available with/without subsidy” increased due to a higher percentage of families having income other than the subsidy, including employment income. This trend continued in FY 2022. In FY 2023 the statistic was not calculated due to the vast increase in applications received and recipients serviced. It is anticipated that the amount of income available to working families will increase for FY 2024 and FY 2025 as the public health emergency ends and recipients are again required to participate in the VIEW program.
- In FY 2020 and FY 2021, “Number/percent of VIEW participants employed” decreased due to a decrease in available jobs resulting from the pandemic as well as temporary policy changes that suspended penalties for non-participation in VIEW activities. In FY 2022, number/percent increased due to an active effort by VIEW staff to have TANF recipients volunteer to participate in the program despite the lack of sanctions for non-participation. Those VIEW clients that chose to participate likely were more motivated to obtain employment. The increase in FY 2023, “Number/percent of VIEW participants employed” saw an increase in the number of participants employed and a decrease in the percentage employed. Both were due to a higher number of participants in FY 2023. More participants resulted in more people obtaining employment, however, employment opportunities continue to be limited for VIEW participants who generally have higher barriers to employment. It is anticipated that “Number/percent of VIEW participants employed” will remain stable in FY 2024 and FY 2025.
- In FY 2021, “Percent of VIEW participants employed after three months” decreased due to the very small number of clients gaining employment. Of the four recipients who obtained employment, two remained employed for three months. One additional participant

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maintaining employment would have resulted in a 75 percent retention rate which would match the retention rate in FY 2020. Similarly, in FY 2022, "Percent of VIEW participants employed after three months" increased due to the very small number of clients gaining employment. In FY 2023, the percentage remained high at 91 percent, with 10/11 recipients maintaining employment. This may have been due to another increase in the minimum wage in Virginia and a corresponding bump to some other salaries as a result. Also, increases in wages resulted in a higher percentage of placements earning a living wage. A tight labor market may have also resulted in employers making efforts to retain employees as well as employees being less likely to leave due to fewer alternative options being available." In FY 2024 and FY 2025, "Percent of VIEW participants employed after three months" is expected to revert back to pre-pandemic levels.

- "Total applications" and "Average households/individuals receiving benefits per month" is expected to drop and then level off in FY 2024 and FY 2025 due to the five-year (60 month) maximum lifetime benefit restriction.
- In FY 2020, due to pandemic-related job-loss "Total applications" increased, however due to TANF income guidelines being very low, few applicants were eligible and as a result, a decrease in "Average households/individuals receiving benefits per month" occurred.
- In FY 2021, "Total applications" and "Average households/individuals receiving benefits per month" increased due to pandemic-related policy changes including (but not limited to) the suspension of certain verification requirements, acceptance of certain client statements, and interview waivers that helped recipients maintain their eligibility during the pandemic. In FY 2022 the increase was due to Arlington having an influx of Afghani Refugees with children who were potentially eligible for TANF, causing an increase in applications. FY 2023 decreased due to fewer eligible family members of households receiving TANF benefits. The trend is expected to continue into FY 2024 and FY 2025.
- In FY 2022, "Accuracy rate for internal audits" decreased due to a number of factors including high staff turnover, a significant increase in applications, and a small number of cases reviewed internally. As expected, "Accuracy rate for internal audits" saw a return to prior-year levels in FY 2023. It is anticipated that "Accuracy rate for internal audits" will remain stable for FY 2024 and FY 2025.
- TANF pandemic policy imposed a temporary moratorium on closures for the 24-month and 60-month time limits, resulting in extension of benefits beyond established limits 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 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Energy Assistance

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of applications processed	2,085	3,365	2,730	6,710	6,500	6,500
Number of households assisted	1,644	3,037	2,248	5,931	5,500	5,500

- In FY 2020, due to the pandemic, the state offered a separate COVID Energy Assistance program providing supplemental energy payments. Due to extended program deadlines, the increase in applications processed and households assisted are reflected in FY 2021.
- In FY 2022, sporadic reporting by the State resulted in data for "Number of applications processed" and "Number of households assisted" that was likely lower than actuals. In FY 2023, improved reporting and a growing aging population on fixed incomes led to an

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increase in these measures. It is anticipated that this trend will continue into FY 2024 and FY 2025.

Refugee Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of applications processed	2	3	52	69	100	100
Average monthly households assisted	1	2	7	19	40	40
Refugee Services expense	\$6,845	\$7,728	\$32,265	\$86,613	\$125,000	\$125,000

- The number of applications processed each year depends upon the awarding of refugee status by the State Department.
- In FY 2022, Arlington had an influx of Afghani Refugees through Operation Allies Welcome resulting in a significant increase in "Number of applications processed", "Average monthly households assisted", and "Refugee Services expense". These numbers continued to grow in FY 2023 as there were also increased numbers of refugees from Ukraine, Haiti, Cuba, and Ethiopia. It is anticipated that FY 2024 and FY 2025 will see further increases due to a possible additional increase from Israel.

Child Care Subsidy

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of income spent on childcare with/without subsidy - Fee-based families	7%/64%	7%/63%	0%/50%	N/A	0%/50%	0%/50%
Percent of income spent on childcare with/without subsidy - Head Start families	4%/49%	10%/68%	0%/51%	N/A	0%/51%	0%/51%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of children receiving subsidy from local funds (County)	4	7	8	2	2	2
Quality control processing accuracy rate: internal reviews calculated correctly	96%	93%	95%	93%	95%	95%
State funds spent for fee paying families: percent spent and amount of allocation	86%/ \$1,784,266	63%/ \$2,027,590	93%/ \$3,074,516	104%/ \$4,593,669	100%/ \$6,096,534	100%/ \$6,096,534
Total number of children receiving state childcare subsidy	295	274	420	360	360	360

- 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.

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- The U.S. Department of Health and Human Services has established the threshold for affordable child-care at 7-10 percent of family income. Without a subsidy, childcare costs 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 2021, "Percent of income spent on childcare with/without subsidy – Head Start families" increased due to a decrease in the average monthly income for Head Start families and an increase in average monthly costs of childcare. FY 2022 decreased due to families having higher incomes while also not having to pay copays due to the State waiving copays in FY 2022. In SFY 2023, reviews were not conducted due to staffing constraints. However, it is anticipated that calculations for SFY 2024 and SFY 2025 will be consistent with SFY 2022.
- In FY 2021, "Number of children receiving subsidy from local funds (County)" increased due to the enrollment of additional families as a result of grant funding made available in SFY 2020. FY 2022 enrollment remained consistent. FY 2023 decreased due to additional funding from FY 2020 ending resulting in fewer children being able to receive services. FY 2024 and FY 2025 enrollment will remain similar to FY 2023.
- In FY 2021, "State funds spent for fee paying families: percent spent" decreased and "State funds spent for fee paying families: amount of allocation" increased due to the State allocating an additional 14 percent to Arlington in SFY 2021, while the number of children needing care decreased in SFY 2021 as the waitlist was cleared in April 2021. In FY 2022 both the percent and amount increased due to the State increasing Arlington's allocation by 34 percent and a significant increase in "Total number of children receiving state childcare subsidy".
- In FY 2023, "State funds spent for fee paying families: percent spent and amount of allocation" increased due to increased usage of the program with House Bill 2206 temporarily allowing for job search as an approved activity as well as increasing the income limit to 85 percent of the State Median income for families that have a child under five years who is not enrolled in kindergarten. It is anticipated that FY 2024 will see an increase as well with "State funds spent for fee paying families: percent spent and amount of allocation" leveling out in FY 2025.
- In SFY 2021, the passage of House Bill 2206 in March 2021 temporarily adjusted a number of program requirements to provide families with more flexibility during the COVID public health emergency. Excused absences were increased, copays were suspended, job searching was considered a qualifying activity, and income thresholds were raised.
- In FY 2022, "Total number of children receiving state childcare subsidy" increased due to the majority of the flexibilities established by House Bill 2206 remaining in place through May 2022. As the economy improved, schools reopened, and childcare slots became available, significantly more families were able to access childcare subsidies. In FY 2023 the total number of children decreased due to some of the flexibilities that were in place during the pandemic expiring after SFY 2022, including the suspension of copays.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

EMPLOYMENT SERVICES

PROGRAM MISSION

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

Job Search and Placement

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

Skills Training

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

English for Speakers of Other Languages Training

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

Workforce Board and Consortium

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

PERFORMANCE MEASURES

Employment Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Placement rate of case managed clients: number/percent placed in employment	221/26%	117/39%	200/32%	206/29%	200/30%	200/30%
Average wage at time of placement into employment	\$17.86	\$20.38	\$20.29	\$21.49	\$21.50	\$21.50
Case managed clients still employed after three months	177/80%	111/81%	199/89%	134/88%	140/80%	140/80%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average ongoing case management clients per month	416	181	295	322	300	300

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Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average time from referral to case management to placement into employment for case managed clients (months)	6.6	4.3	6.1	7.2	5.0	4.0
Total employers participating in recruitment fairs	103	56	133	166	145	145
Number of students attending Arlington Teen Summer Expo	N/A	196	700	475	500	500

- Due to an increase in clients served in FY 2022, the number of clients placed into employment increased. However, the employment placement rate decreased in FY 2023 due to increased barriers to employment faced by the clients served, in particular older adults and those without Right to Work status. It is projected that placement rates will remain low in FY 2024 and FY 2025 for the same reasons.
- In FY 2021 and 2022, “Average wage at time of placement into employment” reached over \$20/hour due to fewer lower paying jobs being available during the economic recovery. An increase in the minimum wage in Virginia also contributed to the increase. Continued increases in minimum wage led to further bumps in average wages through FY 2023. It is anticipated that “Average wage at time of placement into employment” will level off in FY 2024 and FY 2025 as the Virginia minimum wage stabilizes.
- In FY 2023, “Case managed clients still employed after three months” decreased due to a larger proportion of clients obtaining employment in the last quarter of the FY, therefore they had not met the three-month threshold to be included in this measure. Estimates for FY 2024 and FY 2025 remain low due to the projection that fewer clients will receive case management services in the coming years. New services will allow for sufficient job seeker services without the need of intensive case management.
- “Average ongoing case management clients” in FY 2020 has been updated with a revised number due to a revised calculation for this measure. FY 2021 and FY 2022 were also revised due to a change in calculation. In FY 2021, the average decreased due to the limitations of virtual services, the decrease in available jobs, and the effects of expanded unemployment benefits.
- In FY 2022, “Average ongoing case management clients” increased as the pandemic drew closer to an end, residents exhausted unemployment insurance benefits, and inflation increased. It is anticipated that there will be an increase in the number of clients receiving ongoing case management in FY 2023 and FY 2024 as the economy continues to stabilize post-pandemic.
- In FY 2021, “Average time from referral to case management to placement into employment for case managed clients” decreased due to the increased availability of jobs as vaccines became available and industries began to open back up during the second half of FY 2021. FY 2022 increased due to a significant number of AEC clients who had been receiving services for two years or more finally obtaining employment. This trend continued in FY 2023. It is anticipated that “Average time from referral to case management to placement into employment for case managed clients” will decrease and then stabilize in FY 2024 and beyond as long-time clients roll off of caseloads.
- Due to increased employer demand, the number of employer events in FY 2020 increased significantly. The same occurred in FY 2023 due to low unemployment and a surplus of vacant positions.

EMPLOYMENT SERVICES

- In FY 2021, “Number of recruitment fairs decreased due to a reduction in hiring volume as industries continued to struggle, the inability to host fairs in-person during the pandemic, and the resulting transition to fewer virtual recruitment fairs that involved a higher number of employers per event.
- In FY 2022, “Number of recruitment fairs” was changed to “Total employers participating in recruitment fairs”, to reflect the shift from single employer to multi-employer events. “Total employers participating in recruitment fairs” increased as industries opened up as the pandemic came closer to an end and employers experienced “The Great Resignation”. It is anticipated that “Total employers participating in recruitment fairs” will trend closer to pre-pandemic levels due to serving more employers per event through both virtual and in-person formats.
- Due to the pandemic, the FY 2020 Teen Summer Expo was cancelled. In FY 2021, the annual event was hosted virtually with 196 remote attendees. In FY 2022, the Teen Summer Expo was once again held in-person and the name was changed to the Teen Summer Job Fair. Seven hundred youth attended the event in FY 2022. FY 2023 participation decreased due to a lower demand for summer jobs by teens. It is anticipated that attendance at the Teen Summer Job Fair will remain steady for FY 2024 and FY 2025.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

MANAGEMENT AND ADMINISTRATION

PROGRAM MISSION

To provide leadership and management of the Public Health Division.

Management and Administration

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

Emergency Preparedness and Response (EP&R)

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

Occupational Health

- Ensure a healthier County workforce.

PERFORMANCE MEASURES

Emergency Preparedness and Response (EP&R)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of emergency exercises and drills which Division staff conducted or in which staff participated	21	3	15	30	30	30
Percent compliance with annually required data reported to the Centers for Disease Control	100%	N/A	N/A	N/A	N/A	N/A
Met Project Public Health Ready Criteria (Yes/No)	Yes	N/A	N/A	Yes	Yes	Yes
Percentage of Public Health Division employees compliant with state and federal National Incident Management trainings (IS100, ICS200 and ICS700)	97%	95%	75%	75%	79%	85%
Total Number of active Medical Reserve Corps (MRC) volunteers	874	975	925	N/A	N/A	N/A
Total Number of deployable Medical Reserve Corps (MRC) volunteers	N/A	N/A	N/A	1,770	1,600	1,600

- 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

MANAGEMENT AND ADMINISTRATION

as the experience is relevant. PHD EP&R staff attended numerous exercise opportunities in the region.

- The CDC suspended required data submission(s) during the pandemic. Consequently, 'N/A' was reported for FY 2021 - FY 2023 specific to CDC data compliance. This continues to be suspended. CDC system improvement is still in progress.
- 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. Additionally, PHD staff were highly involved with the COVID-19 response. FEMA training/ICS training requirements were suspended as priorities were shifted to meeting the needs created by the pandemic. With the return to a steadier state, percentages are expected to increase in future years.
- The number of Medical Reserve Corp (MRC) volunteers increased due to their heightened involvement serving the pandemic and because of how PHD will report out on their engagement post-pandemic. The new critical measure being used will more effectively measure the response capability of the MRC by defining deployable volunteers as volunteers who have submitted an approved application, completed all minimum required training, passed a background investigation and are 'at the ready' to be deployed during emergencies.

Occupational Health

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of County employees attending Occupational Safety and Health (OSHA) required trainings	7,520	245	273	168	168	168
Percent of County employees receiving follow-up referrals after health risks were detected on screening	100%	100%	100%	100%	100%	100%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of County employees screened for health and safety risks who were able to perform the job	2,249	2,783	2,252	1,572	1,572	1,572
Number/percent of OSHA defined abnormal hearing tests getting appropriate follow-up	5/100%	5/100%	4/100%	4/100%	4/100%	4/100%
Percent of all County employees screened for work health and safety risks who were able to perform the job	99%	99%	99%	99%	99%	99%

- For FY 2020, there was an increase in the number of employees reported as attending both the OSHA required trainings and worksite health or safety (non-OSHA) programs, likely due to more trainings available, increased teleworking secondary to the COVID-19 pandemic, and

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non-mandated employees completing the courses. For FY 2021, several large Arlington County departments did not report employee trainings. FY 2021 and 2022 numbers for OSHA required trainings and non-OSHA programs only reflect Public Health Division numbers. Future year estimates are likewise limited to Public Health Division numbers only. The decline in OSHA trainings in FY 2023 reflects the decreased number of employees who received OSHA respiratory Fit Testing from Occupational Health towards the end of the Covid-19 pandemic.

- The number of employees screened for health and safety risks who were able to perform the job varies annually. A number of employees are in positions or have conditions that require more frequent screenings to assure job readiness. During the 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. During FY 2021 initial COVID-19 vaccinations for ACFD and PHD employees were included in screening for health and safety risks. This data was not reported in FY 2022. Therefore, there was a decrease in the number of County employees screened for health and safety risks who were able to perform the job during FY 2022. This trend continued during FY 2023.
- 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 close contact to someone with infected with COVID-19. Data for employees unable to perform on the job due to COVID-19 related issues is not included in the supporting measures.

Management and Administration

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of budgeted third-party revenue received	99%	98%	100%	100%	100%	100%

- FY 2024 and FY 2025 estimates are based on FY 2023 actuals.

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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.

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PERFORMANCE MEASURES

Family Planning Program

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total clients served	1,991	1,555	1,823	2,059	2,059	2,059
Total number of client visits	3,651	3,404	3,542	3,868	3,868	3,868
Total number of outreach events	22	0	13	28	28	28
Number of people reached at outreach events	1,704	0	1,622	2,090	2,090	2,090
Percent of teens encouraged to have parental involvement in their decisions regarding reproductive health	100%	N/A	N/A	N/A	100%	100%
Average total visit time for comprehensive family planning visits (in minutes)	N/A	N/A	N/A	N/A	71	71
Percent of clients leaving clinic with their birth control method of choice	N/A	N/A	N/A	92%	92%	92%
Percent of pregnancies among existing family planning clients conceived at least 18 months after a previous birth	75%	88%	90%	88%	88%	88%
Percent of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result	60%	N/A	N/A	37%	37%	37%

- The FY 2020 and FY 2021 decrease is due to the impact of COVID-19 and the reduced number of in-person clinic spots and services offered. The slight increase in clients served in FY 2022 is likely due to gradual increase in services opening up in the community. The number of clients served in FY 2023 has returned to pre-pandemic levels.
- During FY 2020 and FY 2021, the Family Planning/Teen Program operated under the amended Title X and Virginia Department of Health (VDH) COVID-19 Program Guidance. This allows for services that are normally provided in a clinic setting to be offered remotely utilizing a telehealth/phone platform. Clients are being brought into the clinic for in-person visits when telemedicine is not an option. Routine well-woman visits are deferred, e.g., routine STI testing and pap smears. Birth control refills such as oral contraceptives, rings, and condoms are available to existing clients after nurse phone triage either for curbside pickup or mailed from the VDH Central Pharmacy. Depo Provera injections were given in person. Non-emergency procedures, including Long-Acting Reversible Contraceptives (LARCs) insertions and removals, were suspended until March 2021. During FY 2022, the Family Planning/Teen program returned to full operational status.
- Beginning in FY 2020, most outreach events were canceled due to COVID-19. Outreach activities resumed in FY 2022.
- During FY 2020, the percentage of teens encouraged to have parental involvement in decisions regarding their reproductive and sexual health remained consistent. The data collection for this measure was suspended during the COVID-19 Public Health response. Data collection will resume in FY 2024.
- Average Total Visit Time was not assessed in FY 2020 - FY 2023 due to combining of Family Planning/Maternity/STI clinics. This was 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.
- Previously, the program measured the amount of clients who received a LARC on the same day it was approved. For FY 2023, this measure was changed to align with the Virginia

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Department of Health (VDH)/Title X requirement of the client receiving the birth control method of their choice. Prior year data is not applicable to the current measure. In FY 2023, 92 percent of individuals left the clinic with their birth control method of choice. It is anticipated that this rate will remain stable in FY 2024 and FY 2025.

- In FY 2021 and FY 2022, percent of pregnancies among existing family planning clients conceived at least 18 months after a previous birth returned to prepandemic levels and remained stable in FY 2023. The decrease in FY 2020 was likely due to the decreased services in Family Planning during the COVID-19 Public Health emergency.
- Due to COVID-19 disruption in services, client surveys could not be conducted as planned.
- In FY 2021 and FY 2022, percent of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result was not calculated due to suspension of walk-in pregnancy testing during the COVID-19 pandemic.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:

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

Maternity Care

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of low-birth-weight infants born to clients served through 30 weeks	2.9%	1.6%	4.4%	5.3%	5.3%	5.3%
Percent of pre-term deliveries among clients served through 30 weeks	4.6%	8.6%	5.6%	5.2%	5.2%	5.2%
Percent of women enrolling in prenatal care in the first trimester of pregnancy	58%	48%	47%	63%	63%	63%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total clients served	448	375	421	420	420	420
Total client visits	2,746	1,494	2,319	2,131	2,131	2,131
Percent of clients who received all critical tests on time at admission visit	100%	N/A	N/A	90%	95%	95%
Percent of clients who received all critical tests on time at first clinician visit	100%	N/A	N/A	97%	95%	95%
Percent of clients who received all critical tests on time between 15 and 21 weeks	100%	N/A	N/A	100%	95%	95%
Percent of clients who received all critical tests on time between 24 and 28 weeks	100%	N/A	N/A	98%	95%	95%
Percentage of clients who rated their overall customer experience as “good” or “great”	N/A	N/A	98%	97%	97%	97%

- The percentage of low-birth-weight infants born to clients served through 30 weeks and the percentage of pre-term deliveries among clients served through 30 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. Clients are transferred to Virginia Hospital Center at 30 weeks effective November 14, 2022.
- In FY 2021, the decrease in the number of clients and visits is related to VDH Program Guidelines during COVID-19, which increased the interval between visits. During FY 2022, the

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program moved toward pre-pandemic spacing of visits. The number of visits stabilized in FY 2022 and FY 2023. In FY 2021 and FY 2022, staff were redirected to work on COVID-19 response and did not conduct chart audits; therefore, the percentage of clients who received all critical tests on time is not reported. In FY 2023, chart audits resumed with strong levels and staff were reoriented to clinical duties to ensure consistent and effective results.

- Due to COVID-19 disruption in services, client surveys in FY 2020, and FY 2021 could not be conducted as planned. Surveys resumed in FY 2022.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Immunization Clinic (OIC)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total clients served (all services)	2,773	1,071	1,518	1,947	1,947	1,947
Total visits (all services)	3,643	1,329	2,253	2,834	2,834	2,834
Total OIC Services: immunizations (including flu) and TB tests administered	10,294	2,960	7,128	9,193	9,193	9,193
Cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic	0	0	0	0	0	0

- Data include services provided at the Open Immunization Clinic (OIC) only.
- The OIC closed on March 16, 2020 and did not reopen until June 26, 2020.
- The clinic reopened utilizing appointments, social distancing, one-way clinic flow, and increased usage of PPE for staff in FY 2020.
- From FY 2020 to FY 2021, the clinic was 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.
- In FY 2020 and FY 2021, the decrease in the number of clients and visits is due to the COVID related clinic closures. FY 2022 showed an increase in the number of immunization clients that were seen, and the number of services being delivered. This may be due to the public’s overall comfort level of coming to the Health Department relaxing since the beginning of COVID. Beginning in FY 2024, masks are now optional and other safety measures remain in place. In FY 2023, client counts and services continued to increase. They are projected to remain stable in FY 2024 and FY 2025.
- There have been no cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic since FY 2019. A list of cases of vaccine-preventable disease among Arlington residents is obtained from the Disease Investigation program to see if they were immunization clients.
- This program has a performance measurement plan in place for services provided at OIC. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of cases meeting eligibility processing standards	100%	100%	99%	99%	99%	99%
Percent of underweight children ages 2 to 5 moving towards a healthier weight	17%	67%	67%	53%	53%	53%
Percent of overweight children ages 2 to 5 moving towards a healthier weight	24%	37%	63%	49%	49%	49%
Percent of Women, Infants and Children (WIC) breastfeeding infants who were ever breastfed	94%	93%	96%	94%	94%	94%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 6 months	82%	83%	85%	75%	75%	75%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 1 year	46%	53%	51%	56%	56%	56%
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	94%	N/A	N/A	N/A	94%	94%
Percent of clients responding to an annual survey who rated our use of a language that they understood and spoke as "excellent" or "wow"	94%	N/A	N/A	N/A	94%	94%
Monthly average number of active clients	1,912	2,155	2,202	2,750	2,750	2,750

- Changes due to COVID: All eligibility determination, risk assessment, and nutrition counseling services are performed over the phone, and benefits are issued remotely. USDA (US Department of Agriculture) has waived the physical presence requirement. In person services resumed in FY 2024.
- Height and weight data from FY 2021 and FY 2022 is not comparable to prior years because of the change in how height and weight measurements were collected. Data was reported by external health care practitioners and not directly measured at WIC office visits, and may not be comparable to data recorded at WIC office visits.
- The measure "percent of cases meeting eligibility processing standards" ensures that local agencies notify applicants of their eligibility for benefits within 10 days for pregnant women, infants under six months of age, migrants, and homeless persons, and 20 days for all others.
- The number of underweight children ages two to five moving toward a healthier weight is small (12 or less in each year); therefore, even small changes in the number of underweight children often account for the variations in percentages.
- The FY 2022 increase in WIC breastfeeding infants who were ever breastfed and breastfed at six months is due to a combination of several factors: 1) Breastfeeding counselors focused their efforts on clients during the early post-partum period when most problems with breastfeeding typically occur; and 2) the addition of face-to-face classes for pregnant and breastfeeding mothers. The number of infants ever breastfed has remained constant however the number of infants who are breastfed at 6 months decreased in FY 2023. Breastfeeding support groups relaunched in April 2023 at Arlington Mill Community Center. Separate group sessions are scheduled monthly for English and Spanish speakers.
- During the pandemic, support services were provided remotely mainly through phone conversations. Only clients needing breast pumps were required to come to the office. Breastfeeding support groups were discontinued. In-person group breastfeeding classes were

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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 were no longer working outside the home and were more likely to breastfeed while staying home with infants.

- In FY 2018, a new client survey was implemented as part of the Customer Experience Initiative in public health. Components of customer experience are rated as “unsatisfactory,” “satisfactory,” “excellent,” or “wow” to match division expectations of delivering an “excellent” or “wow” experience to all customers. The survey was not administered in FY 2020 – FY 2023 due to the COVID-19 pandemic.
- WIC enrollment had declined statewide and nationally since FY 2014 until March 2020. Since then, monthly participation has increased by 838 participants, from 1,912 to 2,750. Some of the increase was due to new participant enrollment. Another factor contributing to the increase was the convenience of remote services. Clients previously enrolled, who were not able to attend required in-office appointments and were not able to receive benefits, could complete required appointments over the phone.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:

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

HIV/AIDS & Sexually Transmitted Infections (STI) and the Virginia Medication Assistance Program (VA MAP) formerly known as AIDS Drug Assistance Program (ADAP)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Chlamydia rate per 100,000 population	416	346	404	422	422	422
Number of new Chlamydia cases	942	811	964	1,002	1,002	1,002
Gonorrhea rate per 100,000 population	118	95	131	152	152	152
Number of new Gonorrhea cases	267	222	314	360	360	360
Syphilis rate per 100,000 population	27	27	29	27	27	27
Number of new Syphilis cases	62	64	70	65	65	65
Perinatal Hepatitis B cases	19	11	13	6	6	6
HIV rate per 100,000 per population	8	12	10	10	10	10
Number of new HIV cases	18	29	24	24	24	24
Number of HIV positive clients receiving Direct Medication Assistance Program (MAP) services	45	46	56	57	57	57
Total number of sexually transmitted disease clinic visits (includes HIV)	738	216	365	503	503	503
Percentage of STI Clinic clients who rated their overall customer experience as “good” or “great”	N/A	N/A	99%	100%	100%	100%

- In September 2023, Virginia Department of Health (VDH) changed the AIDS Drug Assistance Program (ADAP) to Virginia Medication Assistance Program (VA MAP).
- The above rates were calculated using the January 1, 2023 population estimates from the Arlington County Department of Community Planning and Housing Development. Rates of Chlamydia and Gonorrhea increased in FY 2023 while rates of Syphilis and HIV remained constant. Contributing factors may include increased access to testing and behavior changes due to lifting Covid restrictions. Another contributing factor may be continued STI testing

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services in the community, especially the increased number of clients referred by a Community Based Organization, NOVASalud.

- Data on the number of new cases is from the Virginia Department of Health (VDH).
- The total number of STI Clinic visits has increased over the past two years as a result of strong partnership with NOVASalud and the increase in the overall accessibility to screening, which was halted during the pandemic. The number of VA Medication Assistance Program (VA MAP) clients has remained constant in the past two years. Clients who are ineligible for state supported insurance programs or lack access to medical insurance coverage continue to be served as well.
- The STI Clinic and VA MAP programs have performance measurement plans. The data above aligns with those plans. You can read both programs complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Dental Clinic

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total client visits	1,312	41	1,279	1,445	1,445	1,445
Total number of clients	561	34	441	515	515	515
Percentage of clients who rated their overall customer experience as "excellent" or "wow"	97%	N/A	98%	97%	97%	97%
Percentage of clients who rated how we explained things as "excellent" or "wow"	97%	N/A	96%	98%	98%	98%
Percentage of clients that indicated that they were able to get an appointment when needed	85%	N/A	97%	93%	93%	93%
Percentage of adult appointment slots utilized by adults	91%	N/A	N/A	N/A	N/A	N/A
Percentage of children's appointments slots utilized by children	71%	N/A	82%	81%	81%	81%
Percentage of open appointment slots (both adult and children) utilized	96%	N/A	95%	92%	92%	92%
Percentage of all clinic appointment slots utilized	90%	N/A	94%	90%	90%	90%
Number/percent of preventive visits at which clients who were offered and received all appropriate preventive care	537/ 99.8%	28/ 100%	438/ 99.3%	542/ 99.4%	542/ 99.4%	542/ 99.4%
Number/percent of clients completing corrective treatment plan within 6 months	409/89%	79/75%	157/89%	289/85%	289/85%	289/85%
Number/percent of clients who return for a new preventive treatment plan in 12 months	524/62%	98/18%	12/43%	259/59%	259/59%	259/59%

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

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- Dental Clinic appointment slots are either reserved for children (64 percent), adults (28 percent), or are open to either client type (8 percent). Currently, there are four open slots available per week to either adults or children on a first come, first served basis.
- More appointment slots are reserved for children because there are fewer other community options available for uninsured children than for adults. After the Dental Clinic reopened, all slots were open to either client type until May 2022, when 25 percent were reserved for children. This was done to fill all the appointment slots while assuring that children are able to get appointments. Slots were not reserved for adults in FY 2021 – FY 2023.
- Client satisfaction surveys were not administered in FY 2021 due to COVID-19. Client satisfaction surveys were administered in the third quarter of FY 2022.
- Some clients do not return for the completion of their treatment plan and some clients need such extensive work that it takes longer than six months.
- The percentage of clients returning for a preventive visit decreased drastically in FY 2021 and FY 2022 due to the closure of the clinic. Because the clinic did not reopen until June 21, 2021, there were only a small number of clients reported in FY 2022. A full year of data was collected for FY 2023 that showed an increase in services post COVID-19.
- Appropriate preventive care includes an examination, cleaning, oral hygiene education, oral cancer screening, and fluoride varnish for clients ages 13 years and younger.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

PROGRAM MISSION

To keep children healthy and safe to promote learning.

School Based Health Clinics

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

Health Appraisal Clinics

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

Parent Infant Education (PIE)

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

PERFORMANCE MEASURES

School Based Health Clinics

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total number of students enrolled (school enrollment as of September 30)	28,248	26,895	26,911	27,455	27,455	27,455
Students with medical notifications	6,627	6,906	7,504	7,760	7,760	7,760
Total number of clinic visits	90,356	4,833	92,582	152,277	152,277	152,277
Percent of controlled substances (medications) administered per protocol	99%	99%	99.5%	98.9%	99%	99%
Percent of individual health care plans that meet all appropriate standards for the condition	N/A	N/A	N/A	80%	85%	85%
Total vision screenings	9,885	5,507	9,639	10,729	10,729	10,729
Total hearing screenings	9,846	5,349	9,663	10,444	10,444	10,444
Percent of mass vision screenings completed	98%	55%	98%	100%	95%	95%
Percent of mass hearing screenings completed	95%	55%	99%	100%	95%	95%
Number of referrals made for services	1,123	1,373	24,371	4,328	4,328	4,328

SCHOOL HEALTH

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of conditionally enrolled students brought into compliance with immunizations	99.7%	N/A	100%	100%	100%	100%
Number of students excluded from school for not receiving Tdap vaccination	0 of 2,108	0 of 2,005	0 of 1,964	0 of 1,922	0 of 1,922	0 of 1,922
Percent of parents responding to customer satisfaction survey indicating overall satisfaction with service	N/A	N/A	N/A	N/A	91%	91%
Percent of school staff responding to survey who indicate overall satisfaction with services	N/A	N/A	N/A	N/A	87%	87%

- School enrollment numbers are from Arlington Public Schools (APS).
- The number of students with medical notifications varies from year to year based on individual student characteristics. Medical notifications are created for 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. 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 were deployed to the COVID Response Team. Students began to return to in-person school slowly in FY 2021, with large numbers not returning until March 2021, and then only attending in person two days a week.
- For FY 2020, the measure "Percent of controlled substances (medication) administered per protocol" only includes data from Q1 and Q2.
- The measure "Percent of individual health care plans (IHCPs) that meet all appropriate standards for the condition" was not collected in FY 2020, FY 2021, or FY 2022. IHCPs were created as usual but the staff that usually conduct the audit were deployed to the COVID response, which was deemed more urgent. In FY 2020, the measure "Number of referrals made for services" only includes data from Q1 and Q2. Collection of this measure resumed in FY 2023.
- In 2020-2021, mass vision and hearing screenings were conducted for 55 percent of students in kindergarten and grades 3, 7, and 10 according to Virginia Department of Education (VDOE) requirements. Not all eligible students were screened because, per School Health and APS policy, parents could opt out of mass hearing/vision screenings if not attending in person, and because students with a known hearing loss, a serious hearing impairment in one or both ears, and/or a serious visual impairment were not screened. In 2022-2023, mass vision hearing screenings were conducted for 100 percent of students in kindergarten and grades 3, 7, and 10 according to Virginia Department of Education (VDOE) requirements. The total number of students is taken from September 30 APS enrollment data, which is the official enrollment for the school year. After this date, students continue to enroll or withdraw from APS, so the number of students screened on the dates of individual school screenings may be higher or lower than the enrollment numbers on September 30.
- In FY 2022, the measure "Number of referrals made for services" was higher than previous years, due to referrals related to COVID. This leveled off in FY 2023, due to changes in Arlington County Public School's COVID protocols.

SCHOOL HEALTH

- 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.
- Conditionally enrolled students are followed the entirety of the school year, but because School Health and analysis staff were pulled into COVID response, the data was not compiled and reported during the second half of the school year for FY 2020 and in FY 2021; however, all conditionally enrolled students were tracked for completion of requirements.
- In FY 2020 and again in FY 2023, all 7th grade students had proof of Tdap vaccination before the start of school. 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, FY 2021, FY 2022, and FY 2023 the customer satisfaction survey was not administered to APS staff or parents due to COVID.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Parent Infant Education (PIE)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total Clients referred	356	361	393	442	486	486
New Individualized Family Service Plans (IFSPs)	181	200	219	222	244	244
Number of Active Clients (new and ongoing IFSP’s, unduplicated count)	260	386	413	430	473	473
Number of assessment and therapy hours provided by PIE therapists	662	933	1,594	1,715	1,715	1,715
Number of assessment and therapy hours provided by contracted therapists	7,387	6,677	3,205	3,544	3,544	3,544
Total direct therapy and assessment hours (travel, documentation, teaming peer consultation, and administrative time not included)	8,049	7,146	4,799	5,259	5,259	5,259
Percentage of clients receiving services in a language other than English	19%	21%	16%	20%	20%	20%
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)	123/ 92%	158/ 100%	168/ 100%	186/ 100%	98%	98%

SCHOOL HEALTH

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number/percent of clients offered to start services listed in the IFSP within 30 days of signing the IFSP	194/ 98%	196/ 100%	217/ 100%	223/ 100%	95%	98%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: positive social emotional skills	46/64%	29/54%	32/49%	62/57%	62/57%	62/57%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: acquisition and use of knowledge and skills	57/66%	32/52%	31/44%	73/59%	73/59%	73/59%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: use of appropriate behaviors to meet their needs	53/67%	35/49%	36/44%	75/57%	75/57%	75/57%
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	100%	N/A	72%	77%	77%	77%
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	100%	N/A	87%	97%	97%	97%
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	100%	N/A	88%	97%	97%	97%

- An Individualized Family Service Plan (IFSP) is a federally required plan that identifies the needs of the child and lays out how those needs will be met. It is a plan of care for the child with which both the program and the family agree.
- The number of new IFSPs varies because after intake/screening, 1) some children who are referred are found to be ineligible for services; and 2) some families decline services.
- Prior to the COVID-19 pandemic, FY 2020 PIE referral numbers were on track to match FY 2019 numbers. Due to COVID-19, referrals to the PIE program decreased in FY 2020-FY 2021. PIE conducted outreach to pediatrician's offices and community programs to increase the number of referrals in FY 2022 and FY 2023.
- 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 2022, these hours decreased, partially because a number of families opted for private therapy provided in person rather than telehealth services through PIE. In FY 2023, PIE returned to offering in-person services.
- 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.

SCHOOL HEALTH

- In FY 2023, PIE experienced increased referrals to the program and this trend is expected to continue. Due to the increase in referrals, it is expected that the percentage of children offered an IFSP within 45 days of referral and the percentage of children offered therapy services within 30 days of the IFSP will decrease as staff caseloads continue to rise.
- The percent of children demonstrating substantial improvement at discharge (based on therapist assessment) on positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors has been close to the state target for the past few years. In FY 2021 and FY 2022, indicator ratings were not gathered for all children exiting the PIE program that were receiving services for six months or longer. Due to the COVID-19 pandemic, service coordinators have increased efforts to support families and provide necessary resources resulting in missed opportunities to obtain necessary data. The missing data directly impacted the FY 2021 and FY 2022 numbers. In the last quarter of FY 2022, a new policy was implemented to increase the proportion of children for whom this data was gathered. The state Part C office collected this data soon after this policy change, so the impact is not seen in the FY 2022 results. Results from FY 2023 show a significant increase in the number of positive outcomes for children exiting the program.
- In FY 2020, due to COVID-19, the state delayed sending the yearly survey to families across Virginia. The response rate in FY 2020 was very low. In FY 2021, only three families responded to the survey; therefore, results were not calculated. In FY 2022, 26 parents responded, allowing the state to calculate results. The percentage of parents reporting more confidence in meeting their child's needs and the percentage of those who feel services helped reach outcomes or goals important to their family remained high. The percentage of families reporting improved ability to participate in typical community activities decreased. Many families reduced their engagement in community activities during the pandemic but re-engaged in these activities in FY 2022. In FY 2022, most PIE services were provided virtually, limiting therapists' ability to support families during community activities. This percentage increased in FY 2023 as families increase their engagement in community activities and PIE resumes in-person services.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 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 injury, death, and 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.

Rabies Prevention and Control

- Investigate animal bites to humans to prevent human rabies.
- Promote rabies vaccination among dogs and cats.

Rodent Control

- Investigate rodent complaints, educate the community on how to control rodents, and work to eliminate rodents on public property.

Disease Surveillance and Investigation

- Monitor and investigate individual reports of reportable infectious disease.
- Investigate potential outbreaks to limit the spread of infectious diseases (e.g., norovirus, bacterial meningitis), especially in high-risk and congregate settings (e.g., nursing homes, childcare centers, homeless shelters).

Tuberculosis Case Management and Newcomer Health

- Identify and treat clients with active or latent tuberculosis.
- Provide an initial health screening to newly arrived refugees and other qualified individuals, identify and intervene on diseases and conditions of public health concern, and connect them to care as part of successful resettlement.

PERFORMANCE MEASURES

Restaurant Inspection

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number/percent of food establishments in enforcement process brought into compliance	6/ 100%	4/ 100%	3/ 100%	14/ 100%	14/ 100%	14/ 100%
Number of food establishments closed for imminent health hazards	9	20	11	5	5	5

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Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of confirmed foodborne outbreaks associated with a licensed Arlington food establishment	0	0	0	0	Not predictable	Not predictable

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total number of establishments	1,094	1,030	1,044	1,046	900	900
Total number of risk factor plus and risk factor inspections completed	1,768	1,269	2,072	2,216	2,100	2,100
Number of food establishment inspections per Environmental Health Specialist FTE	N/A	N/A	307	297	297	297
Number/percent of food establishments that require 1 inspection per year receiving required inspections (calendar year measure)	N/A	N/A	433/ 100%	252/ 100%	252/ 100%	252/ 100%
Number/percent of food establishments that require 2 inspection per year receiving required inspections (calendar year measure)	N/A	N/A	279/ 99%	278/ 100%	278/ 99%	278/ 99%
Number/percent of food establishments that require 3 inspection per year receiving required inspections (calendar year measure)	N/A	N/A	359/ 99%	396/ 100%	396/ 99%	396/ 99%
Number/percent of food establishments that require 4 inspection per year receiving required inspections (calendar year measure)	N/A	N/A	19/ 100%	18/ 100%	18/ 100%	18/ 100%
Number of complaints of foodborne illness	49	26	80	68	Not predictable	Not predictable
Number of known affected individuals within the outbreaks	0	0	0	0	Not predictable	Not predictable
Enforcement Action 1: Number of Notices of Alleged Violation	5	4	2	12	12	12
Enforcement Action 2: Number of Fact-Finding Conferences	2	2	0	3	3	3
Enforcement Action 3: Number of Notices of Intent to Revoke License	1	2	0	0	0	0
Enforcement Action 4: Number of Revocation Hearings	1	1	0	0	0	0
Enforcement Action 5: Number of Licenses Revoked	0	0	0	0	0	0

- The majority of measures are provided on a fiscal year basis except where noted otherwise.
- The number of food establishments in the enforcement process varies from year to year based on individual food establishment compliance with the FDA (Food and Drug Administration) Food Code. An establishment that has a pattern of violations will be brought into Enforcement. Enforcement is a multi-step process (per the categories listed) and progresses when the pattern

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of violations continues. Each step affords the owner the opportunity to correct the pattern of violations and to come into compliance with the Food Code. Enforcement actions were decreased during the pandemic due to restrictions on food service and more limited inspections. As inspections returned to pre-pandemic numbers, more enforcement actions were needed. The decrease in enforcement actions may be due to efforts to create Risk Control Plans with establishments to address issues before they warrant enforcement. Seven Risk Control Plans were completed in FY 2020. No risk control plans were completed in FY 2021 due to the pandemic related restrictions on food service and inspections. Two risk control plans were completed in FY 2022. Seven risk control plans were completed in FY 2023.

- Closures due to imminent health hazards include fire, power outage, sewer back-up, and pest infestations. This is a temporary suspension of the license, outside of the enforcement process. If the hazard is part of a pattern of violations, the establishment may be issued a Notice of Alleged Violation in addition to the suspension of the license. Most establishments reopen upon remedying the hazard.
- 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. The number of establishments are reduced as of January 2023 when about 150 became solely licensed and inspected by the Virginia Department of Agriculture and Consumer Services (VDACS).
- 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. In FY 2020 and FY 2021, the number of inspections per FTE was not able to be calculated because of the closures due to COVID-19. In FY 2022 and FY 2023 the number of inspections per FTE were within the FDA standard of 280-320 per FTE.
- Establishments are assigned one, two, three or four inspections per calendar year based on specific risk-based factors. The number of inspections per year meets or exceeds the state standard of one inspection per establishment per year (two inspections per establishment per year for schools). After meeting the required state standard of one inspection per year, staff prioritized those establishments scheduled for three or four inspections per year, as those establishments prepare more complex food and/or serve higher risk patrons. Among the establishments in the two inspections per year category, schools were the highest priority, and all those inspections were completed. All other establishments that were assigned two inspections per year were the last priority because they posed the least risk due to their particular combination of risk factors. Number of inspections required and completed was not calculated in CY 2020 and CY 2021, due to the pandemic. However, in CY 2021, the state standard of one inspection per establishment was met. In CY 2022, 100 percent of the establishments needing one or four inspections met the number of inspections needed; 99 percent of the establishments needing two or three inspections met the number of inspections needed. In CY 2023, all establishments received the required number of inspections. The number of establishments requiring one inspection decreased in CY 2023 due to VDACS taking sole licensing/inspecting responsibility.
- The measure names for food establishment inspections were updated in FY 2023 to more accurately reflect data methodology. These data points reflect the number of fully inspected facilities, not the number of inspections.
- The number of complaints of foodborne illness varies from year to year based on the individual characteristics of the dining public. It is not predictable. In FY 2020 and FY 2021, the decrease in the number of complaints was likely due to pandemic-related closures.

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- The number of known affected individuals within the outbreaks is based on individuals identified as part of an official investigation by the Disease Surveillance and Investigation program, working closely with Environmental Health.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Pool Inspection

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total Year-Round Water Recreational Facilities (calendar year measure)	32	43	44	44	44	44
Total Seasonal Water Recreational Facilities (calendar year measure)	147	244	247	246	246	246
Total Water Recreation Facilities (calendar year measure)	179	287	291	290	290	290
Number/percent of required inspections for Year-Round Water Recreation Facilities completed (calendar year measure)	23/ 100%	43/ 100%	112/ 100%	123/ 100%	123/ 100%	123/ 100%
Number/percent of required Pre-Opening inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	N/A	N/A	246/ 99.6%	246/ 100%	246/ 100%	246/ 100%
Number/percent of required Routine inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	129/ 100%	243/ 99.6%	246/ 99.6%	486/ 100%	486/ 100%	486/ 100%
Timeliness of database entry of inspection results	N/A	N/A	100%	90%	90%	90%
Reported illnesses, injuries, or deaths associated with a licensed Water Recreational Facility (fiscal year measure)	0	0	0	0	Not predictable	Not predictable
Number of facility closures due to imminent health hazards	9	1	4	11	11	11

- Water Recreation Facilities (WRFs) include swimming, wading, and diving pools as well as spas and interactive water features (e.g., spray grounds) that have treated, re-circulated water. Some swimming pools are open year-round; most operate seasonally, from May through September.
- There are three types of inspections for WRFs: Pre-opening (scheduled, completed prior to issuing license and facility opening); routine (unannounced, comprehensive); and follow up (unannounced, for re-inspecting items that were not in compliance at the time of the routine inspection).
- In CY 2020 and CY 2021, 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.
- 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

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replaced a pre-opening inspection. Therefore, the percentage of required seasonal pre-opening inspections completed is not calculated for CY 2020 and CY 2021. In CY 2022, the number of inspections required returned to pre-pandemic standards. All required inspections of year-round WRFs were conducted; 99.6 percent of seasonal WRF pre-opening inspections were conducted; 99.6 percent of seasonal WRF routine inspections were conducted. In CY 2023, all expected inspections (both pre-opening and routine) for both year-round and seasonal water recreation facilities were completed.

- The number of required routine inspections per seasonal facility increased from one to two in CY 2023. Even though there was a significant increase in required inspections, all were completed on time in CY 2023. It is anticipated that all inspections will be completed on time in CY 2024 and CY 2025.
- Timeliness of database entry of inspection results is a measure with data pulled from the State database. Results reported are based on a sample of records (minimum of 20 percent of inspections by Environmental Health employees, 10 percent of inspections by summer contractor). Timeliness of entry was a point of great emphasis, which resulted in 99 percent of sampled reports being entered in the appropriate timeframes in FY 2019. Due to staffing constraints caused by staff being deployed to COVID-19 response, the timeliness data could not be calculated in FY 2020 and FY 2021. In FY 2022, 100 percent of inspection results were entered within program timeframes. In FY 2023, 90 percent of inspection results were entered within program timeframes.
- The “number of reported illnesses, injuries, or deaths associated with a licensed facility” and the “number of facility closures due to imminent health hazards” reflects data provided by the affected facilities.
- The number of facility closures due to imminent health hazards varies from year to year based on individual characteristics of the facilities and their management. 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 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Hotel Inspection

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of hotels licensed annually	46	43	38	40	40	40
Total Number of hotel inspections	47	19	38	41	40	40
Number of complaints	13	0	2	7	Not predictable	Not predictable
Percent of routine annual inspections completed	100%	37%	100%	100%	100%	100%
Timeliness of inspection entry	100%	N/A	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

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Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Enforcement Action 5: Number of licenses revoked	0	0	0	0	0	0

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

Rabies Prevention and Control

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of animals quarantined for exposure to rabid animals or for biting humans	301	317	326	529	530	530
Number of animals vaccinated for rabies prevention	433	309	483	377	500	500

- The number of animals quarantined for exposure to rabid animals or for biting humans varies from year to year, though it has increased steadily since FY 2020. Cases increased more in FY 2023, possibly due to increased outreach on Arlington County and Animal Welfare League of Arlington websites and discussions with VHC Health regarding mandated reporting of all animal bites.
- 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. Availability on the part of different localities to provide this service to their residents varied during the pandemic, which may have influenced the total animals vaccinated in Arlington County.

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Rodent Control Program

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of rodent complaints investigated	204	195	215	145	145	145
Number/percent of contacts initiated within the appropriate timeframe (one business day) regarding rodents INSIDE a residence or establishment	77/ 95%	51/ 100%	57/ 97%	43/ 98%	43/ 98%	43/ 98%
Number/percent of contacts initiated within the appropriate timeframe (three business days) regarding rodents OUTSIDE a residence or establishment	120/ 98%	137/ 95%	154/ 99%	101/ 100%	101/ 100%	101/ 100%
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 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Disease Surveillance and Investigation (DSI) Program

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of communicable disease investigations	1,292	1,213	1,359	1,475	1,475	1,475
Confirmed and probable cases	636	377	542	629	629	629
Percent of communicable disease investigation initiated within required VDH timeframes	98%	100%	99.5%	99.3%	99%	99%
Number/percent of clients who received recommendations for infection control measures according to VDH criteria and timeframe	75/ 90%	251/ 92%	299/ 93%	357/ 96%	357/ 96%	357/ 96%
Number of confirmed outbreaks	10	2	12	38	Not predictable	Not predictable
Outbreak investigations contained all required elements	N/A	N/A	12/ 100%	38/ 100%	100%	100%
Number/percent of clients completing prophylaxis to prevent rabies as recommended	58/ 74%	43/ 68%	70/ 71%	54/ 56%	65%	65%

- The incidence of reportable communicable disease varies from year to year, affecting the number of communicable disease investigations.
- Data excludes COVID-related investigations, cases, and outbreaks. Through FY 2023 Arlington’s COVID-19 investigation and surveillance were being conducted as part of the County’s larger COVID-19 response efforts, which worked in close coordination with DSI staff and leadership. In FY 2023, there were 13,605 confirmed and probable COVID cases and 51 COVID outbreaks.

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- The DSI program tracks the timeliness with which clients are given recommendations for infection control measures, using a local database where this information is recorded for each case of a reportable disease investigated.
- The number of outbreaks varies from year to year, affecting the number of outbreak investigations conducted. In FY 2023, the number of outbreaks reported and investigated was higher than in the previous three years, when more strict community infection control measures were in place for COVID-19. In FY 2023, with fewer restrictions in place to limit COVID, other disease outbreaks increased.
- A new indicator is included to measure if outbreak investigations include all required elements, replacing the previous indicator measuring if reports were sent in the mandated reported timeframe. Currently, VDH does not have a specific expected timeline for outbreak closures. The required elements of an outbreak investigation report tell the story of the outbreak – who was affected, where and how, and assist the CD team and VDH by providing a summary of lessons learned and best practices to implement for future outbreaks.
- There continue to be clients who have had a potential rabies exposure who refuse to cooperate with Public Health investigation. Some refuse to identify the animal that exposed them. When the health of the animal cannot be verified, Public Health recommends post-exposure prophylaxis to prevent rabies. Clients may decline this recommendation based on their belief that their risk is low.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Tuberculosis (TB) Medical Case Management

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number/percent of clients with active TB who completed or are on schedule to complete treatment according to protocol	24/ 100%	16/ 100%	15/ 100%	13/ 100%	13/ 100%	13/ 100%
Number/percent of clients with latent TB infection starting medications who completed or are on schedule to complete treatment	76/ 87%	29/ 91%	60/ 94%	103/ 94%	103/ 94%	103/ 94%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of clients (unduplicated)	512	196	299	381	381	381
Total active cases of treatment	24	16	16	13	13	13
New active TB cases (diagnosed in Arlington or transferred from other jurisdictions)	13	7	10	10	10	10
Clients with Latent TB on treatment	88	32	64	110	110	110
Visits (all settings)	1,159	533	694	1,143	1,143	1,143
Directly Observed Therapy (DOT) visits	1,846	1,115	1,212	1,751	1,751	1,751
Percent of clients with active TB disease who were started on the recommended treatment regimen and initiated DOT	100%	100%	100%	100%	100%	100%

COMMUNITY HEALTH PROTECTION

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of identified contacts to an active TB case who were assessed to determine their infectious status	94%	81%	64%	87%	87%	87%
Number/percent of clients with active TB disease who met the criteria for a safe hospital discharge to the community	7/ 100%	4/ 100%	3/ 100%	4/ 100%	4/ 100%	4/ 100%

- The number of clients with latent TB on treatment includes all those who received treatment during the fiscal year. It includes both individuals who began treatment during that fiscal year and those who began treatment during the prior year and continued receiving treatment during the fiscal year. The number varies from year to year based on the number of individuals with latent TB infection who were diagnosed in a given period and the number of those diagnosed who agree to start this voluntary treatment.
- IGRA testing has resulted in more true positives giving greater confidence that treatment is needed to reduce the risk of disease progression. A number of treatment options are available and treatment decisions are made with the client to increase compliance with treatment completion. The 3HP regimen is provided under Directly Observed Therapy (DOT) to ensure compliance.
- The number of clients (unduplicated) includes all who are seen in the Chest Clinic. This includes clients with active or latent TB as well as those requiring TB screening, chest x-rays, and letters for employers certifying that they are free of active TB. In FY 2020, during the COVID-19 pandemic, services for all clients with active TB disease and for clients with latent TB infection at high risk for progressing to active disease were continued. Some less urgent services were deferred due to constraints imposed by the pandemic. This is reflected in the lower 2020 and 2021 numbers for clients accessing services. FY 2022 numbers began to trend upward as people returned to pre-COVID activities. An increase in clients identified with LTBI from the Newcomer Health Program contributed to the increase in TB clientele in FY2023.
- 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.
- During the COVID pandemic in FY 2020 and FY 2021, initiation of treatment for clients with newly diagnosed LTBI was only considered for those at high risk for progressing to active disease including contacts to active cases, young children, and immunocompromised clients. In FY 2022 and FY 2023, there was an increase in clients due to the “world opening back up” post COVID. Many individuals required TB screening to return to work or school in-person. Additionally, U4U and Operation Allies Welcome led to a 5-fold increase in Newcomer Health clients. TB screening is included in the Initial Health Screening for Newcomer Health clients. Newcomer Health clients who tested positive for TB became TB clients. Approximately 12 percent of LTBI clients were formerly Newcomer clients in FY 2023.
- Arlington provides Directly Observed Therapy (DOT) for non-residents working in the County to ensure compliance and reduce the spread of TB in Arlington and other jurisdictions do the same. DOT was conducted during the COVID pandemic via video therapy. DOT is also used with all clients who receive treatment for LTBI using the 3HP regimen. Many clients opt for 3HP as it is the short regimen and requires one dosing weekly. All LTBI regimens that are not daily dosing regimens must be administered using DOT. This has resulted in an increase in DOT visits in FY 2023.
- The percentage 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.

COMMUNITY HEALTH PROTECTION

- 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.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 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).

PERFORMANCE MEASURES

Management and Administration

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total number of individuals served in the Division	4,561	4,705	4,742	4,646	4,750	4,850

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total revenue collected by Customer Service Team	\$91,127	\$0	\$14,435	\$14,435	\$60,000	\$90,000

- In FY 2021, there was an increase in clients to pre-covid levels, primarily driven by more clients seeking emergency services. That trend continued in FY 2022. In FY 2023, the number of clients served decreased, due to decreased capacity caused by staffing vacancies. It is anticipated that the number of clients served will rise and reach 4,750 in FY 2024, and 4,850 in FY 2025.
- Revenue collection restarted at the BHD Customer Service Center in the second quarter of FY 2022. In FY 2023, revenue collection increased, although not to prior levels. To enhance collection rates, customer service staff regularly sent reports to case managers to alert them of high balances throughout FY 2023 and worked individually with clients to answer questions about their finances. We expect collections to return gradually to the previous trend and the revenue to reach \$60,000 in FY 2024 and \$90,000 in FY 2025.

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.

Nursing Services

- Integrate physical and behavioral health care for clients by linking clients to primary-care providers and coordinating care.
- Track client vital signs, body mass index, and lab work indicators to ensure overall client health and wellness.
- Review electronic health record for clients most recent medications, assessments, and releases to ensure treatment continuity.
- Provide injectable anti-psychotic medications to clients to help them maintain ongoing stability in their daily lives.

PERFORMANCE MEASURES

Psychiatric Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Client self-report of reduction and stability of symptoms	N/A	N/A	91%	93%	93%	93%
Percent of Psychiatric visits at which individuals demonstrated adherence to their medication regimen	94%	94%	94%	94%	94%	94%
Percentage of visits at which individuals demonstrated improvement in symptoms	91%	91%	89%	88%	90%	90%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average number of days until next available psychiatric evaluation for individuals initiating ongoing services, CFSD, ADSD, BHD	8/13/13	13/2/11	6/3/5	6/4/5	6/4/5	6/4/5

PSYCHIATRIC SERVICES

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average score of chart reviews reflecting alignment with evidence-based practice/number of charts reviewed	93%/46	89%/48	87%/48	89%/48	90%/48	91%/48
Number of clients served (unduplicated)	2,642	2,544	2,011	1,843	2,027	2,211

- The BHD Customer Service Survey was relaunched in person and online in FY 2022, allowing the program to track the client self-report of reduction and stability of symptoms.
- The high number of clients reporting their symptoms improved in FY 2022 and FY 2023 may tie into a noticeable increase in client acuity. Across the agency, staff have noted that clients are coming in with more acute mental health needs than in prior years. These clients may not have received therapeutic and psychiatric care during the pandemic and are in the early stages of their treatment arc. These clients are most likely to show rapid improvement on their medications.
- The percentage of visits in which individuals demonstrated adherence to medication regimen has continued to remain strong due to nursing staff coordinating care, ongoing utilization review of missed client appointments and enhanced responsiveness to requests for medication refills. In FY 2023, Psychiatric Services were provided both in-person and via video telehealth. This flexibility enabled clients to access care in the way that best meet their needs and lifestyle and helped them maintain connection to services. It is expected the trend will continue during FY 2024 and FY 2025.
- In FY 2023, the percentage of psychiatric visits at which individuals demonstrated improvement in their psychiatric symptoms was 88 percent, similar to prior years. It is expected that this measure will slightly increase to 90 percent in FY 2024 and FY 2025.
- In FY 2023, each division was able to exceed the wait time goal of connecting clients to services within 21 days. In FY 2023, Psychiatric Service providers prioritized seeing new clients and those experiencing emergencies. To do this, they regularly shifted around their schedules to accommodate clients based on need. Thanks to these efforts, wait times remained low. It is anticipated that wait times will remain significantly lower than the goal timeframe during FY 2024 and FY 2025.
- Overall average score of chart reviews remained steady in FY 2023 due to COVID-related limitations on in-person services with psychiatric and primary care providers. However, when looking at scores by quarter there was a marked increase as more clients came into the agency. Chart audit scores increased throughout each quarter of the year, from 85 percent in quarter one to 95 percent in quarter four. Average chart scores are expected to increase to 90 percent in FY 2024 and 91 percent in FY 2025.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Nursing Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients outside of the normal BMI range who have a follow-up plan in place	89%	79%	77%	83%	83%	85%

PSYCHIATRIC SERVICES

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of injectable antipsychotic medications administered within five days of scheduled date	n/a	n/a	94%	92%	92%	93%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of clients served by the nurses	2,262	2,145	1,711	1,589	1,748	1,907
Number of clients receiving injectable antipsychotic medication	173	156	162	161	177	193
Percent of clients assessed by nursing staff when they met with psychiatric services providers on site	49%	4%	66%	88%	88%	90%
Percent of clients receiving metabolic screenings	42%	42%	40%	56%	56%	57%
Percent of clients receiving primary care screenings	62%	27%	53%	74%	74%	74%

- The percentage of clients with BMI follow-up plans slightly increased in FY 2023 but has not yet returned to pre-pandemic levels. Completion of this task was impacted by the nursing staff shortage. Completing a BMI follow-up plan is a time intensive and sensitive process. It can be challenging to talk with clients about their weight, and to work with them on a path forward. The discussion must be done gently and respectfully and can be difficult to execute when staffing is limited. It is expected that the percentage of clients with follow-up plans will remain at 83 percent in FY 2024 and slightly increase to 85 percent in FY 2025.
- In FY 2023, the percentage of injectable medications administered within five days of the scheduled date slightly decreased from the prior year while remaining above the goal of 90 percent. Outreach is provided for clients who miss an injection appointment, with the goal of quickly scheduling a client for a follow-up appointment. Enhanced outreach is conducted for specific vital medications like Vivitrol, which curbs cravings for addictive substances. It is anticipated that administration rates will remain high in FY 2024 and FY 2025.
- The number of clients served in FY 2023 decreased from the prior year. This was primarily due to a significant staffing shortage with both psych providers and nursing staff. Multiple nurses left the agency throughout the Fiscal Year, and the team had to cover as many clients as possible while being short staffed. Once staff members were hired, significant staff time was taken to orient them and train them to CSB processes. Some nursing positions turned over multiple times during the fiscal year, and each turnover necessitated a new training period which impacted capacity. It is currently anticipated that the number of clients served in FY 2024 will be similar to the FY 2022, while there will be an additional increase in FY 2025.
- The number of clients receiving an injectable antipsychotic medication remained stable in FY 2023. It is anticipated to rise in FY 2024 and FY 2025 alongside increasing acuity rates.
- The percent of clients assessed by nursing staff when they meet with psychiatric services providers continued to improve in FY 2023. There were significantly more on-site client visits. As in person visits increased, psychiatric and nursing services staff were able to find a good collaborative rhythm for ensuring assessments were completed each time. The measure fell to historic lows in FY 2021 due to the pandemic and the implementation of virtual services.

PSYCHIATRIC SERVICES

- In FY 2023, the percent of clients receiving required metabolic and primary care screenings increased to the highest level in recent years. In January 2022, a new protocol was established to target clients who were missing their required screenings. Nursing staff do an analysis to determine who is missing which pieces of documentation, then prioritize the clients based on two factors: how many assessments is a client missing, and what is their risk level. Once that analysis is done, they target the highest priority clients with extensive outreach to try and get them to come in. This has been a key factor in the increase. FY 2024 and FY 2025 levels are projected to remain high as this outreach protocol will remain in place.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

CLIENT SERVICES ENTRY

PROGRAM MISSION

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

Emergency Services

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

Assessment and Intake

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

Discharge Planning

- Provide aftercare planning for individuals at state psychiatric hospitals to connect them to housing as well as mental health and substance use treatment services at discharge. Monitor individuals to ensure successful connection to community services after leaving the hospital.

Community Corrections

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

PERFORMANCE MEASURES

Emergency Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients who received only one episode of care	77%	78%	79%	80%	80%	81%
Percentage of contacts that resulted in community dispositions	65%	62%	59%	48%	50%	52%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Individuals brought to Crisis Intervention Center (CIC) in lieu of arrest	164	80	54	86	100	114
Percentage of assessments/progress notes completed within 1 business day	93%/96%	94%/96%	60%/85%	62%/93%	70%/90%	75%/90%
Total clients served (unduplicated)	1,478	1,616	1,554	1,391	1,400	1,540
Total Temporary Detention Orders (TDO) completed by staff	531	574	477	481	529	577

CLIENT SERVICES ENTRY

- 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 constant in FY 2024 and FY 2025.
- The rate of community dispositions continued to decrease in FY 2023. One of the main reasons for this was an increase in medical acuity of clients. Many clients came in with medical comorbidities that required more intensive care than could be provided to the community. It is expected that community dispositions will slightly increase in future years.
- The number of individuals brought to Crisis Intervention Center (CIC) increased in FY 2023. This may be attributable both to the increase in Crisis Intervention trained officers and a focus on better serving individuals dealing with mental health crises. This is due to an increase in staff capacity, which has allowed the CIC to start receiving drop-offs from Emergency Medical Services and Arlington County Police Department. It is expected that the number of individuals brought to the Crisis Intervention Center will increase in FY 2024 and FY 2025 as the CIC has undergone a number of enhancements to expand service capacity.
- Assessment timeliness decreased in FY 2022 and FY 2023 due to multiple factors. The primary was the closure of state hospital beds, which in turn decreased availability for psychiatric hospitalization across the state. Assessments cannot be completed until the client is placed, and as bed search times increased, so did the number of assessments that could not be completed within one day. Staff needed to learn how to use the new system, which increased the time each assessment and note took. In FY 2023, progress note timeliness increased as staff became more accustomed to the system, and chart audits completed over the last six months of the fiscal year indicated a significant increase. It is anticipated that the percentage assessments and progress notes within compliance will improve in FY 2024 and in FY 2025.
- From FY 2020 to FY 2023, the number of clients served decreased six percent. From FY 2022 to FY 2023 the number of clients served decreased by 10 percent. However, the number of face-to-face contacts remained consistent. Fewer clients called in to Emergency Services, instead seeking in person care. This speaks to the rising acuity level of clients trying to navigate a challenging post-pandemic environment. It is anticipated that the number of clients served will increase to 1,400 in FY 2024 and 1,540 in FY 2025.
- There was a slight increase in the amount of Temporary Detention Orders (TDOs) in FY 2023. These high TDO levels speak to the increased acuity levels of those in crisis. TDOs are only implemented as a last resort when it is the least restrictive form of treatment available for clients. TDOs are anticipated to increase in the next two years, as acuity levels in the community continue to rise.
- 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 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Assessment and Intake

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients are successfully linked to ongoing services (attended at least 1 ongoing service within 30 days of intake)	96%	86%	83%	78%	78%	80%
Clients believe they will get the help they need/know the next step	99%/100%	N/A	N/A	100%/100%	95%/95%	98%/98%

CLIENT SERVICES ENTRY

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients seen on the same day	97%	N/A	98%	93%	95%	98%
Percentage of clients offered an appointment within 10 business days	70%	75%	53%	55%	60%	62%
Percent of at-risk clients receiving monitoring and support before connection to ongoing services	99%	94%	94%	96%	100%	100%
Total number of clients receiving intake assessments (unduplicated)	727	640	722	682	718	725

- In FY 2023, 78 percent of clients were successfully linked to ongoing services within the timeframe, a slight decrease compared to FY 2022. However, this is primarily due to a change in connection timeframe. Prior to FY 2023, the expectation was that clients would be connected in 60 days. The expectation has now been aligned with the state standard of 30 days. Based on the prior standard of 60 days, 84 percent of clients would have been marked as connected, similar to the prior year. It is expected that the percentage of clients successfully connected will not increase in FY 2024, as the outpatient programs have implemented waitlist programs to manage increasing demand while operating with a depleted workforce due to staff vacancies. As ongoing services staffing levels stabilize in FY 2025, it is anticipated that the percentage will begin increasing again.
- Client surveys were resumed in FY 2023. All clients surveyed reported that they believed they would get the help they needed and that they understood the next step, indicating that the Assessment and Intake program prepared them for the next steps on their treatment journey.
- In FY 2023, the percentage of clients seen on the same day slightly decreased. Of the seven percent of clients where intakes were not completed on the same day, the majority left because they were not aware how long the process would take, they felt like the wait times were too high, or because they came in after hours. It is anticipated that the percent of clients assessed on the same day will increase in FY 2024 and FY 2025 as the program’s staffing levels stabilize.
- In FY 2023 the percentage of clients offered a first clinical appointment within 10 business days remained similar to the prior year. In February 2023, agency prioritization criteria were updated to address meeting client needs with limited resources amidst a staffing shortage. Waitlists were created, and overall time until first clinical appointment increased. Over the course of the year, 46 clients were placed on BHD waitlists. In cases with high-risk clients where appointments were not immediately available, intake staff collaborated with outpatient services and were often able to receive earlier appointments that were not previously on the schedule. Waitlists are prioritized by client risk, with a goal of minimizing risk as much as possible.
- The percentage of at-risk clients receiving monitoring and support remained high in FY 2023. Six clients were not contacted on time as required, which appears to be due to staff or documentation error. While this resulted in no critical incidents, follow up training was provided to reduce issues in the future. In FY 2024 and FY 2025, it is anticipated that all at-risk clients will receive their required contact.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:

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

CLIENT SERVICES ENTRY

Discharge Planning

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients connected with Arlington community-based treatment services	98% (50/51)	85% (35/41)	88% (21/24)	52% (26/50)	75% (39/52)	78% (39/50)
Clients discharged to Arlington who remain out of the State Hospital longer than 30 days after discharge	96% (49/51)	93% (38/41)	96% (23/24)	98% (49/50)	96% (25/26)	98% (39/40)
Individuals discharged from hospital to stable housing placements in Arlington	57%	71%	54%	76%	76%	78%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average number of days in hospital for clients discharged who were/were not on the Extraordinary Barriers List	148/11	161/13	119/24	156/43	120/30	120/30
NVMHI clients receiving discharge services at least every 14 days who were/were not on the extraordinary barriers list	100%/95%	86%/81%	83%/75%	40%/62%	90%/85%	92%/87%
Total clients served	138	156	62	130	120	132
Clients served at state hospital	138	156	62	34	56	72

- In FY 2023, the performance measures were updated to incorporate all clients, not just those served at the state hospital. The discharge planning team serves many individuals, including those receiving Regional Discharge Assistance Program Funds and residing in the community, those receiving Local Inpatient Purchase of Service Funds and residing in private hospitals, and those who are receiving ongoing psychiatric treatment after being deemed not guilty by reason of insanity by the legal system.
- In FY 2023 client connection to Arlington treatment services post discharge decreased. The reason for this change was the incorporation of non-state hospital clients into this measure. Some of the clients who were not connected in FY 2023 moved to communities outside of Arlington and preferred to receive their supports in their new jurisdictions. It is anticipated that the number of clients who connect will increase in FY 2024 and FY 2025.
- In FY 2023 the percentage of clients remaining out of the hospital longer than 30 days increased to 98 percent. This remained above the state goal of 93 percent. Similar percentages are expected in FY 2024 and FY 2025 as some clients may be resistant to treatment.
- In FY 2023 the percentage of clients discharged to stable housing increased to prior levels. Clients with stable housing prior to hospitalization are often able to return to it after discharge, while clients with unstable housing prior to hospitalization often have barriers that encumber the process with obtaining stable housing after discharge. Bed shortages at state facilities, limited housing options, and length of time to approve placement continue to impact clients housing stability at discharge. It is expected that the percentage of clients discharged to stable housing will remain fairly stable in FY 2024 and FY 2025.

CLIENT SERVICES ENTRY

- In FY 2023 there was an increase in length of stay for individuals on the Extraordinary Barriers List (EBL). These numbers vary from year to year depending on the types of barriers these individuals face. The average length of stay for non-EBL clients nearly doubled. Limitations in both residential placements and outpatient treatment options continued to reduce discharge options. In FY 2024 and FY 2025, it is anticipated that the average length of stay for patients discharged from the hospital will be 120 days for clients on the EBL and 30 days for clients not on the EBL.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Community Corrections

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients completing supervised probation per court order	56%	65%	64%	45%	50%	58%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average daily caseload	123	118	115	126	115	120
Total clients supervised	213	154	124	261	261	261
Client satisfaction: percent of clients indicating they were treated very well by staff	92%	97%	81%	88%	90%	90%

- The percentage of clients completing supervised probation per court order decreased in FY 2023. The most unsuccessful completion type was “absconding from probation” (37 clients, 34 percent). This occurs when the probation officers are no longer able to contact the client (17 clients), or if the client does not respond to initial outreach (20 clients). In FY 2023, there was a significant increase in unhousted clients, many of whom may not have had a working cell phone, email or any other means to contact. When program staff reached out to these clients to book an initial meeting, and after several failed attempts, many did not respond and were thus marked as unsuccessful completions. Efforts have been made to enhance communication offerings, and it is expected that 50 percent of clients will complete probation in FY 2024 and 58 percent in FY 2025.
- The average daily caseload increased in FY 2023 due to an increase in referrals from the Courts and staff vacancies. The program supervisor took on a caseload to maintain client services while overseeing Community Corrections operations. In FY 2024 and FY 2025, caseloads are anticipated to decrease as staffing levels stabilize.
- In FY 2021, due to the COVID-19 pandemic, the courts were closed from March 2020 through the end of the fiscal year. This resulted in a significant decrease in the number of clients referred. When the courts reopened in 2020, the backlog of cases impacted the number of clients referred to the program. This persisted in FY 2022, as fewer clients were referred to the program, which led to fewer clients overall served by the program. Referrals began to increase dramatically in FY 2023, with the number of clients supervised more than doubling the prior year. As referrals

CLIENT SERVICES ENTRY

have now evened out, the number of clients served in FY 2024 and FY 2025 is expected to remain the same.

- Client satisfaction increased in FY 2023. After several interactions and building rapport with CCU staff, clients would report more positive feelings about the level of help received through the CCU probation office. In FY 2024 and FY 2025, client satisfaction is expected to return to 90 percent or above.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

OUTPATIENT SERVICES

PROGRAM MISSION

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

Assertive Community Treatment (ACT)

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

Mental Health Community Support Services

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

Employment Services

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

Substance Use Outpatient Treatment

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

PERFORMANCE MEASURES

Assertive Community Treatment (ACT)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients employed in competitive jobs	10%	7%	7%	6%	6%	6%
Clients living independently (in private households)	74%	73%	63%	75%	75%	78%
Percent of clients hospitalized	25%	18%	18%	17%	17%	18%

OUTPATIENT SERVICES

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Organizational adherence to evidence-based ACT Model (out of 5)	3.1	3.5	3.5	3.4	3.5	3.5
Percentage of services provided in the community	67%	90%	82%	89%	89%	92%
Total clients served	101	108	106	108	108	120

- In FY 2023 the percent of clients employed in competitive jobs remained at similar levels to prior years due to the redeployment of the program’s vocational specialist and COVID-19 anxiety. It is expected that the percentage of clients competitively employed will remain steady in FY 2024 and FY 2025.
- The percent of clients in independent housing increased to 75 percent due to collaborative work with the Permanent Supportive Housing team, which was able to expand access for program participants. It is expected the percent of individuals in independent housing will be maintained in FY 2024 and increase in FY 2025.
- In FY 2023, the percentage of clients hospitalized slightly decreased. The bed capacity in State Hospitals continued to be significantly restricted, due to staffing and other challenges. ACT clinicians worked with the Emergency Services team to divert clients from hospitalization when appropriate. It is expected that the percentage of clients hospitalized will remain at 17 percent in FY 2024 and FY 2025.
- 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. FY 2020 reflects the base scope with the new tool. Currently, the ACT team has multiple vacancies that are difficult to fill due to the national shortage of mental health providers. Scores are expected to increase slightly in FY 2024 and FY 2025.
- In FY 2023, the ACT team provided 89 percent of services in the community. This exceeds the ACT Model’s fidelity standard of 75 percent and FY 2022 levels. It is expected that the program will continue to exceed the fidelity standard in FY 2024 and FY 2025.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Mental Health Community Support Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of hospitalizations	137	190	149	N/A	145	135
Percentage of clients with high or improved daily living activities assessment (DLA) scores	37%	41%	60%	46%	45%	48%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of clients served (unduplicated)	1,395	1,413	1,414	1,404	1,410	1,415

OUTPATIENT SERVICES

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients satisfied with services received (unduplicated)	N/A	N/A	94%	96%	92%	94%

- In FY 2023, the number of clients hospitalized was not fully collected by each team. Data collection measures have been put in place to ensure that it is captured accurately going forward. Extant data indicates that hospitalization levels were similar to prior years for the program. It is expected that the number of clients hospitalized will be similar to levels in FY 2024 and FY 2025.
- In FY 2023, DLA scores decreased slightly from the prior year but were above historic levels. The substantial increase in DLA-20 scores from FY 2021 to FY 2022 may be related to the easing of COVID pandemic restrictions. As clients were able to safely exit isolation with the increase in vaccine availability and the decrease in cases, they experienced an increase in social opportunities and job openings. These opportunities may have directly impacted various elements of the DLA-20. In addition, a far greater percentage of clients took the DLA in FY 2023 than in the prior year (66 percent to 36 percent, respectively). It is possible that the clients assessed in FY 2022 reflected those most engaged with services, which may have skewed the results positively. FY 2023 data may be more reflective of the client population as a whole. In FY 2024 and FY 2025, it is expected that DLA score increases will be near historic averages.
- Due to pandemic-related challenges, including the move to virtual services, the survey was not administered in FY 2020 and 2021. The survey resumed in FY 2022 and the percentage of clients satisfied with services remained consistent with pre-pandemic scores. In FY 2023, clients reported that their providers truly cared about them, that they were making progress on their treatment, and that they felt like their racial and gender identities were respected.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Employment Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients who obtain employment	33%	48%	67%	23%	50%	50%
Percentage of Clients who maintain employment in a single job for 90 days or more	72%	47%	37%	46%	54%	54%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average satisfaction score with Job Avenue services	N/A	N/A	95%	100%	95%	95%
Fidelity to evidence-based model	90%	76%	82%	81%	87%	90%
Number of referrals to Job Avenue	126	158	109	114	120	126
Total clients served	269	257	175	200	250	250

OUTPATIENT SERVICES

- Program clients increased in FY 2023. This may be attributable to the increasing opportunities in the job market. Additionally, the team worked on improving data capture methods to ensure that more clients served are accurately reported. The number of clients served is projected to increase in FY 2024 and FY 2025 as the employment services team enhances collaboration with the other outpatient services programs.
- In FY 2023, the number of clients obtaining employment was at a substantially lower rate than prior years. Many clients chose to discharge from the program before they secured employment. In FY 2023, the program underwent significant staff turnover. New staff were brought on who had to learn the program and build new relationships in the community. These staff members should be able to help increase new client placements in the future. In FY 2024 it is anticipated that at least 50 percent will obtain employment, and that it will continue to increase to 55 percent in FY 2025.
- In FY 2023 the program noted an increase in the percent of clients who obtained and maintained employment in a single job for 90 days or more. This increase may be attributable to a number of factors, including extensive work finding appropriate jobs for each client and extensive training for clients before they enter the workforce. It is expected that increases will continue in FY 2024 and FY 2025.
- In FY 2023 the fidelity scale score remained similar to the prior year. The team noted multiple areas for improvement, including more regularly meeting with the outpatient teams, enhancing partnerships with external partners like Department for Aging and Rehabilitative Services Vocational Rehab, and ensuring that new staff know about the program. The measure is expected to increase in FY 2024 to 87 percent and further to 90 percent in FY 2025 reflecting that FY 2023 challenges have been addressed.
- The number of referrals in FY 2023 (114) increased slightly over the prior year but remained below historical averages. Program staff noted that many clients exhibited higher readiness to go back to work as the pandemic continues to subside. Clients showed interest in jobs that adhere to good health protocols and appreciated Job Avenue guidance on workplace safety. The measure is expected to increase in FY 2024 and FY 2025 to reach 120 and 126 respectively.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Substance Use Outpatient Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of clients discharged who met most or all of treatment plan goals	68%	67%	61%	58%	63%	69%
Percentage of clients who report improved functioning as a direct result of services received	N/A	N/A	96%	95%	95%	95%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of clients receiving outpatient services	604	536	544	461	500	550
Percent of clients in treatment more than 90 days	75%	77%	91%	90%	90%	90%

OUTPATIENT SERVICES

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients satisfied with services received	N/A	N/A	90%	97%	95%	95%

- Clients in treatment who completed their treatment goals at discharge was 58 percent in FY 2023. This was a decrease from the prior year, due to the program closing more clients than in FY 2022. Some clients who were open in FY 2022 had been disengaging with the program for months, but their cases remained open due to the increase in substance use risk factors caused by the pandemic. Their unsuccessful closure was finally documented in FY 2023. The completion rate of 58 percent is higher than SAMHSA’s national average of 46 percent. This relatively high completion rate appears to be attributed to clients who are referred by the judicial system (majority of the clients referred are court connected and are required to abstain from all substances), the staff’s decision to keep clients open to services longer for added support during the pandemic, the ongoing use of evidence-based interventions, and carefully matching the service intervention offered to the clients current level of readiness for change. Clients who are voluntary tend to focus on harm reduction strategies as opposed to maintaining abstinence. In FY 2024, it is expected that the proportion of clients achieving abstinence will increase to 63 percent and 69 percent in FY 2025.
- 95 percent of survey respondents reported that services had helped them deal more effectively with their problems. In addition, 97 percent of respondents reported satisfaction with program services. In FY 2024 and FY 2025 it is expected that the percentage of clients reporting that services are effective and satisfying will remain high.
- The number of clients receiving services decreased by 15 percent in FY 2023 (461) compared to FY 2022 (544). However, the number of client service hours increased. This was due to many of the new referrals to the program being complex cases with both therapeutic and case management needs. Staff worked to provide wrap-around services to these clients, ensuring that their many needs were met. It is expected that the number of clients receiving services will increase to 500 clients in FY 2024 and 550 clients in FY 2025.
- The percentage of clients in treatment more than 90 days continued to remain high at 90 percent in FY 2023, which exceeded the program’s goal of 75 percent. In recent years, the program focused on ensuring client engagement, in light of increasing rates of high-risk substance use and overdose in the community. There were substantially fewer program closures in FY 2022 than in previous years. This in turn led to a higher percentage of program clients being opened 90 or more days in both FY 2022 and FY 2023. It is expected that the number of clients in treatment more than 90 days will remain consistent at 90 percent in FY 2024 and FY 2025.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 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 facing mental health issues while they are incarcerated to stabilize, facilitate reentry into the community and prevent reoffending.

Jail Diversion/Forensic Case Management, Behavioral Health Docket 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.

Healthy Living Program

- To create ongoing opportunities for individuals in recovery to engage with peers and with community-based resources to support the development of individualized health habits and self-care routines.

PERFORMANCE MEASURES

Substance Use Residential Treatment

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients served who successfully completed residential treatment	62% (53/85)	70% (47/67)	67% (54/81)	60% (50/84)	60%	60%
Percentage of clients served who successfully completed withdrawal management (formerly detox program)	58% (94/161)	67% (24/36)	76% (137/180)	65% (144/223)	65%	65%
Percentage of residential treatment clients discharged who were engaged in follow up treatment	100% (85/85)	99% (66/67)	94% (76/81)	89% (75/84)	89%	89%
Percentage of residential treatment clients reporting improved functioning as a direct result of services received	97%	95%	98%	94%	94%	95%
Percentage of withdrawal management unduplicated clients discharged who were provided further treatment	83% (133/161)	81% (29/36)	76% (109/143)	69% (118/171)	69%	69%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of unduplicated Residential / Withdrawal Management clients served	85/161	64/33	93/189	103/232	103/232	110/245
Percentage Bed Utilization for withdrawal management/residential treatment	52%/68%	23%/71%	78%/73%	87%/86%	87%/86%	89%/88%

RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients surveyed who reported satisfaction with residential treatment services received	91%	95%	90%	94%	90%	95%

- Program completion goals are based on Substance Abuse and Mental Health Services Administration’s Treatment Episode Data Set (TEDS) 2017 Discharges from Substance Abuse Treatment. Between FY 2020 and FY 2023, the percentage of persons who completed residential treatment has held steady at 60-70 percent. All clients served in the program receive discharge planning services, and some clients are referred to step-down services that are outside of the DHS continuum of care, such as Partial Hospitalization Programs, which are not tracked in the program’s electronic health record. Utilization is expected to continue to remain high through FY 2024 and FY 2025 with the provision of medically monitored withdrawal management at the initial admission into SUD residential services and medication assisted treatment services while in residential treatment.
- The percent of persons who completed Withdrawal Management decreased in FY 2023 to 65 percent. The vast majority of unsuccessful discharges were discharges against advice (67 percent). While program staff encourage clients to stay in a residential facility until treatment is completed, clients may ultimately choose to discharge before they experience full program benefits. It is expected that the measure will remain 65 percent during FY 2024 and FY 2025.
- The percentage of clients reporting improved functioning as a direct result of services received, continued to be high at 94 percent in FY 2023. It is anticipated that the percentage of clients reporting improvement will remain high at 94 percent during FY 2024 and increase to 95 percent in FY 2025, due to ongoing oversight by the Residential Contract Manager and with the high quality of services provided by the current contracted vendor.
- The percentage of persons successfully engaged in follow-up treatment after completing the Withdrawal Management program decreased to 69 percent in FY 2023. The biggest driver for this change was the significant increase in clients served, which strained staff resources. Significant work must be done to connect each client to services after discharge, and some clients were referred to resources outside of the Arlington County continuum of care. These clients were still offered ongoing treatment, but that treatment was outside of Arlington and is not counted in the measure. In FY 2024 and FY 2025, connection rates are expected to remain stable.
- Referrals into residential treatment are highly affected by Withdrawal Management utilization. Withdrawal Management is often the front door service into residential treatment; therefore, increased utilization of this service has a downstream effect on access to residential treatment services. The program experienced a decrease in utilization in FY 2021. This was due to the program being closed as the transition from one vendor to another took place and new services were added. The program reopened at the end of the first quarter of FY 2022, and utilization of the program increased through FY 2023.
- Client satisfaction rates continued to exceed the goal of 85 percent. Areas of noted satisfaction reported on the surveys included the level of program structure, the opportunities to learn about addiction, and the support of staff and peers to be helpful. Areas for needed improvement were primarily related to the level of person-centeredness of staff, consistency in applying rules, and communication and organization amongst program staff. It is expected that the measure will remain high at 90 percent in FY 2024 and increase to 95 percent in FY 2025.

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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 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Mental Health Residential Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients satisfied with services received	N/A	N/A	N/A	95%	95%	95%
Total number of clients served in group homes and assisted living facilities	30	29	35	40	42	42

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total number of clients served in Contract Support Services Program	36	24	34	44	42	42
Total number of clients served in supportive housing programs	271	284	300	320	330	330
Total number of clients served in transitional housing	22	18	26	34	36	36

- The percentage of residential service consumers satisfied with services has been consistently high. However, due to the COVID-19 pandemic the survey was not conducted in FY 2020, FY 2021 and FY 2022. It is expected that in FY 2023 and FY 2024 the measure will achieve high pre-pandemic levels, as vendor internal surveys confirm high satisfaction rate amongst clients in residential facilities. Additionally, the BHD Mental Health Contract Manager will be developing an independent client satisfaction survey to be distributed to clients in the Mental Health residential programs in FY 2023.
- The group home and Assisted Living Facilities census for FY 2022 increased to near pre-pandemic levels. It is anticipated that there will be more admissions in FY 2023 and FY 2024 as in-person service have increased, and multiple referrals into the group homes and Assisted Living Facilities, resulting in a growing wait list.
- The number of clients served in Contracted Support Services increased in FY 2022 due to the increase in in-person services. BHD has contracts with three vendors to provide these services and increased referrals were received in FY 2022. It is expected that the increase in referrals will continue in FY 2023 and FY 2024, 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. Several clients transitioned from group home setting to Permanent Supportive Housing in FY 2022. The estimates for FY 2023 and FY 2024 are projected to continue to increase based on availability of more funding and affordable housing units in the County to be used to provide Permanent Supportive Housing.
- The total number of clients served in transitional homes decreased in FY 2021 due to the ongoing pandemic and a reduction in new referrals. The numbers increased in FY 2022 due to decreased COVID infections in the community and resuming some in-person services. It is expected that the census will remain high in FY 2023 and FY 2024.

RESIDENTIAL AND SPECIALIZED CLINICAL SERVICES

Clarendon House

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number/ Percentage of clients served who are hospitalized	8/6%	7/6%	7/6%	12/11%	12/11%	12/11%
Number/Percentage of clients served living in independent housing	90/73%	78/67%	83/77%	80/78%	78%	78%
Number/Percentage of clients served who are engaged in employment-related activities	32/24%	34/28%	24/27%	33/28%	37/30%	40/30%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Client engagement in psychoeducational classes	16%	44%	46%	41%	50%	50%
Percent of budgeted Medicaid revenue received for Case Management/Day Program	94%/51%	79%/34%	85%/11%	93%/35%	93%/42%	93%/46%
Percentage of clients satisfied with services received	N/A	N/A	97%	96%	95%	95%
Total clients served	124	117	108	124	124	136

- In FY 2023 the number and percentage of clients hospitalized increased. This may be linked to rising acuity in the community. The pandemic increased feelings of fear and isolation for many individuals, which has raised risk levels. It is anticipated that the rate will remain near current levels in the FY 2024 and FY 2025.
- The percentage of clients in independent housing remained high in FY 2023. It is estimated that 78 percent of clients served will also be living in independent housing in FY 2024 and FY 2025.
- The percentage of clients who are engaged in employment services increased in FY 2023. This change may be due to improvements in the job market, as well as consistent provision of classes on workplace skills, interviewing, and working with employers. The program staff also continue to work closely with the Job Avenue team to pursue employment for clients. It is projected that the number and percentage of clients who participate in employment during FY 2024 and FY 2025 will increase to 30 percent.
- The percentage of client engagement in psychosocial classes in FY 2023 slightly decreased. This was largely due to increased attendance goals aligned with program reopening. The average client attended 76 sessions over the course of FY 2023, an increase from 57 the previous year. In FY 2024, it is expected that the measure will increase as clients continue to become more engaged than they were during the height of the pandemic.
- The Medicaid reimbursement for the case management program continued to increase in FY 2023. For the first time since the beginning of the pandemic, reimbursement for the day program also increased. This correlates with increased class sizes and the expanded hours that began in April 2023. It is projected that the psychosocial program revenue will increase in FY 2024 and FY 2025 as the program continues to operate with expanded capacity.

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- The client survey was conducted in FY 2023 and the results were positive. 95 percent of the respondents indicated that they are satisfied with their services. It is anticipated that this will continue to be positive in FY 2024 and FY 2025.
- The number of clients served increased in FY 2023 due to multiple capacity expansion efforts. Hours were increased and new services were offered, including therapy.
- The program is intaking clients at a steady rate and is focusing on engaging people that need this level of service. It is anticipated that the number of clients served will at least remain at 124 in FY 2024 and increase to 136 in FY 2025.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of Attempted/Completed Suicide Attempts	5/1	8/0	6/0	12/0	15/0	15/0
Successful Completion of the ACT Program	80%	85%	94%	88%	90%	90%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Assessment timeliness	94%	93%	22%	25%	30%	35%
Client satisfaction with services	N/A	88%	88%	91%	91%	91%
Number of unduplicated clients	940	959	976	1,187	1,190	1,195

- Number of suicide attempts increased from 6 in FY 2022 to 12 in FY 2023. This dramatic increase is due to an increase in acuity levels at the jail. There is a high risk of suicide attempts in jails during the first 72 hours, especially if the individual is using drugs or alcohol. The Jail Based Services team works closely with the medical contractor and security staff to manage people who come into the jail, especially if they are detained while under the influence. The number of attempts is anticipated to rise in FY 2024 and FY 2025, as clients continue to present at high levels of acuity.
- In FY 2023 the ACT program had a successful completion rate of 88 percent. The main reason for an unsuccessful discharge from the program is behavioral, such as threats and acts of violence. Graduated sanctions are used as appropriate, but some actions call for immediate discharge from the program, as was the case in FY 2023. It is expected that the completion rate will increase to the goal of 90 percent in FY 2024 and FY 2025.
- In FY 2023, assessment timeliness remained low at 25 percent due to challenges with the electronic health record. In FY 2023, timeliness of assessments slightly improved. While timeliness was still below the goal, staff also continued to complete significantly more assessments than in prior years. This is due to the increase in number of clients seen with the expanded hours and additional work needed for the MAT clients. Assessment timeliness is expected to increase in FY 2024 and 2025.
- In FY 2023, client satisfaction survey results increased to 91 percent. Clients reported that staff came on call, were responsive and reassuring, and helped connect them to needed

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medications and resources. Many reported that their staff member took time to listen and build an authentic relationship. It is expected that this measure will remain at 91 percent in FY 2024 and FY 2025.

- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:

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

Jail Diversion/Forensic Case Management, Behavioral Health Docket and Drug Court Treatment Program

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients successfully completing ongoing programs	N/A	N/A	80%	83%	83%	85%
Percentage of clients who complete the program and are not re-arrested within two years	N/A	N/A	N/A	87%	87%	89%
Percentage of clients who complete the program and are connected at closure to ongoing services	N/A	N/A	84%	85%	85%	88%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total clients served	206	N/A	201	240	300	340

- In FY 2023, performance measures for this program were redone to align with current practice, which is an integrated forensics unit that provides diversion and treatment services to individuals across the criminal justice spectrum.
- In FY 2023, the percentage of clients who successfully completed ongoing treatment increased to 83 percent. Usage of client program celebrations and a new drug court handbook likely contributed to the high completion rate. In FY 2024 and FY 2025, completion rates are anticipated to remain above the goal.
- FY 2023 was the first year that re-arrest rates were tracked. Clients who graduated the program two years prior had very low recidivism, as 87 percent were not rearrested. This is due to a community approach involving stakeholders such as the criminal-justice system, community partners, and the CSB. The intensity of the model of service used also contributes to low rates of recidivism. Individuals receive intensive case management and supportive services as they are transitioning out of the jail and are linked to community providers on an expedited basis. 87 percent of clients are expected to not be re-arrested in 2024 and 89 percent in 2025.
- In FY 2023, 85 percent of clients were connected to ongoing services at closure, similar to 84 percent in FY 2022. The majority of clients (68 percent) were connected to services in Arlington County, while 17 percent were connected to services in outside jurisdictions. Clients connected to treatment in Arlington County are paired with the treatment team best equipped to meet their needs. In FY 2023, clients were connected to the mental health outpatient team, the substance use outpatient team, and the program for assertive community

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treatment. In FY 2024 connection rates are anticipated to stay consistent at 85 percent. In FY 2025, they will rise to 88 percent.

- In FY 2023, total clients served increased substantially over the prior year. Intensive efforts were undertaken to divert all appropriate clients assessed by the program despite staffing challenges. Staff took on increased workloads to keep everything moving smoothly, leading to a 32 percent increase in hours of service provided. It is anticipated that the number of clients served will continue to rise to meet community need, with 300 clients served in FY 2024 and 340 in FY 2025.
- In FY 2021, the number of clients served could not be captured due to issues with the data capture process. Those issues were rectified for FY 2022.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:

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

Homeless Case Management

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number/percentage of clients linked to Behavioral health services after discharge from Treatment on Wheels/Homeless Case Management programs	17/38%	31/72%	22/43%	22/52%	52%	52%
Number/percentage of clients linked to stable housing from Treatment on Wheels/Homeless Case Management programs	15/16%	22/29%	14/22%	17/30%	30%	32%
Percentage of clients linked to physical healthcare	18%	9%	3%	36%	40%	40%
Percentage of clients linked to psychiatric services	29%	42%	45%	20%	45%	45%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Days from intake to first ongoing service	5.0	7.4	9.8	14.5	7.0	7.0
Number of identified individuals served (unduplicated), and Number of outreach clients (unduplicated)	95/55	77/38	65/42	56/37	70/50	82/56

- In FY 2023, the number of clients connected to behavioral healthcare providers increased to 52 percent. Connections remained above the program average across the years. In FY 2023 and FY 2024, it is anticipated that the number of clients connecting to ongoing services will remain at 52 percent of these clients being connected to ongoing services.
- In FY 2023, 30 percent of TOW/PATH clients were linked to housing during program enrollment, an increase from FY 2022. This increase was due to two primary factors. First, additional housing locations became available at the beginning of FY 2023. The team was

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able to utilize the increased supply to help place clients. Second, TOW was able to leverage its strong partnerships with Arlington’s Economic Independence Division (EID). By regularly having program staff sit in on EID meetings, staff were able to better share client-specific information and collaborate on housing solutions. In FY 2024 and FY 2025, it is expected that 30-32 percent of clients served by the program will be linked to stable housing.

- In FY 2023, the percentage of clients linked to physical healthcare increased substantially. This is because the program has transitioned to primarily fulfilling clients’ physical health needs through PathForward, and the measure now accounts for this. PathForward has a mobile healthcare clinic which can provide holistic, integrated services to clients in the community. Feedback about this change has been very positive, as many clients feel more comfortable being served in a space known to them. In FY 2024 and FY 2025, it is anticipated 40 percent of clients will be linked to PathForward for physical healthcare.
- In FY 2023, access to Psychiatric Services decreased. This decrease was primarily driven by issues with the referral process. To connect a client, referrals had to be filled out to precise specifications in the electronic health record. There were some challenges in meeting these requirements through the fiscal year. In addition, clients sometimes had to wait a significant amount of time to meet with a psychiatric provider. Program staff noted that there is a “sweet spot” for clients who are considering accepting services. If there is too long a wait time between a client accepting psychiatric care and receiving that care, the client may change their mind on whether they still want the service. Recommendations have been put in place to overcome these challenges, and it is anticipated that the percentage of clients served linked to psychiatric services will increase to 45 percent in FY 2024 and FY 2025.
- In FY 2023, wait time from Intake to first ongoing service continued to increase. The primary driver of this increase was the vacancy in the Mental Health Therapist position, as that is the role that generally sees clients connected to ongoing care. While coverage was provided and all clients were seen, the program did not have the capacity to see the client as quickly as in prior years. Once the position is filled, it is expected that in FY 2024 and FY 2025 the wait time from Intake to the first service will decrease to 7 days.
- In FY 2023 there was a continued decrease in clients served. This was primarily driven by the staff vacancy. It is expected that in FY 2024 and FY 2025, with the position filled, the number of clients served and outreached should show an increase.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:

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

Office Based Opioid Treatment

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of Fatal/Non-Fatal overdoses	10/33	31/61	21/70	12/54	15/40	13/38
Percentage of clients successfully engaged in treatment services	86% (32/37)	76% (25/33)	81% (29/36)	71% (32/42)	75%	75%
Percentage of clients who improve or maintained in functioning as a result of services received	54% (15/28)	61% (17/28)	70% (14/20)	68% (32/47)	70%	73%

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Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of clients served (unduplicated)	88	96	108	104	118	132
Percentage of clients outreached within 24 hours of referral by law enforcement	91% (30/33)	88% (42/48)	61% (33/54)	N/A	N/A	N/A
Percent of Individuals Accepting a Connection or Resource	N/A	N/A	N/A	71%	75%	79%
Percentage of Community Outreach and Education Goals Achieved (Outreach Event/REVIVE training)	175%/ 92%	133%/ 121%	183%/ 192%	275%/ 296%	100%/ 150%	100%/ 150%

- In FY 2023 the number of overdoses reported to the police decreased. This may be due to an increase in Narcan distribution, as the program has noted more and more reports of individuals being revived via Narcan by either friends or paramedics. It is critical to continue Narcan distribution, as it is the best defensive against fatal overdoses. The program continues to closely monitor overdose trends, puts out spike alerts as needed, and reduces barriers to access to harm reduction tools. The program expects the overdose numbers to decrease slightly over FY 2024 and FY 2025.
- In FY 2023, the percentage of clients successfully engaged in treatment services decreased even though the total number of engaged clients actually increased over the prior year. A new program was established in FY 2023, the Opioid Continuum of Care program. This program offers therapeutic support for clients who choose to get their medications from a private provider. The goal of this program is to meet the needs of clients who would otherwise disengage from Opioid Response services. It is expected that engagement will continue to meet or exceed the goal of 75 percent over the next two fiscal years due to ongoing efforts to improve the program and ensuring client feedback in making improvement decisions.
- In FY 2023, the number of clients improving their functioning according to DLA-20 assessment remained similar to prior years. A significant number of clients were able to maintain their DLA-20 scores in FY 2023, which is a major accomplishment. Substance use recovery is a lifelong journey, and remaining stable requires the conscious use of therapeutic tools and constant discipline. The program continues to seek feedback from clients and staff to improve which in turn should result in continued upward trend in DLA-20 scores for FY 2024 and FY 2025.
- The number of clients served remained stable in FY 2023, near the record highs of FY 2022. This speaks to the significant community need, as well as the intensive efforts of the program to provide individual services to all in need as well as dramatically increase outreach and educational event efforts. The Office Based Opioid program has also made adjustments to the program over the past few years to reduce barriers to engagement in treatment and encourage active engagement in the program. In the coming years, with the assistance of the Opioid Abatement funds, it is expected that the opioid programs will expand services, continuing to support the growing levels of community need. The number of clients served is expected to continue to increase to 118 in FY 2024 and 132 in FY 2025.
- Prior to FY 2022, the team received a report from the police with the name and contact information of each person who overdosed. Through FY 2021, outreach was provided to the individual within 24 hours of receiving the report. In FY 2022, Arlington County Police

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Department began sending reports each Friday that summarized all of the opioid related cases, including overdoses, to the Opioid Response Program. Because the program often learns about overdoses more than 24 hours after they occurred, the measure has been discontinued going forward.

- In FY 2023, a new measure was established to determine the percentage of individuals who experienced an overdose and accepted a connection and/or resource. In FY 2023, 71 percent of individuals accepted something from the agency. The most commonly accepted harm reduction resource was Narcan, with 58 percent (24/41) of those called accepting the medication. The majority of those that did not receive resources either could not be reached because the listed phone number was disconnected (10 percent) or all calls went to voicemail (12 percent). In FY 2024 the percentage is expected to increase to 75 percent, then further increase to 79 percent in FY 2025.
- Traditionally, the program’s goal has been to lead one community awareness event a month and two Narcan trainings a month. In FY 2023, that was expanded to two community awareness events each month. The goal was exceeded by a large margin. This was driven by a swell of community interest and compassion in the wake of a high-profile fatal overdose. Over 4,400 individuals were trained in Narcan administration over the course of FY 2023. It is expected that in FY 2024 and FY 2025 the program will continue to exceed the expectation of two events and two narcan trainings a month.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program’s complete FY 2023 plan here:

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

Healthy Living Program

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of clients who maintained or improved health outcomes (biometrics/health habits)	80%/71%	N/A/88%	86%/86%	68%/73%	80%/80%	80%/80%
Percent of clients who quit tobacco use	58%	29%	70%	25%	40%	45%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients connected to primary care	100%	97%	96%	100%	95%	95%
Percent of participants engaged in one or more program activities per month	91%	72%	75%	80%	80%	85%
Unduplicated clients served	64	71	71	71	75	75

- In FY 2023, the program provided a multitude of services, including psychoeducational wellness workshops, walk groups, strength-training/physical activity groups, mindfulness sessions, individual wellness coaching sessions, tobacco cessation support, and goal setting sessions. Additional support was provided to clients both inside and outside of the program with applying for fee reductions to parks and recreation services and Arlington pools, as well as for other community-based supports, such as discounted yoga classes, bike donations, and bikeshare programming.

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- FY 2023 the program continued to focus on Substance Abuse and Mental Health Services Administration's eight dimensions of wellness, with an emphasis on habit development around four in particular: physical, emotional, social, and environmental.
- In FY 2023, the percentage of clients who improved their health outcomes decreased. Multiple improvement initiatives are being implemented, including targeted follow-up with clients on strategic planning. It is estimated that over the next two years 80 percent of clients will see their biometric results maintained or improved, and that health habits survey participants will report 80 percent improvement or maintenance.
- In FY 2023, two out of eight participants engaged in tobacco cessation reduced their usage. This was a decrease in quitting from prior years. Current public health reports indicate that there has been an increase in tobacco usage in the US since the start of the pandemic and concurrent stressors related to the global health crisis have made cessation difficult. It is anticipated that 40 percent of clients who use nicotine will either reduce or quit nicotine usage in FY 2024 and 45 percent will quit tobacco in FY 2025.
- In FY 2023, 100 percent of clients (71/71) were connected to primary care services. The program continued to utilize the new medical clearance form that was updated to request the date of last physical screening. This helped the program identify the clients who needed connections to primary care and ensure they received their annual check-up. In FY 2024 and 2025, it is expected that at least 95 percent of clients referred will connect to primary care.
- In FY 2024, engagement was measured for all clients who were open to a monitored wellness service (wellness engagement or wellness coaching) at any time during the year. 80 percent of clients (40 out of 50) engaged at least one time per month while they were enrolled in any monitored wellness service. In FY 2024, it is estimated that 80 percent of program participants will engage in at least one wellness activity per month due to the anticipated continued return of some in-person services and 85 percent in FY 2025.
- From FY 2020 to FY 2023, the number of clients served has slightly risen. The BHD Wellness programs are dynamic, often utilizing the latest research-based methodologies to provide innovative services to clients. In FY 2020, the program enabled clients to participate in services virtually for the first time. This expanded access, and clients are now able to engage in Healthy Living programming in the environment where they are most comfortable. Particular emphasis is placed on outreach and support of people with marginalized identities. The program operates on a "body trust" paradigm that emphasizes that all bodies are deserving of equitable treatment services and justice within the healthcare system. In FY 2024 and FY 2025, it is projected that 75 clients will be served across the wellness programs, including a new "alumni" program for clients who no longer need regular services but would still benefit from wellness engagement on a schedule that meets their needs.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

MANAGEMENT AND ADMINISTRATION

PROGRAM MISSION

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

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

PLANNING AND SUPPORT SERVICES

PROGRAM MISSION

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

Early Childhood Development

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

Parent Education and Project Family

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

Children’s Services Act (CSA)

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

PERFORMANCE MEASURES

Child Care Licensure and Support

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Child Care Centers licensed	71	77	74	76	76	76
Family day care homes licensed	133	129	128	130	130	130
Percentage of childcare programs receiving complaints	8%	4%	8%	8%	5%	5%
Percentage of programs compliant with health and safety requirements	99%	99%	99%	98%	99%	99%
Percentage of programs that received the required number of inspections	100%	99%	97%	91%	95%	95%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Validation inspections	12	15	18	12	12	12
Renewal inspections	179	126	181	125	180	125
Monitoring inspections	121	202	160	203	203	203
Complaint investigations	23	31	27	33	33	33

PLANNING AND SUPPORT SERVICES

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
License Renewals Issued on Time (Child Care Centers/Family Day Care Homes)	91%/96%	100%/92%	96%/92%	92%/96%	95%/95%	95%/95%

- In FY 2022, 92 percent of childcare programs received no complaints. A total of 16 out of 202 programs (eight percent) received complaints. There were no complaint investigations that involved Child Protective Services (CPS). Of the 16 programs that received complaints in FY 2022, a total of 14 programs received one complaint. Two programs received two complaints.
- In FY 2023, 92 percent of childcare programs received no complaints. A total of 16 out of 206 programs (eight percent) received complaints. There were six complaint investigations that involved Child Protective Services (CPS). Of the 18 programs that received complaints in FY 2023, a total of 11 programs received one complaint. Three programs received two complaints, one received three complaints, and one received four complaints.
- In FY 2022, Family Day Homes and Child Care Centers achieved 99 percent compliance with health and safety requirements. The most common health and safety citations continued to be related to the record documentation.
- In FY 2023, childcare centers were in 99 percent compliance and family day homes were 97 percent in compliance with the health and safety requirements measured.
- The number of validation inspections is directly related to the number of new programs opened in each fiscal year.
- In FY 2022, 184 of 189 facilities (97 percent) that were open at the end of FY 2022 had all inspection visits completed. In FY 2023, 166 of 183 facilities (91 percent) that were open at the end of FY 2023 had all inspection visits collected.
- In FY 2022 the number of renewal visits was higher due the code change requiring that renewal visits only occur every two years. The number of renewal visits is expected to rise again in FY 2024 and follow a biannual pattern going forward.
- In FY 2022, license renewals were issued on time for 72/75 (96 percent) of Child Care Centers and 98/106 (92 percent) of Family Day Care Homes.
- In FY 2023, license renewals were issued on time for 12/13 (92 percent) of Child Care Centers and 107/112 (96 percent) of Family Day Care Homes. Licenses are issued on time if they are renewed prior to the expiration date of the current license. One factor that contributed to the decrease in renewal timeliness was the decrease in the number of centers requiring renewal this year (licenses are issued every two years) which means a missed renewal had a larger impact on overall timeliness.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Parent Education

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of families with no repeat instances of child abuse or neglect	90%	90%	100%	100%	100%	100%

PLANNING AND SUPPORT SERVICES

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of class participants who were referred by Child Protective Services (CPS)	18	19	14	9	9	9
Percentage increase in participants showing improved parenting skills post class (Family functioning)	78%	58%	69%	67%	67%	67%
Total number of class participants	49	31	25	23	23	23

- In FY 2021, a new data collection tool was used to calculate the increase in parenting skills post class. This tool is easier to understand and relies on a five-point Likert scale for response options. The decrease in this percentage is likely due to the change in the measurement tool.
- In FY 2022, the number of class participants was slightly lower than FY 2021. In FY 2023, there were 23 class participants, which is consistent with FY 2022.
- Since FY 2021, all parenting classes were provided virtually due to the impact from COVID-19.

CSA Administration

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of alignment between level of need and level of service requested (CANS assessment core match)	82%	73%	67%	50%	60%	60%
Percentage of cases completing home-based services in less than 180 days	53%	60%	29%	55%	60%	60%
Percentage of cases completing congregate care services in less than 180 days	65%	65%	56%	69%	60%	60%
Percentage of Child and Adolescent Needs and Strengths (CANS) Tool submitted current (within 90 days)	74%	78%	75%	91%	90%	90%
Percentage of youth served in the community	85%	91%	83%	79%	80%	80%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of children served by CSA	172	173	149	160	176	176
Number of Family Assessment and Planning Team (FAPT) Reviews	267	294	176	208	208	208
Percentage of youth 0-4 demonstrating increased emotional/behavioral stability	N/A	21%	28%	31%	50%	50%
Percentage of youth aged 5+ demonstrating increased emotional/behavioral stability	N/A	58%	45%	50%	50%	50%

PLANNING AND SUPPORT SERVICES

- In FY 2023, the most common cause of misalignment in CANS scores indicated that the child needs a lower level of care than what was being requested.
- Families experience additional stressors that are not currently rated on the CANS assessment, resulting in low scores that did not reflect the families' actual level of need. The CANS does not include measures related to domains of lived experience such as racial trauma and LGBTQIA.
- In FY 2022, several new staff members needed technical assistance with appropriately rating CANS. CANS alignment and rating was prioritized in documentation training in order to provide clarity around expectations.
- In FY 2022, the percentage of in-home services completed within 180 days decreased from 60 percent to 29 percent. In FY 2022, the increase of acuity of mental health needs for youth required intensive services to be provided for longer periods of time to ensure successful step-downs from services. In addition, contracted vendors required virtual service delivery when staff or families were diagnosed with COVID-19 or experiencing COVID-19 symptoms, which may have resulted in extended services for some families who were unable to meet the virtual expectation or needed to be seen in-person.
- In FY 2022, the percentage of congregate care placements completed within 180 days decreased slightly to 56 percent from 65 percent in FY 2021. The high acuity of the youth has led to a need for longer services whether in the home or in congregate care. For foster youth specifically, there has been an increase in congregate placements due to not having foster homes who can provide for their complex behavioral needs.
- In FY 2023, the new CSA Coordinator continued to provide heightened oversight of the FAPT packet to ensure that all documentation was completed prior to the scheduled review.
- In FY 2023, the utilization review process changed that included reviewing for CANS compliance. At System of Care weekly team prep meetings, service alignment, utilization concerns and potential red flags are discussed to ensure FAPT meetings flow as smoothly as possible and make sense to the any youth and/or family present. CANS completions are discussed during these meetings.
- In FY 2021 and 2022, the percentage of youth who received services in the community has remained consistent in the 80-90 percent range. The System of Care team continues to focus on serving children in the least restrictive environment, identifying and reducing disparities and widening the service array.
- In FY 2023, the percentage of youth who received services in the community decreased slightly to 79 percent. In FY 2023 there continues to be an increase in acuity seen in youth mental health nationally, which has led to youth needing higher levels of care. If the community-based services are not available, that could lead to a congregate care placement. In FY 2023, there was a 37 percent increase in congregate care placements. Due to staff shortages, there continued to be a deficit in available community-based services as well as increase in wait times for those still available. This is a statewide trend.
- In FY 2023, there was an increase in case consultations to improve creative service planning. Flexibility in approvals and atypical service requests were used to ensure that family's needs were met. There was an emphasis on evidence-based practices that are designed to create effective and timely service intervention.
- The CSA System of Care team focuses on serving children in the least restrictive environment, identifying and reducing disparities and widening the service array.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 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.
- In-Home CPS Services are to prevent reoccurrence of maltreatment, maintain children safely in their home, and increase caregiver protective capacity.
- In-Home CPS Services works with the youth and family to develop and implement safety and treatment plans to reduce harm and take appropriate actions to alleviate risk factors.
- Provide coordinated and seamless community responses to allegations of sexual abuse or severe emotional or physical abuse.

Foster Care

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

Family Partnership Meetings

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

Adoption

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

Independent Living

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

PERFORMANCE MEASURES

Child Protective In-Home Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of children stabilized with their families after receiving CPS In-Home Services	97%	89%	93%	96%	97%	97%
Percentage of families with validated reports within two years post closure	5%	2%	4%	7%	5%	5%
Percentage of families who achieve a low or reduced level of risk within 90 days	87%	91%	87%	97%	97%	97%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of families served by CPS In-Home	64	65	76	73	73	73
Percentage of Service Plans and Contacts on Time	98%/100%	100%/100%	100%/100%	100%/100%	100%/100%	100%/100%
Youth at risk of removal who remained in the home at least 90 days after a Family Partnership Meeting (FPM)	90%	90%	93%	90%	95%	95%
Gain in protective factor scores	77%	60%	48%	60%	65%	65%

- In FY 2022, 46 families were closed to CPS In-Home services. In 43 cases (93 percent), children were stabilized with their families. In the three remaining cases, the children were removed and placed in foster care.
- In FY 2023, 57 families were closed to CPS In-Home Services. In 55 cases (97 percent), children were stabilized with their families. In the two remaining cases, the children were removed and placed in foster care.
- In FY 2021 and FY 2022, a total of 91 family cases were closed to CPS In-Home. After closure, four of these families received validated Child Protective Services reports again in FY 2022.
- In FY 2022 and FY 2023, a total of 103 family cases were closed to CPS In-Home. After closure, seven of these families received validated Child Protective Services reports again in FY 2023.
- In FY 2023, there were 39 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 97 percent (38). Multiple factors affected the ability for the one case to stabilize, including court involvement and mental health barriers. The case was able to close at a moderate risk level after eight months of service.
- In FY 2022, the number of families opened to CPS In-Home services increased by 20 percent over the prior year. In FY 2023, the number of families opened decreased by four percent. In FY 2022, the prevention program was introduced which provided the team with more flexibility with managing cases. Prevention is used to support families that have closed to CPS intake (at moderate level) and provide them with family support services to support family

CHILD WELFARE

stability. The implementation of prevention services has contributed to increase the number of families that have been supported by the CPS In-Home program.

- In FY 2023, 114/126 (90 percent) of youth at risk of removal remained in the home at least 90 days after FPM. Meetings were held prior to foster care placement to support the families in trying to maintain them in the home. A few youth were not able to safely stabilize in the home for a few reasons, including significant mental health needs and caretaker inability to manage needs.
- In FY 2022, 14/29 (48 percent) families increased their protective factor scores by at least three points. The survey measures client perception, not the worker’s assessment. Some clients may have rated themselves higher in the pre-survey than what they social worker assessed.
- In FY 2023, 18/30 (60 percent) families increased their protective factor scores by at least three points. The largest increases were in parental resilience and social connections. The average length of service for a closed case was six months, so a relatively brief period of intervention appears to have resulted in positive outcomes for clients.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:

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

Child Protective Services- Intake

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of initial responses on time	89%	88%	95%	92%	95%	95%
Percentage of cases closed on time	48%	52%	50%	53%	75%	75%
Percentage of cases closed safely without requiring additional services	79%	78%	75%	79%	98%	98%
Percentage of referrals without prior validated reports in the preceding 6 months	93%	89%	83%	90%	95%	95%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of assessments	203	226	192	256	256	256
Number of calls received	1,937	2,105	2,059	2,737	2,700	2,700
Number of Non-CPS related calls	758	1,018	721	1,125	1,125	1,125
Number of investigations	64	52	75	110	110	110
Number of investigations which resulted in a finding of abuse or neglect dispositions	30	27	32	32	32	32

- In FY 2020 and 2021, the number of calls received and validated reports was impacted by schools, day cares, and other childcare providers being closed due to COVID-19. Schools are mandatory reporters and account for the largest number of CPS referrals.

CHILD WELFARE

- In FY 2023, schools and law enforcement accounted for the largest number of CPS referrals.
- In FY 2023, there were 2,737 calls received through the CPS Hotline. Of the 2,737 calls, 1,612 resulted in reports of allegation or abuse/neglect. 366 (24 percent) of those calls resulted in validated reports.
- In FY 2022 and FY 2023, timeliness for initial response exceeded the State benchmark (85 percent).
- In FY 2023, in the situations where a face-to-face visit was unable to be completed on time, the CPS Intake team was able to determine that the child was safe and in the care of the non-offending parent.
- In FY 2022 and FY 2023, some cases continued to require additional clinical support and stabilization efforts prior to safely closing the case, causing a closure date exceeding the timeframe targeted by the state. There are times when collaborating with external stakeholders and other jurisdictions takes longer to safely stabilize the case.
- In FY 2023, 53 percent of cases were closed on time, consistent with FY 2022.
- In FY 2022, 188 of 250 (75 percent) cases were safely closed without requiring additional In-Home services. 48 of 250 cases (19 percent) required CPS In-Home services for stabilization. 14 of 250 cases (six percent) were opened to foster care because investigation determined that children could not remain safely at home. In FY 2023, 253 of 319 (79 percent) cases were safely closed without requiring additional In-Home services. 51 of the 319 (16 percent) cases required CPS In-Home services for stabilization. 15 of 319 cases (five percent) were opened to foster care because investigation determined that children could not remain safely at home - a number of these parents/caregivers had unresolved mental health and substance use issues that prevented the youth from being stabilized in the home.
- In FY 2022, there were 147 validated reports that closed with a supported disposition. Of the 147 reports, 122 (83 percent) did not have a prior validated report within six months.
- In FY 2023, there were 170 validated reports that closed with a supported disposition. Of the 170 reports, 153 (90 percent) did not have a prior validated report within six months. Of the 17 cases that returned, 12 required more intensive services when they reopened. Ten were connected to CPS In-Home, and two of the cases were opened to foster care.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Foster Care

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of new foster families certified	16	15	12	20	20	20
Number of total certified foster families	69	70	70	75	75	75
Percentage of foster families retained through the end of the fiscal year	77%	81%	84%	87%	85%	85%
Percentage of placements that allow children in foster care to continue services with their own providers seen prior to foster care	94%	92%	92%	86%	90%	90%
Percentage of placements that enable children in foster care to remain in their original school districts	100%	96%	95%	92%	90%	90%

CHILD WELFARE

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of placements that lasted until the child was discharged from foster care	97%	92%	95%	93%	95%	95%
Percentage of placements with a child's relatives, siblings, or child-specific placements	50%	63%	33%	52%	55%	55%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average number of children served monthly in congregate care	5	2	2	5	5	5
Average number of children served monthly in purchased therapeutic foster home	4	3	5	4	4	4
Average number of children served monthly in regular foster care	52	46	45	41	41	41
Percentage of families certified on time	94%	100%	100%	100%	90%	90%

- In FY 2023, the number of foster families increased seven percent (from 70 to 75). Kinship families accounted for a large proportion of families certified in FY 2023 and contributed to the increase from FY 2022.
- In FY 2022 and FY 2023, the number of total certified foster families remained high due to intensified focus on getting foster families certified in a timely manner (including kin families) and retaining families already certified.
- In FY 2022, 11 families closed who were active at the end of FY 2021: five of the families were kinship families; two families closed due to their adoption being finalized; four closed due to changes in personal circumstances.
- During FY 2023, nine families closed who were active at the end of FY 2022: four of the families were kinship families; one family closed due to their adoption being finalized; three closed due to changes in personal circumstances, and one retired after almost 38 years of service.
- In FY 2022 retention events around the holidays and foster parent appreciation month (May 2022) were held in person outdoors. This included the first-ever appreciation event, a joyful event that brought most of our community together in person for the first time in two years.
- In FY 2023 retention events around the holidays and foster parent appreciation month (May) were held in person including indoor events as well as an appreciation event at Kings Dominion.
- In FY 2022, continuity of connections to services and school remained high. In FY 2022, two children/youth had to change service providers due to stepping down from a higher level of care and a placement disruption.
- In FY 2022, one youth had to change schools due to being discharged from a residential facility outside of Arlington County and returned to the area to rejoin their original foster family.
- In FY 2023, there was a decrease in both service and school continuity.
- In FY 2023, three children had to change schools. two were siblings that moved to be with kin across state lines. One stepped down from a residential program and returned to their school of origin in Arlington County.

CHILD WELFARE

- In FY 2023, eight children/youth had to change service providers; four due to being joined with kinship caregivers across state lines, two as they transitioned to or from residential programs. The final two children had a disruption while on a trial home visit in another state and transitioned back to Arlington to their previous foster family.
- In FY 2022, 95 percent (56/59) of placements were stable for children with basic needs and complex needs. One youth with basic needs disrupted due to medical concerns in a kinship placement. The other two were youth with complex needs had disruptions due to the foster families being unable to meet their needs.
- In FY 2023, 100 percent (26/26) of placements were stable for children with basic needs which is an increase from 97 percent in FY 2022. During the same time period, children with complex needs had 88 percent (28/32) placement stability, down from 93 percent in FY 2022. In FY 2023, there were four disruptions. Two of these youth went on to needing a higher level of care. One disrupted from a kinship placement due to unforeseen financial instability. The final disruption was due to an incompatibility and the youth was successfully joined with another caregiver.
- In FY 2022 and FY 2023, families were paired up to support new and/or complex placements. Additionally, foster families held informal gatherings to support each other specifically the families with teens and with the purpose of creating safe spaces.
- In FY 2023, there was a significant increase in family continuity (52 percent) from FY 2022 (33 percent), which was largely connected to the program’s prioritization of kinship caregivers. In FY 2023, continued prevention efforts have utilized kin to divert children from coming into care. In addition to these efforts, this year had an increase in kinship caregivers formally identified to care for children already in our custody. This is through local families and Interstate Compact for the Placement of Children (ICPC) families.
- In FY 2021 and FY 2022, the average number of children served monthly in congregate care remained low due to more children served in community-based settings.
- In FY 2023 the average number of children served monthly in congregate care increased. There continues to be an increase in acuity seen in youth mental health nationally, which has led to youth needing higher levels of care or more intense community-based services.
- In FY 2022 and 2023, the number of children served monthly in foster care continued to decrease as the number of youth being discharged to permanency increased.
- In FY 2023, prevention services (in the CPS In-Home program) and kinship care services have continued to be instrumental in maintaining youth safely with their families in the community and subsequently diverting youth from entering foster care.
- Since FY 2020, the number of youth placed in a Therapeutic Foster Care (TFC) home has remained low as recruitment efforts continue to focus on certifying Arlington County foster homes to ensure that children 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 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Foster Care Permanency

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of Discharges to Permanency	82%	83%	85%	67%	70%	70%
Percentage of Reunifications or Relative Placements within 15 months	76%	71%	58%	67%	70%	70%
Engagement with the youth’s mother towards permanency	N/A	87%	59%	51%	70%	70%

CHILD WELFARE

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Engagement with the youth's father towards permanency	N/A	59%	26%	32%	70%	70%
Family satisfaction with the process	N/A	N/A	63%	75%	70%	70%
Families reporting that they feel included in the process	N/A	N/A	53%	67%	70%	70%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of youth in foster care (as of the last day of the fiscal year)	70	67	49	65	65	65
Number of youth discharged/families closed	38/29	47/31	26/22	24/23	24/23	24/23

- In FY 2023, permanency rates decreased from 85 percent to 67 percent. Of the eight youth who did not achieve permanency, seven aged out of care. Five of these youth entered Fostering Futures. One opted out of Fostering Futures, and one could not participate due to incarceration.
- In FY 2023, 16/24 (67 percent) of children that exited foster care either returned home, were adopted, or were placed with relatives.
- In FY 2022, the four youth who exited care without achieving permanency, all entered foster care as teenagers and all four entered Fostering Futures (FF) at time of exit.
- In FY 2022, permanency took longer than 15 months for five children from three families. For two families (four children) the parent was very young (under age 21). For these young parents, multiple factors complicated timely return home including housing/employment stability, insufficient parenting skills, and limited social supports.
- In FY 2023, permanency took longer than 15 months for three children from three families. Delays were due to complex parental resource and mental health needs, as well as the time requirements of the Kin-Gap process.
- In FY 2022, 101/170 (59 percent) of required face to face visits between youth in care and their mother occurred and 20/78 (26 percent) of required face to face visits with the father occurred.
- In FY 2023, 99/195 (51 percent) of required face to face visits between youth in care and their and their mother occurred and 46/145 (32 percent) of required face to face visits with the father occurred. In FY 2023, 63 visits were conducted virtually. The percentages in FY 2023 only reflect in-person face to face visits.
- In FY 2022, 10 out of the 16 (63 percent) respondents stated that they felt that treatment team meetings were held regularly and were helpful. Two respondents declined to answer this question. In FY 2022, nine out of 17 (53 percent) respondents stated that they felt included in the decision-making process and that their voice was heard. One respondent declined to answer this question.
- In FY 2023, 6 out of 8 (75 percent) respondents stated that that treatment team meetings were held regularly and were helpful. In FY 2023, six out of nine (67 percent) respondents stated that they felt included in the decision-making process and their voice was heard. Three respondents declined to answer this question.
- Between FY 2020 and FY 2023, approximately 20-30 families have closed per year.
- The measures tracking engagement with youth's parents began being tracked in FY 2021.
- The measures tracking family satisfaction and feelings of inclusion began being tracked in FY 2022.

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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 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Adoption

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of children who exited foster care to adoptive homes	10	5	10	7	7	7
Number of children who exited foster care to adoptive homes within 24 months	2	1	4	0	2	2

Supporting Measure	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of children with finalized adoption receiving adoption subsidy	128	122	121	122	122	122

- Several adoptions that began in FY 2021 were finalized in FY 2022, which contributed to the increase percentages in permanency through adoption. The number of children who exited foster care to adoptive homes within 24 months continued to be affected by outside factors such as pending appeals with biological families or placement instability of high-level needs children.
- In FY 2023, seven children exited foster care to adoptive homes, and 0 exited within 24 months. Adoption finalization is dependent on external factors such as pending appeals with biological families or placement instability of high-level needs children that often delay the adoption process and prevent them from being finalized within 24 months.
- In FY 2023, permanency options, including adoption, continued to be explored with older youth at their Transitional Living Planning meetings and routinely at home visits.
- Adoption refers to all the cases still being supported by Child and Family Services Division.

Independent Living

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of youth aged 18-21 who are engaged in education and/or employment readiness activities	100%	92%	91%	94%	93%	93%
Percent of youth ages 18-21 who receive regular dental /medical care	32%/59%	47%/63%	43%/67%	82%/88%	70%/65%	70%/65%
Percent of eligible youth engaged in the Fostering Futures Program	82%	83%	95%	95%	90%	90%
Percent of youth ages 14-18 that exited care to permanency	86%	50%	50%	38%	50%	50%

CHILD WELFARE

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of youth served in foster care between ages 14 and 21	42	43	54	41	40	40
Percent of youth who had Transitional Living Plan (TLP) completed on time	93%	87%	78%	91%	92%	92%

- The percentage of youth engaged in employment readiness and/or education activities remains at or above 90 percent.
- In FY 2022, 43 percent of youth ages 18-21 were current with their dental exams which is comparable to 47 percent in FY 2021. 67 percent of youth were current with their medical exams which is comparable to 63 percent in FY 2021.
- In FY 2023, 82 percent of youth ages 18-21 were current with their dental exams which is an increase from 43 percent in FY 2022. 88 percent of youth were current with their medical exams which is an increase from 67 percent in FY 2022.
- 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 2023, 19 youth were eligible to participate in the Fostering Futures program. Of these youth, 18 (95 percent) were engaged in the program at the end of this fiscal year. This is consistent with FY 2022.
- In FY 2022, there were more older youth entering care than previous years. It is anticipated that the percentage of youth engaged in the fostering futures program will decrease to 90 percent as a result of the increase in the number of older youth in care and the expiration of emergency policies were put in place by the State during the pandemic allowing youth to remain in care beyond age 21.
- Age at removal is a contributing factor to successful permanency outcomes. Permanency for older youth can be challenging due to their age, trauma history, current mental health and substance use, and willingness to consent to a permanency plan.
- In FY 2022, eight youth exited care between the ages of 14 and 18. Of those eight youth who exited, four exited to permanency. 100 percent of the youth that did not exit to permanency entered Fostering Futures.
- In FY 2023, eight youth exited care between the ages of 14 and 18. Of those eight youth who exited, three exited to permanency, and the remaining five entered Fostering Futures.
- Transitional Living Plan (TLP) meetings are a youth-driven process that allows for the development of goals, services, and activities to support the transition to adulthood. TLP meetings may be delayed when youth are experiencing serious mental health issues or other life challenges.
- In FY 2022, 21 of 27 youth (78 percent) had a TLP completed on-time (within 30 days of entry into foster care, or within 30 days of turning 14, and annually thereafter). In all instances of late TLPs, meetings were held at a later date and/or the youth did not appear for the meeting.
- During FY 2023, 32 of 35 youth (91 percent) had a TLP completed on-time (within 30 days of entry into foster care, or within 30 days of turning 14, and annually thereafter).
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 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 & Case Management

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

Behavioral Health Wellness

- Offer evidence-based prevention programs approved by SAMHSA, CSAP, and/or recommended by the Virginia Office of Prevention designed to build emotional health, promote mental health skills and reduce risk factors, and enhance protective factors.
- Provide education and mental health promotion activities for students and parents in school or community settings for youth with indicators of early risk factors.

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- Collaborate with public and private agencies to bring prevention activities to a broader population.
- Provide screening and referral services to youth with higher risk indicators and their families, and consultation and training to staff and parents.

PERFORMANCE MEASURES

Centralized Intake Unit

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of children and families connected to ongoing services	87%	96%	94%	99%	99%	99%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of information and referral calls handled	747	967	1,310	1,829	1,829	1,829
Youth receiving first clinical appointment within 10 days of intake	84%	95%	93%	94%	95%	95%
Percentage of required Intake Assessment documentation in compliance	91%	86%	55%	92%	92%	92%

- In FY 2022, 94 percent (105/112) of clients for whom ongoing services were recommended began services. Connection rates remained high due to the decrease in barriers to accessing services remotely (e.g., transportation, work, childcare). In July 2021, in-person service delivery resumed based on clinical need and caregiver preference.
- In FY 2023, 99 percent (77/78) of clients for whom ongoing services were recommended began services. In FY 2022 and FY 2023, connection rates remained above pre-pandemic levels in part due to the decrease in barriers to accessing services virtually (e.g., transportation, work, childcare). Services are delivered in a flexible manner that is not only clinically appropriate but is also person centered to meet their needs.
- In FY 2022 and FY 2023, the number of information and referral calls continued to increase as families continued to experience increased need for information about receiving mental/behavioral health services. In FY 2023, there was an increase in referrals for youth in need of services for substance use who required a higher level of care.
- In FY 2022, 93 percent (104/112) appointments were offered within 10 days of the intake assessment. The average number of days from intake to first offered clinical appointment was 7 days which is consistent with FY 2021. Telehealth reduced barriers to engagement and made rescheduling more accessible.
- In FY 2023, 94 percent (73/78) appointments were offered within 10 days of the intake assessment. The average number of days from intake to first offered clinical appointment was seven days, which is consistent with FY 2022. Telehealth continued to reduce barriers to engagement and made rescheduling more accessible.

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- In FY 2022, 88 intake assessments were analyzed for compliance. Of these, 48 intakes (55 percent) scored 90 percent or higher which is a decrease from FY 2021 (86 percent). The implementation of the new electronic health record resulted in some delays in completing documentation, which impacted compliance.
- In FY 2023, 13 intake assessments were analyzed for compliance. Of these, 12 (92 percent) scored 90 percent or higher, which is an increase from FY 2022 (55 percent). In FY 2023, this measure was modified to measure intake charts reviewed by the Compliance Review Team.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Outpatient Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of clients who achieve maximum benefit of their treatment goals at discharge	36%	45%	45%	52%	80%	80%
Percentage of parents completing surveys who report satisfaction with services	N/A	76%	77%	81%	85%	85%
Percentage of clients maintained in the community with outpatient treatment	96%	94%	94%	97%	97%	97%
Percentage of youth completing surveys who report satisfaction with services	N/A	89%	85%	92%	85%	85%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of client services documentation completed within one business day	77%	77%	56%	62%	65%	65%
Client show rate	78%	83%	86%	82%	85%	85%
Total consumers receiving services	390	306	277	207	228	251
Number of youth receiving intensive and routine case management services	92	38	46	68	75	82
Number of youth receiving outpatient therapy services	295	268	254	166	182	202
Number of youth transitioned to adult behavioral health services	16	20	23	16	18	19

- In FY 2022, 45 percent (98/217) of clients achieved all their treatment objectives at discharge, which is consistent with FY 2021. In the instances in which the client never engaged in

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services, there were several unsuccessful outreach attempts by staff and the client never engaged after the initial intake appointment.

- In FY 2023, 52 percent (55/105) of clients achieved all their treatment objectives at discharge, which is an increase from FY 2022. In the instances in which the client never engaged in services, there were several unsuccessful outreach attempts by staff and the client never engaged after the initial intake appointment.
- In FY 2023, parent and youth satisfaction increased. Parent and youth respondents both report that having someone that listens to them and understands them has been helpful.
- In FY 2022, 94 percent (240/256) of clients who entered care in the community did not require an increased level of care (LOC) while receiving behavioral healthcare treatment and were safely maintained in a community setting.
- In FY 2023, 97 percent (187/193) 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 consistent with FY 2021 and FY 2022, when 94 percent of youth were maintained at a community-based level of care.
- In FY 2022, the implementation of hybrid services contributed to youth being maintained in the community. It provided additional flexibility, engagement, and crisis management. The Diversion First Program was implemented in FY 2022, which was utilized to decrease the likelihood of hospitalizations and rehospitalizations to provide stability.
- In FY 2023, the continuation of hybrid services contributed to youth being maintained in the community. It provided additional flexibility, engagement, and crisis management. In Q3, the community experienced an increase in adolescent substance use, and due to limited community resources to meet that need, the agency piloted a short-term intensive substance use treatment group using contract staff and current staff. The agency initiated a contract with National Capital Treatment and Recovery in FY 2023, for a higher level of community-based substance use treatment.
- In FY 2022, documentation of client services was completed within one business day for 56 percent (4,212/7,460) of progress notes. The department implemented a new electronic health record which impacted the timeliness of note submission because of the adjustment to learning the new system and correcting documentation errors. The program also experienced a high turnover rate and caseloads were shifted to existing staff and supervisors which also impacted progress note timeliness.
- In FY 2023, documentation of client services was completed within one business day for 62 percent (3,604/4,954) of progress notes. Staff continued to work through the learning curve and other challenges associated with the new electronic health record, which impacted documentation timeliness. There continued to be a significant increase in the number of clients being admitted to services with the highest clinical needs, which included children exhibiting self-harming behaviors, suicidal ideations and attempts, and psychiatric hospitalizations with decreased hospital beds for youth. The intensity of client needs required clinicians to provide services during the hours where they would typically be completing their documentation.
- In FY 2022, for regularly scheduled in-person and virtual face-to-face meetings the overall show rate was 86 percent (6,720/7,824), which was an increase from 83 percent (3,849/4,645) in FY 2021. Hybrid service delivery offers telehealth as a way to reschedule appointments instead of cancelling. Hybrid service delivery also provides additional availability for staff to be able to have sessions. The automated appointment reminder system also continued to contribute to the high show rates.
- In FY 2023, for regularly scheduled in-person and virtual face-to-face meetings, the overall show rate was 82 percent (2,591/3,142), which is a slight decrease from 86 percent (6,720/7,824) in FY 2022. Hybrid service delivery continues to offer telehealth as a way to reschedule appointments instead of cancelling and provides additional availability for staff to

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be able to have sessions. The automated appointment reminder system was used inconsistently, which may have contributed to the slight decrease in show rate.

- In FY 2022, the decrease in the number of clients served can be attributed largely to the decrease in the number of intakes due to increased staff vacancies.
- In FY 2023, 207 youth received outpatient services, which is a 25 percent decrease from FY 2022 (277). In FY 2022 and FY 2023, the decrease in the number of clients served can be attributed largely to increased staff vacancies which decreased overall capacity. It is anticipated that the number of clients served will increase as a result of the implementation of the school-based outpatient program.
- In FY 2021 and FY 2022 youth receiving transition services increased slightly to 23 which was consistent with FY 2019 (prior to COVID).
- In FY 2022 and FY 2023, in addition to youth open to case management services, case management services were provided on an as-needed basis to many clients open to outpatient therapy. This practice change impacted data collection for the number of youth/families receiving formal case management.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:

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

Child Advocacy Center

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of children receiving forensic interviews by Child Advocacy Center staff	161	160	170	248	248	248

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of children referred to the CAC	198	200	201	321	337	337
Percentage of eligible children who received forensic interviews at the CAC	95%	92%	94%	96%	97%	97%
Percentage of families offered follow-up services within 10 days of interview	73%	66%	58%	65%	75%	75%
Percentage of caregivers reporting that the process was clearly explained to them	90%	100%	100%	96%	97%	97%
Percentage of caregivers reporting that the agency provided resources to support their child	100%	89%	100%	79%	90%	90%

- In FY 2022, there were 201 referrals to the CAC which is consistent with FY 2021. The number of youth receiving forensic interviews increased slightly in FY 2022 to 170.
- In FY 2023, there were 321 referrals to the CAC, which is an increase of 60 percent from FY 2022. The increase in the number of referrals and forensic interviews is consistent with the increase in the number of calls to the CPS hotline, where the CAC received the majority of the referrals, and may be due to an increase in children engaging with in-person activities.

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- In FY 2020, the Police Department decided to assign child cases to three specialized detectives who were selected based on their experience and interest. As a result, there was more consistency with implementation of the Joint Investigative protocol which contributed to the increase in the percentage of eligible children interviewed since FY 2020.
- Since FY 2021, the CAC continued to provide in person forensic interviews adhering to COVID safety protocols and facilitated and participated in virtual training. There was no disruption in the availability of in person forensic interviewing and the CAC program did not suspend any services. Eligible families may not receive an interview if law enforcement and/or CPS conducts a field interview rather than bringing the child to CAC.
- In FY 2022, there were a total of 117 forensic interviews for which follow up services were recorded or indicated. Of those 117 interviews, 12 of the interviewees were offered services at the same time as their CAC interview or before the forensic interview. 56 received a call regarding follow-up services within seven calendar days of the initial interview, and 49 received a call more than seven days after the interview.
- In FY 2023, there were a total of 181 families for whom outreach, and follow-up was indicated. Of those 181 families, 118 were outreached to assess needs and to communicate the availability of therapy and advocacy services within 10 days of their CAC interview(s).
- Prior to FY 2023, data was captured for follow up services offered within seven days.
- In FY 2023, the capacity to provide same day outreach (interview support) continued to be limited due to staff capacity, as CAC staff carry ongoing caseloads. Minimally, at the time of the interview, the forensic interviewers provide information about the CAC services, offer support, and explain what they can expect next.
- In FY 2023, access to many community resources was reduced due to the ending of pandemic assistance programs and staff shortages in behavioral healthcare programs. Caregivers may have felt overwhelmed with the lack of available resources to help them during times of stress, including lack of economic and behavioral health resources in addition to resources that may have been expected from the CAC.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Youth Behavioral Health Wellness (Substance Abuse and Early Intervention)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of contacts	4,476	688	4,062	3,082	3,082	3,082
Number of events	81	53	106	101	111	111
Suicide Means Reduction Tools Distributed	472	433	690	684	684	684
Tobacco vendor site visits	0	0	177	35	35	35
Percentage of events meeting at least 50% of participation target	68%	54%	72%	86%	65%	65%

- In FY 2022, the number of face-to-face contacts increased significantly as some in-person events resumed. The event with the largest participation was the Arlington County Fair. During this event there was a high level of engagement with community members as they learned about county prevention services.

BEHAVIORAL HEALTHCARE

- In FY 2023, there were a total of 3,082 participants that attended events, down 24 percent from 4,062 in FY 2022. In FY 2023, the number of in-person events increased due to a lower demand in virtual events. In-person events typically have lower capacity limits.
- In FY 2022, there were 106 events facilitated. 76 of those events were facilitated using a virtual platform, three were hybrid, and 27 were in person. There was a total of 1,028 participants trained at these trainings/workshops.
- In FY 2023, there were 101 events facilitated. 23 of those events were facilitated using a virtual platform, 11 were hybrid, and 67 were in person.
- In FY 2022, the program collaborated with Arlington Addiction Recovery Initiative's (AARI) Is Your Home Safe campaign that focused on speaking to homeowners about securing medications and guns in their homes. During this event, the homeowners were provided medication deactivation pouches and gun locks.
- In FY 2023, the program collaborated with AARI to provide Narcan training in Spanish with a focus on youth. The training was also available and provided to Arlington internal and external stakeholders.
- In FY 2023, the team collaborated with child welfare and the community to bring awareness to mental health and the importance of fathers in families in communities through a community lead event that was in the Green Valley neighborhood.
- In FY 2022, the prevention program was able to resume vendor site visits to address tobacco and vaping usage. During the vendor visits, the prevention team talked to the vendors about vaping and electronic nicotine delivery system (ENDS) and reviewed the vaping regulations to make sure that the vendor understood the consequences of selling to underage adults. The vendors were also provided updated signage and legal age stickers to post.
- In FY 2023, the program conducted firearm vendor visits to provide education and resources for firearm safety and suicide prevention.
- In FY 2023, The Teen Network Board (TNB) collaborated with the prevention program to complete tobacco vendor visits.
- In FY 2022, there were 58 events with participation targets. 72 percent of the events met or exceeded their participation targets.
- In FY 2023, there were 95 events with participation targets. 86 percent of the events met or exceeded their participation targets. In FY 2023, high participation rates were seen for general outreach events such as the Arlington County Fair and the Arlington Art Truck Activation.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

MANAGEMENT AND ADMINISTRATION

PROGRAM MISSION

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

Management and Administration

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

PERFORMANCE MEASURES

Management and Administration

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percentage of budgeted third-party reimbursement revenue received	90%	82%	87%	92%	90%	90%

- The percent decrease in FY 2021 is attributed to the COVID-19 suspension of program activities at the Adult Day Program and the lower transportation fees for Developmental Services.
- The percent increase in FY 2022 - FY 2023 is attributed to fully operational program activities at the Arlington Adult Day Program which translated to more participant days attended, as well as higher than projected Medicaid reimbursements for the Senior Adult Mental Health Program. The target for this metric is 90 percent.

PROGRAM MISSION

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

Planning and Advocacy

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

Resource Center

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

PERFORMANCE MEASURES

Agency on Aging Programs

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of grants received	14	14	14	14	14	14
Number of programs funded through the AAA	14	14	14	14	14	14
Home Delivered Meals: Total participants	310	453	341	321	330	330
Total Home Delivered Meals Participants Age 85+	52	193	N/A	N/A	N/A	N/A
Total Home Delivered Meals Participants Age 80+	N/A	213	131	127	130	135
Home Delivered Meals: Total number of meals delivered	77,133	97,294	89,357	80,143	80,000	80,000
Home Delivered Meals: Customer satisfaction with food quality	82%	90%	91%	89%	90%	90%

AGENCY ON AGING

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Home Delivered Meals: Customer satisfaction with nutrition	96%	95%	96%	79%	90%	90%
Home Delivered Meals: Customer eating healthier	90%	96%	100%	77%	90%	90%
Home Delivered Meals: Compliance with Eligibility Requirements (Age/Race/Income)	99/98/96%	96/98/90%	95/92/90%	98/93/93%	98/95/95%	98/95/95%
Home Delivered Meals: Participants who report that services enable them to continue to live independently	95%	99%	100%	94%	96%	96%
Home Delivered Meals: Participants that have stabilized or reduced nutritional risk	47%	91%	80%	87%	80%	80%

- The measure marked as "N/A" above are no longer being tracked and have been discontinued.
- The decrease in total participants in the Home Delivered Meals program in FY 2023 was due to the end of the public health emergency and the return to the enforcement of the homebound requirement for the program.
- The large increases in FY 2020 – FY 2021 for the total number of participants and meals delivered are directly related to more participants qualifying for Meals on Wheels and supplemental Title III-C2 Home Delivered Meals/Senior Nutrition funding from the state in response to the COVID-19 pandemic. The decrease in the FY 2022 actual is based on Congregate Nutrition sites re-opening in late FY 2021 and those clients will no longer receive home delivered meal services, as well as the homebound requirement being reinstated in FY 2022.
- The 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. The decrease in FY 2023 is attributed to the participant feedback regarding the freshness of the fruit and vegetables served with the meals. This feedback was taken into account with the FY 2024 menu planning.
- The FY 2021 total number of meals delivered increased due to the homebound eligibility requirement being waived which allowed additional residents to be served in line with the increase in number of Home Delivered Meals participants.
- The increase in FY 2020 nutrition risk is related to age as a factor. Adults age 85 and older are at particular risk for malnutrition. In FY 2020, 20 percent of the participants were ages 85 and above. Of those age 85 and above, 35 percent scored a six or higher on the nutrition screening initiative (NSI). Due to the COVID-19 pandemic, the change to bulk delivery may have also influenced the nutrition risk scores. In FY 2021 began tracking clients age 80 and above for malnutrition and will automatically refer any recipient 80+ for nutrition counseling. In FY 2023, 40 percent of the participants were ages 80 and above. Of those age 80 and above, 68 percent scored a 6 or higher on the NSI, indicating they may be at high risk for malnutrition. Recipients who score 6 or higher on the NSI are referred to the AAA Nutritionist for Nutrition Counseling. In FY 2023 participants adjusted to the bulk delivery schedule and responses to questions on the NSI resulted in more positive responses.

AGENCY ON AGING

- 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 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Virginia Insurance Counseling Assistance Program (VICAP)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Compliance with Federal Outreach Guidelines	80%	80%	80%	80%	80%	80%
Cost savings for Medicare beneficiaries	\$196,217	\$255,691	\$152,963	\$161,598	\$165,000	\$165,000
Senior Medicare Patrol Survey Results	100/88/ 100%	100/100/ 100%	100/75/ 75%	100/100/75 /100%	95/95/95/ 95%	95/95/95/ 95%
Medicare Education Impact	94/91/ 80%	88/88/ 59%	90/79/ 77%	92/87/ 85%	95/92/ 90%	96/94/ 92%
Unduplicated number of individuals served through the program	626	803	731	783	800	825
Unduplicated Low-Income Individuals Served	472	520	466	338	400	450
Unduplicated number of Limited English Proficiency (LEP) individuals served	176	108	161	198	225	250
Total attendees at outreach events	719	679	916	946	975	1,000
Total attendees at Medicare courses	134	646	978	636	675	700
Total client counseling hours	576	2,929	2,375	2,736	2,750	2,800

- The VICAP performance measurement plan reflects performance for grant year period April 1 - March 31 for each year.
- In FY 2021, the VICAP Coordinator hours increased from 30 to 40 hours per week to accommodate the growing percentage of Medicare beneficiaries in Arlington. The additional dedicated hours resulted in more individuals served through the program.
- The FY 2020 - FY 2021 increases are based on robust outreach around Medicaid expansion and Commonwealth Coordinated Care Plus (CCC+) helped promote the program and services as well as adding two bilingual volunteers to the team. Federal guidelines establish outreach targets for VICAP programs for contacts in the areas of clients, outreach, enrollment, beneficiaries under 65, and hard to reach populations. The program met federal targets for four out of five outreach types in FY 2022. Also, in FY 2021, the cancellation of large events (Arlington County Fair and Beacon Expo) impacted the ability to meet outreach goals for beneficiaries under 65.
- Staff and volunteers track the monies saved by counseling recipients and the method of savings. The increase in FY 2020 - FY 2021 reflects full staffing and an improved data collection process. The FY 2022 decrease is related to lower limits for patient assistance programs, fewer plan changes during Open Enrollment, and fewer connections to the Medicaid

AGENCY ON AGING

Extra Help Program during a public health emergency, which continued into FY 2023. The FY 2024 – FY 2025 Estimates are based on current Open Enrollment activity.

- Unduplicated number of low-income individuals served decreased in FY 2023 due to Medicaid unwinding. We anticipate a higher number of low-income individuals will seek assistance connecting to extra help programs in FY 2024.
- Attendees at Medicare courses increased from FY 2020 – FY 2022 due to a shift from in person to virtual trainings which resulted in greater participation in trainings being offered. FY 2022 – FY 2023 actuals reflect, and FY 2024 – FY 2025 estimates include, an in person and virtual component for Medicare courses offered.
- For the Senior Medicare Patrol (SMP) Survey FY 2022 actuals there were 39 participants who completed the pre-test but only four for the post test. Previous years reported only post test results. The SMP training empowers Medicare beneficiaries to prevent, detect and report health care fraud and abuse. Post course survey asks participants to rate their knowledge about protecting their Medicare number, reporting concerns about their Medicare claims, and helping prevent Medicare fraud. In FY 2023, understanding Medicare Advantage and prescription drug plans was added to the curriculum.
- Total client counseling hours increased in FY 2021 due to additional staff, more volunteers being added to the program, and time tracking improvements.
- Medicare Education Impact measures the knowledge gained by participants after attending one of the monthly trainings. The decrease in FY 2021 is due to the content of the courses being tailored to COVID needs and the survey questions not aligning with the updated content of the course. The increases in FY 2023 can be attributed to more information being shared around saving money on personal healthcare expenses and respondents viewing this as impactful.
- The VICAP program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:

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

Resource Center

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Resource Center Phone Calls	11,201	16,327	16,500	N/A	N/A	N/A
Short Term Case Management Clients Served (duplicated)	3,174	2,959	3,067	2,418	3,000	3,500
Subset Short Term Case Management:						
Percent ≥ 70	50%	50%	56%	50%	55%	55%
Percent minority	63%	63%	63%	70%	65%	65%
Percent female	60%	61%	56%	56%	56%	60%
Percent in poverty	59%	61%	56%	51%	55%	60%
Percent live alone	59%	61%	64%	59%	60%	60%
Number of languages served	24	23	24	25	25	25

AGENCY ON AGING

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Contact Units (all contacts recorded in the encounter)	4,212	5,818	4,245	5,764	6,000	6,500
Number of Referrals Completed by ADRC staff	1,425	901	1,083	595	800	1,200
Time Spent (the sum of all time spent from the encounter in minutes)	1,194	1,558	1,826	2,183	2,500	3,000
Completion of case management work within 90 days	94%	94%	95%	96%	97%	98%
Total number of clients served	3,253	4,849	6,718	8,154	9,000	9,200

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Quality of customer experience: clarity of information	90%	N/A	91%	91%	90%	90%
Quality of customer experience: wait time	90%	N/A	98%	88%	90%	90%
Quality of customer experience: quality interaction with staff	92%	N/A	97%	93%	90%	95%
Connection to services: staff meets or exceeds requested service needs	72%	94%	84%	88%	90%	90%
Effectiveness of services	85%	N/A	71%	61%	75%	85%

- Critical Measures listed that are no longer tracked are indicated above with "N/A".
- The measure Short-Term Case Management Clients Served was added in FY 2022. It is a subset of the total number served and tracks clients that require Short Term (less than 90 days) case management.
- The decreased volume for the Number of Referrals Completed by ADRC staff in FY 2021 and FY 2022 was attributed to staff meeting the immediate crisis needs of clients and not taking as many referrals. The decrease in FY 2023 is due to inconsistencies in data recording in Peer Place due to new staff and the higher volumes. Efforts are underway to ensure data is recorded appropriately in PeerPlace.
- The sum of time spent from FY 2021 – FY 2023 steadily increased due to the complexity and volume of contacts and short-term case management circumstances staff were encountering. The estimates for FY 2024 – FY 2025 are based on current growth.
- The measure, Total number of clients served was mistakenly left off last year’s budget narratives. As the “No Wrong Door” entryway for individuals seeking services, the increases

AGENCY ON AGING

are due to volume of individuals, seeking connection to services, general relief and information.

- In FY 2021, Quality of customer experience: clarity of information/wait time/quality interaction with staff data was not collected due to the front desk closure under the assistance from a distance model of service.
- The FY 2020 decrease in meets or exceeds requested needs was directly related to closures due to COVID and safety as well as unmet needs: e.g., closed medical or dental offices, long-term care not accepting new referrals, the need for assistance completing documents and reading mail, limited resources for rental assistance and customers calling requesting assistance for future months. Subsequently, clients were offered alternative resources. The increase in FY 2021 represents a return to past actuals with the reopening of community partners and resources.
- In FY 2020 and 2021, the decrease can be attributed to a shift to assistance from a distance model - from in-person appointments to mostly remote by video conferencing and phone.
- The Resource Center number of individuals served have been updated to reflect the correct duplicated counts for each fiscal year. 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. Staff expects the total served to increase as more in-person services resume.
- The measure Effectiveness of Services is driven by the client volumes and the acuity of the clients served. Data was not collected for this measure in FY 2021 due to the COVID-19 pandemic and marked "N/A". The FY 2022 - FY 2023 decreases are due in part to a small sample size on the survey.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

PROGRAM MISSION

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

Adult Social Services

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

Adult Protective Services

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

Nursing Case Management

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

Arlington Adult Day Program

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

PERFORMANCE MEASURES

Adult Social Services

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of clients who live in the most independent and least restrictive setting	99%	99%	97%	95%	97%	97%
Number of nursing home and community-based waiver screenings (CCC+)	193	211	273	383	402	415

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of cases where monthly/quarterly/annual contact requirements are met	98%	92%	86%	91%	98%	98%
Percent of Pre-Admission Screenings completed on time.	99%	94%	87%	88%	98%	98%
Total Adult Services Cases	394	417	337	184	220	250
Assisted Living Facility Reassessments	10	15	9	16	18	20

- For percent of cases where monthly/quarterly/annual contact requirements are met, the decrease in FY 2021 – FY 2023, was related to a staff vacancy. Also, in-person contacts were limited due to COVID-19 pandemic.
- In FY 2022, clients served decreased 19 percent, as staffing shortages impacted the program’s ability to accept new referrals while maintaining clients with complex needs. Referrals were prioritized based on client acuity and need for intensive case management. All clients were connected to comparable service if not appropriate for Adult Services.
- The percentage of contacts and screenings completed on time decreased slightly in FY 2022. Staffing challenges that contributed to a reduction in timeliness and compliance have been addressed and resolved. The program projects an increase in FY 2024 and 2025 to be more in line with pre-pandemic numbers.
- The number of nursing home and community-based waiver and pre-admission screenings in FY 2020 were lower than subsequent years due to staff vacancies and fewer in-home screenings due to the COVID-19 pandemic that restricted admission to long-term care settings. In FY 2022 and FY 2023, there was an increase in screening requests, and as a result the team dedicated more staff time to completing pre-admission screenings to accommodate the higher volume.
- The increase in processing times for pre-admission screenings in FY 2022 occurred due to the increased volume of requests for screenings and demand for service compounded by delays in signing of forms for virtual and telephonic screenings. To improve timeliness and ensure compliance, staff have added additional screening appointments and are reevaluating the current process for screening requests, appointments and assessments. The target for this measure is 98 percent, which is reflected in the FY 2024 – FY 2025 estimates.
- For Total Adult Services cases, the increase in FY 2021 was due to the COVID-19 vaccine becoming more available and clients were more amenable to services. Additionally, during the pandemic remote services via telehealth made access to services more convenient and helped to reduce anxieties for those still seeking pre-admission screenings. In FY 2022, clients served decreased due to staffing shortages impacted the program’s ability to accept new referrals while maintaining clients with complex needs. In FY 2023, staff shortages, turnover, and transfers to APS led to a 45 percent decrease in total cases. For the FY 2024 – FY 2025 estimates, projections are expected to increase as all Adult Services cases and pre-admission screenings will be opened in PeerPlace.
- Assisted Living Facility Reassessments decreased in FY 2022 due to fewer beds/units being available for admission.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

Adult Protective Services (APS)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of clients with reduced risk factors after three months of intervention or at case closure	98%	95%	N/A	N/A	95%	95%

- The decrease in FY 2021 for the percent of clients with reduced risk factors is related to limited in person contacts due to the COVID-19 pandemic, while FY 2024 – FY 2025 estimates are based on current conditions and anticipated impacts on this metric.
- In FY 2022 and FY 2023, this metric was not tracked or recorded, due changes to program structure. The new program manager and Team Lead will explore how to capture risk reduction from the extensive information required to be recorded in PeerPlace for each APS investigation.

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total number of clients served	274	392	411	533	586	600
Adults aged 18 to 59	29	56	49	86	95	100
Adults aged 60+	245	336	350	447	491	500
New Investigations	231	226	286	633	700	718
Number substantiated	69	64	86	166	175	180
Number accepting services (founded and unfounded)	104	81	35	36	40	45
Intensive case management cases	43	11	8	36	35	35
Timeliness and quality of documentation (Timeliness)	80%	91%	71%	92%	90%	95%
Timeliness and quality of documentation (Quality)	87%	92%	88%	74%	90%	90%
Percent of APS investigations initiated within 24 hours	100%	87%	95%	95%	90%	100%
Number/percent of APS clients found to be abused, neglected or exploited who accept services	51/74%	44/69%	56/65%	36/23%	44/25%	50/28%
Percent of investigations completed within 45 days	77%	92%	95%	85%	95%	98%
Workload Ratio: Average number of investigations per worker per year	77	75	112	181	180	180
Recidivism	86%	88%	85%	83%	80%	83%

- Between FY 2021 and FY 2023, the total number of clients served remained higher than pre-pandemic totals. This increase can be attributed to an increase in the growth of the older

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

adult population, an increase in referrals from BHD/Emergency Services, the Fire Department/EMS, and the Sherriff's office for those facing evictions and homelessness. Cases also remained high due to modifications of practices during the pandemic, including (1) a higher carry-over of ongoing cases from FY 2020; and (2) a need to have longer involvement to ensure issues (i.e., hoarding, guardianships, financial exploitation cases) were resolved. The 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 new investigations in FY 2023 increased due to the highest volume of reports and investigations ever recorded. Warranting a systematic change in operational structure in the program and APS hired temporary staff to assist in covering case assignments. The increases in the FY 2024 - FY 2025 estimates reflect the current investigation volume.
- The timeliness and quality of documentation measures increase in FY 2021 is attributed to a full year of PeerPlace as the electronic record and staff becoming more familiar with the standards and process for entry. The decrease in FY 2022 is attributed to staff turnover, which resulted in higher caseloads for remaining staff and the program manager. In addition, because financial exploitation investigations require substantial research and time commitments, many of these cases could not be disposed within the required 45 days. The FY 2023 increase in timeliness of documentation was related to the hiring of a Team Lead, the release of the PeerPlace APS Compliance Report, and State Dashboard. The decrease in quality of documentation is related to the onboarding of new staff and the volume of investigations – which had a direct impact on quality and thoroughness of investigation documentation, resulting in some investigative areas not sufficiently documented. Additional training is being provided to staff to help improve the quality in future years.
- The decrease in FY 2021 of percent of APS investigations initiated within 24 hours is the result of an administrative process gap primarily from cases received after-hours and over the weekend that were not “acknowledged” in PeerPlace until the next business day. This process was addressed to distribute the on-call hours to an assigned duty worker and add additional accountability from the program manager and team lead, and the metric was stabilized in FY 2022 and FY 2023.
- The decrease in FY 2021 in the number accepting services is attributed to the limited access APS had with some investigations, particularly facility investigations that included restricted face to face access, staffing issues attributed to a lack of staffing mandates, and care quality issues that were often referred to the long-term care Ombudsman. In FY 2022 the data collection method was revised.
- 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. All APS clients are offered services to reduce risk, but those who have capacity, have the right to refuse.
- In FY 2022, the APS team worked above its capacity. Due to staff retirements, the team was required to carry significantly higher caseloads, which impacted the time they could spend on each case. In FY 2023 the average number of investigations per worker increased, partially due to personnel changes and accounting for increases to clients served.
- Recidivism data will fluctuate from fiscal year to fiscal year 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 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

Nursing Case Management and In-Home Services

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number and percent of patients with hypertension who maintain blood pressure within established norm for the client	34/85%	32/89%	34/85%	35/83%	40/90%	42/90%
Number and percent of clients with medications pre-poured who are adherent to their medication regimen	32/94%	28/97%	28/100%	33/89%	35/95%	37/95%
Nursing Case Management: Number and percent of clients maintained in community/aging in place	74/96%	91/97%	90/98%	95/95%	107/96%	112/97%
Community Living Program: Number and percent of clients maintained in community/aging in place	335/99%	420/98%	445/98%	394/96%	490/98%	500/98%

- Nursing Case Management (NCM) interventions continue to be effective in helping people manage high blood pressure. The percentage of NCM clients with blood pressure within normal limits is significantly higher than a CDC national survey that indicated 50 percent of older adults with a high blood pressure diagnosis had blood pressure within normal limits.
- Due to the COVID-19 pandemic, the number of clients receiving these interventions in FY 2021 and FY 2022 decreased. In FY 2023, several of the clients with mental health issues refused interventions at times throughout the year, such as allowing an aide in the home to provide medication reminders. NCM intervention is effective in helping people manage adherence to medications. The percent of NCM clients fully or partially adherent to their medication treatment regimen exceeds a national study indicating 68 percent of adults fully or partially adhered to medication treatment regimens.
- Nursing Case Management: Number and percent of clients maintained in the community: Staff remains focused on increasing interventions and coordinating services to maintain more people in the community. The FY 2020 – FY 2022 metrics were updated to represent only clients who met full adherence. The benchmark for this metric is 95 percent of clients served.
- Staff focused on the most acute clients and maintained frequent and ongoing contacts and medical providers to ensure care coordination and interventions to maintain clients in the home. Clients remained at home, practiced physical distancing and adhered to public health guidelines to reduce risk.
- Community Living Program: Number and percent of clients maintained in the community decreased in FY 2023 because new referrals to the two contracted vendors were halted due to budgetary restraints starting in February 2023. The increases in the FY 2024 – FY 2025 estimates are related to more clients seeking services but allocated few hours of service per week.

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Nursing Case Management: Number of persons served	457	438	502	610	700	720
Ongoing Services Clients	77	94	92	100	110	115
Clients receiving NCM/CLP intake assessments or consultations	192	139	173	207	210	220
Clients screened for nursing home level care	188	211	237	303	320	330
All NCM Client Service Contacts	6,795	5,802	5,425	7,067	7,100	7,200
Nursing Case Management: Average all clients served per nurse case manager	24	23	22	21	26	26
Home-Based Community Living Program: Number of persons served	380	427	454	411	500	510
Home-Based Community Living Program: Percent of clients surveyed who are satisfied with services	92%	89%	84%	88%	90%	90%

- The decrease in clients served FY 2020 – FY 2021 is due to some clients temporarily opting out of services due to the COVID-19 pandemic. In FY 2022, the number of clients increased due to increased requests for Community Living Program assessments and CCC+ Waiver screenings, a trend that continued into FY 2023. The program estimates continuing to serve close to 700 clients per year due to increased Community Living Program assessments and a continuing increase in CCC+ Waiver Program screenings.
- Due to the COVID-19 pandemic, fewer clients were opened to full program services in FY 2020 – FY 2021, resulting in lower caseload averages for Nursing Case Management. From FY 2022 – FY 2023 the average caseload decreased because the program was fully staffed.
- Nursing home level of care screenings increased in FY 2021 and 2022 due to requests for screenings and assessments as health metrics improved, vaccines were rolled out and clients were more open to long-term care and in-home services.
- From FY 2020 - FY 2022, the number of persons served in the Home-Based Community Living Program increased due to a dedicated part-time social worker to expand clinical services. The decrease in FY 2023 is due to new referrals to the two contracted vendors being halted due to budgetary restraints starting in February 2023. The program resumed referrals in July 2023, therefore the FY 2024 – FY 2025 estimates are based on current demand for services.
- In FY 2021, the Clients receiving NCM/CLP intake assessments or consultations decreased due to one Public Health Nurse vacancy. Since returning to full staffing for all of FY 2022, intakes and consultations have returned to previous levels.
- In FY 2021 and FY 2022, the number of NCM Client service contacts decreased in part due to improving health metrics but also because of staff vacancies. The increase in FY 2023 is attributed to the number of telephonic contacts to address increasing concerns related to the pandemic and more persons served.
- A CLP Customer Satisfaction survey was conducted for the first time in FY 2021 with clients served by both CLP vendors. There was a decline in the client satisfaction rate in FY 2022, in part due to the challenges brought on by the healthcare worker shortage.

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Volunteer Guardianship Program

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of DHS clients in the Volunteer Guardianship Program with a founded Adult Protective Services case	0	0	0	0	3	4
Guardian/Conservator Reports (court appointed)	519	521	535	522	525	525

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of DHS clients with a volunteer guardian	47	45	50	38	43	48
Number of guardianship petitions initiated by DHS and successfully appointed	4	6	9	9	11	11
Number of volunteer guardians who participate in the program	39	28	30	16	20	28

- 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 as well as the complexity of the guardianship case.
- 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 slightly increase in the FY 2024 estimate.

Adult Day Program

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of caregivers and case managers who report participants' quality of life has improved	N/A	N/A	100%	100%	90%	90%
Percent of family members who report their quality of life has improved since the participant enrolled in the program	N/A	N/A	100%	100%	90%	90%

- Caregiver satisfaction survey was not conducted in FY 2020 – FY 2021 due to the program’s closure during the COVID-19 pandemic. Virtual activities and staff visits occurred regularly, but the quality of life was not impacted due to the lack of direct care and supervision.
- The program resumed operations in FY 2022, and the satisfaction survey was administered to 33 participants. The 100 percent satisfaction level likely reflects the post pandemic desire

COMMUNITY SUPPORTS AND COORDINATION SERVICES BUREAU

among family members and participants to return to the program. The target for this metric in FY 2024 – FY 2025 is 93 percent.

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total unduplicated number of participants	47	32	33	42	50	52
Average daily attendance	21	8	11	17	20	23
Average monthly census	33	31	20	30	40	40
Utilization rate (client days attended/capacity)	88%	N/A	92%	94%	92%	92%
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	100%	100%	100%	100%	93%	93%

- Unduplicated number of participants decreased in FY 2020 – FY 2021 due to the program ceasing in-person operations for much of FY 2021.
- Average daily attendance in FY 2021 is the average number of participants that attended each virtual activity. In FY 2022, social distancing limited how many people the program could serve each day. These restrictions also affected average monthly census. In FY 2023 the average daily attendance increased due to full operation and concluding social distancing restrictions.
- The utilization rate in FY 2020 only covers pre-pandemic months. The FY 2022 actuals represent the program operating at 50 percent capacity once the program reopened. The program site was closed due to COVID-19 from March 16, 2020, to June 28, 2021. Utilization rates have now returned to pre-pandemic levels.
- 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.
- Licensing may only grant one-year licenses and build back up to a three year license each year. A regular licensing inspection was held August 2022, and yielded no findings.
- This program has a performance measurement plan. The data above align with this plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

CLINICAL AND DEVELOPMENTAL SERVICES BUREAU

PROGRAM MISSION

In FY 2023 the Senior Adult Mental Health Services Program merged with the Developmental Disability Services Bureau to create the Clinical and Developmental Services Bureau. The goal of the bureau is to safeguard and protect children and adults with intellectual and developmental disabilities while optimizing their functioning and independence as well as promote 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.

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.
- Provide assisted living housing and services for low-income older adults age 55+ with serious mental illness and disabilities at Mary Marshall Assisted Living Residence. 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.

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.

CLINICAL AND DEVELOPMENTAL SERVICES BUREAU

PERFORMANCE MEASURES

Support Coordination

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of individuals in competitive, integrated employment	38%	32%	41%	44%	45%	47%
Percent of individuals maintained in non-institutional community settings	466/95%	496/96%	96%	97%	95%	95%
Percent of individuals who had an annual conversation regarding community-based employment	198/99%	205/98%	99%	99%	98%	98%
Face-to-Face contacts for individuals receiving Active Support Coordination - 30 day contacts	95%	98%	91%	84%	95%	95%
Face-to-Face contacts for individuals receiving Active Support Coordination - 90 day contacts	92%	96%	89%	91%	95%	95%

- In FY 2021, the target percentage of individuals in competitive, integrated employment, was changed by the state to 50 percent. FY 2022 - FY 2023 actuals reflect the programs efforts to move toward the state standards. In recent years, the addition of a tracking subunit targeting individuals without paid job supports has yielded better tracking. 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.
- Individuals maintained in the community is dependent on the individuals discharged from Virginia Training Centers and more Arlington clients returning to the community.
- The measures for timely completion of face-to-face contacts for individuals receiving Active Support Coordination - 30 day face-to-face contacts for individuals receiving Enhanced Case Management and 90-day face-to-face contacts for individuals receiving Active Support Coordination: The increase in FY 2021 is related to more clients engaged in Active Support Coordination. Effective May 2021, Support Coordinators were required by the Department of Behavioral Health and Developmental Services (DBHDS) to conduct all contacts in-person and face-to-face. However, under the Federal PHE, the Virginia Department of Medical Assistance Services (DMAS) allowed individuals and families to opt out of the in-person requirement. As a result, Support Coordinators were instructed to only code in the electronic health record those 30- day and 90-day contacts that were conducted in-person and face to face. The 30-day and 90-day contacts that were conducted using Zoom or Teams were completed in the same manner as in-person but were not coded in the EHR as a 30-day or 90 day and thus are not included in the data for this measure. In FY 2022 and FY 2023, there were some 90-day visits that did not occur due to an individual having COVID-19 or being recently exposed to COVID-19. Other visits were not completed on-time due to individuals and families not being responsive to Support Coordinators’ requests for visits, individuals being hospitalized, or cancellations from individuals/families.
- Number and percent of mandatory face-to-face contacts completed on time: active cases, is now tracked in Face-to-Face contacts for individuals receiving Active Support Coordination - 30 day contacts.

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Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total number of individuals served	490	517	552	632	681	716
Total number of individuals receiving active or enhanced Support Coordination	261	267	277	291	306	327
Adults	236	242	234	267	281	287
Children	25	25	43	24	25	40
Subset: Number of monitored individuals:	229	250	275	341	375	401
Adults	66	87	90	132	142	151
Children	163	163	185	209	233	250
Subset: Number of Arlington-based individuals residing in state institutions	4	4	2	2	2	2
Number and percent of family members responding to a survey who expressed satisfaction with support coordination services	59/98%	67/94%	70/97%	51/96%	90%	90%
Number of assessments and evaluations	112	113	91	84	80	90

- 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 2023 and FY 2024 estimates for all critical and supporting measures.
- The increases in number of individuals served assume that one-third of all applicants will be found eligible and begin receiving services. Community Services Boards (CSBs) now function as the front door for all intake services. The FY 2023 actuals and the FY 2024 – FY 2025 estimates reflect increases in the number of individuals referred to Arlington from other CSBs. Due to higher volumes among the region, CSBs can no longer absorb providing case management for individuals no longer residing in the previous jurisdiction.
- The number of assessments and evaluations in FY 2023 reflect a higher rate of referrals. The projections for FY 2024 and FY 2025 reflect the current volume of referrals received.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2023 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

CLINICAL AND DEVELOPMENTAL SERVICES BUREAU

Supported Employment and Habilitation

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Average hourly earnings: Supported employment group models	\$9.21	\$13.26	\$12.62	\$13.12	\$13.37	\$13.86
Average hourly earnings: Supported employment individual models	\$12.00	\$11.75	\$13.72	\$13.97	\$14.27	\$14.80

- 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 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 Developmental Disability Services (DDS); 2) individuals leaving employment opportunities due to resignation, retirement, or job displacement. The actuals for FY 2021 and FY 2022 hourly wages vary widely due to job displacement related to the COVID-19 pandemic. Many group employment models were not operational, and it was uncertain when participants would return to work. It is estimated that individual hourly wages will be less affected by the COVID-19 pandemic because more individuals in this category have been able to remain in the workforce. The FY 2024 – FY 2025 estimates are based on the addition of the Employment Readiness Program and more individuals returning to work.

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients served: Habilitation services	154	6	109	133	144	156
Clients served: Supported employment group	33	12	20	24	24	26
Clients Served: Supported employment individual	26	21	29	10	14	17
Percent of clients responding to a survey who rated habilitation and supported employment services received as satisfactory or better	90%	N/A	89%	77%	95%	95%
Percent responding to a survey rating transportation service received as satisfactory or better	90%	N/A	90%	76%	80%	80%

- The FY 2020 - 2021 Supporting Measures above reflect COVID-19 impacts to services while FY 2022 - FY 2023 are based on current conditions. The survey for habilitation, supported employment, and transportation was not conducted in FY 2021 due to minimal operations due to COVID impacts, and is represented with an "N/A" above.
- 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 – FY 2022 decreases in actual clients served in habilitation programs can be attributed to clients moving out of the County combined with fewer estimated graduates entering habilitation programs, and the effects of the COVID-19 pandemic. Increases in FY 2023 due to more people returning

CLINICAL AND DEVELOPMENTAL SERVICES BUREAU

to the full-time programming. Estimates for FY 2024 – FY 2025 are attributed to graduates and an increase in adults transferred from other CSBs.

- The FY 2020 – FY 2021 decreases for group supported employment reflect revised State criteria for a more restrictive definition of group supported employment. Additionally, with limited other options, regular attrition is expected. The County’s Group Supported Employment contractor (awarded in FY 2021) has steadily grown the participant base since then and created more employment opportunities in Arlington County. The decrease in FY 2023 is primarily due to one less job site in operation by the contractor.
- The client satisfaction survey for habilitation and transportation services was not conducted in FY 2021 due to the COVID-19 pandemic and Group Day programs were not operable for most of the fiscal year. In FY 2022 – FY 2023 some dissatisfaction around transportation services is related to the state funded transportation service, in contrast to the County’s contracted transportation service provider. DS staff work to resolve issues with the state funded transportation service provider, but some issues persist statewide. In FY 2022, most Group Day programs re-opened but part-time only. Several individuals and their families expressed dissatisfaction with this choice as evidenced in the annual satisfaction survey, as well as what was communicated throughout the year to staff and DS leadership. Programs were also not able to open at full capacity due to staff shortages. FY 2023 data is based on a small sample response (30 respondents) and not a statistically significant sample of all persons attending habilitation programs. The program has set a target metric of 95 percent satisfaction for FY 2024 – FY 2025.
- For the second year (FY 2023), in response to COVID, students and their families were given the option of a "recovery year" under the Virginia Department of Education (VOE) to remain enrolled in the public school system an extra year (as opposed to transitioning to adult services). As a result, DDS will experience a higher-than-average volume of students aging out in June 2023. Additionally, the General Assembly will authorize more Developmental Disability (DD) Medicaid Waiver slots for FY 2024 – FY 2025 than what has been the case in more recent years since Waiver redesign in 2016. As a result, we will have less students transitioning to adult services utilizing local funding.
- FY 2022 – FY 2023 represented a year with significant discussion about transitioning individuals with a DD Medicaid Waiver from local funded transportation to ModivCare, which is funded by Medicaid. Some participants expressed dissatisfaction with this plan based on perceived problems with ModivCare. Additionally, as ModivCare resumed full operation in a post-COVID era, with the re-opening of Group Day programs, there were fewer transportation providers as several smaller providers were unable to sustain operations during the height of COVID. This resulted in some participants experiencing transition issues post-COVID. The decrease in FY 2023 is attributed to a considerable number of individuals shifting from the County’s contracted transportation vendor to the state provider, ModivCare, which resulted in more ratings of dissatisfaction among respondents. Support Coordinators supported individuals and their families in addressing problems as they arose. The program has set a target metric of 80 percent satisfaction for the FY 2024 – FY 2025 estimates.

Residential Services

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Clients served: Intensive congregate	87	78	77	83	86	86
Clients served: In-home supports	27	27	33	39	45	45
Clients served: Respite care	1	3	2	2	2	5
Clients served: Supervised congregate	25	26	20	14	15	15

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Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of consumers/advocates surveyed rating services as satisfactory or better	96%	100%	97%	95%	95%	95%

- The FY 2021 and 2022 decrease in intensive congregate is related to the closure of the County owned Irving Street Group Home as well as residential vacancies as some clients opted to return home from congregate living situations unsure of the state of the pandemic. The estimates in FY 2024 – FY 2025 include the completion of the redevelopment of the County owned Irving Street group home, which was completed in FY 2023. The home will have six resident slots.
- Clients served by respite care will vary from fiscal year to fiscal year based on client needs and unit availability. The FY 2025 estimate is due to the respite bed now being located in Arlington.

Senior Adult Mental Health Program (SAMH)

Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Total number of adults served	347	400	349	384	422	455
Total number of persons receiving case management and mental health therapy	197	205	N/A	N/A	N/A	N/A
Total intakes: Same Day Access (SDA)	70	101	93	87	95	104
Total intakes: BHD transfers	4	18	25	11	60	72
Total intakes: State psychiatric hospitals	8	14	9	13	15	16
Total intakes: DD psychopharmacology	10	12	7	11	60	63
Percent of older adults remaining in the community	98%	99%	98%	94%	99%	99%

- Overall, fewer clients were served in FY 2022 due to the program's discharge process being revamped to improve monitoring of disengaged clients. Additionally, the program moved to telehealth video only services where some clients preferred phone only. Fewer clients were served for mental health only due to discharges and transitions of client to higher levels of care. The increase in FY 2023 is related to expansion of in person services and efforts to engage underserved populations in mental healthcare.
- For Behavioral Health Division (BHD) transfers, the FY 2020 - FY 2021 increases and FY 2024 - FY 2025 estimates are based on the shift of some clients from the Behavioral Health Division to the Senior Adult Mental Health Program, and the implementation of Same Day Access for mental health services and referrals. FY 2023 actuals reflect a decrease in same day access

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transfers from the BHD. In FY 2024, the program added a new case manager that is dedicated to intensive case management. The FY 2024 – FY 2024 estimates reflect this expected volume.

- The increase for SDA data beginning in FY 2020 was due to how data was captured versus the data collection method in previous years. Since FY 2020, data includes any individual who came to the Senior Adult Mental Health Program for SDA services, whether referred out, ineligible, or accepted.
- In FY 2022, the process for receiving and accepting referrals from BHD was streamlined in the new EHR. FY 2022 will record fewer transfers because SAMH staff vacancies which temporarily halted internal transfers. This number will increase in FY 2024 due to full staffing and an emphasis on transferring older adults to the Senior Adult Mental Health Program.
- State-wide staff shortages and COVID-19 pandemic restrictions suppressed admissions and discharges at all state psychiatric hospitals in FY 2022.
- As awareness increases that clients with developmental disabilities are subject to the full range of DSM-5 disorders, those with psychopharmacological needs will continue to increase and this is reflected in the FY 2024 estimate of total number of adults served.
- The total number of persons receiving case management and mental health therapy is no longer tracked as part of the SAMH Performance Metrics Plan and is marked "N/A".
- "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.

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of home visits per year	985	3	65	230	245	257
Percent of charts that meet quality documentation requirements	82%	75%	64%	49%	80%	80%
Percent of client's meeting quality of life target of good/improved and Improvement to level of functioning	54%	N/A	63%	47%	50%	50%
Percent of progress notes that are entered within one business day	90%	94%	92%	95%	90%	90%

- The number of home visits per year decreased starting in FY 2020, the decrease is attributed to staff making fewer in-home visits due to the COVID-19 pandemic, a trend that continued into FY 2022. In-home visits resumed in FY 2022 but with restrictions. Additionally, the majority of clients now prefer telehealth video or phone consultations. In FY 2023 a dedicated effort to see clients in the community resulted in higher in-home visits. DHS expects moderate growth in FY 2024 – FY 2025 as new clients seek services.
- For measuring the charts that meet quality of documentation requirements, the decrease from FY 2020 to FY 2023 is related to a learning curve for new compliance measures, a staffing shortage that led to higher caseloads, and the demands of the pandemic. DHS considers 90 percent quality documentation as the benchmark.
- Starting in FY 2019, the quality-of-life measure was discontinued and replaced with the Improvement in Level of Functioning measure that is based on the Daily Living Activities (DLA-20) assessment, as required by the Commonwealth of Virginia. In FY 2021, the DLA-20

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instrument was not administered with enough regularity to adequately measure overall functional improvement. Routine assessment resumed the second half of FY 2022. In FY 2023 the assessment was administered to an audience more reflective of the aging community with significant needs due to social isolation and physical decline, resulting in a lower percentage of clients reporting an improved level of functioning.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

REGIONAL OLDER ADULT FACILITIES MENTAL HEALTH SUPPORT TEAM (RAFT)

PROGRAM MISSION

To promote and enhance the independent living of individuals 65 and older who have a mental illness and/or dementia diagnosis.

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.
- Provide training and consultation to community partners and long-term care facilities to strengthen knowledge, skills and abilities of their staff.

PERFORMANCE MEASURES

Regional Older Adult Facilities Mental Health Support Team (RAFT)

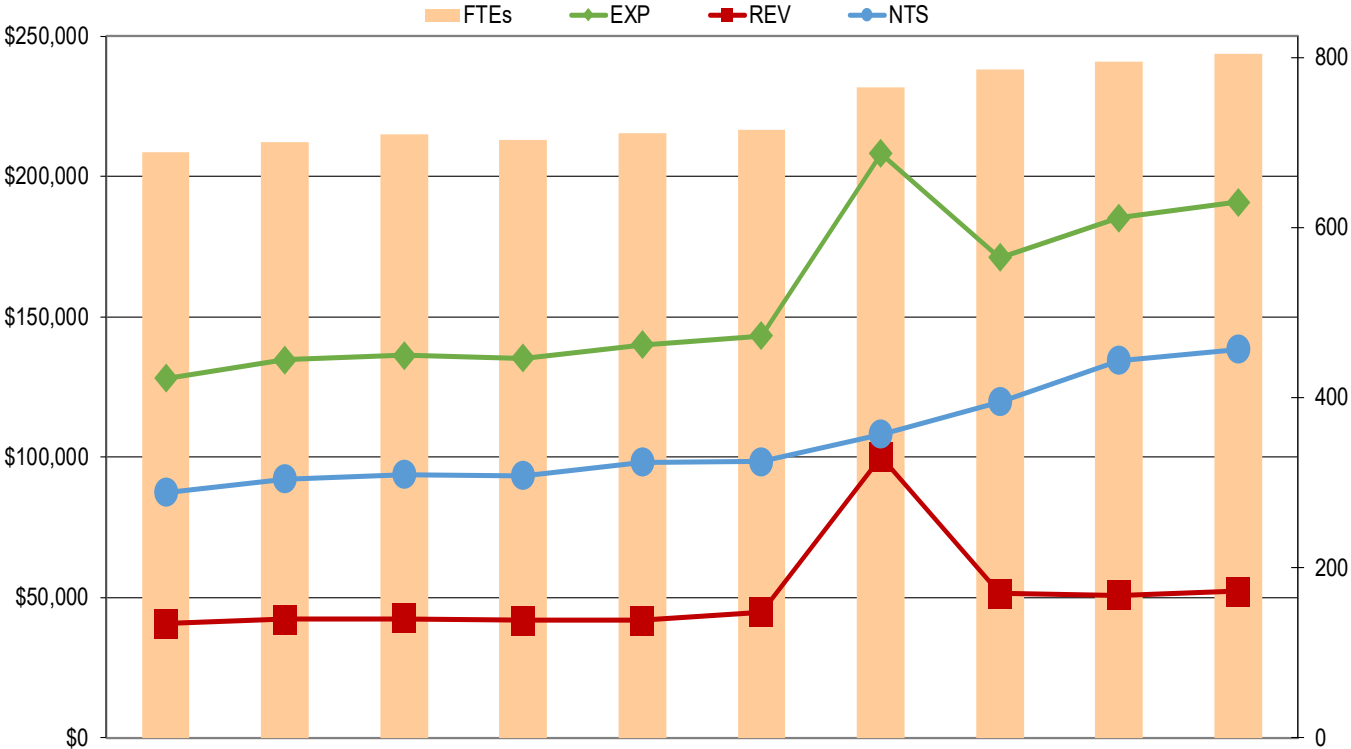
Critical Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Percent of clients maintained in the community after discharge or diversion from psychiatric hospitalization	98%	98%	99%	99%	98%	98%

Supporting Measures	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimate	FY 2025 Estimate
Number of clients served (RAFT)	87	78	73	106	155	160
Client census at end of fiscal year	61	57	52	46	45	45
Clients by type:						
Nursing Home	26	25	23	21	19	19
Assisted Living Facility	28	25	26	25	21	21
Monitoring	7	7	3	7	5	5
Percent of stakeholders satisfied with services	98%	98%	100%	90%	95%	95%
Percent of progress notes entered in a business day	94%	97%	98%	95%	90%	95%
Effectiveness of training: Percent of professionals trained who report improved ability to work with behavioral challenges	99%	100%	100%	100%	90%	100%
Utilization by Region (Referrals):						
Alexandria	23%	31%	38%	22%	18%	18%
Arlington	14%	13%	5%	11%	10%	10%
Fairfax	50%	47%	33%	39%	45%	45%
Loudoun	5%	6%	5%	11%	12%	12%
Prince William	9%	6%	19%	17%	15%	15%

REGIONAL OLDER ADULT FACILITIES MENTAL HEALTH SUPPORT TEAM (RAFT)

- DHS considers the target percent of clients maintained in the community to be 98 percent. Potential impacts that could affect diversion are long-term hospitalizations at a state facility or a hospital stay.
- There was a steady increase in the number of clients served from FY 2020 - FY 2022. The program experiences client turnover among clients for reasons such as client death and moving to facilities not served by RAFT. Individuals served includes those individuals in placement, and those on the referral list. RAFT anticipates a continued need for services with more individuals being discharged from state psychiatric facilities. The decrease in the FY 2021 and 2022 totals is due to COVID and natural aging. Additionally, referrals to RAFT are fewer due to concerns of illness in long term care settings, state psychiatric hospitalizations have been lower due to reduced census and understaffing resulting in fewer referrals to RAFT. In FY 2023, RAFT expanded its operations to include the dementia services team. This additional program is the key driver of the increase in clients served for the FY 2024 and FY 2025 Estimates.
- The estimates for FY 2024 - FY 2025 are based on meeting a 90 percent standard for progress note entry and effectiveness of training.
- The Utilization by Region measure was added to the performance measurement plan in FY 2020 and is now represented in the data listed above. Utilization is dependent on several factors including availability of clients assessed as ready for community placement, regional referrals, client preference, and the community setting that best fits the clients' needs.
- The utilization data in FY 2021 and FY 2022 has been revised to reflect the correct number of referrals by each jurisdiction for that year.
- In FY 2022, considerably fewer older adults were psychiatrically hospitalized at state psychiatric facilities due to the reduction of state psychiatric beds available, and older adults were hospitalized at local psychiatric hospitals. This resulted in fewer clients referred to RAFT.
- The utilization rates by each jurisdiction will fluctuate from year to year. Specifics by jurisdiction are as follows:
 - Alexandria historically has high utilization of the RAFT program due to an understanding of the program and successful track record. In FY 2023, Alexandria had a decrease due to the number of clients from Alexandria ready for discharge to the community.
 - Arlington's utilization has slowed in FY 2021 - 2022 due to a lesser need for RAFT services and fewer referrals from Arlington long-term care communities. In FY 2023, Arlington experienced an increase in referrals and utilization proportionate to their percentage of population.
 - Fairfax County represented the highest rate of referrals in Region 2 in FY 2023 at 39 percent, but remained under-represented in comparison to their proportion of the target population. Fairfax County will most likely remain the highest level of referrals due to its population.
 - Loudoun County historically does not have many hospitalizations at Piedmont State Hospital, and of the clients hospitalized there, Loudoun often finds close to home/or at home placements. In light of this, 11-12 percent utilization is likely from year to year.
 - Prince William often places individuals in Long-Term Care settings in other parts of the state that are less expensive and have greater availability of beds available.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2023 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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



	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
\$ in 000s	Actual	Actual	Actual	Actual	Actual	Actual	Actual*	Actual	Adopted Budget	Proposed Budget
EXP	\$127,949	\$134,525	\$136,105	\$135,257	\$140,083	\$143,077	\$208,011	\$170,966	\$185,258	\$190,691
REV	\$40,559	\$42,234	\$42,322	\$41,857	\$41,840	\$44,797	\$99,861	\$51,359	\$50,793	\$52,257
NTS	\$87,390	\$92,291	\$93,783	\$93,400	\$98,243	\$98,280	\$108,150	\$119,607	\$134,465	\$138,434
FTEs	688.79	700.82	709.02	702.62	710.22	714.62	764.67	785.17	794.77	803.52

**Beginning in FY 2022, actual expenditures and revenues received reflect the first year of implementing new Governmental Accounting Standard Board (GASB) standards for Statement No. 87 on leases and Statement No. 96 for subscription-based software. See the County Government GASB Summary for department details in the front section of the budget book.*

Fiscal Year	Description	FTEs
FY 2016	▪ The County Board added a Psychiatric Nurse Practitioner (\$67,672).	0.50
	▪ The County Board added a Mental Health Therapist for Jail Based Services (\$85,339).	1.00
	▪ 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).	1.00
	▪ Added Mental Health Therapists for the Homeless Services Center and emergency mental health services (\$216,894).	2.50
	▪ Clinic Aide (\$52,887) and a Public Health Nurse (\$44,607) for the new Discovery Elementary School.	1.25
	▪ Added grant funded Eligibility Workers (\$128,072) for state funded programs.	2.00
	▪ Removed one-time funding for the Crisis Intervention Team (CIT) Coordinator (\$72,606).	(1.00)
	▪ 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).	
	▪ 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		

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, 0.50 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> 	3.50
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. 	2.20

Fiscal Year	Description	FTEs
	<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 Increment Financing Area (TIF) from 33 percent to 30 percent. ▪ 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), Medicaid Waiver Design (\$54,157), Title IV-E Adoption Assistance (\$35,934), Title IV-E Foster Care Assistance (\$296,037), and 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). 	1.00
	<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) 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, 0.50 temporary FTE) which was approved by the County Board in FY 2017 closeout.</i> 	0.50

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 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> 	1.00
	<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). 	<p>1.00</p> <p>0.50</p> <p>1.00</p> <p>0.75</p> <p>(1.00)</p> <p>(1.00)</p> <p>(1.00)</p> <p>(6.00)</p> <p>(1.00)</p>

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ 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). 	(1.00)
	<ul style="list-style-type: none"> ▪ 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. 	(1.00)
	<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. 	(4.00)
	<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). 	(1.00)
	<ul style="list-style-type: none"> ▪ Non-personnel decreased primarily due to the removal of FY 2018 one-time funding for the Housing Grants Program (\$1,600,000) and 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). 	
	<ul style="list-style-type: none"> ▪ Non-personnel decreases were partially offset by increases for: 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. 	
	<ul style="list-style-type: none"> ▪ Fee revenue increased due to new client fees for sexually transmitted infections testing, pharmaceuticals and clinic visits (\$12,000). 	
	<ul style="list-style-type: none"> ▪ Grant revenue increased due to additional funding for: 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); and Virginia Department of Social Services (VDSS) Programs (\$568,739). 	
	<ul style="list-style-type: none"> ▪ Revenue increases were partially offset by reductions to the: Emergency and Preparedness Program grant (\$17,594); Parent-Infant Education Grant (\$18,438); Tuberculosis Grant (\$2,000); 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 	

Fiscal Year	Description	FTEs
	<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) 	(5.00)
	<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. 	(0.50)
	<ul style="list-style-type: none"> ▪ Reduced the Director’s Office training budget by \$50,000. ▪ 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 included increases to: Community Services Board (\$49,379) for increases in Medicaid and client fees for mental health services, Agency on Aging Area Plan (\$39,519), Virginia Department of Social Services (VDSS) Programs (\$90,216), Medicaid Prescreening (\$15,000), RAFT Program for Discharge Assistance Planning (\$225,652) due to additional funding, Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation (\$30,741), the Virginia Homeless Solutions Program VHSP Grant (\$67,709), Department of Behavioral Health and Developmental Services DBHDS Grant (\$696,930), Auxiliary Grants Program (\$22,490), PIE Medicaid (\$48,312), PIE Medicaid/Part C Clinic Option (\$42,283), and Vital statistics revenue (\$63,836). These increases were offset by decreases in: the Community Services Board Mental Health Outpatient Grant (\$12,753); the three-year grant from Virginia Foundation for Healthy Youth (\$149,999); Refugee Resettlement Program (\$10,000); Women, Infant, and Children grant award (\$93,144); and 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</i> 	8.35

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Increased the Homeless Services Center Contract (\$130,034). ▪ Revenue changes included increases to: Virginia Department of Social Services (VDSS) Programs (\$244,249), Virginia Department of Behavioral Health and Developmental Services (VDBHDS) unrestricted state funding for mental health allocation (\$817,584), Virginia Homeless Solutions Program (VHSP) Grant (\$33,504), 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), Virginia Quality Childcare Grant (\$24,000), Auxiliary Grants Program (\$40,000), Virginia Department of Health Cooperative Award for mandated programs (\$62,047), VOCA Grant (\$116,674), workforce development services (\$26,050), and vital statistics (\$3,600) due to new fees. These increases were offset by decreased in: Workforce Innovation and Opportunity Act (WIOA) Grant (\$49,218), One-Stop Center Cost Allocation Plan as a result of Employment Services reorganization (\$41,592), Crisis Stabilization Grant (\$273,852), and 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 approved the following positions:</i> <ul style="list-style-type: none"> <u><i>Economic Independence Division:</i></u> 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). 2.75 <u><i>Behavioral Health Division:</i></u> added a grant-funded Human Services Specialist (\$89,587, 1.0 temporary FTE) for the Behavioral Health Docket; added a grant-funded Behavioral Health Specialist (\$104,000, 1.0 FTE) for the Permanent Supportive Housing expansion; added a grant-funded Behavioral Health Specialist (\$89,000, 1.0 FTE) and a Psychiatrist (\$89,000, 0.25 FTE) for Forensic Discharge Grant expansion; added a grant-funded Human Services Specialist (\$43,832, 0.50 FTE) for the Medication Assisted Treatment Program; added a three-year term grant-funded Behavioral Health Therapist (\$320,398, 1.0 FTE) and Behavioral Health Specialist (\$292,077, 1.0 FTE) for opioid prevention case management. 5.75 <u><i>Child and Family Services Division:</i></u> added a grant-funded Management Specialist (\$78,000). 1.00 <u><i>Aging and Disability Services Division:</i></u> added a grant-funded Management Specialist position (\$79,945) for VICAP data coordination. 1.00 	
FY 2022	<ul style="list-style-type: none"> ▪ The County Board added funding for a one percent merit pay adjustment, a five percent increase in the range, and an increase to the one-time bonus for staff from \$500 to approximately \$900. ▪ The County Board restored funding for a previously frozen Administrative Specialist in the Child and Family Services Division (\$88,958 expense; \$33,804 revenue; \$55,154 net tax support). 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ The County Board added funding for the Housing Grants Program (\$1,524,225) to continue implementing alternative COVID-related procedures (\$1,036,512 ongoing) and for reducing client income requirements from 40 percent to 30 percent (\$47,713 one-time; \$440,000 ongoing). The total funding for the Housing Grant Program is \$14,208,262, including an additional \$2,492,331 to fund the annual ongoing increase (\$1,180,784 is one-time funding) and \$61,332 to fund the increase in Maximum Allowable Rent. 	
	<ul style="list-style-type: none"> ▪ Added a Public Health Nurse (\$55,967, 0.50 FTE) and Clinic Aide (\$55,352, 0.75 FTE) for the new schools. 	1.25
	<ul style="list-style-type: none"> ▪ Added a Physician Assistant (\$140,946, 1.00 FTE), Psychiatric Nurse (\$112,901, 1.00 FTE), and an Emergency Services Clinician (\$125,393, 1.00 FTE) for the behavioral health crisis care system. 	3.00
	<ul style="list-style-type: none"> ▪ Added a grant-funded Human Services Clinician II (\$107,727) for foster care prevention. 	1.00
	<ul style="list-style-type: none"> ▪ Made technical adjustments to temporary FTEs in the Behavioral Health Division (added 4.25 FTEs) and the Public Health Division (removed 1.10 FTEs). 	3.15
	<ul style="list-style-type: none"> ▪ Transferred a part-time Administrative Technician (\$32,436) to the Housing Choice Voucher Fund. 	(0.40)
	<ul style="list-style-type: none"> ▪ Eliminated a vacant Human Services Specialist (\$95,999) in the Clarendon House Program. 	(1.00)
	<ul style="list-style-type: none"> ▪ Reduced the information technology consultant budget (\$36,235) in the Director's Office. 	
	<ul style="list-style-type: none"> ▪ Eliminated three vehicles from the department's fleet (\$13,931). 	
	<ul style="list-style-type: none"> ▪ Reduced the consultant budget (\$46,013) in the Economic Independence Division. 	
	<ul style="list-style-type: none"> ▪ Reduced the Emergency Lodging Program's budget (\$11,000). 	
	<ul style="list-style-type: none"> ▪ Reduced the grant to the Shirlington Employment and Education Center (SEEC) (\$25,000). 	
	<ul style="list-style-type: none"> ▪ Transferred Title IV-E trust and agency funds to the department's General Fund (\$468,429). 	
	<ul style="list-style-type: none"> ▪ Reduced the Children Service's Act (CSA) budget (\$448,500). 	
	<ul style="list-style-type: none"> ▪ Eliminated the contract with Capital Caring budgeted in Non-Departmental (\$14,051). 	
	<ul style="list-style-type: none"> ▪ Increased State Opioid Response grant revenue and associated non-personnel expenditures (\$50,000). 	
	<ul style="list-style-type: none"> ▪ Increased Children's Regional Crisis Response grant revenue (\$1,281,610) and associated non-personnel expenditures (\$1,203,610). 	
	<ul style="list-style-type: none"> ▪ Increased federally funded Kinship Navigator grant revenue and associated non-personnel expenditures (\$70,000). 	
	<ul style="list-style-type: none"> ▪ Increased Virginia Tobacco Settlement Fund grant revenue and associated non-personnel expenditures (\$150,000). 	
	<ul style="list-style-type: none"> ▪ Increased federally funded Title IV-E Adoption grant revenue and associated non-personnel expenditures (\$98,449). 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Increased contractual services for an enhanced withdrawal management program (\$1,487,747) and increased a revenue cost sharing agreement with Alexandria (\$434,424). ▪ Decreased Title IV-E Foster Care grant revenue and associated non-personnel expenditures (\$85,152). ▪ Decreased Virginia Homeless Solutions Program (VHSP) grant revenue and associated non-personnel expenditures (\$122,266). ▪ Decreased Parent Infant Education (PIE) grant-revenue and associated non-personnel expenditures (\$211,995). ▪ Other non-personnel increases due to: Sequoia Plaza rent and operating expenses (\$307,321), various Department of Behavioral Health and Developmental Services (DBHDS) state grants (\$166,217), the Auxiliary Grants Program (\$35,000), contractual services (\$112,047), grant-funded Same Day Access (\$49,980), contractual increases resulting from the living wage increase from \$15 to \$17 per hour (\$290,126), enhanced behavioral health crisis care system (\$104,799 ongoing and \$90,000 one-time), and contractual increases for residential mental health group homes (\$314,090 ongoing and \$166,120 one-time). ▪ Other revenue changes included increases to: Virginia Department of Behavioral Health and Developmental Services (VDBHDS) unrestricted state funding for mental health allocation (\$723,809), Auxiliary Grants Program (\$28,000), High Intensity Drug Trafficking Areas (HIDTA) allocation for residential treatment of substance use disorders (\$41,550), and transfer in from Title IV-E Adoption and Foster Care funds held in a trust and agency account (\$468,429). These increases are partially offset by decreases in: Virginia Department of Social Services (VDSS) Programs (\$76,408), PIE-Medicaid (\$35,000), Workforce Innovation and Opportunity Act (WIOA) Grant (\$74,927), Vital Statistics (\$25,908), Swimming Pools revenue (\$35,455), and RAFT for DAP Funds (\$164,256). ▪ <i>In FY 2021 closeout, funding was added for a one percent merit pay adjustment (\$370,868), a one-time bonus for staff of \$450 (\$389,600), and one-time retention bonuses (\$140,000).</i> ▪ <i>The County Board took action after the FY 2022 budget was adopted to add the following positions:</i> <ul style="list-style-type: none"> <i><u>Departmental Management and Leadership Division:</u> Re-allocated one-time grant funds to establish a limited-term grant-funded Management Analyst for improving data-driven service integration efforts. 1.00</i> <i><u>Economic Independence Division:</u> Added a grant-funded Senior Management Analyst (\$140,820, 1.0 FTE), grant-funded Eligibility Worker (\$25,518, 0.25 FTE), grant-funded Human Services Specialist (\$104,276, 1.00 FTE) for expanding the Permanent Supportive Housing Program in the Housing Assistance and Homeless Programs Bureau; re-allocated \$57,613 in operating grant funds to establish a grant-funded Eligibility Worker (0.80 FTE) for the Energy Assistance Program in the Public Assistance Bureau; and added a limited-term</i> 	

Fiscal Year	Description	FTEs
	<i>grant-funded Employment Services Specialist (1.00 FTE) for the Workforce Development Program in the Employment Services Bureau.</i>	
	<i><u>Public Health Division:</u> Re-allocated \$113,222 in operating grant funds to establish an Infant Development Specialist (1.00 FTE) for the Parent Infant Education Program in the School Health line of business.</i>	1.00
	<i><u>Behavioral Health Care Division:</u> Added a grant-funded Behavioral Health Specialist (\$129,919, 1.00 FTE) for STEP-VA veteran programs in the Management and Administration line of business; added two positions in the Psychiatric Services Bureau: a limited-term grant-funded Psychiatrist (0.188 FTE) for the First Episode Psychosis Program and a limited-term grant-funded Psychiatrist (\$20,120, 0.063 FTE) for outpatient mental health services; added several positions in the Outpatient Bureau: a grant-funded Behavioral Health Specialist (\$91,529, 1.0 FTE) for the expansion of the Permanent Supportive Housing Program, a grant-funded Behavioral Therapist III (\$125,741, 1.0 FTE) for outpatient mental health services, a grant-funded Peer Recovery Specialist (\$46,076, 0.5 FTE) for outpatient mental health services, a limited-term grant-funded Behavioral Therapist II (1.0 FTE) for the First Episode Psychosis Program; added a grant-funded Behavioral Health Therapist (Licensed) (\$36,006, 0.25 FTE) for the Forensic Case Management program in the Residential and Specialized Clinical Services Bureau; and transferred a clinic aide (1.0 FTE) to the Aging and Disability Division.</i>	4.00
	<i><u>Child and Family Services Division:</u> added a grant-funded Peer Recovery Specialist (\$77,000, 1.0 FTE) for the STEP-VA program in the Behavioral Healthcare Bureau.</i>	1.00
	<i><u>Aging and Disability Services Division:</u> added a grant-funded Human Services Clinician (\$55,193, 0.50 FTE) for the Arlington Adult Day Program in the Community Support and Coordination Bureau; transferred a Clinic Aide (1.0 FTE) from Behavioral Health Division's Psychiatric Services line of business and reclassified to a Public Health Nurse in the Senior Adult Mental Health line of business.</i>	1.50
	<ul style="list-style-type: none"> ■ <i>As a part of FY 2021 close-out, the County Board approved ARPA funding for the Back2Work Program (\$130,000), Crisis Intervention Center (\$717,121, 16.00 FTEs), homeless services equity and engagement (\$70,730, 1.0 FTE), Marcus Alert Program coordinator (\$36,973, 1.0 FTE), and a human services emergency management position (\$35,129 budgeted in Non-Departmental, 1.0 FTE).</i> 	19.00
FY 2023	<ul style="list-style-type: none"> ■ <i>The County Board added funding for an additional one percent merit pay adjustment for a total increase of 5.25 percent, increased the pay-for-performance budget by an additional 0.5 percent, increased the pay range movement to five percent, and approved the additional changes: a one-time increase in shift differential pay from \$0.75 to \$1.00 per hour for the B shift and from \$1.00 to \$1.30 per hour for the C shift (\$2,866), a one-time increase in language premium from \$0.69 to \$0.92 per hour (\$71,529), an optional one-time cash-out of 40 hours of compensation time for those with balances of 80 or more (\$66,970), and a one-time bonus for clinical service employees (\$828,640).</i> 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ The County Board added one-time funding for frontline human service non-profits (\$650,000), one-time day programming support for CSB clients with developmental disabilities (\$250,000), a one-time inflationary increase for electricity (\$140,905), and one-time contractual increases due to inflation (\$93,606). 	
	<ul style="list-style-type: none"> ▪ Added an Emergency Services Behavioral Therapist in the Behavioral Health Division's Client Services Entry Bureau by reallocating \$128,792 in existing operating funds. 	1.00
	<ul style="list-style-type: none"> ▪ Added a Behavioral Health Therapist in the Child and Family Services Division's Behavioral Healthcare Bureau by reallocating \$128,791 in existing operating funds. 	1.00
	<ul style="list-style-type: none"> ▪ Added a Human Services Clinician (\$119,721) for the Adult Protective Services Program in the Aging and Disability Services Division's Community Support and Coordination Bureau. 	1.00
	<ul style="list-style-type: none"> ▪ Added a Virginia Department of Behavioral Health and Developmental Services opioid response grant (\$150,398) which funds a limited-term Peer Recovery Specialist (\$85,203) and non-personnel (\$65,195). 	1.00
	<ul style="list-style-type: none"> ▪ Technical adjustment to re-align the ARPA funded Crisis Intervention Center FTE count from 16 FTEs to 15 FTEs (-\$141,975). 	(1.00)
	<ul style="list-style-type: none"> ▪ Added one-time funding for the Housing Grant Program (\$2,352,509), including \$14,328 to fund the increase in Maximum Allowable Rent. 	
	<ul style="list-style-type: none"> ▪ Added ongoing funding for the Permanent Supportive Housing Program (\$588,046). The total local budget is \$3,657,065. 	
	<ul style="list-style-type: none"> ▪ Added Virginia Department of Health Epidemiology and Laboratory Capacity for Infectious Disease grant revenue and associated non-personnel expenditures (\$1,551,035). 	
	<ul style="list-style-type: none"> ▪ Added Children's Regional Crisis Response grant revenue and associated non-personnel expenditures (\$1,531,867). 	
	<ul style="list-style-type: none"> ▪ Increased Title IV-E Prevention grant revenue and associated non-personnel expenditures (\$110,919). 	
	<ul style="list-style-type: none"> ▪ Increased Workforce Innovation & Opportunity Act grant revenue and associated non-personnel expenditures (\$296,826). 	
	<ul style="list-style-type: none"> ▪ Other non-personnel increases due to: Sequoia Plaza rent and operating expenses (\$321,867), contractual increases (\$733,432), Culpepper Garden Senior Living Facility (\$70,152), the Auxiliary Grants Program (\$140,097), Mental Health Unrestricted Funds (\$236,204), state funding for the Permanent Supportive Housing Program (\$300,945), and changes in the Children's Services Act vendor rate (\$145,341). 	
	<ul style="list-style-type: none"> ▪ Other revenue changes included increases to: STEP-VA Outpatient Funds unrestricted state funding for mental health services (\$203,959), state allocation for case management and residential and habitation for Developmental Disabilities Services (\$59,184), Urban Areas Security Initiative (UASI) grant (\$115,000), Family Planning Grant (\$72,442), Virginia Department of Health Cooperative Agreement (\$111,537), Department of Behavioral Health and Disability Services (DBHDS) grant (\$598,028), High Intensity Drug Trafficking Areas (HIDTA) allocation for residential treatment of substance use disorders (\$41,550), and Auxiliary 	

Fiscal Year	Description	FTEs
	<p>Grants Program (\$112,078). These increases were partially offset by decreases to: Virginia Homeless Solutions Program (VHSP) Grant (\$67,415), Workforce Innovation and Opportunity Act (WIOA) Grant (\$74,927), Virginia Department of Social Services Federal Adoption Assistance Allocation (\$47,762), and vital statistics (\$96,156).</p> <ul style="list-style-type: none"> ■ As a part of FY 2021 close-out, the County Board approved additional allocations of the remaining ARPA funding for programs based on the Guiding Principles presented by the County Manager in September; the Board directed the County Manager to include funding for these programs in the FY 2023 adopted budget including: <ul style="list-style-type: none"> ■ Crisis Intervention Center Expansion (\$1,721,086 total, 16.00 FTEs, \$1,625,199 personnel, \$95,887 non-personnel) in the Behavioral Health Division’s Client Services Entry line of business. Note: The FY 2023 adopted budget reflects one fewer position (\$141,975, 1.00 FTE) for the CIC after DHS staff later determined that appropriate staffing levels could be established with an adjustment to position types. ■ Homeless Services Equity and Engagement Program (\$196,918 total, 1.00 FTE, \$110,918 personnel, \$86,000 non-personnel) in the Economic Independence Division’s Housing Assistance and Homeless Programs line of business. ■ Marcus Alert Coordinator (\$110,919, 1.00 FTE) in the Behavioral Health Division’s Residential and Specialized Clinical Services line of business. ■ Human Services Emergency Management (\$105,388 budgeted in Non-Departmental, 1.00 FTE) in the Departmental Management and Leadership Division. ■ Back2Work (\$385,000 one-time) in the Economic Independence Division’s Employment Services line of business. ■ Additional ARPA funding for DHS programs are budgeted in Non-Departmental include Eviction Prevention (\$1,385,432 one-time) and Customer Service Center (\$164,486 one-time). ■ <i>The County Board took action after the FY 2023 budget was adopted to add the following positions:</i> <ul style="list-style-type: none"> <i><u>Departmental Management and Leadership Division:</u> Added a Security Coordinator (\$121,475) for managing security protocols. Reclassified a 1.00 FTE Physician to two full-time positions (Communications Specialist, Contract Specialist). Added a grant-funded Management Specialist (0.50 FTE).</i> 2.50 <i><u>Public Health Division:</u> Transferred a 1.00 FTE Physician to Departmental Management and Leadership Division</i> <i><u>Economic Independence Division:</u> Re-allocated \$102,416 in non-personnel grant funds to create a grant-funded Human Services Specialist for case management support</i> 1.00 	

Fiscal Year	Description	FTEs
	<u>Behavioral Health Care Division:</u>	8.50
	<ul style="list-style-type: none"> ▪ Re-allocated \$52,798 in non-personnel funds to create a Behavioral Health Specialist (Licensed) (0.50 FTE) to support substance use disorder services. ▪ Re-allocated \$97,762 in non-personnel funds to create a Peer Recovery Specialist (1.00 FTE) to support the Assertive Community Treatment program. ▪ Reallocated non-personnel grant funds to create two-year limited-term Behavioral Health Therapist (Licensed) (1.00 FTE) funded through Virginia Department of Behavioral Health and Developmental Services - STEP-VA (DBHDS) carryover to support the intake process. ▪ Grant-funded Management Specialist (1.00 FTE, \$98,475) to support data analytics funded through DBHDS STEP-VA Ancillary Services. ▪ Grant-funded Behavioral Health Specialist (1.00 FTE, \$121,863) to support the Arlington Behavioral Health Docket Diversion program funded by DBHDS. ▪ Reclassified a temporary Human Services Specialist (1.00 FTE, \$68,869) to a permanent position to support the Behavioral Health Docket Diversion Program funded by DBHDS. ▪ Limited-term grant-funded Peer Recovery Specialist (1.00 FTE) to support the Mobile Support Team (MoST) funded by Substance Abuse and Mental Health Services Administration (SAMHSA). ▪ Limited-term grant-funded Behavioral Health Clinician (1.00 FTE) to support the Mobile Support Team (MoST) funded by Substance Abuse and Mental Health Services Administration (SAMHSA). ▪ Reclassified and increased a grant-funded 0.25 FTE Psychiatrist to a 1.00 FTE Behavioral Health Therapist for the forensic discharge planning program (net increase of 0.75 FTE). ▪ Increased an existing grant-funded Behavioral Health Therapist (0.25 FTE) for the Drug Court Program. ▪ Grant-funded Human Resources Specialist (1.00 FTE, \$118,679) for recruiting and human resource functions for Community Services Board programs funded by DBHDS. 	
	<u>Ageing and Disability Services Division:</u>	5.50
	<ul style="list-style-type: none"> ▪ Limited-term DBHDS grant-funded positions to enhance dementia services offered by the Regional Older Adult Facilities Mental Health Support Team (RAFT) Program: Management Specialist (2.00 FTE, \$220,760), Human Services Specialists (3.00 FTE, \$331,140). ▪ Added a Management Specialist (0.50 FTE, \$55,190) for the Developmental Disability Services Vocational and Habilitation Program. 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ <i>A technical adjustment was approved by the County Board in April 2023 to appropriate funding from Non-Departmental to Departments to allocate the budget for bonuses funded in the adopted budget. The funding added to the Department of Human Services was \$1,577,933.</i> 	
FY 2024	<ul style="list-style-type: none"> ▪ The County Board added additional one-time funding for eviction prevention (\$1,000,000), resulting in a total of \$4,000,000 one-time funding in the FY 2024 adopted budget for eviction prevention. ▪ The County Board added one-time funding for Public Assistance Bureau VDSS recertification (\$500,000). ▪ The County Board added Behavioral Health Therapists for youth (\$520,000). ▪ The County Board added funding for residential medical withdrawal and substance abuse treatment for adolescents and adults (\$180,000). ▪ The County Board added funding for a support position to facilitate cross-departmental initiatives (\$180,000). ▪ The County Board added funding for Culpeper Gardens (\$145,908). ▪ The County Board added half-year funding for a probation and parole position (\$47,500). ▪ Added one-time funding for \$2,000 (gross) employee bonus (\$1,934,456). ▪ Added one-time funding for food security grants (\$150,000). ▪ Added one-time funding for Housing Grants (\$2,481,350). ▪ Added funding from the opioid settlement to establish a Behavioral Health Therapist (\$128,345) for opioid treatment and consultant funding (\$45,000). The total budget is \$173,345. ▪ Reallocated non-personnel funds to increase an existing Human Services Specialist position from 0.80 FTE to 1.00 FTE to support the Aging and Disability Resource Center. ▪ Added a grant-funded Human Services Clinician (\$59,602) for the Adult Day Care program. ▪ Added a Management Analyst (0.40 FTE) to support the Permanent Supportive Housing program. ▪ Added a Management Analyst (\$114,090) for quality assurance and data analysis in the Community Assistance Bureau of Economic Independence Division. ▪ Added a Child Care Specialist (\$102,414) to assist with state mandated inspections. ▪ Added funding for the administrative, accounting and finance, and legal and judicial job family studies (\$314,256) and compression studies (\$661,464). ▪ Added funding for contractual increases (\$426,789), the first full year implementation of a new security services contract including special conservators of the peace for the Crisis Intervention Center (\$941,293), the expansion of developmental disability programs at Sequoia Plaza 	<p>4.00</p> <p>1.00</p> <p>1.00</p> <p>1.00</p> <p>0.20</p> <p>0.50</p> <p>0.40</p> <p>1.00</p> <p>1.00</p>

Fiscal Year	Description	FTEs
	<p>(\$125,000), developmental disability residential services DMAS match (Virginia Department of Medical Assistance Services) (\$412,245), operational costs for a recently redeveloped group home (\$200,000), and Permanent Supportive Housing unit inspections (\$100,000).</p> <ul style="list-style-type: none"> ▪ Decreased funding for lease rates at Sequoia Plaza (\$749,937), electricity (\$140,905), a further adjustment in the electricity budget to reflect electricity bill credits resulting from the Maplewood Solar project (\$332,252), and a reduction in the Job Avenue program (\$195,885 expense, \$3,000 revenue, \$192,885 net tax support). ▪ Revenue changes included increases to: Virginia Department of Social Services Administration (\$1,159,047); DDS case management, residential, and habilitation state revenue (\$111,874); RAFT (Regional Older Adult Facilities Mental Health Support Team) (\$868,696); Behavioral Health Docket (\$208,427); Virginia Department of Health COOP (\$108,569); and Central Services Cost Allocation (\$363,543). These increases are partially offset by decreases to: the removal of one-time grants Virginia Supreme Court grant and Opioid and Recovery grant (\$66,195), UASI Grant (\$115,000), reduction in revenue for vital statistics (\$54,621), Virginia Department of Health Epidemiology and Laboratory Capacity of Infectious Disease funding (\$1,551,035), and Virginia Department of Services Title IV-E foster care allocation (\$91,742). ▪ <i>The County Board took action after the FY 2024 budget was adopted to add the following positions:</i> 	
	<p><u><i>Aging and Disability Services Division:</i></u></p> <ul style="list-style-type: none"> ▪ <i>Grant-funded permanent Human Services Clinician III (\$130,322, 1.00 FTE) to provide housing-focused case management.</i> 	1.00
	<p><u><i>Behavioral Health Care Division:</i></u></p> <ul style="list-style-type: none"> ▪ <i>Grant-funded Behavioral Health Therapist (Licensed) (\$63,959, 0.50 FTE) to assess clients' ongoing medical needs and complete authorizations.</i> ▪ <i>Grant-funded permanent Human Services Clinician III (\$114,758, 1.00 FTE) to serve as the Intensive Care Coordinator.</i> ▪ <i>Grant-funded Behavioral Health Therapist (Licensed) (\$60,008, 0.50 FTE) to support persons in the Permanent Supportive Housing program with serious mental illness.</i> ▪ <i>Reallocated existing grant funding to create a two-year limited-term Behavioral Health Therapist (Licensed) (1.00 FTE) to support jail-based services.</i> 	3.00
	<p><u><i>Child and Family Services Division:</i></u></p> <ul style="list-style-type: none"> ▪ <i>Grant-funded Management Specialist (\$107,620, 1.00 FTE) to support the Virginia Quality Birth-5 program.</i> 	1.00
	<p><u><i>Economic Independence Division:</i></u></p> <ul style="list-style-type: none"> ▪ <i>Grant-funded limited-term IT Support Specialist (\$291,773, 1.00 FTE) to support the Homeless Management Information System.</i> 	1.25

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none">▪ <i>Grant-funded increase of a current Eligibility Worker (\$25,348, 0.25 FTE) to fulltime to support the Permanent Supportive Housing program.</i>	