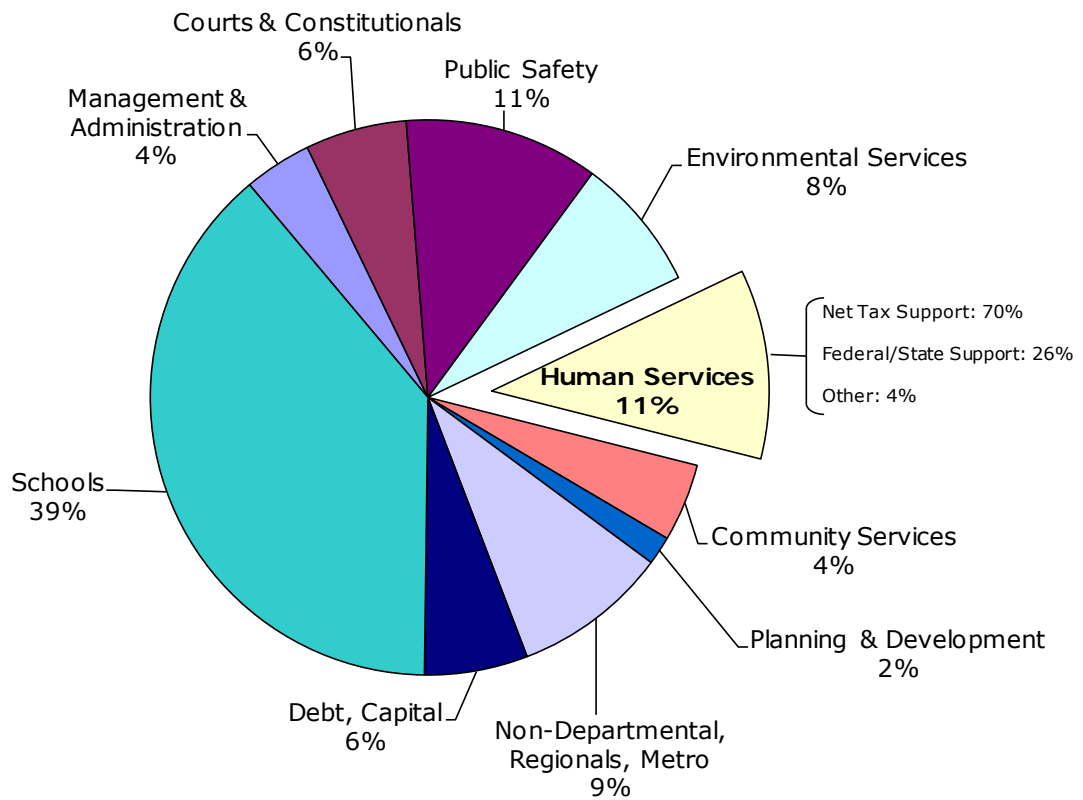


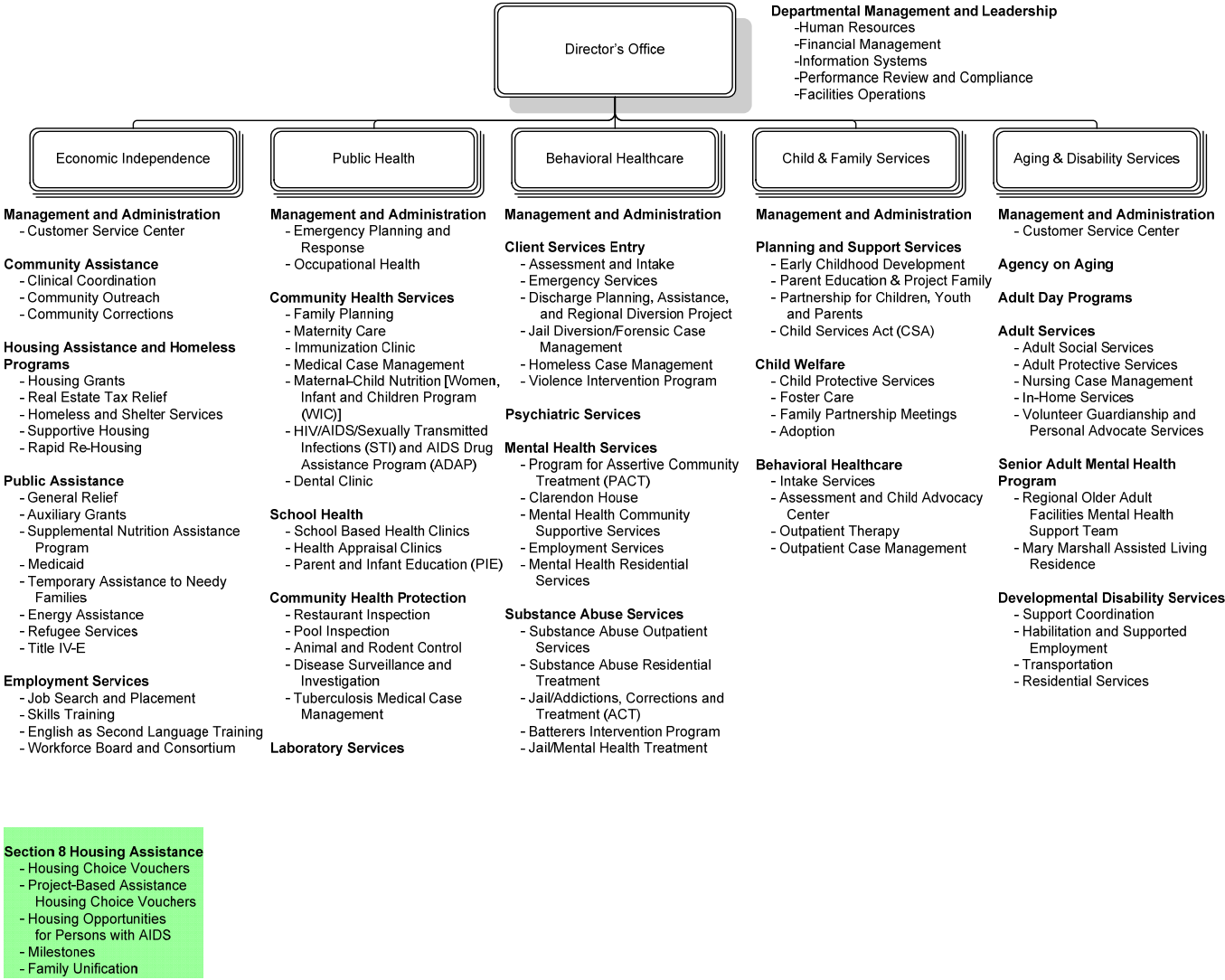
Our Mission: Strengthen, protect, and empower those in need

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 2018 Proposed Budget - General Fund Expenditures



LINES OF BUSINESS



Section 8 Housing Assistance is in the Section 8 fund

SIGNIFICANT BUDGET CHANGES

The FY 2018 proposed expenditure budget for the Department of Human Services (DHS) is \$136,703,588, a one percent increase over the FY 2017 adopted budget. The FY 2018 proposed budget reflects:

- ↑ Personnel increases due to employee salary increases, an increase in the County's cost for employee health insurance, adjustments to retirement contributions based on current actuarial projections and the addition of a grant-funded Management Specialist (\$77,809, 1.0 FTE), grant-funded Human Services Clinician (\$99,461, 1.0 FTE), two Psychiatrists (\$456,000, 2.0 FTE), a School Health Nurse (\$100,413, 1.0 FTE), and a grant-funded Nurse Practitioner (\$67,336, 0.5 FTE) described in further detail below.
- ↓ Non-personnel decreases primarily due to reductions 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), removal of FY 2016 one-time funding for the Arlington Food Assistance Center (\$50,000), and Refugee Resettlement (\$13,875). These decreases are 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). Non-personnel increases also include increases to Sequoia Plaza expenses:
 - Sequoia Plaza Rent (\$288,142)
 - Contract Services (\$40,493)
- The FY 2018 budget also reflects an internal reallocation of resources from several divisions into the Behavioral Healthcare Division in order to improve psychiatric service delivery and outcomes. The reallocation will address issues concerning retention, care quality, and standardization of services.

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. Total funding for housing grants decreases \$524,000 from FY 2017 levels but is funded at a level expected to meet demand for service.

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 revenue from Area Agency on Aging (\$104,772).
- ↑ Increase in funding for the Mobile Children's Crisis Stabilization Allocation Program (\$208,929).
- ↑ Increase in funding for CIT Security (\$12,531).
- ↑ Increase in funding for Virginia Department of Social Services (VDSS) Programs (\$396,597).
- ↑ Increase in funding for the Project Planning Grant (\$72,200).
- ↑ Increase in funding for Medicaid Waiver Redesign (\$54,157).
- ↑ Increase in funding for Title IV-E Adoption Assistance (\$35,934).
- ↑ Increase in funding for Title IV-E Foster Care Assistance (\$296,037).
- ↓ Reduction in Auxiliary Grants funding (\$11,560).
- ↓ Reduction in CSA funding (\$1,410,293) to align budget with actuals with no service impact.

- ↓ Reduction in Parent-Infant Education Grant (\$143,832).
- ↓ Reduction in Tuberculosis Grant (\$5,000).
- ↓ Reduction in the Senior Adult Mental Health reimbursement (\$49,509).
- ↓ Reduction in Refugee Resettlement funding based on FY 2016 service levels (\$13,875).
- ↓ Reduction in One-Stop Workforce Center co-location funding from the Northern Virginia Community College (\$25,000).
- ↓ Conclusion of the SAMHSA Grant (\$100,000).

The FY 2018 proposed permanent staffing level is 703.32 FTEs, an increase of 5.5 FTEs over the FY 2017 adopted budget. The FTE changes are explained below as well as internal reallocations itemized in the lines of business summaries:

- ↑ Increase of a School Nurse (\$100,413, 1.0 FTE) 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.
- ↑ Increase of a Psychiatrist position (\$236,000, 1.0 FTE) through a reallocation of contractual services funds. The majority of 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.
- ↑ Increase of 1.0 Psychiatrist and a 0.50 grant-funded Nurse Practitioner for Psychiatric Services in the Behavioral Healthcare Division which were approved by the County Board during FY 2016 closeout.
- ↑ Increase of 1.0 grant-funded Management Specialist providing supportive housing in the Economic Independence Division which was approved by the County Board during FY 2016 closeout.
- ↑ Increase of 1.0 grant-funded Human Services Clinician supporting the Child Advocacy Center in the Child and Family Services Division which was approved by the County Board during FY 2016 closeout.

DEPARTMENT OF HUMAN SERVICES
DEPARTMENT BUDGET SUMMARY

DEPARTMENT FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$66,416,349	\$70,813,267	\$73,455,420	4%
Nonpersonnel	61,938,916	64,936,052	63,574,380	-2%
Intra-County Charges	(405,912)	(353,462)	(326,212)	-8%
Total Expenditures	127,949,353	135,395,857	136,703,588	1%
Fees	3,751,084	3,778,024	3,918,050	4%
Federal Share	15,663,804	13,044,578	13,761,446	5%
State Share	20,473,364	22,139,473	21,095,430	-5%
Other	670,986	541,957	615,819	14%
Total Revenues	40,559,238	39,504,032	39,390,745	-
Net Tax Support	\$87,390,115	\$95,891,825	\$97,312,843	1%
Permanent FTEs	685.79	697.82	703.32	
Temporary FTEs	3.00	3.00	3.00	
Total Authorized FTEs	688.79	700.82	706.32	

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).

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.

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.

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.

DEPARTMENTAL MANAGEMENT AND LEADERSHIP

- 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.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to employee salary increases, an increase in the County’s cost for employee health insurance, retirement contributions based on current actuarial projections and the transfer in of a Management & Budget Specialist (\$116,434, 1.0 FTE) from Housing Assistance and Homeless Services Programs in the Economic Independence Division.
- ↑ Non-personnel increases due to Sequoia Plaza rent (\$53,516), non-discretionary contractual service costs associated with Sequoia Plaza (\$40,493), and internal reallocations from the Public Health Division for water charges (\$1,879), offset by a reduction to the annual expense for the rental of county vehicles (\$3,955).
- ↓ Federal share revenue decreases due to federal pass through administration allocation (\$47,978).
- ↓ State share revenue decreases due to VDSS state administration allocation (\$23,648).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$5,940,326	\$6,446,238	\$6,692,665	4%
Non-Personnel	3,324,085	3,677,208	3,769,141	3%
Total Expenditures	9,264,411	10,123,446	10,461,806	3%
Fees	(3,324)	-	-	-
Federal Share	545,812	446,071	398,093	-11%
State Share	126,253	186,170	162,522	-13%
Other	678	-	-	-
Total Revenues	669,419	632,241	560,615	-11%
Net Tax Support	\$8,594,992	\$9,491,205	\$9,901,191	4%
Permanent FTEs	57.10	56.10	57.10	
Temporary FTEs	-	-	-	
Total Authorized FTEs	57.10	56.10	57.10	

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.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to the transfer in of an Administrative Assistant (\$85,222, 1.0 FTE) and an Administrative Technician (\$92,809, 1.0 FTE) from Management and Administration in the Child and Family Services Division, employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections, partially offset by the transfer out of a Business Systems Analyst II (\$89,019, 1.0 FTE) to Housing Assistance and Homeless Programs.
- ↑ Non-personnel increases due to a Sequoia Plaza rent increase (\$114,728) and reallocation of operating supplies from Employment Services (\$2,320).
- ↑ Federal share revenue increases based on a projected increase in federal reimbursement for various administrative and eligibility services (\$179,201).
- ↑ State share revenue increases based on a projected increase in state reimbursement for various administrative and eligibility services (\$18,339).

MANAGEMENT AND ADMINISTRATION

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$1,820,937	\$1,940,444	\$2,115,829	9%
Non-Personnel	1,326,219	1,323,324	1,440,372	9%
Total Expenditures	3,147,156	3,263,768	3,556,201	9%
Federal Share	903,069	684,074	863,275	26%
State Share	97,491	127,660	145,999	14%
Total Revenues	1,000,560	811,734	1,009,274	24%
Net Tax Support	\$2,146,596	\$2,452,034	\$2,546,927	4%
Permanent FTEs	21.40	21.40	22.40	
Temporary FTEs	-	-	-	
Total Authorized FTEs	21.40	21.40	22.40	

PERFORMANCE MEASURES

Customer Service Entry

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of calls abandoned (customers that hang up while on hold)	4%	5%	5%	6%	5%	5%
Percent of callers receiving accurate information	98%	99%	99%	98%	98%	98%
Quality of consultant services: average evaluation score for consultants	98%	100%	98%	100%	98%	98%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total number of calls received seeking information on services	52,216	50,735	51,606	50,023	50,500	50,500
Total number of walk-in customers seeking services	59,603	62,167	58,739	58,654	59,100	59,100
Total number of walk-in customers assessed by consultants	6,649	6,595	6,123	5,636	5,400	6,700
Percent of customers waiting 15 minutes or less to see consultants	84%	78%	81%	77%	80%	80%
Call quality scores	98%	99%	99%	99%	98%	98%
Percent of customers satisfied with front desk service	98%	98%	99%	99%	98%	98%

- In FY 2016, the total number of walk-in customers assessed by consultants decreased due to a rise in over-the-phone assessments resulting from an increase in online applications. In FY 2018, the projected total number of customers assessed by consultants increased as the measure will be adjusted to included customers assessed over-the-phone and in-person.

MANAGEMENT AND ADMINISTRATION

- Call quality score is determined by evaluating calls utilizing a monitoring assessment form consisting of five skill areas: greeting, communication, technical, call handling and closing.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

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.

Community Corrections

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

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to the transfer of a Human Services Clinician (\$97,570, 1.0 FTE) from Employment Services, employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections, partially offset by the Volunteer Arlington Program personnel expenses transferred to non-personnel (\$200,864).
- ↑ Non-personnel increases primarily due to the reallocation of the Virginia Homeless Solutions Program from the Housing Assistance Bureau (\$323,382), and the Volunteer Arlington Program from personnel to non-personnel expenses (\$200,864).
- ↑ Federal share revenue increases based on a projected increase in federal reimbursement for various administrative and eligibility services (\$151,228).
- ↑ State share revenue primarily increases due to an increase in revenue from the Comprehensive Community Corrections Act and Pretrial Services Act Grant Program (\$7,919) and reallocation of the Virginia Homeless Solutions Program from Housing Assistance and Homeless Programs (\$123,382), partially offset by decreases based on a projected decrease in state reimbursement for various administrative and eligibility services (\$87,942).
- ↑ Other revenues increase due to higher projections in Falls Church reimbursements based on the FY 2018 budget and reconciliation of prior year payments with actuals expenditures (\$1,219).

COMMUNITY ASSISTANCE

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$1,897,813	\$2,362,249	\$2,407,902	2%
Non-Personnel	431,372	503,361	1,028,424	104%
Intra-County Charges	(52,814)	(39,920)	(39,920)	-
Total Expenditures	2,276,371	2,825,690	3,396,406	20%
Federal Share	1,011,600	759,077	910,305	20%
State Share	248,159	632,547	675,906	7%
Other	-	12,268	13,487	10%
Total Revenues	1,259,759	1,403,892	1,599,698	14%
Net Tax Support	\$1,016,612	\$1,421,798	\$1,796,708	26%
Permanent FTEs	21.25	25.25	26.25	
Temporary FTEs	-	-	-	
Total Authorized FTEs	21.25	25.25	26.25	

PERFORMANCE MEASURES

Clinical Coordination

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number and percent of customers surveyed who agreed that services helped them with their presenting problems (e.g., housing, economic, food or medical needs)	54/95%	40/95%	72/96%	68/99%	78/98%	78/98%
Percent of clients with adequate/high or improved Economic Functioning score at exit	N/A	71%	77%	84%	86%	86%
Percent of clients with adequate/high or improved Housing Stability score at exit	N/A	80%	86%	91%	91%	91%

COMMUNITY ASSISTANCE

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of visits	4,846	4,953	4,010	3,636	3,300	3,300
Number and percent of General Relief Emergency applications approved	421/96%	403/96%	326/99%	322/97%	300/98%	300/98%
Amount of General Relief Emergency Funds spent	\$275,028	\$273,599	\$266,968	\$254,035	\$272,000	\$272,000
Average Client File Score	96%	95%	92%	88%	88%	88%
Number and percent of cases closed within 30 days of last contact	133/99%	157/91%	122/27%	127/30%	200/50%	200/50%
Number and percent of customers surveyed who agreed that they and the worker worked well together	59/98%	43/98%	82/99%	67/96%	78/98%	78/98%

- Some Social Services performance measures were new for FY 2014 and no prior year data is available.
- The Economic Functioning indicator uses a six point scale to measure how often a client has deposited money into a bank account, received income, paid bills on time, and put money aside for savings over the last 12 months. Clinicians record a baseline indicator at the start of service, and a final indicator at the end of service.
- In FY 2016, the percent of clients with adequate/high or improved Economic Functioning score at exit increased significantly due to the implementation of the Centralized Assessment System (CAS) which allowed for longer term case management to ensure clients' needs were fully met. Before CAS implementation, client cases were considered closed immediately after receiving services.
- The Housing Stability indicator uses a six point scale to measure the stability, safety, sustainability, and appropriateness of a client's housing, with a score of one (adverse) meaning a client is currently homeless, and a score of six (optimal) meaning a client has had a stable living arrangement for the last 12 months. Clinicians record a baseline indicator at the start of service, and a final indicator at the end of service.
- The number of visits has been declining due to more extensive information and referrals being provided over the phone.
- The FY 2017 and FY 2018 estimates for the amount of General Relief Emergency Funds spent are based on using the full amount of budgeted funds.
- In FY 2015, the client file audit tool was revised to more effectively evaluate the thoroughness and accuracy of the required documentation. The revised tool has different indicators for two separate items: Intake and Case Management, which is combined to calculate the Average Client File Score.
- In FY 2015, the data collection process for number and percent of cases closed within 30 days of last contact changed significantly. A new report was created in the Efforts-to-Outcomes system that looks at all active cases within the fiscal year. The small percentage of cases closed within 30 days of last contact can be partially attributed to this change, as well as staff's adjustment to using the new Homeless Management Information System (HMIS), implemented in FY 2015. In FY 2017, case closure will be a priority during supervision and case record review. Staff will develop corrective action plans as needed.

COMMUNITY ASSISTANCE

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Community Outreach

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Monthly educational programs conducted for citizenship and life skills	89	55	65	75	80	80
Monthly educational programs provided (Computer, Special Events/Recreation)	45	36	20	23	30	30
Number of monthly information and referral requests (walk in, telephone, home visits)	400	316	167	410	415	415
Number of monthly participants all sites	1,691	1,334	1,886	2,674	2,700	2,700
Number of new special event programs provided yearly to address emerging community needs	7	15	50	105	115	115

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of volunteers per month	98	96	145	197	200	200
Number of volunteer hours per month	659	560	522	595	600	600

- The Community Outreach Program experienced a reduction in the number of programs and services offered in FY 2014 due to long-term vacancies (1.25 FTE). Additionally, the re-structuring of the Program's data management system impacted program data measures. The Program gained one part-time staff person in early FY 2015; as a result, these measures increased slightly in FY 2015. In FY 2015 the number of new special events programs increased due to the filling of long-term vacancies. Estimates for 2017 and 2018 are based on maintaining full staffing.
- The measures for monthly educational programs provided, as well as monthly participants, were adjusted in FY 2014 to no longer reflect Project Family, an internal DHS program. In FY 2016, an increase in the number of monthly educational programs occurred due to the addition of a citizenship tutoring class for Arabic speaking seniors.
- In FY 2015, there was a decrease in Information and Referral Requests due to the increased complexity of and staff time spent on individual client cases. Additionally, a new assessment tool for intake was introduced with staff effort focused more on individualized assistance. Training refined/clarified the definition of "information and referral" to reflect more clinically significant interactions. In FY 2016, there was an increase due to the capture of bulk calls among all program staff and improved data collection methods.
- The number of monthly participants for all programs increased in FY 2016 due to an increase in the number of overall programs being offered, such as, Spanish Literacy and Ramadan Cultural Celebrations.
- In FY 2016, the number of new special event programs increased due to new partnerships both within and outside of Arlington County government, such as, Buckingham Cooks and Somali and Nubi Community Meetings.
- The Community Outreach Program experienced an increase in the number of volunteers per month due to the increase in the number of programs being offered during FY 2016.

COMMUNITY ASSISTANCE

Community Corrections

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of offenders completing treatment services	85%	83%	85%	81%	84%	84%
Percent of offenders successfully completing probation	65%	66%	70%	60%	67%	67%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of offenders successfully completing probation	73	108	80	87	87	87
Percent of offender customers rating services as satisfactory or better	100%	100%	100%	100%	100%	100%
Percent of primary customers rating services as satisfactory or better	100%	100%	100%	100%	100%	100%
Total number of offenders served	169	211	160	198	175	175

- In FY 2017, the Community Corrections Unit was transferred to the Department of Human Services in order to consolidate the unit with staff providing similar support services within the community.
- The primary customers of the Community Corrections Unit are the General District Court judges.
- The number of offenders/probationers has remained high due to the number of referrals for the Community Corrections Unit's in-house substance abuse program. Participation in the program decreased the time allowed for individuals to satisfy requirements ordered by the Court (from one to two years to an average of six months). Having less time to satisfy Court requirements has led to an increased number of violations for failure to comply with the orders of the Court.

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 Ten Year Plan to End Homelessness.

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.

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.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to the addition of a grant-funded Management Specialist (\$77,809, 1.0 FTE), transfer in of a Business Systems Analyst II (\$89,019, 1.0 FTE) from Management and Administration, employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections, partially offset by the transfer out of a Management and Budget Specialist (\$116,434, 1.0 FTE) to the Departmental Management and Leadership.
- ↓ Non-personnel decreases due to funding adjustments to the Housing Grant Program (\$524,000) described in further detail below, the removal of one-time funding for the Arlington Food Assistance Center (\$50,000), and the reallocation of Virginia Homeless Services Program to the Community Assistance Bureau (\$316,565). These decreases are partially offset by the addition of the Project Planning Grant (\$72,200) and increases in CPI contracts (\$2,939).

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

- The total funding for the Housing Grant Program in FY 2018 Proposed Budget 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. Total funding for housing grants decreases \$524,000 from FY 2017 levels, but is funded at a level expected to meet demand for this program.
- ↓ State share revenue decreases due to reallocation Virginia Homeless Services Program to Community Assistance Bureau (\$116,565).
- ↑ Federal share revenue increases due to the addition of the Project Planning Grant (\$72,200).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$1,397,265	\$1,384,919	\$1,485,146	7%
Non-Personnel	16,308,704	17,098,227	16,282,801	-5%
Total Expenditures	17,705,969	18,483,146	17,767,947	-4%
Fees	350	-	-	-
Federal Share	-	-	72,200	-
State Share	130,913	116,565	-	-
Other	63,978	15,000	15,000	-
Total Revenues	195,241	131,565	87,200	-34%
Net Tax Support	\$17,510,728	\$18,351,581	\$17,680,747	-4%
Permanent FTEs	14.00	14.00	15.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	14.00	14.00	15.00	

PERFORMANCE MEASURES

Housing Grants

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average amount families have available each month for non-rental expenses with and without a Housing Grant	\$1,419/ \$883	\$1,363/ \$798	\$1,358/ \$779	\$1,431/ \$890	\$1,440/ \$890	\$1,450/ \$900
Average amount people with disabilities have available each month for non-rental expenses with and without a Housing Grant	\$656/ \$35	\$644/ \$10	\$657/ \$18	\$680/ \$35	\$680/ \$35	\$685/ \$34
Average amount people aged 65+ have available each month for non-rental expenses with and without a Housing Grant	\$712/ \$209	\$662/ \$143	\$663/ \$128	\$679/ \$136	\$670/ \$136	\$672/ \$135

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average number of households served per month	1,178	1,219	1,302	1,299	1,289	1,279
Total number of new applications processed	1,650	1,647	1,624	1,404	1,500	1,500
Percent of initial applications processed accurately according to Housing Grant policies	95%	93%	93%	93%	93%	93%
Percent of ongoing reviews processed accurately according to Housing Grant policies	95%	96%	97%	95%	95%	96%
Percent of initial applications processed on time according to Housing Grant policies (within 60 days)	94%	97%	96%	96%	96%	96%
Percent of ongoing reviews processed on time according to Housing Grant policies	95%	98%	98%	96%	96%	97%

- The minimum age requirement increased from age 62 to age 65 in FY 2014.
- The number of new applications processed is expected to increase in FY 2017 and FY 2108. However, the number of households served is expected to decrease slightly due to fewer households being eligible for the program.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Real Estate Tax Relief

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Annual number of households approved	1,054	997	940	932	917	908
Number of applications processed	1,143	1,087	1,022	1,012	1,000	981
Real Estate Tax Relief deferred/exempted revenues (reported by calendar year)	\$4,299,041	\$4,232,471	\$4,218,957	\$4,163,132	\$4,250,000	\$4,400,000

- Deferred/exempted revenues are projected to increase in FY 2017 and FY 2018 even though number of applications processed and number of households approved are expected to decrease during that time period due to increasing property values.
- Real Estate Tax Relief program is being studied and possible policy changes may impact program participation in FY 2018.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Homeless and Shelter Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of individuals exiting shelters to permanent housing excluding emergency weather beds	24%	34%	17%	36%	38%	40%
Percent of adults in family shelter leaving the program with maintained or increased income	42%	34%	45%	75%	80%	80%
Percent of families exiting shelters to permanent housing	87%	82%	75%	82%	85%	85%
Percent of individuals housed at the shelters serving adults only who leave with increased or maintained income excluding emergency weather beds	10%	18%	N/A	66%	70%	75%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of individuals housed at the shelters serving adults only excluding emergency weather beds	186	172	160	283	270	270
Number of individuals using the emergency weather beds at the HSC	428	464	454	128	130	130
Number of people housed at the family shelters	155	195	203	180	185	185

- The percent of individuals housed at the shelter serving adults only who leave with increased income is not available for FY 2015, as exit information was not consistently collected for all individuals who exited. This was due to the implementation of a new Homeless Management Information System (HMIS). Data collection has improved, and this information is available in FY 2016.
- The projected decrease in the number of individuals housed at the shelters serving adults only excluding emergency weather beds is due to staff being able to get more individuals into permanent supportive housing and a slow decline in the number of homeless individuals overall.
- In FY 2016, the measure "Number of individuals using the Emergency Winter Shelter" was updated to "Number of individuals using the emergency weather beds at the HSC."
- In early FY 2016, the Emergency Winter Shelter was replaced by the new Homeless Services Center. As a result, the individuals previously counted as "using the Emergency Winter Shelter" will be captured in the "number of individuals housed at the shelters serving adults only excluding emergency weather beds".
- The A-SPAN Homeless Services Center (HSC) opened in October 1, 2015, more than doubling the capacity for homeless individuals.
- The increase in year-round shelter beds for homeless individuals beginning October 1, 2015, has reduced the count of emergency weather beds. HSC has 25 emergency weather beds.
- The 2016 HMIS Progress Report captures only whether income has been maintained or increased. Data for 2013-2015 measures percent that increased income, but does not include percent that maintained income.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Supportive Housing

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number and percent of Permanent Supportive Housing (PSH) tenants served who have remained in PSH or other permanent housing. Goal: 90%	225/85%	251/81%	282/79%	233/92%	277/92%	277/92%
Number and percent of approved applicants who obtained housing. Goal: 65%	153/78%	194/77%	260/81%	59/57%	72/65%	72/65%
Number and percent of randomly audited cases indicating that appropriate support services were provided to maintain tenants in housing. Goal: 70% of charts will include full documentation of efforts to provide appropriate level of intervention	10/33%	22/50%	15/34%	26/50%	31/60%	39/65%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of occupied households in PSH at fiscal year-end	180	190	201	220	250	260
Number and percent of Committed Affordable Units secured for PSH. Goal: 8%	13/24%	31/9%	25/7%	9/4%	18/8%	18/8%
Median number of months from application approval to move-in for new tenants. Goal: 3 months	3	5	7	4	4	4
Number and percent of quarterly home visits conducted. Goal: 95%	632/89%	682/90%	520/65%	715/82%	826/85%	867/85%
Number and percent of leasing office staff surveyed who are satisfied with PSH services. Goal: 90%	13/93%	25/83%	8/89%	17/100%	18/90%	22/90%

- Number and percent of PSH tenants served who have remained in PSH or other permanent housing was revised in FY 2016 to report the tenants served during FY 2016 in PSH who remained in permanent housing at the end of the fiscal year. Data was collected on tenants who were housed in PSH at any time during FY 2016. For prior years, data for tenants served in previous fiscal years was included.
- Number and percent of approved application who obtained housing was revised in FY 2016 to report the applicants served during FY 2016. For prior years, data for applicants served were cumulative since FY 2010. The number is projected to increase in FY 2017 and FY 2018 due to the addition of 30 units that are funded by the Virginia Department of Behavioral Health and Development Services, eight until at Union on Queen, 11 at the Springs and one at the Spectrum and accounting for some unit turnover.
- Audited cases may fully document, partially document, or fail to document efforts to provide or arrange for appropriate support services to maintain tenants in housing. In FY 2015, 34 percent of randomly audited cases fully documented and 66 percent partially documented efforts to provide services to maintain tenants in housing. Decrease in number and percent

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

of cases fully documenting attempts to provide services to maintain tenants in housing is attributed to home visits not being done every 90 days, which is now part of the definition of full documentation. In FY 2016, 50 percent of randomly audited cases were fully documented and 42 percent were partially documented.

- Number of occupied households in Permanent Supportive Housing at fiscal year-end reflects households subsidized by local or federal funds. The number includes current households, households filling new units, and households filling vacant units.
- Committed Affordable Units (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 County funds. In addition to the 9 units secured through the traditional development process, PSH also secured 10 additional units paid by DBHDS. These units are existing CAFs and not part of the current development process, and so were excluded from this measure.
- In FY 2015, the median number of months from application approval to move-in for new tenants increased due to construction delays for the Shell and Buckingham Village units, which accounted for 23% of all placements.
- Number and percent of home visits conducted was revised in FY 2015 to track the percent of home visits conducted every 90 days, as opposed to every quarter, in order to more accurately measure the frequency of home visits.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Rapid Re-Housing

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of people assisted with a housing subsidy and case management annually	210	209	189	173	175	175

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average length of stay in months for people leaving the program	12	18	11	10	10	10
Percent of adult who leave with increased or maintained income at program exit	30%	19%	49%	75%	75%	75%

- In FY 2016, the income measure changed to maintained or increased income due to change in HMIS report. Data for 2013-2015 measures percent that increased income, but does not include percent that maintained income.
- Rapid Rehousing programs include Doorways Homestart and Bridges to Independence Adopt a Family. A portion of Homestart households receive financial assistance from local and state programs.

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 and access to medical care 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.

Medicaid

- Increase access to health care by providing health insurance to qualified low income residents who are elderly, disabled, blind, pregnant, or are children under 19 years old.

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 costs by paying a portion of their primary fuel and cooling 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 Day Care Subsidy Program.
- 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.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↓ Non-personnel decreases due to reductions in the Auxiliary Grants (\$11,560) and Refugee Resettlement Programs based on FY 2016 service levels (\$13,875).
- ↑ Federal share revenue increases due to an increase in VDSS Admin based on an increase in federal reimbursement for various administrative and eligibility services (\$38,213) and the Outstationed Eligibility Worker Program (\$15,821), partially offset by a decrease in the

PUBLIC ASSISTANCE

Refugee Resettlement Program reimbursement grant based on FY 2016 service levels (\$13,875).

- ↑ State share revenue increases due to the projected increase in state reimbursement for various administrative and eligibility services (\$120,268), partially offset by a decrease in the Auxiliary Grants Program (\$9,248).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$4,268,472	\$4,249,764	\$4,330,259	2%
Non-Personnel	985,609	1,106,744	1,081,309	-2%
Total Expenditures	5,254,081	5,356,508	5,411,568	1%
Federal Share	2,327,766	2,121,261	2,161,420	2%
State Share	943,377	1,127,133	1,238,153	10%
Other	34,722	-	-	-
Total Revenues	3,305,865	3,248,394	3,399,573	5%
Net Tax Support	\$1,948,216	\$2,108,114	\$2,011,995	-5%
Permanent FTEs	48.25	48.25	48.25	
Temporary FTEs	0.50	0.50	0.50	
Total Authorized FTEs	48.75	48.75	48.75	

PERFORMANCE MEASURES

Public Assistance Bureau

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of financial (TANF and General Relief) applications processed accurately	100%	97%	97%	97%	97%	97%
Percent of financial (TANF and General Relief) applications processed on time	99%	97%	98%	99%	99%	99%

General Relief

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average number of households assisted with General Relief Maintenance per month	79	87	86	93	90	90
Average number of households assisted with General Relief Medical per month	48	50	50	25	25	25

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
General Relief Maintenance Expense	\$133,727	\$172,902	\$150,884	\$215,208	\$215,000	\$215,000
General Relief Medical Expense	\$91,897	\$97,164	\$88,836	\$24,501	\$24,500	\$24,500
Number of General Relief Maintenance applications processed annually	234	267	257	200	200	200

PUBLIC ASSISTANCE

- 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, thereby affecting the annual General Relief Maintenance Expense. In FY 2016, the SSI reimbursement level was reduced, therefore the General Relief Maintenance Expense increased.
- General Relief Medical Expense decreased in FY 2016 due to the Governors Access Plan insurance which provides prescription coverage to a large number of General Relief Maintenance clients thereby reducing the applications, clients, and expenses paid through the General Relief Medical coverage.

Auxiliary Grants

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average number of persons assisted per month	81	82	79	75	75	75
Number of applications processed	11	16	16	15	15	15
Percent processed within 45 days	100%	94%	100%	97%	97%	97%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Auxiliary Grant expense	\$517,459	\$558,451	\$538,065	\$498,907	\$490,000	\$490,000

- The average number of persons assisted per month in FY 2015 has been corrected.
- The decrease in Auxiliary Grant expense in FY 2016 was due to a reduction in active participants that leave the program due to changes in circumstances such as relocation, household composition, and income.

Supplemental Nutrition Assistance Program (SNAP)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of eligible people participating in SNAP Program in June of each year	37%	38%	36%	35%	34%	34%
Amount of benefits issued in June of each year	\$998,265	\$923,257	\$892,628	\$825,964	\$850,000	\$850,000

PUBLIC ASSISTANCE

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of households participating in June of each year	5,012	5,037	4,697	4,455	4,500	4,500
Number of applications processed each year	3,202	2,918	2,783	2,642	2,675	2,675
Percent of applications processed within timeframe	100%	99%	99%	99%	99%	99%
Percent of cases calculated correctly that were reviewed locally (FFY)	91%	96%	95%	90%	90%	90%

- As a result of the reinstatement in FY 2015 of the Able Bodied Adults Without Dependent Children provision in state policy, the number of households/percent of eligible people participating in the SNAP Program in June of each year, as well as the amount of benefits issued in June of each year, decreased. This policy requires that participants in this program must be involved in a work activity. Participants who do not meet this criteria can only receive three months of benefits in a 36 month period.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Medicaid

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average monthly caseload	9,787	10,106	10,726	12,408	12,500	12,500
Number of applications processed	3,594	4,435	4,206	3,729	3,750	3,750
Percent processed within timeframe	100%	96%	98%	99%	97%	97%

- The average monthly caseload increased in FY 2015 and FY 2016 due to the implementation of the Affordable Care Act.
- The percent of applications processed within the timeframe in FY 2015 has been corrected.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Temporary Assistance for Needy Families

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Amount of income available to meet basic needs with/without a subsidy	\$482/\$165	\$481/\$159	\$528/\$207	\$667/\$116	\$667/\$116	\$667/\$116
Number/percent of VIEW participants engaged in a work activity	190/94%	180/92%	167/93%	151/94%	152/95%	152/95%
Percent of VIEW participants still employed after three months	69%	65%	60%	65%	70%	70%

PUBLIC ASSISTANCE

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of applications processed	564	519	506	406	400	350
Percent of cases that were paid accurately (internal audit)	100%	97%	97%	98%	99%	99%
Percent of initial applications processed on time	99%	97%	98%	100%	99%	99%
Percent of redeterminations processed on time	99%	99%	97%	95%	96%	96%
Unduplicated households receiving benefits	478	416	374	352	325	300
Unduplicated individuals receiving benefits	1,315	1,107	1,008	978	800	700

- Amount of income available to meet basic needs with TANF increased in FY 2016 due to COLA of 2.5% provided by the state.
- The number/percent of VIEW participants engaged in a work activity in FY 2015 has been revised.
- The number of unduplicated households receiving benefits in FY 2015 has been revised due to a delay in receiving data from the Virginia Department of Social Services.
- The unduplicated households receiving benefits are projected to decrease due to eligibility restrictions. People may only receive TANF for a total of 60 months, and only for 24 successive months, at which point they are ineligible to receive a benefit for two years.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Energy Assistance

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of applications processed	1,473	1,549	1,717	1,810	1,800	1,800
Percent processed by deadline	100%	100%	100%	100%	100%	100%
Yearly number of households assisted	1,563	1,515	1,454	1,492	1,500	1,500

Refugee Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average monthly households assisted	21	12	17	8	8	8
Number of applications processed	49	38	26	19	17	17
Percent processed within 45 days	100%	100%	100%	100%	100%	100%
Refugee Services expense	\$64,862	\$36,348	\$47,120	\$30,371	\$30,000	\$30,000

PUBLIC ASSISTANCE

- The number of applications processed each year depends upon the awarding of refugee status by the State Department.

Child Day Care Subsidy Program

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Amount of income available for non-childcare expenses with/without subsidy - Fee-based families	N/A	N/A	\$1,283/\$464	\$1,510/\$302	\$1,510/\$302	\$1,510/\$302
Amount of income available for non-childcare expenses with/without subsidy - Head Start families	N/A	N/A	\$1,198/\$676	\$1,633/\$564	\$1,633/\$564	\$1,633/\$564

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of children receiving subsidy from local funds (County)	31	0	0	6	3	3
Number of subsidized children in Head Start	109	162	162	92	39	39
Number of subsidized children in low-income working families	295	261	204	113	100	100
Number of subsidized children whose families receive public assistance	66	161	131	64	50	50
Percent of cases that were paid accurately (internal audit)	100%	95%	100%	95%	95%	95%
Percent spent/Total amount of initial allocation for children in low-income working families	88%/\$1,680,193	83%/\$1,486,154	78%/\$1,827,817	81%/\$1,538,218	81%/\$1,600,000	81%/\$1,600,000
Total number of children receiving day care subsidy	501	584	497	269	189	189

- 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. Several performance measures were new for FY 2015 and no prior year data is available.
- In FY 2014, the number of children receiving subsidies from local funds decreased due to the fact that all locally-funded cases were transferred to state funding. In FY 2016, we had an increase in the number of immigrant family children who did not qualify for state funding.

PUBLIC ASSISTANCE

- In FY 2013, the total number of children receiving day care subsidy included local funds. Effective FY 2014, the measure excludes children receiving local funds
- The FY 2016 reduction in the number of subsidized children in Head Start decreased due to a change in state policy mandating that no additional children be added to the program due to funding reductions. New families were added to the fee program wait list. During SFY 2016, new state policy mirroring TANF policy was introduced requiring childcare families to refer absent parents to the Division of Child Support Enforcement Office. Many families receiving childcare subsidy declined services when informed of this policy at their annual review. This resulted in a decrease in subsidies to families receiving public assistance.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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 as a Second Language 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.

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases due to the transfer of a Human Services Clinician II (\$97,570, 1.0 FTE) to the Community Assistance Bureau, staff vacancies filled at lower salary levels, partially offset by salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↓ Non-personnel decreases due to the transfer of operating supplies (\$2,320) to Management and Administration.
- ↓ State share revenue decreases due to the reduction in One Stop Workforce Center co-location revenue from the Northern Virginia Community College (NVCC) (\$25,000).

EMPLOYMENT SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$2,955,163	\$3,160,011	\$3,142,666	-1%
Non-Personnel	1,872,917	1,510,428	1,508,108	-
Total Expenditures	4,828,080	4,670,439	4,650,774	-
Federal Share	1,443,157	945,660	945,660	-
State Share	16,288	47,084	47,084	-
Other	101,521	100,000	75,000	-25%
Total Revenues	1,560,966	1,092,744	1,067,744	-2%
Net Tax Support	\$3,267,114	\$3,577,695	\$3,583,030	-
Permanent FTEs	32.39	32.25	31.25	
Temporary FTEs	-	-	-	
Total Authorized FTEs	32.39	32.25	31.25	

PERFORMANCE MEASURES

Arlington Employment Center

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number/percent of case managed clients placed in employment	671/72%	573/80%	531/76%	503/76%	450/75%	475/77%
Average wage at placement for case managed clients	\$14.95	\$16.09	\$16.86	\$15.81	\$14.00	\$15.00
Number/percent of case managed clients employed who maintain employment for at least six months	536/80%	481/84%	446/84%	397/79%	450/78%	475/79%

EMPLOYMENT SERVICES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of newly enrolled case managed clients	938	718	703	663	600	625
Number of months from enrollment to employment for case managed clients who found jobs	5.5	5.0	5.0	5.0	5.0	5.0
Number of visits to Resource Room through Job Seeker Services	13,153	13,668	12,205	8,806	9,200	9,300
Percent of customers responding to a survey who reported high satisfaction	96%	97%	97%	97%	97%	97%
Number of Employer Events	95	95	95	80	85	85
Number of employers exhibiting at Arlington Teen Summer Expo	48	44	57	56	56	56
Number of students who attend Arlington Teen Summer Expo	1,030	772	900	1,322	1,400	1,400
Number of opportunities posted at Arlington Teen Summer Expo	177	202	231	113	235	245
Number of job readiness workshops facilitated by AEC Youth Program staff	59	51	76	59	50	50
Number of students attending job readiness workshops facilitated by AEC Youth Program staff	1,366	1,011	1,136	1,331	1,300	1,300
Satisfaction rate among Arlington Teen Summer Expo exhibitors	100%	100%	100%	100%	100%	100%
Satisfaction rate among Arlington Teen Summer Expo youth participants	N/A	N/A	92%	93%	95%	95%

- Projected job placement rates for FY 2017 and FY 2018 are established by target goals outlined in the grants that fund job placement programs.
- In FY 2014, FY 2015, and FY 2016, the average wage at placement for Intensive Services clients remained high as a result of the "Veterans to IT" program; participants in this program had an average wage at placement of approximately \$86,000/year.
- The number of students attending the Arlington Teen Summer Expo increased significantly in FY 2016 due to enhanced marketing efforts, student outreach, and greater coordination with Arlington Public Schools. This trend is expected to continue in FY 2017 and FY 2018.
- For FY 2016, the number of opportunities posted at Arlington Teen Summer Expo declined due to a tracking system error.
- FY 2013 – FY 2015 actuals for the number of job readiness workshops facilitated by AEC Youth Program reflected both in-school and out-of-school youth. In FY 2016, federal funding for youth program shifted to focus more on out-of-school youth. This led to a lower number of workshops held for youth in-school which will continue going forward.
- Satisfaction rate among Arlington Teen Summer Expo youth participant was new for FY 2015, and no prior year data is available.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 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 and test emergency response plans.

Occupational Health

- Ensure a healthier County workforce.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to the transfer in of an Administrative Technician (\$70,792, 1.0 FTE) from the School Health Bureau, employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to a Sequoia Plaza rent increase (\$64,229), insurance premiums (\$4,160), and an increase for contractual services (\$2,549). These increases are partially offset by the transfer of Sequoia Plaza Water Utility (\$1,879) to Departmental Management and Leadership, and the transfer of contractual services (\$10,000) to the Laboratory Services Bureau.

MANAGEMENT AND ADMINISTRATION

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$2,991,440	\$2,724,481	\$2,899,222	6%
Non-Personnel	2,268,924	2,361,153	2,420,212	3%
Total Expenditures	5,260,364	5,085,634	5,319,434	5%
Federal Share	117,854	-	-	-
State Share	898,151	1,373,843	1,373,843	-
Total Revenues	1,016,005	1,373,843	1,373,843	-
Net Tax Support	\$4,244,359	\$3,711,791	\$3,945,591	6%
Permanent FTEs	33.50	22.50	23.50	
Temporary FTEs	1.50	1.50	1.50	
Total Authorized FTEs	35.00	24.00	25.00	

PERFORMANCE MEASURES

Emergency Preparedness and Response (EP&R)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of emergency exercises and drills which Division staff conducted or in which staff participated	9	15	12	10	10	10
Percent compliance with annually required data reported to the Centers for Disease Control	100%	100%	100%	100%	100%	100%
Percent compliance with Centers for Disease Control standards for planning and management of medical material (Strategic National Stockpile)	97%	97%	N/A	N/A	N/A	N/A
Met Project Public Health Ready Criteria (Yes/No)	N/A	YES	N/A	N/A	N/A	N/A
Percentage of Public Health Division employees compliant with state and federal National Incident Management trainings (IS100 and IS700)	97%	95%	93%	93%	93%	93%
Total Number of active Medical Reserve Corps volunteers	342	415	415	448	415	415

- The number of emergency exercises and drills conducted can vary from year to year depending on EP&R staff involvement with drills and exercises conducted by other National Capital Region jurisdictions. Participation in those activities is counted for Arlington County as the experience is relevant.
- The percent compliance with Centers for Disease Control (CDC) standards for planning and management of medical materials has been eliminated by the CDC. The CDC is creating a new evaluation process for local public health agencies. The CDC did not conduct evaluations in FY 2015 and FY 2016. New standards are expected but have not yet been announced.
- 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

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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 next PPHR review is in FY 2019.

- 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 of new staff. Recently hired staff might not have completed their training by the point at which the data is reported.
- The overall increase in the number of MRC volunteers from FY 2013 to FY 2016 is likely due to the outreach efforts of the part-time grant funded coordinator. The projected decrease in FY 2017 and FY 2018 is due to some volunteers having moved out of the area and the anticipation that some volunteers currently on the roster may not complete the required enhanced training.

Occupational Health

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of County employees attending Occupational Safety and Health (OSHA) required trainings	1,203	1,086	608	199	199	199
Percent of County employees receiving follow-up referrals after health risks were detected on screening	100%	100%	100%	100%	100%	100%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
County employee attendance at worksite health or safety (non-OSHA) programs	543	1,319	888	1,237	1,237	1,237
Number of County employees screened for health and safety risks who were able to perform the job	2,658	2,553	2,903	2,493	2,500	2,500
Number/percent of OSHA defined abnormal hearing tests getting appropriate follow-up	11/100%	9/100%	5/100%	1/100%	1/100%	1/100%
Percent of all County employees screened for work health and safety risks who were able to perform the job	99%	99%	99%	100%	99%	99%

- The number of County employees attending OSHA required trainings has decreased since FY 2013 because fewer in-person classes have been conducted by Risk Management and fewer employees have signed up for on-line trainings. The estimates for FY 2017 and FY 2018 are based on FY 2016 actuals.
- The number of County employees attending worksite health or safety (non-OSHA) programs fluctuates from year to year based on the types of programs offered. The number increased between FY 2013 and FY 2014 because of the on-line availability of the majority of non-OSHA required courses. This measure decreased in FY 2015 because a “County Safety Day” training was not held during the fourth quarter, on-line course offerings remained unchanged from the previous year, which reduced the demand for these non-mandatory courses, and the Occupational Health nurse position was vacant for four months, reducing the availability of

MANAGEMENT AND ADMINISTRATION

certain programs. The increase in FY 2016 was due to the popularity of the “Run, Hide, Fight” training on how to deal with an armed intruder and the return of one County Safety Day training. The estimates for FY 2017 and FY 2018 are based on FY 2016 actuals.

- 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. Some of the increase in FY 2015 was the result of new and more stringent criteria regarding Department of Transportation (DOT) and Commercial Driver’s License examinations. The majority of the decrease in FY 2016 was due to more staff having received a two year versus one year DOT certification.
- The number/percent of OSHA defined abnormal hearing tests getting appropriate follow up varies from year to year.

Management and Administration

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of budgeted third party revenue received	91%	98%	98%	98%	98%	98%

- Third party revenue collections increased in FY 2014 due to improved collection tracking and adjustments to the revenue targets.

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 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, adults age 60 and older, and adults referred from the Refugee Clinic.

COMMUNITY HEALTH SERVICES

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to the transfer in of a Public Health Nurse (\$113,445, 1.0 FTE) from the Community Health Protection Bureau and a Clinic Aide (\$85,349, 1.0 FTE) from the School Health Bureau, employee salary increases and an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to the transfer in of contractual services funds (\$81,000) from the Community Health Protection Bureau.
- ↓ Fee revenue decreases due to a reduction in anticipated revenues from maternity clients fees (\$17,213) and Maternity Medicaid (\$3,066), as well as a projected decrease in family planning client fees (\$11,706). These decreases are partially offset by an increase in Family Planning Medicaid revenue (\$2,073).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$4,564,034	\$5,172,023	\$5,544,967	7%
Non-Personnel	656,559	679,247	760,247	12%
Total Expenditures	5,220,593	5,851,270	6,305,214	8%
Fees	132,557	171,283	141,371	-17%
Federal Share	737,262	743,093	743,093	-
State Share	1,634,462	1,129,481	1,129,481	-
Total Revenues	2,504,281	2,043,857	2,013,945	-1%
Net Tax Support	\$2,716,312	\$3,807,413	\$4,291,269	13%
Permanent FTEs	44.63	53.50	55.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	44.63	53.50	55.50	

PERFORMANCE MEASURES

Family Planning Program

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total clients served	3,056	2,854	2,762	2,569	2,450	2,450
Total number of client visits	6,092	5,486	5,254	4,829	4,600	4,600
Total number of outreach events	17	29	39	37	37	37
Percent of teens encouraged to have parental involvement in their decisions regarding reproductive health	N/A	N/A	N/A	100%	100%	100%
Average total wait time for family planning visits (in minutes)	N/A	44	44	44	44	44
Percentage of clients responding to an annual survey who report satisfaction with services	98%	98%	97%	98%	98%	98%

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- The decrease in clients served since FY 2013 is likely due to a combination of two factors: the decrease in the number of uninsured women living in Arlington and the increase in the availability of insurance due to the Affordable Care Act (ACA).
- The decrease in the number of visits per year since FY 2013 is commensurate with the decrease in the number of clients served.
- The overall increase in the number of outreach events since FY 2013 is due to increased focus on outreach opportunities to reach potential clients. FY 2017 and FY 2018 estimates are based on current staffing capacity.
- Title X is a Federal program designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families.
- The percent of teens encouraged to have parental involvement in their decisions regarding reproductive health is a new measure which began in the fourth quarter of FY 2016 (April – June) and is a Title X requirement that teens be encouraged to involve their parents in these decisions.
- The Average Total Wait Time is below the Federal Title X requirement that wait time not exceed 60 minutes.

Maternity Care

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of low birth weight infants born to clients served through 36 weeks	2.4%	2.4%	4.0%	4.9%	4.9%	4.9%
Percent of pre-term deliveries among clients served through 36 weeks	3.6%	3.4%	5.8%	4.9%	4.9%	4.9%
Percent of women enrolling in prenatal care in the first trimester of pregnancy	68%	65%	65%	67%	67%	67%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total clients served	803	750	746	731	730	730
Total client visits	4,987	4,433	4,743	4,666	4,672	4,672
Percent of clients who got all critical tests on time at admission visit	99%	99%	100%	100%	100%	100%
Percent of clients who got all critical tests on time at first clinician visit	99%	100%	100%	100%	100%	100%
Percent of clients who got all critical tests on time between 15 and 21 weeks	99%	100%	99%	99%	99%	99%
Percent of clients who got all critical tests on time between 24 and 28 weeks	95%	95%	96%	95%	95%	95%
Percent of clients who got all critical tests on time between 35 and 37 weeks	100%	100%	100%	100%	100%	100%
Client satisfaction with services (annual survey)	99%	100%	99%	100%	100%	100%
Percent of clients who received services in their preferred language	99%	98%	97%	100%	100%	100%

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- The percentage of low birth weight infants born to clients served through 36 weeks and the percentage of pre-term deliveries among clients served through 36 weeks varies from year to year based on individual client characteristics. Staff routinely review the records of these clients to identify common factors and/or trends; none were identified.
- The decrease in clients served since FY 2013 is likely due to a combination of two factors: the decrease in the number of uninsured pregnant women living in Arlington and the increase in the availability of insurance due to the Affordable Care Act (ACA).
- The increase in total client visits between FY 2014 and FY 2015 was due to two factors: data on walk-in visits by maternity clients began to be included in the total client visits (accounting for approximately two thirds of the increase in total visits); and a weekly treatment to prevent pre-term labor was prescribed more frequently than in prior years, based on individual client characteristics and needs. The decrease in the number of client's visits between FY 2015 and FY 2016 is commensurate with the decrease in the number of clients. The reason for the decrease in the number of clients served is discussed above.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Immunization Clinic

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total clients served (all services)	3,397	4,225	3,986	4,079	4,079	4,079
Total visits (all services)	5,254	6,409	6,829	6,874	6,874	6,874
Total OIC Services: immunizations (including flu) and TSTs administered	7,879	11,926	12,399	13,601	13,600	13,600
Cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic	2	2	0	0	0	0

- Data include services provided at the Open Immunization Clinic (OIC) only.
- Tuberculin Skin Tests (TST), which are used to identify the presence of the bacterium that causes Tuberculosis (TB), are administered at OIC. A TST requires two visits to the clinic, one to apply the skin test and a second, 72 hours later, to read the results.
- The numbers in all of the following categories increased between FY 2013 and FY 2014 due to the transfer to OIC of clients formerly served by Ready Families, a School Health Bureau program which closed in FY 2013: Total clients served (all services); Total visits (all services); and Total OIC services.
- This program has a performance measurement plan in place for services provided at OIC, excluding influenza vaccine and TST. The plan measures whether appropriate vaccines are offered at the time of the clinic visit children aged seven to under 19 years old.
- You can read this program's complete FY 2016 performance measurement 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 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of cases meeting eligibility processing standards	100%	100%	100%	100%	100%	100%
Percent of underweight children ages 2 to 5 moving towards a healthier weight	63%	77%	86%	92%	92%	92%
Percent of overweight children ages 2 to 5 moving towards a healthier weight	30%	31%	38%	24%	34%	34%
Percent of Women, Infants and Children (WIC) breastfeeding infants who were ever breastfed	82%	88%	88%	89%	89%	89%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 6 months	52%	52%	54%	42%	42%	42%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 1 year	31%	29%	19%	21%	21%	21%
Percentage of clients responding to an annual survey who agreed or strongly agreed that the information they received was clear	99%	99%	99%	99%	95%	95%
Percentage of clients responding to an annual survey who report overall satisfaction with services	99%	99%	99%	99%	95%	95%
Percent of clients responding to an annual survey who said that services were provided in an easily understood language	100%	99%	98%	98%	100%	100%
Monthly average number of active clients	3,193	2,848	2,708	2,618	2,600	2,600

- All data collected for FY 2013 was collected through the WICNet system only. Data for FY 2014 was obtained through both the WICNet system and its replacement, Crossroads. Data for FY 2015 and subsequent years was obtained through the Crossroads system only.
- 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. Note: This measure was instituted in October 2012, therefore the percentage for FY 2013 only includes nine months of data.
- The number of underweight children ages two to five moving toward a healthier weight is small (16 or less in each year), therefore even small changes in the number of underweight children often account for the variations in percentages. While the percentage increased in FY 2016, data review did not reveal a specific cause for the change.
- The percent of overweight children ages two to five who are overweight moving toward a healthier weight decreased between FY 2015 and FY 2016. Data review did not reveal a specific cause for the change.
- The percent of WIC breastfeeding infants who were ever breastfed increased between FY 2013 and FY 2014 and has remained stable. Data review did not reveal a specific cause for the change.
- The percent of WIC breastfeeding infants who are breastfed at 6 months decreased between FY 2015 and FY 2016. This change may be attributable to two factors: 1) the continued impact of the FY 2014 decrease in state funding, which reduced the number of staff and therefore the

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number of telephone contacts with WIC breastfeeding mothers; and 2) the January 2016 implementation of a new tracking mechanism whose reliability is still being determined.

- The percent of WIC breastfeeding infants who are breastfed at one year decreased between FY 2014 and FY 2015 due to a decrease in staff telephone contacts with WIC breastfeeding mothers. There was a reduction in the grant funding for the breastfeeding peer counselors who made these telephone contacts. Without these additional staff making these telephone contacts, this percentage is expected to remain at the lower level.
- The overall decrease in the monthly average number of WIC clients reflects eligible clients relocating outside of Arlington for economic reasons.
- This program has a performance measurement plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Chlamydia rate per 100,000 population	260	307	357	414	414	414
Number of new Chlamydia cases	553	655	804	897	897	897
Gonorrhea rate per 100,000 population	46	51	68	67	67	67
Number of new Gonorrhea cases	105	110	155	146	146	146
Syphilis rate per 100,000 population	14	17	17	21	21	21
Number of new Syphilis cases	31	37	34	46	46	46
Perinatal Hepatitis B cases	11	11	12	17	17	17
HIV rate per 100,000 per population	20	30	20	10	25	25
Number of new HIV cases	45	65	45	24	24	24
Total number of HIV tests performed	2,062	1,993	1,678	1,738	1,700	1,700
Number of HIV positive clients receiving AIDS Drug Assistance Program services	186	216	120	119	119	119
Total number of sexually transmitted disease clinic visits (includes HIV)	2,646	2,431	2,301	2,275	2,275	2,275
Percent of patients completing satisfaction surveys indicating satisfaction with services	95%	100%	100%	98%	100%	100%

- The above rates were calculated using the July 1, 2016 population estimates from the Arlington County Department of Community Planning and Housing Development.
- Data on the number of new cases is from the Virginia Department of Health (VDH).
- FY 2017 and FY 2018 estimates for disease rates are calculated based on July 1, 2015 Census Bureau data.
- Overall, the number of cases of each sexually transmitted infection varies from year to year based on individual client characteristics. The FY 2014 - 2016 increases in the number of Chlamydia, Gonorrhea and Syphilis cases and the decrease in the number of new HIV cases mirrors regional trends.
- The total number of HIV tests performed varies from year to year based on individual client characteristics. The overall decline in this measure between FY 2013 and FY 2016 is related to the overall decline in the number of STI clinic clients for the same period. The increase between FY 2015 and FY 2016 was the result of several community outreach events.

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- The number of HIV positive clients receiving AIDS Drug Assistance Program (ADAP) services has varied for several reasons. The number increased between FY 2013 and FY 2014 because the state allowed more individuals to be enrolled as a "bridge" until their Affordable Care Act (ACA) benefits became effective in November, 2014. The number decreased between FY 2014 and FY 2015 as these individuals became enrolled in ACA. The number of clients served by the ADAP may continue to decrease as ACA enrollment increases.
- The total number of sexually transmitted infections (STI) clinic visits varies based on individual client needs and prescribed protocols.
- The ADAP program has a performance measurement plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Dental Clinic

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total client visits	1,863	1,880	1,884	1,856	1,850	1,850
Total number of clients	759	753	745	760	750	750
Percentage of clients that indicated overall satisfaction with Dental clinic	N/A	100%	100%	100%	100%	100%
Percentage of clients that indicated that information was clear	N/A	100%	100%	100%	100%	100%
Percentage of clients that indicated that they were able to get an appointment when needed	N/A	98%	95%	86%	86%	86%
Percentage of adult appointment slots utilized by adults	N/A	88%	90%	89%	89%	89%
Percentage of children's appointments slots utilized by children	N/A	64%	65%	68%	68%	68%
Percentage of open appointment slots (both adult and children) utilized	N/A	84%	87%	93%	90%	90%
Percentage of all clinic appointment slots utilized	N/A	85%	87%	86%	85%	85%
Number/percent of preventive visits at which clients who were offered and received all appropriate preventive care	N/A	N/A	784/97%	790/98%	790/98%	790/98%
Number/percent of clients completing corrective treatment plan within 6 months	N/A	N/A	146/81%	402/86%	400/86%	400/86%
Number/percent of clients who return for a new preventive treatment plan in 12 months	N/A	N/A	89/52%	480/59%	480/59%	480/59%

- Some performance measures for the Dental Clinic were new for FY 2014 and FY 2015 and no prior data is available.
- 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.
- The percentage of clients that indicated that they were able to get an appointment when needed decreased between FY 2015 and FY 2016. Ninety-nine percent of children obtained an appointment when needed; clients age 60 and over experienced a delay. During FY 2016,

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an additional community-based organization began sharing the dental suite. This meant that the second of the two chairs in the suite became unavailable to DHS for a greater portion of each week. The net result was that more uninsured Arlingtonians obtained access to dental care. However, DHS adult clients experienced some delay in getting follow up appointments.

- Adults utilized the majority of their appointment slots and most of the open slots in FY 2016.
- Utilization of appointment slots reserved for children increased slightly in FY 2016. This is likely due to increased outreach efforts, particularly through Arlington Public Schools. Overall, however, these appointments remained underutilized. This may be because working parents may find it difficult to leave work and lose pay to bring children in for preventive dental care.
- The percentage of open appointment slots (both adult and children) utilized increased between FY 2015 and FY 2016. Data review did not reveal a specific cause for the change.
- All unused children's slots were made available to adults. This brought total utilization of all clinic appointment slots to 86 percent.
- Appropriate preventive care includes an examination, cleaning, oral hygiene education, oral cancer screening, and fluoride varnish for clients ages 13 years and younger.
- Data for clients completing a corrective treatment plan within six months is reported based on the end of the six-month period. Therefore, the data include some clients who began care in FY 2015 and completed care in FY 2016.
- The number of clients completing corrective treatment plans increased between FY 2015 and FY 2016. This measure was initiated in January, 2015; so FY 2015 only includes six months of data. FY 2016 data includes the entire year.
- The percent of clients completing corrective treatment plans increased between FY 2015 and FY 2016. Beginning in FY 2016, the plan included only those portions of the dentist's recommendations with which the client agreed to comply. Utilizing this collaborative approach may have contributed to increased completion of these plans.
- Data for clients who return for a new preventive treatment plan in 12 months includes some clients beginning initial care in FY 2015 and completing care in FY 2016.
- The number of clients who returned for a new preventive treatment plan in 12 months increased between FY 2015 and FY 2016. This measure was initiated in January 2015 so FY 2015 only includes only six months of data. FY 2016 data includes the entire year.
- The percent of clients who returned for a new preventive treatment plan increased between FY 2015 and FY 2016. Data review did not reveal a specific cause for the change.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 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 nursing 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 for uninsured students.

Parent Infant Education (PIE)

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

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to the addition of a School Nurse (\$100,413, 1.0 FTE) 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. Personnel increases also reflect employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections, partially offset by the transfer of an Administrative Technician (\$70,792, 1.0 FTE) to Management and Administration and a Clinic Aide (\$85,349, 1.0 FTE) to the Community Health Services Bureau.
- ↓ Non-personnel decreases due to a reduction in the Parent Infant Education Grant award (\$143,832) and a structural decrease for budgetary realignment (\$161,590).
- ↑ Fee revenue increases due to an increase in projected Medicaid reimbursements (\$66,164) and other 3rd party payer revenue (\$24,915).
- ↓ Federal share revenue decreases due to a reduction in the Parent Infant Education Program Grant (\$143,832).

SCHOOL HEALTH

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$5,959,730	\$5,974,724	\$6,255,778	5%
Non-Personnel	895,730	1,212,484	907,062	-25%
Total Expenditures	6,855,460	7,187,208	7,162,840	-
Fees	199,525	101,882	192,961	89%
Federal Share	1,021,984	1,149,059	1,005,227	-13%
Total Revenues	1,221,509	1,250,941	1,198,188	-4%
Net Tax Support	\$5,633,951	\$5,936,267	\$5,964,652	-
Permanent FTEs	61.72	65.52	64.52	
Temporary FTEs	-	-	-	
Total Authorized FTEs	61.72	65.52	64.52	

PERFORMANCE MEASURES

School Based Health Clinics

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total number of students enrolled (School enrollment as of September 30)	22,613	23,116	24,529	25,238	26,414	27,331
Students with medical notifications	N/A	6,577	7,747	8,169	8,437	8,746
Total number of clinic visits	128,701	118,189	138,567	138,465	142,372	147,326
Total vision screenings	8,116	8,181	8,795	9,767	9,800	9,800
Total hearing screenings	7,715	8,040	8,422	9,593	9,600	9,600
Percent of mass vision screenings completed	90%	92%	95%	98%	98%	98%
Percent of mass hearing screenings completed	90%	92%	93%	98%	98%	98%
Number of referrals made for services	2,048	1,579	1,929	2,062	2,000	2,000
Number of 6th grade students excluded from school for not receiving Tdap vaccination	0 of 1,596	0 of 1,598	4 of 1,696	7 of 1,830	7 of 1,960	7 of 1,887
Percent of parents responding to customer satisfaction survey indicating overall satisfaction with service	93%	90%	92%	91%	91%	91%
Percent of school staff responding to survey who indicate overall satisfaction with services	87%	90%	83%	87%	87%	87%

- School enrollment numbers are from Arlington Public Schools.
- For clinic visits, each school level Fy 2017 and FY 2018 estimate was created by calculating the average number of clinic visits per student over four years and applying that average to the APS estimate for student population at elementary, middle and high school levels.
- The number of students with medical notifications varies from year to year based on individual student characteristics. Medical notifications are created about students who, because of a chronic health condition, may require a higher level of care during the school day. These

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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, student’s ability to self-manage their chronic health care needs, and school health staffing.
- The number of clinic visits declined between FY 2013 and FY 2014. Children were seen in the clinics; however, data regarding those visits may not have been reliably entered. This is likely the result of multiple school health staff vacancies combined with the year-long transition from a paper based system to an unfamiliar electronic system (Synergy).
- The number of referrals made for services declined between FY 2013 and FY 2014 due to a redefinition of “referral” and standardization of its application across all nurses and clinic aides. The definition now includes only referrals for hearing and vision screenings and follow up to serious situations (such as head injuries) which occurred at school. Therefore, this decrease in the number of referrals was not unexpected. The number of referrals increased between FY 2014 and FY 2015. The majority of the increase was in vision referrals. This is likely the result of the implementation of improved vision screening tools.
- 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; they are not allowed to attend school until receiving the vaccination.
- The percent of school staff who indicate overall satisfaction with services declined between FY 2014 and FY 2015. This was likely the result of a reduction in the number of PHN positions and an increase in the number of PHN vacancies, which led to an increased need to rely on Arlington Public Schools (APS) staff who were designated by the principal to provide health services. PHN vacancies were filled in FY 2016 and may have contributed to the rise in school staff satisfaction between FY 2015 and FY 2016.

Parent Infant Education (PIE)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total Clients referred	420	360	448	478	478	478
New Individualized Family Service Plans (IFSPs)	268	286	271	342	342	342
Number of Active Clients (new and ongoing IFSP’s, unduplicated count)	552	556	540	625	625	625
Number of assessment hours provided by PIE therapists	282	302	367	367	367	367
Number of therapy hours provided by PIE therapists	1,039	824	786	845	845	845
Number of therapy hours provided by contracted therapists	N/A	8,809	8,131	7,836	7,836	7,836

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Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total direct therapy hours (travel, documentation, teaming peer consultation and administrative time not included)	N/A	9,633	8,917	8,681	8,681	8,681
Percentage of clients receiving services in a language other than English	N/A	N/A	18%	19%	19%	19%
Number/percent of children offered an IFSP within 45 days of receipt of referral (families who request a delay are not included in the data)	213/92%	143/59%	160/70%	222/78%	285/95%	285/95%
Number/percent of clients offered to start services listed in the IFSP within 30 days of signing the IFSP	268/100%	277/97%	265/99%	334/100%	334/100%	334/100%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: positive social emotional skills	N/A	41/55%	61/64%	79/68%	79/68%	79/68%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: acquisition and use of knowledge and skills	N/A	42/68%	80/64%	107/73%	107/73%	107/73%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: use of appropriate behaviors to meet their needs	N/A	58/76%	81/70%	140/73%	140/73%	140/73%
Number/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	57/87%	71/88%	75/85%	74/81%	74/81%	74/81%
Number/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	59/89%	70/92%	81/92%	86/95%	86/95%	86/95%
Number/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	N/A	75/92%	80/91%	88/97%	88/97%	88/97%

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- 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.
- The number of assessment hours provided by PIE therapists varies based on individual family/child characteristics and the time needed to perform the assessments.
- The number of therapy hours provided by PIE therapists for years FY 2013 – FY 2015 has been corrected to remove inadvertent duplication of some data.
- The number of therapy hours provided by PIE therapists declined between FY 2013 and FY 2015 due to multiple PIE staff vacancies and increased in FY 2016 as positions were filled.
- The number of therapy hours provided by contracted therapists decreased between FY 2014 and FY 2016 because the number of available contract therapists decreased.
- The total number of direct therapy hours declined between FY 2015 and FY 2016 because of the lack of availability of contract therapists. One of the area's largest vendors went out of business very suddenly in FY 2015; no other vendors have replaced that agency.
- The number/percent of children offered an IFSP within 45 days of referral decreased between FY 2013 and FY 2014 due to staff vacancies, necessitating the creation of a wait list. By May of 2014, positions were filled and 100 percent of children had an IFSP within 45 days of referral. At the end of the first quarter of FY 2015 there were staff vacancies, requiring reinstatement of a wait list. As staffing stabilizes, this percent is expected to return to FY 2013 levels. This is reflected in the FY 2017 and FY 2018 projections.
- 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 may be attributable to concerted efforts to use best-practice tools combined with improved inter-rater reliability.
- The percent of parents who agree, strongly agree or very strongly agree that early intervention services helped their family increased between FY 2013 and FY 2016. This may be attributable to the concerted focus on using best-practice tools.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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 on site.
- Investigate potential outbreaks to limit the spread of infectious diseases.

Pool Inspection

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

Animal and Rodent Control

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

Disease Surveillance and Investigation

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

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases due to the transfer out of a Public Health Nurse (\$113,445, 1.0 FTE) to the Community Health Services Bureau and the transfer out of an Epidemiology Specialist (\$46,647, 0.5 FTE) to the Psychiatric Services in the Behavioral Health Division. These decreases are partially offset by employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↓ Non-personnel decrease due to the transfer of contractual services funds (\$81,000) to the Community Health Services Bureau.
- ↑ Fee revenue increases due to an increase in projected revenue from Restaurant Application Review fees (\$37,733). This increase is offset by a reduction in Chest Clinic Client fees (\$3,593) and Restaurant Plan Review fees (\$12,500).
- ↓ Federal share decreases due to a reduction in the Tuberculosis Program grant (\$5,000).

COMMUNITY HEALTH PROTECTION

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$3,057,156	\$3,151,882	\$3,121,783	-1%
Non-Personnel	292,549	257,658	176,658	-31%
Total Expenditures	3,349,705	3,409,540	3,298,441	-3%
Fees	323,247	325,000	346,640	7%
Federal Share	50,000	50,000	45,000	-10%
State Share	694,415	785,227	785,227	-
Total Revenues	1,067,662	1,160,227	1,176,867	1%
Net Tax Support	\$2,282,043	\$2,249,313	\$2,121,574	-6%
Permanent FTEs	29.50	30.00	28.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	29.50	30.00	28.50	

PERFORMANCE MEASURES

Restaurant Inspection

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number/percent of food establishments in enforcement process brought into compliance	87/100%	151/98%	113/98%	90/99%	90/99%	90/99%
Number of food establishments closed for imminent health hazards	11	20	23	23	23	23
Number of confirmed foodborne outbreaks associated with a licensed Arlington food establishment	0	0	1	0	Unpredictable	Unpredictable

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total number of Establishments	1,262	1,071	1,067	1,080	1,080	1,080
Total Number of Risk Factor Plus and Risk Factor Inspections Completed	2,248	2,250	2,247	2,145	2,145	2,145
Number of food establishment inspections per Environmental Health Specialist FTE	414	421	401	451	451	451
Number/percent of inspections completed for food establishments requiring 1 inspection per year (calendar year measure)	532/100%	511/100%	513/100%	499/100%	499/100%	499/100%

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Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number/percent of inspections completed for food establishments requiring 2 inspections per year (calendar year measure)	487/77%	455/74%	694/100%	555/94%	555/94%	555/94%
Number/percent of inspections completed for food establishments requiring 3 inspections per year (calendar year measure)	684/100%	859/100%	780/100%	965/100%	965/100%	965/100%
Number/percent of inspections completed for food establishments requiring 4 inspections per year (calendar year measure)	44/100%	40/100%	56/100%	80/100%	80/100%	80/100%
Number of complaints of foodborne illness	65	72	60	70	Unpredictable	Unpredictable
Number of known affected individuals within the outbreaks	N/A	N/A	36	N/A	Unpredictable	Unpredictable
Number of Notices of Alleged Violation	82	129	105	78	78	78
Number of Fact Finding Conferences	9	28	27	20	20	20
Number of Notices of Intent to Revoke License	0	8	7	2	2	2
Number of Revocation Hearings	0	5	7	2	2	2
Number of Licenses Revoked	0	3	3	1	1	1

- 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 Food Code. An establishment that has a pattern of violations will be brought into Enforcement. Enforcement is a multi-step process (per the categories listed) and progresses when the pattern of violations continues. Each step affords the owner the opportunity to correct the pattern of violations and to come into compliance with the Food Code. No trend has been observed.
- The total number of establishments includes those “brick and mortar” establishments that are active and permitted with a current license as of the first day of a fiscal year.
- Routine and risk factor inspections are unannounced inspections made on a prescribed schedule based on the establishment’s risk factor category. The risk factor inspection focuses on those items most likely to result in foodborne illness. A routine inspection includes both a risk factor inspection as well as an inspection of good retail practices (facility/structural issues). The number of inspections required is calculated on a calendar year for all “brick and mortar” food establishments.
- The number of food establishment inspections per Environmental Health Specialist FTE per year varies based on the total number of establishments, the inspection frequency protocol (see below) and the number of staff positions filled. For example, the number of inspections/FTE rose between FY 2015 and FY 2016. There were multiple staff vacancies,

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therefore each available FTE was assigned more inspections. The number of inspections/FTE remains above the FDA standard of 280-320 per FTE.

- Establishments receive one, two, three or four inspections per year based on specific risk-based factors. The number of inspections per year meets or exceeds the state standard of one inspection per establishment per year (two inspections per establishment per year for schools). After meeting the required state standard of one inspection per year, staff prioritized those establishments scheduled for three or four inspections per year, as those establishments prepare more complex food and/or serve higher risk patrons. Among the establishments in the two inspections per year category, schools were the highest priority and all those inspections were completed. All other establishments receiving two inspections per year were the last priority because they posed the least risk due to their particular combination of risk factors.
- The number of routine and risk factor inspections of permanent food service establishments declined in the two inspections/year category within CY 2014 due to staff vacancies and/or unavailability.
- 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.
- The number of known affected individuals within the outbreaks is based solely on individuals identified as part of an official investigation by Environmental Health.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Pool Inspection

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total Year Round Water Recreational Facilities (calendar year measure)	58	60	56	55	55	55
Total Seasonal Water Recreational Facilities (calendar year measure)	236	236	240	245	245	245
Total Water Recreation Facilities (calendar year measure)	294	296	296	300	300	300
Number/percent of required inspections for Year Round Water Recreation Facilities completed (calendar year measure)	162/98%	157/94%	165/99%	158/100%	158/100%	158/100%
Number/percent of required Pre-Opening inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	235/99%	235/99%	240/100%	242/100%	242/100%	242/100%
Number/percent of required Routine inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	460/97%	471/99%	480/100%	484/100%	484/100%	484/100%

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Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Timeliness of database entry of inspection results	N/A	N/A	52%	78%	80%	80%
Reported illnesses, injuries or deaths associated with a licensed Water Recreational Facility (fiscal year measure)	N/A	N/A	1	10	Unpredictable	Unpredictable
Number of facility closures due to imminent health hazards	N/A	N/A	27	29	29	29

- Water Recreation Facilities (WRFs) include swimming, wading and diving pools, spas and interactive water features (e.g., spray grounds) that have treated, re-circulated water. Some swimming pools are open year-round; most operate seasonally, from May or June through September.
- There are three types of inspections for WRFs: Pre-opening (scheduled, completed prior to issuing license and facility opening); routine (unannounced, comprehensive) and follow up (unannounced, for re-inspecting items that were not in compliance at the time of the routine inspection).
- Inspections of Water Recreational Facilities are calculated on a calendar year basis.
- Timeliness of database entry of inspection results is a measure that was first established in CY 2014. Data is pulled from HealthSpace, a state database. Results reported are based on a sample of records (20 percent of inspections by Environmental Health employees, 10 percent of inspections by summer contractor). Inspections conducted in November and December of 2014 were excluded, as HealthSpace was not functional and data could not be entered in a timely fashion. The increase in timeliness between FY 2015 and FY 2016 is likely due to the increased focus on this measure.
- The number of reported illnesses, injuries or deaths associated with a licensed facility and the number of facility closures due to imminent health hazards are measures that were established in FY 2015. The number of reported illnesses, injuries or deaths associated with a licensed Water Recreational Facility is dependent upon reports from those facilities.
- The 10 reported illnesses, injuries or deaths in FY 2016 were comprised of three near-drownings, two injuries and five illnesses associated with two separate outbreaks associated with WRF's. The one reported event in FY 2015 was an injury.
- 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 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Animal Control

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of animals quarantined for exposure to rabid animals or for biting humans	150	185	179	189	189	189
Number of animals vaccinated for rabies prevention	802	677	795	669	670	670

- FY 2017 and FY 2018 estimates were updated based on FY 2013 – FY 2016 actuals.

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- The number of animals quarantined for exposure to rabid animals or for biting humans varies from year to year.
- The number of animals vaccinated for rabies prevention varies with the number of animals brought by the public (from Arlington and surrounding jurisdictions) to the Animal Welfare League of Arlington (AWLA) for vaccination. The drop between FY 2013 and FY 2014 was influenced by the temporary change in AWLA's vaccination clinic schedule while their building was undergoing renovation from January through March of 2014. The decrease between FY 2015 and FY 2016 was due to fewer animals having been brought to the clinic from surrounding jurisdictions.

Rodent Control Program

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of rodent complaints investigated	265	223	210	204	204	204
Number/percent of contacts initiated within the appropriate timeframe (one business day) regarding rodents INSIDE a residence or establishment	N/A	N/A	N/A	46/92%	46/92%	46/92%
Number/percent of contacts initiated within the appropriate timeframe (three business days) regarding rodents OUTSIDE a residence or establishment	N/A	N/A	N/A	151/97%	151/97%	151/97%
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.
- The number/percent of contacts initiated within the appropriate timeframe for service requests regarding rodents is a new measure; routine data collection began in FY 2016.

Disease Surveillance and Investigation Program

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of communicable disease investigations	1,195	1,210	1,253	1,370	1,200	1,200
Number of outbreak investigations conducted	29	16	18	30	20	20

- The number of communicable diseases varies from year to year, affecting the number of communicable disease investigations.
- The number of communicable disease investigations increased from FY 2015 to FY 2016 primarily because of investigations related to the Zika virus.
- The number of outbreaks varies from year to year, affecting the number of outbreak investigations conducted. In FY 2013, there were nine concurrent investigations in the January/February time period. In FY 2016, there were ten concurrent investigations in the January/March time period.

COMMUNITY HEALTH PROTECTION

Tuberculosis Medical Case Management

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number/percent of clients with active TB who completed or are on schedule to complete treatment according to protocol	N/A	N/A	19/100%	18/95%	19/95%	19/95%
Number/percent of clients with latent TB infection starting medications who completed or are on schedule to complete treatment	N/A	163/84%	240/86%	165/83%	165/83%	165/83%
LTBI treatment completion by type: INH or Rif: Number/percent of clients who completed or are on schedule to complete treatment	N/A	89/82%	126/81%	98/80%	98/80%	98/80%
LTBI treatment completion by type: 3-HP: Number/percent of clients who completed or are on schedule to complete treatment	N/A	74/84%	114/91%	67/86%	67/86%	67/86%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of clients (unduplicated)	1,205	1,296	1,273	914	914	914
Total active cases of treatment	N/A	N/A	19	22	22	22
New active TB cases (diagnosed in Arlington or transferred from other jurisdictions)	16	12	12	14	14	14
Clients with Latent TB on treatment	N/A	197	280	200	200	200
Visits (all settings)	4,055	4,999	5,245	3,754	3,754	3,754
Directly Observed Therapy (DOT) visits	2,437	1,251	1,289	1,376	1,370	1,370
Number of children under age 6 who start TB preventive therapy	13	17	14	13	13	13
Percent of clients with active TB disease who were started on the recommended treatment regimen and initiated DOT	N/A	N/A	100%	100%	100%	100%
Percent of identified contacts to an active TB case who were assessed to determine their infectious status	N/A	N/A	91%	71%	71%	71%
Percent of clients with active TB disease who met the criteria for a safe hospital discharge to the community	N/A	N/A	100%	100%	100%	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. The increase between FY 2014 and FY 2015 was due to the number of individuals beginning treatment as a result of the high school investigation described below. That investigation was atypical.
- The number/percent of clients with Latent TB Infection (LTBI) who completed or are on track to complete treatment varies with the treatment type. Treatment options include regimens of

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three months (3HP), four to six months (Rif) and nine months (INH). Compliance rates are affected by individual client characteristics and prescribed protocols.

- The number of clients (unduplicated) includes all who are seen in the Chest Clinic. This includes clients with active or latent TB as well as those requiring tuberculin skin tests, chest x-rays, and letters for employers certifying that they are free of active TB. There has been an overall decrease in TB clients from FY 2013 to FY 2016. However, in FY 2015, the high school investigation (see below) temporarily increased the number of clients in that age group, masking the overall downward trend. The decrease in clients between FY 2015 and FY 2016 is the result of the absence of that atypical situation, combined with the continued overall decrease in clients.
- The total number of active TB cases includes those diagnosed in the previous fiscal year as well as those newly diagnosed in the current fiscal year.
- The total number of new active TB cases varies from year to year based on individual client characteristics.
- The number of visits in all settings varies based on individual client needs and prescribed protocols. The high school investigation of FY 2015 (see below) caused an atypical increase in visits for that year.
- The number of Directly Observed Therapy (DOT) visits decreased from the FY 2013 high due to reduced demand for DOT for residents from other jurisdictions. Arlington provides DOT for non-residents working in the County to ensure compliance; other jurisdictions do the same.
- The number of children under six years of age starting on TB preventive therapy depends upon the number of children under six living in Arlington whose circumstances have put them at risk of developing active TB. The data for FY 2014 and FY 2015 has been updated a standardization of data evaluation.
- The percent of identified contacts to an active TB case who were assessed to determine their infectious status varies with the size of the worksite and/or communal setting. The FY 2015 percent is atypical. One of the cases investigated included 200 contacts, representing two-thirds of all contacts assessed in FY 2015. This investigation involved students at an Arlington high school, where parents ensured their children were tested and testing occurred during the school day. This is in contrast to other settings involving adult contacts. The percent of contacts assessed decreased between FY 2015 and FY 2016 because affected individuals left the area and/or documentation of follow-up was not provided. The challenge to a successful contact investigation is that there is no legal mandate to compel contacts to agree to be tested. The estimates for FY 2017 and FY 2018 are based on CY 2014 and Virginia Department of Health rates.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

LABORATORY SERVICES

PROGRAM MISSION

To identify specific infectious and chronic diseases.

- Diagnose parasites, sexually transmitted infections, anemia, and pregnancy on site.
- Manage samples for complex diagnostic testing at reference laboratories, including outbreak investigation and rabies identification at the state research laboratory.
- Screen samples for select bacterial agents of bioterrorism or emerging infectious diseases for further testing.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to staff turnover, employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to an internal transfer of contractual services (\$10,000) from Management and Administration.

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$515,992	\$532,391	\$560,410	5%
Non-Personnel	139,116	73,238	83,238	14%
Total Expenditures	655,108	605,629	643,648	6%
State Share	38,119	-	-	-
Total Revenues	38,119	-	-	-
Net Tax Support	\$616,989	\$605,629	\$643,648	6%
Permanent FTEs	6.00	6.00	6.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	6.00	6.00	6.00	

PERFORMANCE MEASURES

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Accuracy of lab results: Percent of proficiency tests completed accurately (industry benchmark is 80%)	98%	99%	100%	98%	99%	99%
Timeliness of lab results: Number and percent of clinical staff responding to survey reporting that results are provided in a timely manner	51/100%	114/99%	51/100%	53/98%	51/99%	51/99%
Timeliness of lab results: Number and percent of wet prep specimens turned around in 15 minutes or less	376/100%	434/100%	401/100%	361/98%	400/100%	400/100%

LABORATORY SERVICES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of Unduplicated clients served by Lab (excluding Women, Infants & Children (WIC) clients)	4,354	4,110	3,871	3,813	3,800	3,800
Number of tests conducted by ACPHD Lab	30,033	29,293	29,479	25,671	29,450	29,450
Number of blood draws by ACPHD Lab	7,608	7,630	7,568	7,855	7,800	7,800
Number of tests conducted by external labs	4,523	4,566	4,537	6,190	4,500	4,500
Number of instrument sterilization cycles	317	318	358	622	358	358
Pounds of regulated medical waste decontaminated	1,969	1,941	2,031	1,764	2,000	2,000
Number and percent of clients responding to a survey who agreed or strongly agreed that laboratory staff were professional	N/A	354/98%	401/99%	328/100%	328/100%	328/100%
Number and percent of clients responding to a survey who agreed or strongly agreed that they were, overall, satisfied with laboratory services	326/97%	414/99%	384/99%	323/100%	323/100%	323/100%
Number and percent of clinical staff responding to a survey who agreed or strongly agreed that laboratory staff were helpful	51/98%	108/96%	50/98%	54/100%	54/100%	54/100%
Number and percent of clinical staff responding to a survey who agreed or strongly agreed that laboratory staff were responsive	51/98%	106/97%	50/98%	54/100%	54/100%	54/100%
Number and percent of clinical staff responding to a survey who are, overall, satisfied with laboratory services	49/98%	109/97%	50/98%	54/100%	54/100%	54/100%
Number of deficiencies noted on bi-annual regulatory inspections (CLIA)	0	N/A	0	N/A	3	N/A
Number of deficiencies noted on regulatory inspections (DEQ)	0	0	0	0	0	0

- The FY 2014 results on “Timeliness of lab results: number and percent of clinical staff responding to survey who agree or strongly agree that laboratory results are provided in a timely manner” reflects that the survey frequency was increased to twice per year and moved to an online tool that was administered to more staff. Because survey findings were similarly positive in both applications of the FY 2014 survey, and at staff request, survey frequency returned to once per year. The subsequent actuals and future estimates reflect this change.
- The number of wet prep specimens received and sampled is dependent upon the number of clients and the clinician’s evaluation of necessity.
- The timeliness of wet prep specimens turned around in 15 minutes or less declined between FY 2015 and FY 2016. This was because two percent of the lab forms reviewed did not have complete time stamp information and therefore were not counted as having met the 15

LABORATORY SERVICES

minute requirement. The remaining 98 percent of the lab forms were complete and met the requirement.

- The number of unduplicated clients served by the Lab varies from year to year based on the number of clients seen in the clinics and the clinician's evaluation of necessity. The decrease in the number of clients served between FY 2013 and FY 2015 reflects a corresponding decrease in the number of Maternity and Family Planning clients. In addition, the number of unduplicated clients served by the Lab excludes WIC clients because WIC data is collected in a federally required system that the County cannot access.
- In FY 2016, the lab also began serving Chest Clinic clients. These clients are included in the number of unduplicated clients served.
- The number of blood draws by ACPHD lab increased between FY 2015 and FY 2016 because of the addition of clients from the Chest Clinic.
- The number of tests conducted is dependent on the number of clients and the clinician's evaluation of necessity.
- The tests conducted by ACPHD laboratory staff include communicable disease tests which diagnose parasites and sexually transmitted infections and clinical tests which diagnose anemia, pregnancy and urinary tract infections.
- The tests conducted by external labs include blood typing for maternity clients, screening tests for diseases such as hepatitis, rubella, sickle cell, tuberculosis and clinical tests which monitor the client's overall health, such as liver and kidney function tests.
- In FY 2016, the lab moved from its prior location to the DHS campus at Sequoia Plaza. The lab was closed for three months (July – September, 2015) to provide time for disassembly of equipment from the old location and reassembly of it in the new location. Fewer tests could be done on-site during this period; many had to be sent to external labs. This affected three measures: 1) the number of tests conducted by the ACPHD lab decreased; 2) the number of tests sent out to external labs increased; and 3) the amount of regulated medical waste decreased. The lab was fully operational at the new site in October 2015. Therefore, staff estimate that each of these measures will return to previous levels in FY 2017 and FY 2018.
- The FY 2016 lab closure also affected the number of instrument sterilization cycles. Instrument sterilization had to be conducted in a smaller autoclave which would fit into the lab's small, temporary space. Using a smaller autoclave meant that fewer instruments could be sterilized per cycle, therefore the number of instrument sterilization cycles increased for that year. Now that the new lab is fully operational and the large autoclave can again be used, we expect the number of sterilization cycles to return to previous levels.
- The number of clients responding to surveys regarding laboratory services varies from year to year.
- Chest Clinic clients were not included in the FY 2016 client satisfaction survey. They will be included in future years.
- Client satisfaction surveys are conducted annually. In FY 2013, the survey question asked if lab staff were friendly AND professional. Beginning in FY 2014, the survey question was modified to only ask if lab staff were professional. Therefore, data for FY 2013 are not available for the "professional only" question.
- The FY 2014 increase in the number of clinical staff who responded to the survey was the result of the change in methodology described in the first bullet above.
- CLIA (Clinical Laboratory Improvement Amendments) conducts inspections every two years to determine compliance with CLIA regulations. The inspector reviews data for the two years

LABORATORY SERVICES

prior to the date of the inspection. In the July, 2016 inspection, three deficiencies were identified. All three deficiencies have been corrected and Quality Assurance/Quality Control measures have been implemented.

- DEQ (Department of Environmental Quality) conducts annual inspections to determine compliance with Virginia Regulated Medical Waste Management Regulations.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 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).

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to employee salary increases, an increase in the County’s cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to Sequoia Plaza rent (\$56,785). This increase is partially offset by an internal transfer to the Psychiatric Services Bureau to fund contractual services (\$27,686).
- ↑ Fees increase to include CSB Medical Record refunds based on prior year actuals (\$750).
- ↑ State share increases due to a higher allocation of general state appropriations (\$11,248).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$1,013,406	\$1,336,861	\$1,389,548	4%
Non-Personnel	1,609,664	2,295,016	2,324,115	1%
Total Expenditures	2,623,070	3,631,877	3,713,663	2%
Fees	173	-	750	-
State Share	166,176	156,704	167,952	7%
Total Revenues	166,349	156,704	168,702	8%
Net Tax Support	\$2,456,721	\$3,475,173	\$3,544,961	2%
Permanent FTEs	11.00	13.00	13.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	11.00	13.00	13.00	

PERFORMANCE MEASURES

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total number of individuals served in the Division	4,008	3,848	3,785	4,286	4,000	4,400

- The FY 2017 and FY 2018 estimates for the number of individuals served are based on the historical trend.

CLIENT SERVICES ENTRY

PROGRAM MISSION

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

Assessment and Intake

- Provide a comprehensive assessment to determine eligibility and need for services, provide support, address emergency needs, and connect individuals, ages 18-60 years old, to mental health and substance abuse services.

Emergency Services

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

Discharge Planning, Assistance, and Regional Diversion Project (RDAP)

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

Jail Diversion/Forensic Case Management

- 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.

Homeless Case Management

- Promote independence and recovery to ensure homeless individuals receive appropriate mental health and substance abuse services and housing resources. Provide assessment, short-term case management, medical and counseling services, and individual support to seriously mentally ill and substance abusing adults who do not access services through traditional paths.

Violence Intervention Services

- Advance effective and efficient education, prevention, protection and support services through a community-wide initiative to end domestic violence in the Arlington Community.

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases due to the FTE transfers below, partially offset by employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections. FTE transfers including the following:
 - Human Services Specialist (\$63,943, 1.0 FTE) from the Mental Health Services Bureau
 - Mental Health Therapist (\$107,762, 1.0 FTE) to Adult Services in the Aging and Disability Services Division
 - Mental Health Therapist (\$76,152, 1.0 FTE) to Management and Administration in the Child and Family Services Division
 - Nurse Practitioner (\$2,023, 0.05 FTE) to the Psychiatric Services Bureau

CLIENT SERVICES ENTRY

- ↑ Non-personnel increases are due to an internal transfer of operating expenses for the Regional Discharge Assistance Planning Grant from the Mental Health Bureau (\$165,894), an increase in Regional Programs to align revenue and expenditures for the Not Guilty by Reason of Insanity grant (\$10,000), and a reallocation of a portion of a grant award for Emergency Services security coverage (\$12,531). These increases are partially offset by an internal transfer to the Psychiatric Services Bureau to fund contractual services (\$39,207).
- ↑ Fees increases as a result of new fees for Peer Support Services (\$4,180).
- ↓ Federal share decreases as a result of a reduced allocation of a Federal Mental Health block grant (\$10,648).
- ↑ State share increases due to an internal reallocation of a portion of the Regional Discharge Assistance Planning grant from the Mental Health Services Bureau (\$165,894). This increase is partially offset by a decrease in revenue for the Not Guilty by Reason of Insanity grant (\$20,000), and an internal reallocation of general state appropriations to the Mental Health Services Bureau (\$21,378).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$3,280,385	\$3,426,889	\$3,373,187	-2%
Non-Personnel	2,046,072	1,672,897	1,822,115	9%
Total Expenditures	5,326,457	5,099,786	5,195,302	2%
Fees	28,005	29,000	33,180	14%
Federal Share	125,393	95,836	85,188	-11%
State Share	2,844,745	2,788,289	2,912,805	4%
Total Revenues	2,998,143	2,913,125	3,031,173	4%
Net Tax Support	\$2,328,314	\$2,186,661	\$2,164,129	-1%
Permanent FTEs	35.00	33.60	32.55	
Temporary FTEs	0.50	0.50	0.50	
Total Authorized FTEs	35.50	34.10	33.05	

PERFORMANCE MEASURES

Assessment and Intake

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Clients believe they will get the help they need/know the next step in treatment	N/A	N/A	N/A	100%/100%	95%/95%	95%/95%
Clients are successfully linked to ongoing services (attended at least 1 on-going service within 60 days of intake)	N/A	N/A	N/A	80%	85%	90%

CLIENT SERVICES ENTRY

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average number of days from screening to intake	N/A	N/A	8	13	12	5
Clients' needs assessed appropriately	N/A	N/A	N/A	100%	95%	95%
At-risk clients receive monitoring and support (with required contact or no contact required)	N/A	N/A	N/A	100%	100%	100%
Total clients served (unduplicated)	N/A	942	918	906	920	920

- Clients successfully linked to ongoing services are expected to improve with the implementation of Same Day Access (SDA). Same Day Access will simplify the process of entry to services. Clients will have faster access to ongoing services which will increase engagement in those services and meet their needs more quickly. This increase is incorporated into the projection for FY 2017 and FY 2018.
- The number of days from screening to intake is expected to become shorter with the implementation of (SDA), as it is an approach to intake designed to make access more easily accessible and faster.
- Total clients served dropped slightly over the past eighteen months. This is due to the refinement of data collection to more accurately restrict data capture to only clients seen by intake staff. It is anticipated to level off at FY 2016 levels, and increase with the implementation of SDA.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Emergency Services (ES)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of clients who received only one episode of care	77%	77%	78%	78%	85%	87%
Percentage of contacts that resulted in community dispositions	N/A	N/A	76%	74%	80%	82%

CLIENT SERVICES ENTRY

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total Temporary Detention Orders (TDOs) completed by staff	339	373	396	493	400	410
Percentage of assessments/progress notes completed within 1 business day	92%/66%	91%/53%	92%/84%	93%/88%	95%/90%	95%/90%
Percentage of detained clients subsequently committed by Court	70%	73%	70%	77%	75%	75%
Total clients served (unduplicated)	1,228	1,322	1,364	1,479	1,500	1,510
Total face-to-face contacts	1,977	2,279	2,296	2,456	2,580	2,650

- A high percentage of clients continue to be returned to the community after assessment (“community dispositions”). This is a positive change since Emergency Services is compelled to seek out the least restrictive alternative for people in crisis. We anticipate the percentage to continue increasing gradually. In the case of children and adolescents, the Children’s Regional Crisis Response program (CR2) and their immediate response to the community have helped in decreasing mental health hospital admissions for this population. For adults, the existing PACT services and increased housing options have helped to keep adults out of the hospital. There do not appear to be any new initiatives either clinically or residential that would increase the number of community dispositions.
- The percentage of clients who received only one episode of care increased due to improvement in linkage to ongoing services. It is expected that this will continue throughout FY 2017 and FY 2018.
- The percentage of detained clients subsequently committed by Court remained fairly stable in FY 2016 and exceeded the 75 percent benchmark. This measure demonstrates that TDOs are reserved for the most acute cases in need of extended treatment.
- In August 2015, BHD services became collocated at the DHS campus which allowed greater accessibility for clients to access ES services. Additionally, in that same time period, ES services increased its live coverage to 24 hours a day.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2016 plan here:
- <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

CLIENT SERVICES ENTRY

Discharge Planning

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Clients connected with Arlington community-based treatment services	62% (55/88)	87% (48/55)	88% (75/85)	83% (58/70)	86%	90%
Clients discharged from hospital to stable housing	60%	69%	53%	50%	60%	60%
Clients Discharged to Arlington who remain out of the State Hospital longer than 30 days after discharge	95% (84/88)	93% (51/55)	91% (77/85)	76% (53/70)	80%	85%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average number of days in hospital for clients discharged who were/were not on the extraordinary barriers list	588/298	435/62	361/32	263/71	263/71	263/71
Average number of days between state hospital discharge and first kept psychiatric appointment	12	5	4	4	2	2
Total clients served by Discharge Planning in state hospitals (This number does not include Eastern State, Western State or Central State Hospitals; This number does include Local Inpatient Purchase of Services Admissions)	140	117	142	139	130	125

- The average number of clients who connected to outpatient treatment services slightly declined, which is a result of the complexity of needs of the consumers served at the state hospital. Furthermore, consumers may be discharged from the state mental health hospital prior to consumers reaching optimal mental health stability. The discharge planning team continues to work with hospital staff and various community partners to discharge clients back to the community as soon as clinically appropriate. They also continue to develop housing placements for clients throughout the Commonwealth of Virginia.
- Stability of housing placements upon discharge generally remained stable between FY 2015 and FY 2016. There continues to be a significant number of individuals being served at the state hospital being discharged to shelters. This is a result of the lack of sufficient placements in the community and state funding. However, as Arlington County has developed strong homeless outreach services, consumers who are discharged to shelters continue to get a high level and quality of service.
- The number of individuals that were re-hospitalized within thirty days increased likely due to the high acuity level of those individuals served at the state hospital. The vast majority of clients are not re-hospitalized, largely due to prompt access to needed resources and coordination of care. However, state facilities are seeing an overall increase in acuity.
- The amount of days that non-Extraordinary Barriers List (EBL) individuals remained in the hospital increased, likely due to the high acuity level of those individuals served at the state hospital. The length of stay for EBL individuals decreased, which is a result of the decrease in the number of Arlington consumers placed on the EBL as well as the discharge of numerous long term consumers from the hospital. Many of these clients face multiple barriers to

CLIENT SERVICES ENTRY

obtaining stable housing such as an extensive legal history, history of violence, and history of multiple failed placements.

- The number of days between discharge and scheduled appointment with the CSB psychiatrist remains stable at four days, which is within CSB and state protocol standards. The days are expected to decrease in FY 2017 due to the piloting of a walk-in clinic, and the addition of psychiatrist hours.
- The total number of consumers served at the Northern Virginia Mental Health Institute decreased as a direct result to the limited bed space at the state facility as a result of changes to the Virginia Code as well as efforts being made by emergency services staff to divert individuals to private facilities when appropriate.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:

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

Jail Diversion/Forensic Case Management

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of consumers seen at state hospital for forensic evaluation	37	52	41	40	39	38
Number of consumers seen in jail after referral from police, magistrate, jail-based medical staff, or mental health staff	141	212	249	191	250	270
Number of consumers served by the jail diversion team	210	268	269	246	270	300
Percent of Arlington residents diverted from jail who are not re-arrested within 30 days	80%	93%	88%	92%	94%	96%
Percent of Arlington residents diverted from jail who are still in treatment at 30 days	62%	89%	90%	90%	92%	94%
Average hours spent by officers with individuals experiencing mental health crises	4.23	2.05	2.18	2.13	1.89	1.75
Individuals brought to Crisis Intervention Center in lieu of arrest	N/A	106	100	108	110	120

- Arlington County sends a large number of individuals from the detention facility to the hospital for inpatient restoration services. The admission rate generally remained unchanged in FY 2015 and FY 2016 and is projected to remain stable through FY 2018
- The number of consumers seen in jail after referral from police, magistrate, jail-based medical staff, or mental health staff, and the total number of individuals served by the forensic team decreased from FY 2015 to FY 2016 due to staff vacancies in DHS, as well as the Magistrate. The FY 2017 and FY 2018 estimates are based on achieving and maintaining full staffing.
- The percent of Arlington residents diverted from jail who are not re-arrested within 30 days continues to be high. Staff expect this trend to continue into FY 2018 due to cross-departmental intervention and diversion efforts

CLIENT SERVICES ENTRY

- The high percentage of Arlington residents diverted from jail who are still in treatment at 30 days is due to key program changes made in FY 2013. This trend is expected to continue through FY 2018.
- The average hours spent by officers with individuals experiencing a mental health crises and in need of hospitalization continues to decrease. This is a direct result of the development of the Crisis Intervention Center (CIC) and the ability of officers to transfer custody to Virginia Hospital Center and CIC security staff.
- Arlington County Police, Arlington County Sheriff's Deputies and Metropolitan Washington Airport Authority continue to consider diversion of individuals to the CIC for treatment and evaluation versus incarceration.
- The Crisis Intervention Training (CIT) program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Homeless Case Management

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of consumers served by Treatment-on-Wheels (TOW)/Homeless Case Management programs	126	154	151	251	260	270
Number/percentage of consumers linked to mental health or substance abuse services after discharge from Treatment on Wheels/Homeless Case Management programs	39/30%	43/28%	104/69%	82/32.6%	97/37.3%	112/41.5%
Number/percentage of consumers linked to stable housing from Treatment on Wheels/Homeless Case Management programs	12/9%	26/17%	38/25%	58/23.1%	73/28%	88/32.5%

- The number of consumers served by Treatment on Wheels/Homeless Case Management program has steadily increased over the previous five year period. This is due to open hours in the shelter location, incorporation of five group sessions, and allowance of participation in groups to anyone placed in shelters. These have led to higher client provision of services and an increase in participation of the program.
- The lower percentage of consumers linked to Mental Health or Substance Abuse after discharge from TOW was a result of the increase in services provided by TOW. By expanding services and adding open shelter hours and groups, TOW was able to reach-out to more consumers. This also meant some consumers served were already linked to teams, already housed, expressed no interest in TOW service, and/or did not meet the CSB qualification for services.
- The number/percentage of consumers linked to stable housing from TOW has increased over a period of three years. However, TOW is still facing some significant struggles with regards to housing clients. Arlington County has been able to meet the goals of housing a large amount of people, and now are left to house the clients with the highest barriers to housing. This remaining population are the hardest to house due to a variety of barriers such as an

CLIENT SERVICES ENTRY

extensive legal history, history of violence, and history of multiple failed placements. The Division is exploring additional housing resources to meet the need of this population.

PROGRAM MISSION

To provide patient-centered, high-quality care that empowers individuals to live independently, be active members of the community, and attain their personal goals.

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.

SIGNIFICANT BUDGET CHANGES

- The FY 2018 budget reflects the internal reallocation of resources from several divisions into Psychiatric Services in order to improve psychiatric service delivery and outcomes. This reallocation includes the conversion of contractor funds into two Psychiatrist positions which are part of a multi-year effort to move from contractors to permanent staff in order to address retention, care quality, and standardization of services.
- ↑ Personnel increases due to employee salary increases, an increase in the County's cost for employee health insurance, retirement contributions based on current actuarial projections, and the following FTE additions and transfers:
 - Increase of a Psychiatrist position (\$220,000, 1.0 FTE) and a grant-funded Nurse Practitioner position (\$67,336, 0.50 FTE) approved by the County Board during FY 2016 close-out. The Psychiatrist position was funded through a reallocation of contractual services funds.
 - Increase of a second Psychiatrist position (\$236,000, 1.0 FTE) funded through a reallocation of contractual services funds. The majority of DHS psychiatrists are contractors.
 - Transfer in of the following positions:
 - Psychiatrist (\$243,955, 1.0 FTE) from Behavioral Healthcare in the Child and Family Services Division
 - Nurse Practitioner (\$67,603, 0.50 FTE) from Planning and Support Services in the Child and Family Services Division
 - Psychiatrist (\$56,218, 0.20 FTE) from Senior Adult Mental Health Services in the Aging and Disability Services Division
 - Nurse Practitioner (\$46,647, 0.50 FTE) from the Community Health Protection Bureau of the Public Health Division
 - Nurse Practitioner (\$2,023, 0.05 FTE) from Client Services Entry
 - Psychiatrist (\$56,656, 0.20 FTE) from Mental Health Services
- ↓ Non-personnel decreases due to the completion of a SAMHSA grant term funding primary health activities (\$69,565), and the reallocation of non-personnel budget, including contractual services, to personnel (\$671,356). Decreases are partially offset by Pharmacy grant operational expenses from the Mental Health Services Bureau (\$105,965), an increase in contractual services (\$6,406), and the internal transfer in of: operating expenses from

PSYCHIATRIC SERVICES

Management and Administration (\$27,686), Client Services Entry Bureau (\$39,207), Mental Health Services Bureau (\$32,162), Substance Abuse Services Bureau (\$46,361), the Aging and Disability Services Division (\$140,000), and the Child and Family Services Division (\$150,000).

- ↑ Fees increase as a result of new fees for Medication Administration (\$7,000), Office-based Opioid Treatment (\$30,280), and Peer Support Services (\$2,000).
- ↓ Federal share decreases due to the conclusion of the Substance Abuse and Mental Health Services Administration (\$100,000).
- ↑ State share increases due to a reallocation of a portion of the Pharmacy grant from the Mental Health Services Bureau (\$126,347) and a higher allocation of general state appropriations (\$6,962).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$1,681,670	\$1,408,624	\$2,474,346	76%
Non-Personnel	1,205,038	1,134,188	942,467	-17%
Total Expenditures	2,886,708	2,542,812	3,416,813	34%
Fees	197,932	187,200	226,480	21%
Federal Share	342,310	100,000	-	-100%
State Share	291,215	351,775	485,084	38%
Total Revenues	831,457	638,975	711,564	11%
Net Tax Support	\$2,055,251	\$1,903,837	\$2,705,249	42%
Permanent FTEs	14.95	13.15	18.10	
Temporary FTEs	-	-	-	
Total Authorized FTEs	14.95	13.15	18.10	

PERFORMANCE MEASURES

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of psychiatric visits at which individuals demonstrated improvement in symptoms	83%	87%	89%	85%	90%	90%
Percentage of individuals reporting their symptoms have improved since receiving psychiatric services	89%	89%	95%	92%	95%	95%
Percent of visits at which individuals demonstrated adherence to medication regimen	89%	88%	89%	90%	90%	90%

PSYCHIATRIC SERVICES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average score of chart reviews reflecting alignment with evidence-based practice	85% (106 charts reviewed)	89% (106 charts reviewed)	90% (84 charts reviewed)	88% (150 charts reviewed)	90% (175 charts reviewed)	90% (200 charts Reviewed)
Average number of days until next available psychiatric evaluation for individuals initiating ongoing services	25	15	30	21	21	21
Number of clients served (unduplicated)	1,900	1,863	1,785	1,817	1,900	1,950

- The percentage of individuals reporting their symptoms have improved since receiving psychiatric exceeded the goal of 90 percent improvement in FY 2016. This was accomplished by encouraging evidence-based care, team presence and collaboration, and better training among all prescribers. Staff anticipate the rate to stay at 90 percent into FY 2017 and FY 2018.
- Ongoing mitigation strategies for medication adherence include: improved access to donated pharmaceuticals; reminders and more consistent no-show outreach and management; additional prescriber hours and walk-in clinic models to manage overflow and urgencies; and improved assessment of health literacy.
- Average score of chart reviews reflecting alignment with evidence-based practice. This score has been consistent over the past few years. Some targeted areas have improved considerably over the past year, such as medication consents, development of a new psychiatric assessment form and weekly reports provided by the Operations Support Team to identify incomplete and/or missing assessment notes, which has facilitated more timely completion of documentation.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

PROGRAM MISSION

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

Program for Assertive Community Treatment (PACT)

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

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.

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 clients with a serious mental illness to obtain and maintain community employment.
- Provide an array of services based on individual choice, including work preparation training, situational assessments, job development, placement, training, and monitoring.

Mental Health Residential Services

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

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases due to the transfer of two Human Services Specialists to the Client Services Entry and Substance Abuse Bureaus (\$145,932, 2.0 FTE) and a Psychiatrist to Psychiatric Services (\$56,656 0.20 FTE). The decreases are partially offset by employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↓ Non-personnel decreases due to a transfer of operational expenses to the Psychiatric Services Bureau (\$32,162), Regional Discharge Assistance Planning grant operational expenses to the Client Services Entry Bureau (\$165,894), and Pharmacy grant operational expenses to the Psychiatric Services Bureau (\$105,965). These decreases are partially offset by an increase in contractual services (\$7,227).

MENTAL HEALTH SERVICES

- ↑ Fees increases as a result of the managed care initiative (\$15,000), and new fees for Peer Support Services (\$8,360).
- ↓ State share decreases due to a reallocation of a portion of the Regional Discharge Assistance Planning grant to the Client Services Entry Bureau (\$165,894), and a reallocation of a portion of the Pharmacy grant to the Psychiatric Services Bureau (\$126,347). These decreases are partially offset due to a reallocation of state share revenue from the Client Services Entry Bureau (\$21,378), and an increase in state share revenue (\$29,395).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$6,085,620	\$6,634,700	\$6,563,923	-1%
Non-Personnel	3,247,560	3,431,870	3,135,076	-9%
Total Expenditures	9,333,180	10,066,570	9,698,999	-4%
Fees	1,915,879	1,788,278	1,811,638	1%
State Share	3,457,938	3,419,510	3,178,042	-7%
Total Revenues	5,373,817	5,207,788	4,989,680	-4%
Net Tax Support	\$3,959,363	\$4,858,782	\$4,709,319	-3%
Permanent FTEs	59.50	65.50	63.30	
Temporary FTEs	-	-	-	
Total Authorized FTEs	59.50	65.50	63.30	

PERFORMANCE MEASURES

Program for Assertive Community Treatment (PACT)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number/Percentage of consumers served who are hospitalized	14/18%	21/23%	21/21%	25/24%	20/20%	20/20%
Number/Percentage of consumers served living in independent housing	59/74%	67/73%	74/74%	64/61%	65/65%	67/67%
Number/Percentage of consumers who are competitively employed	7/9%	7/8%	5/5%	8/8%	9/9%	10/10%
Percentage of consumers satisfied with services received	94%	91%	95%	96%	95%	95%

MENTAL HEALTH SERVICES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Score on program fidelity scale measuring alignment with Virginia's evidence-based model (out of 5)	N/A	N/A	N/A	4.39	4.50	4.50
Percentage of documentation sample compliant with documentation standards	N/A	72%	72%	71%	90%	90%
Percentage of services provided in the community	N/A	83%	84%	80%	80%	80%
Total consumers served	79	91	100	105	100	102

- The number and percent of persons hospitalized has been generally consistent over the past three years and is expected to remain consistent through FY 2018.
- The number of clients in independent housing has varied slightly over the last three years but is expected to remain between 65 and 67 percent through FY 2018. The 10 percent drop from FY 2015 to FY 2016 is due to the continuous client turnover as stable clients are transferred out and less stable clients are admitted.
- The percent of clients employed has varied from 5-8 percent over the past three years but is expected to increase due to an increased effort at job development by the PACT employment specialist.
- The number of persons served by PACT has increased since FY 2013, due to a higher rate of referral acceptance. It is expected that the high rate will continue through FY 2018. This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Clarendon House

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number/Percentage of members served living in independent housing	95/70%	97/73%	100/78%	93/73%	104/80%	99/77%
Number/Percentage of members served who are engaged in employment-related activities	61/45%	45/34%	54/42%	56/44%	57/47%	56/44%
Number/Percentage of consumers served who are hospitalized	15/11%	21/16%	14/11%	15/12%	13/10%	14/11%

MENTAL HEALTH SERVICES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of budgeted Case Management Medicaid revenue received	89%	83%	96%	101%	90%	87%
Percentage of consumers satisfied with services received	89%	87%	83%	86%	90%	82%
Total consumers served	135	132	128	128	132	129

- The percentage of persons in independent housing has been consistent. With continued support of clients and program changes, it is expected the percentage will increase slightly by FY 2018.
- The percentage of clients engaged in employment-related activity will continue to vary in the 40 to 45 percent range. There are continuing efforts to increase the percentage of clients included in employment-related services including a vocational specialist, and a part-time peer vocational specialist dedicated specifically to Clarendon House.
- Medicaid revenue has steadily increased from FY 2015 to FY 2016 due to improved documentation and service capture.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Mental Health Community Support Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of hospitalizations	127	156	139	117	130	129
Percentage of clients with high or improved community life functioning levels	N/A	N/A	38%	39%	40%	39%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of consumers satisfied with services received	90%	92%	97%	98%	92%	97%
Total number of consumers served	1,288	1,270	1,349	1,333	1,450	1,550

- The number hospitalizations varied between 156 and 117 over the past five years and is expected to remain within that range through FY 2018. There are a number of factors that could impact a client's adjustment and require hospitalization. These include: any of a wide range of stressors, failure to take medication, and sometime unknown factors related to the episodic nature of a serious mental illness.

MENTAL HEALTH SERVICES

- The FY 2017 estimate for the percentage of clients with high or improved community life functioning levels reflects a change in the outcome measurement instrument.
- The number of consumers served is expected to continue to increase at about 8 percent annually, consistent with the previous years.

Employment Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number/Percentage of new consumers served with supported employment who obtained employment in the community	62/62%	65/59%	50/52%	69/49%	60/57%	64/50%
Number/Percent of consumers employed who remain in job for 90 days	64/63%	79/57%	85/77%	95/74%	85/74%	88/75%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Fidelity score indicating to what extent program adheres to evidence-based model	90%	92%	92%	90%	92%	92%
Average satisfaction score with Job Avenue services	98%	100%	97%	94%	100%	100%
Number of referrals to Job Avenue	172	156	137	193	200	178
Total consumers served with supported employment	306	334	356	315	350	340

- The percent of new clients who obtained employment has varied around 50 percent the past 3 years and is expected to continue within that range.
- The percent of clients employed who remain in their job 90 days or more has increased from 57 to 74 percent over the past 3 years. This is due to more intense follow-up and a refinement of the referral process where case managers have received education about how to better support clients that want to work.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

MENTAL HEALTH SERVICES

Mental Health Residential Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of consumers satisfied with services received	98%	92%	95%	96%	95%	95%
Total number of consumers served in crisis stabilization	103	124	151	125	165	147
Total number of consumers served in group homes and assisted living facilities	35	36	31	35	40	35

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total number of consumers served in Contract Support Services Program	82	83	47	51	50	52
Total number of consumers served in supportive housing programs	176	191	194	204	215	250
Total number of consumers served in transitional housing	35	32	34	34	35	34

- The number of clients using crisis stabilization has increased since FY 2013, due to the increase of beds available from 4 to 6 in FY 2014. This trend is expected to continue into FY 2018.
- The increase in consumers served in group homes and assisted living facilities in FY 2017 is due to the assignment of the 8 bed Intensive Community Residential Treatment to Mental Health (MH). The MH Bureau's contract management will transfer to the CSB Northern Virginia Regional Projects Office by the end of FY 2017.
- In FY 2015, the number of consumers served in contract support services decreased due to a change in state regulations that reduced grant funding available for these services. The state now awards funds on a circumstantial basis: keeping the number of clients served steady in FY 2017 and FY 2018.
- It is anticipated that the total number of consumers served in supportive housing will increase in FY 2017 due to implementation of a Department of Behavioral Health and Developmental Services contract/grant for the development of 30 supportive housing placements.

SUBSTANCE ABUSE SERVICES

PROGRAM MISSION

To improve the quality of life of Arlington County adults through comprehensive treatment as well as prevention and intervention programs for individuals and families who have, or are at risk of developing, substance abuse problems.

Substance Abuse 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.

Substance Abuse Residential Treatment

- Provide opportunities for individuals with substance abuse 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.

Jail/Addictions, Corrections and Treatment (ACT)

- Provide services to incarcerated individuals who have substance abuse disorders, including assessment, early intervention, treatment, and case management, to facilitate reentry back into the community and prevent reoffending.

Batterers Intervention Program (BIP)

- The Arlington County Abuser Intervention Program (AIP) aims to eliminate domestic violence in the Arlington community through early intervention, community support, education, and public awareness.

Jail/Mental Health Treatment

- Provide assessment, prevention, crisis intervention, treatment, and case management to program participants while they are incarcerated to facilitate reentry into the community and prevent reoffending.

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases are primarily due to staff turnover. These decreases are partially offset by the transfer in of a Human Services Specialist from the Mental Health Services Bureau (\$53,843, 1.0 FTE), an increase in the County's cost for employee health insurance, and retirement contributions based on actuarial projections.
- ↓ Non-personnel decreases due to a transfer of operational expenses to the Psychiatric Services Bureau (\$46,361). This decrease was offset by an increase in contractual services (\$27,792).
- ↑ Fees increase as a result of new fees for Substance Abuse Case Management (\$5,000), Office based Opioid Treatment (\$5,000), and Peer Support Services (\$4,180).
- ↑ State share increases due to a higher allocation of general state appropriations for substance abuse programs (\$15,466).

SUBSTANCE ABUSE SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$3,229,445	\$3,561,206	\$3,522,936	-1%
Non-Personnel	1,637,487	2,191,231	2,172,662	-1%
Intra-County Charges	(155,929)	(155,929)	(155,929)	-
Total Expenditures	4,711,003	5,596,508	5,539,669	-1%
Fees	58,977	63,000	77,180	23%
Federal Share	687,317	765,770	765,770	-
State Share	1,155,643	1,138,417	1,153,883	1%
Total Revenues	1,901,937	1,967,187	1,996,833	2%
Net Tax Support	\$2,809,066	\$3,629,321	\$3,542,836	-2%
Permanent FTEs	32.00	32.00	33.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	32.00	32.00	33.00	

PERFORMANCE MEASURES

Substance Abuse Outpatient Treatment

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of clients who report improved functioning as a direct result of services received	96%	97%	93%	100%	95%	95%
Percent of clients in treatment more than 90 days	78%	81%	73%	75%	75%	75%
Of clients who engaged in services: Number/percent of clients discharged who met most or all of treatment plan goals	244/70%	271/69%	267/72%	188/67%	275/75%	275/75%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of clients receiving outpatient services	686	609	569	496	612	600
Percentage of clients surveyed who reported satisfaction with services received	90%	90%	92%	100%	100%	100%

- Clients who are engaged in services continue to report positive feedback on their experience of care and confidence in the quality of services they are receiving.
- The percent of clients in treatment more than 90 days conforms to national benchmarks of engagement in treatment. The Substance Abuse Services Bureau is undergoing an

SUBSTANCE ABUSE SERVICES

assessment to evaluate additional strategies to work with clients at different motivational stages throughout the continuum of care.

- The number of clients receiving services dropped significantly in FY 2015 and FY 2016. There have been a number of key staff changes. The Substance Abuse Services Bureau is undergoing an extensive program evaluation to ensure that there is alignment between services and community need. It is anticipated that enrollment will increase after the evaluation.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Substance Abuse Residential Treatment

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of residential treatment clients reporting improved functioning as a direct result of services received	87%	93%	100%	N/A	95%	95%
Percentage of clients served who successfully completed residential treatment	72% (33/46)	72% (40/56)	72% (28/39)	71% (25/35)	74%	75%
Percentage of residential treatment clients discharged who were provided further treatment	88% (29/33)	95% (38/40)	89% (25/28)	92% (23/25)	94%	95%
Percentage of clients served who successfully completed the RPC detox program	83% (219/264)	83% (184/224)	81% (181/224)	56% (86/153)	85%	85%
Percentage of RPC detox unduplicated clients discharged who were provided further treatment	37% (81/219)	39% (72/184)	57% (103/181)	55% (47/86)	60%	60%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage Bed Utilization for residential treatment (in beds)	N/A	47% (4.7/10)	29% (1.7/5.8)	29% (1.7/5.8)	50%	50%
Percentage Bed Utilization for RPC Detox (in beds)	N/A	57% (6.8/12)	49% (5.9/12)	56% (6.7/12)	60%	60%
Percentage of clients surveyed who reported satisfaction with residential treatment services received	N/A	93%	90%	N/A	93%	95%

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Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of clients surveyed who reported satisfaction with RPC detox services received	N/A	88%	86%	90%	90%	90%
Percentage of clients surveyed reporting satisfaction with services received	88%	92%	86%	90%	90%	90%
Number of clients served	N/A	243	223	193	200	200

- Percentage of residential treatment clients reporting improved functioning and percentage of clients reporting satisfaction with services was not surveyed in FY 2016 due to Bureau restructuring.
- Percentage of Bed Utilization for residential treatment and Residential Program Center (RPC) Detox changed from the FY 2017 narratives due to a recalculation using a more standardized method.

Jail/Addictions, Corrections and Treatment (ACT)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number/Percentage of female participants completing program successfully	15/88%	13/93%	15/93%	8/80%	15/93%	15/95%
Number/Percentage of male participants completing program successfully	63/91%	57/83%	58/86%	61/91%	63/84%	65/90%
Total Number/Percentage of participants completing program successfully	78/91%	70/84%	73/88%	69/89%	78/88%	80/93%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of clients placed in follow-up treatment (Arlington residents only)	19	25	21	22	21	22
Number of female clients served	17	14	16	10	16	15
Number of inmates assessed using HIDTA funded case management services	131	135	120	123	120	120
Number of male clients served	69	69	67	67	70	70
Percentage of clients surveyed who reported satisfaction with services received	85%	89%	92%	94%	90%	90%

SUBSTANCE ABUSE SERVICES

- The number of female participants completing ACT successfully is relatively low due to the proportion of females in jail. In FY 2016, the numbers and percentage was skewed negatively due to discharges from the program caused by behavior issues. The number and percentages are anticipated to increase to the normal trend in FY 2017 and FY 2018.
- The number of clients using HIDTA funded case management remains steady. In early FY 2017, there was a restructuring of HIDTA grant funding from partial bed funding to funding full bed placements. For this reason, the numbers of inmates assessed and treated using HIDTA grand funds will be limited to only those in the designated bed placements. This will result in a lower number of inmates treated with those funds, but will not affect the total number of inmates treated in the program.
- The Substance Abuse Services Bureau is exploring other interventions to decrease risk or relapse post release. It is expected that a program to address these will be implemented in the latter part of FY 2018.

Batterers Intervention Program

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number completing the Batterers Intervention Program (BIP)	66	66	113	99	92	95

- The number of people completing the BIP increased significantly in FY 2015 and reduced again somewhat in FY 2016. The program is court-ordered for people who have charges against significant others. Therefore, the number may vary significantly from year to year. FY 2017 and FY 2018 estimates are based largely on FY 2016 actuals.

Jail/Mental Health Treatment

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of clients surveyed reporting that services helped them deal more effectively with problems	N/A	N/A	N/A	95%	95%	95%
Number of suicide attempts/Number of suicides completed	N/A	5/0	4/0	3/0	5/0	4/0

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Documentation timeliness within 24 hours of the intervention	N/A	46%	46%	79%	85%	90%
Clients housed in the mental health unit receiving at least one service or attempted service weekly	N/A	N/A	N/A	84%	90%	90%
Arlington clients referred to CSB Services	N/A	N/A	N/A	90%	95%	95%
Number of Clients (unduplicated)	N/A	782	779	976	1,000	1,000

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- In the first year client satisfaction was measured, satisfaction scores were very high. It is anticipated to stay at the same levels into FY 2017.
- There were three suicide attempts in FY 2016. However, no attempt resulted in a successful suicide. The rate of successful suicides in the U.S. is 13.4 per 100,000, in jail that rate rises to 46 per 100,000. More than 34 percent of deaths in jail are self-inflicted.
- The number of clients served by the Jail MH team increased substantially in FY 2016. Some of the reasons for the increase are change in staff, additional positions, and restructuring of the program to focus on specific high-risk units (women, isolation, and re-entry).

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.

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases due to the transfer of an Administrative Technician and an Administrative Assistant (\$177,485, 2.0 FTEs) to Management and Administration in the Economic Independence Division. These decreases are partially offset by the transfer in of a Human Services Specialist (\$76,152, 1.0 FTE) from Client Services in the Behavioral Healthcare Division, employee salary increases, an increase in the County’s cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases are due to Sequoia Plaza rent (\$39,442) and contractual services (\$4,853).
- ↑ Federal share revenue increases due to the projected reimbursement for eligible positions and administrative costs (\$37,432).
- ↑ State share revenue increases due to the projected reimbursement for eligible positions and administrative costs (\$7,943).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$2,230,005	\$2,619,652	\$2,590,723	-1%
Non-Personnel	1,590,325	1,682,754	1,727,049	3%
Total Expenditures	3,820,330	4,302,406	4,317,772	-
Federal Share	1,654,198	1,195,756	1,233,188	3%
State Share	276,981	430,052	437,995	2%
Total Revenues	1,931,179	1,625,808	1,671,183	3%
Net Tax Support	\$1,889,151	\$2,676,598	\$2,646,589	-1%
Permanent FTEs	24.00	24.00	23.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	24.00	24.00	23.00	

PROGRAM MISSION

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

Early Childhood Development

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

Parent Education and Project Family

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

Arlington Partnership for Children, Youth, and Families

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

Children’s Services Act (CSA)

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

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to the transfer in of a Mental Health Therapist from Client Services Entry in the Behavioral Healthcare Division (1.0 FTE), employee salary increases, an increase in the County’s cost for employee health insurance, and retirement contributions based on current actuarial projections. The increase is partially offset by the transfer out and reclassification of a Management Analyst (\$67,603, 0.50 FTE) to Psychiatric Services in the Behavioral Healthcare Division.
- ↓ Non-personnel decreases due to a reduction in the budget for Community Services Act (CSA) funding. This adjustment is to align the budget with actuals and does impact the level of service (\$1,383,000). The decrease is partially offset by an increase in state allocation for Promoting Safe and Stable Families Grant (\$6,205).
- ↓ State share revenue decreases due to the projected reimbursement for CSA (\$1,410,293) and offset by funding increase for Promoting Safe and Stable Families Grant (\$5,244).

PLANNING AND SUPPORT SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$927,990	\$962,947	\$1,011,772	5%
Non-Personnel	3,321,745	5,338,091	3,961,828	-26%
Total Expenditures	4,249,735	6,301,038	4,973,600	-21%
Federal Share	88,192	20,914	20,914	-
State Share	1,086,613	3,056,392	1,651,343	-46%
Other	2,420	3,000	3,000	-
Total Revenues	1,177,225	3,080,306	1,675,257	-46%
Net Tax Support	\$3,072,510	\$3,220,732	\$3,298,343	2%
Permanent FTEs	9.75	10.50	10.25	
Temporary FTEs	-	-	-	
Total Authorized FTEs	9.75	10.50	10.25	

PERFORMANCE MEASURES

Child Care Licensure and Support

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Child Care Centers licensed	67	69	72	72	75	75
Family day care homes licensed	160	160	146	148	150	150

- In FY 2015, the number of family day care homes licensed decreased due to a change in the calculation method whereby the number of licensed, but inactive facilities were excluded.

Parent Education

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of families with no repeat instances of child abuse or neglect	100%	100%	100%	100%	100%	100%

PLANNING AND SUPPORT SERVICES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of class participants who were referred by Child Protective Services (CPS)	N/A	N/A	14	18	20	20
Percentage increase in participants showing improved parenting skills post class (Family functioning)	N/A	N/A	35%	59%	60%	60%
Total number of class participants	N/A	N/A	N/A	31	40	40

- In FY 2016, the number of participants who were referred by CPS increased due to measuring the whole year as opposed to FY 2015 only measuring part of the year.
- In FY 2016, the percentage increase in participants showing improved parenting skills post class (Family functioning) increased due to parents learning to focus on the value of making positive changes which increased understanding of consequences of not making family improvements.
- In FY 2016, staff began measuring the total number of class participants. There is no data available prior to FY 2016. Class participants include individuals referred by CPS and other County agencies.

CSA Administration

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of alignment between level of need and level of service requested (CANS assessment core match)	24%	32%	44%	59%	60%	60%
Percentage of cases completing home-based services in less than 180 days	60%	66%	73%	63%	60%	60%
Percentage of cases for which other funding sources were considered prior to seeking CSA funds	N/A	90%	96%	91%	96%	96%
Percentage of Child and Adolescent Needs and Strengths (CANS) Tool submitted complete	41%	87%	97%	98%	98%	98%
Percentage of Child and Adolescent Needs and Strengths (CANS) Tool submitted current (within 90 days)	91%	97%	96%	96%	96%	96%
Percentage of the Child and Adolescent Needs and Strengths (CANS) Tool submitted on time	80%	92%	99%	96%	96%	96%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of children served by CSA	250	248	238	220	210	210
Number of children served by Family Assessment and Planning Team (FAPT)	N/A	179	154	149	150	150

- The FAPT uses the Child and Adolescent Needs and Strengths (CANS) tool to assess the child and family's strengths and needs. The tool is used to determine whether or not the requested service meets the clinical criteria for CSA funding. The CANS tool is maintained in a state

PLANNING AND SUPPORT SERVICES

database known as CANVaS. The Case Manager is responsible for completing the tool in the database, printing, and signing the document.

- In FY 2016, the percentage of alignment between level of need and level of service requested (CANS assessment core match) went up due to additional staff training on CANS and consistent monitoring of CANS during each FAPT meeting.
- In FY 2016, the percentage of cases completing home-based services in less than 180 days decreased due to the expansion of eligibility criteria for Medicaid-funded intensive in-home services, which decreased referrals for home-based services through FAPT. Also, the team had use of fully staffed utilization review coordinator roles which assess whether in-home services are effective and clinically needed.
- In FY 2016, the percentage of cases for which other funding sources were considered prior to seeking CSA funds decreased due to documentation not consistently including rule-out check list in the Individualized Family Service Plan (ISFP). The department will continue training for Case Managers on alternative external, federal, state and local funding sources, as well as sustainable and low-cost community-based resources and programs.
- In FY 2016, the number of children served by CSA decreased due continuous effort to use alternative funding sources.
- In FY 2015, the percentage of Child and Adolescent Needs and Strengths (CANS) Tools submitted complete went up due to case managers' receiving additional training on completing CANS.
- In FY 2015, the percentage of the Child and Adolescent Needs and Strengths (CANS) Tools submitted on time went up due to increased enforcement.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 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

- 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.
- 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

- Coordinate and/or provide services designed to achieve family reunification.
- Recruit, train and license foster families to ensure that foster children are placed in nurturing and safe homes.
- Match foster families with abused or neglected children supporting both children and foster families during the transition to this temporary care arrangement.

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.

Adoption

- Recruit, license, and train permanent families
- Support adoptive families to meet children's and families' needs.

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.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to employee salary increases, an increase in the County’s cost for employee health insurances, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to grant funding increases for Foster Parent Training (\$29,005), Family Preservation (\$22,254), IV-E Foster Care (\$296,037), IV-E Adoption (\$80,038) and Fostering Futures (\$28,350). These increases are partially offset by funding decreases for Special Needs Adoption (\$44,104) and the Independent Living Grant (\$3,251).
- ↑ Federal share revenue increases due to projected reimbursement for eligible positions and administrative costs (\$53,619), Foster Parent Training (\$23,727), Family Preservation (\$18,874), IV-E Adoption (\$40,019), Fostering Futures (\$14,175) and IV-E Foster Care (\$148,019). This increases are offset by funding decreases for the Independent Living Grant (\$3,251).
- ↑ State share revenue increases due to the projected reimbursement for eligible positions and administrative costs (\$10,047), Fostering Futures (\$14,175), IV-E Foster Care (\$148,019), IV-E Adoption (\$40,019), and Foster Parent Training (\$150). These increases are offset by funding decreases for Special Needs Adoption (\$44,104).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$2,732,462	\$3,028,370	\$3,217,401	6%
Non-Personnel	2,603,430	2,169,630	2,577,959	19%
Total Expenditures	5,335,892	5,198,000	5,795,360	11%
Fees	1,600	-	-	-
Federal Share	2,602,026	2,093,264	2,388,446	14%
State Share	1,731,074	1,787,280	1,955,586	9%
Total Revenues	4,334,700	3,880,544	4,344,032	12%
Net Tax Support	\$1,001,192	\$1,317,456	\$1,451,328	10%
Permanent FTEs	31.25	30.50	30.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	31.25	30.50	30.50	

PERFORMANCE MEASURES

Child Protective Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of children stabilized with their families	N/A	N/A	N/A	88%	90%	90%
Percentage of children who were victims of founded maltreatment within a two year period	0.5%	1.0%	0.0%	1.6%	1.0%	1.0%

CHILD WELFARE

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of assessments	324	307	224	189	200	200
Number of families served by CPS ongoing	N/A	N/A	N/A	56	60	60
Number of information and referral calls	3,790	3,440	3,132	3,273	3,200	3,200
Number of investigations	108	96	80	96	95	95
Number of investigations which resulted in a finding of abuse or neglect dispositions	45	46	45	53	55	55

- The percentage of children stabilized with their families was not measured prior to FY 2016.
- In FY 2016, the percentage of children who were victims of founded maltreatment within two year period increased slightly due to one case with multiple children who were victims of founded maltreatment.
- In FY 2016, the number of assessments decreased due to cases being of a more serious nature and getting referred to investigation rather than family assessment.
- The number of families served by CPS ongoing was not measured. Prior to FY 2016.
- In FY 2016, the number of investigations which resulted in a finding of abuse or neglect dispositions increased due to higher number of incidents and referrals of serious nature.
- In FY 2015, the number of assessments, referral calls and investigations decreased due to an increase in community training on spotting and preventing child abuse.

Foster Care

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of new foster families certified	10	11	13	23	25	25
Number of total certified foster families	41	42	48	59	60	60
Percentage of foster families retained through the end of the fiscal year	N/A	N/A	88%	87%	90%	90%
Percentage of placements that allow children in foster care to continue services with their own providers seen prior to foster care	N/A	N/A	88%	96%	95%	95%
Percentage of placements that enable children in foster care to remain in their original school districts	N/A	N/A	87%	90%	90%	90%
Percentage of placements that lasted until the child was discharged from foster care	N/A	N/A	89%	80%	90%	90%
Percentage of placements with a child's relatives, siblings or child-specific placements	N/A	N/A	63%	47%	65%	65%

CHILD WELFARE

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average number of children served monthly	98	92	71	67	65	65
Average number of children served monthly in congregate care	8	12	14	13	13	13
Average number of children served monthly in purchased therapeutic foster home	50	26	19	16	20	20
Average number of children served monthly in regular foster care	22	19	26	38	35	35
Percentage of families certified within 90 days	14%	72%	77%	68%	75%	75%

- In FY 2016, the number of total certified foster families increased due to a concerted effort to increase the division's outreach efforts and increase certification process timelines. The foster care team developed a formal plan for targeted recruitment activities and hired contractors to streamline the certification process.
- In FY 2016, the percentage of placements that allow children in foster care to continue services with their own providers seen prior to foster care increased due to continued efforts to maintain family continuity through promoting kinship care (or the care of children by their relatives) which has helped with continuity with providers.
- In FY 2016, the percentage of placements with a child's relatives, siblings or child-specific placements decreased due to more children coming into care without siblings. When children are placed with siblings or relatives it has a positive impact as they are able to maintain better family connections.
- In FY 2016, the percentage of families certified within 90 days decreased due to delayed completion of home studies which are required for certification. The delays were due to a staff member being on extended leave and an extensive training process for a new contractor. FY 2017 and FY 2018 estimates are based on full staffing levels.
- Performance measures that are listed as N/A were new for FY 2015 and no prior year data is available.
- In FY 2015 and FY 2016, the average number of children served monthly continued to decrease due to more prevention activities.
- In FY 2015 and FY 2016, the average number of children served monthly in regular foster care increased and the average number of children served monthly in purchased therapeutic foster homes decreased, due to the resource team's focus on placing children in licensed homes instead of using therapeutic agencies.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Family Partnership Meeting

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average satisfaction score with FPMs for family members/service providers	3.7/3.5	3.6/3.5	3.6/3.5	3.6/3.6	3.5/3.5	3.5/3.5
Percent of children in foster care who had a Family Partnership Meeting (FPM) and who left foster care within 12 months	69%	59%	40%	62%	60%	60%
Percent of youth at risk of removal who remained in the home at least 90 days after a Family Partnership Meeting	86%	93%	94%	76%	90%	90%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of children served in at-risk and removal FPMs	86	85	93	83	90	90
Number of children served in placement- and goal-change FPMS	62	67	10	9	10	10
Percent of Family Partnership Meetings held within 14 days for youth at risk of removal	96%	100%	95%	94%	100%	100%
Percent of removal meetings held before the Court hearing	100%	100%	89%	94%	100%	100%

- In FY 2015, the percent of children in foster care who had a FPM and who left foster care within 12 months decreased due to a high rate of adoption. Adoption prolongs length of stay due to additional procedures and steps. In FY 2016, the percent of children in foster care who had a FPM and who left foster care within 12 months increased due to an updated calculation methodology. Data now excludes children who either were adopted or had goals other than reunification or placement with relatives.
- In FY 2016, the percent of youth at risk of removal who remained in the home at least 90 days after a Family Partnership Meeting decreased due to efforts to implement plans developed by five families with a total of seven children in the FPM that were eventually overruled or significantly modified during the court process.
- Beginning in FY 2015, Transitional Living Plan FPMs were removed from the totals as they are addressed in the Independent Living measures.
- In FY 2015, the percent of removal meetings held before the Court hearing decreased due to two meetings held beyond the five-day hearing because referrals were received the day before hearings.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

CHILD WELFARE

Adoption

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of children who exited foster care to adoptive homes within 24 months	13	10	12	8	15	15

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of Adoptions	134	139	138	122	125	125

- In FY 2016, there was a decrease in number of children who exited foster care to adoptive homes within 24 months due to several older children with the goal of adoption were either not matched with a family or were not prepared for adoption by their foster families.
- In FY 2016, there was a decrease in the number of adoptions due to a number of older adoption subsidies closing (the youth turned 18 or 21 and their subsidies ended). Adoption refers to all the cases still being supported by Child and Family Services Division.

Independent Living (IL)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of youth 18+ who left foster care having earned a HS diploma/GED	92%	100%	58%	80%	80%	80%
Percent of youth 18+ who left foster care who had a relationship with at least one supportive adult	92%	84%	74%	100%	80%	80%
Percent of youth 18+ who left foster care who had achieved at least adequate economic stability	69%	84%	34%	60%	60%	60%
Percent of youth 18+ who left foster care who had achieved at least adequate housing stability	84%	83%	34%	80%	80%	80%
Percent of youth 18+ who left foster care who were working full-time or in an education/training program	92%	100%	40%	80%	80%	80%
Percentage of youth 18+ who retained or reapplied for health insurance after exiting care	N/A	N/A	N/A	50%	60%	60%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of youth served in foster care between ages 14 and 20	63	45	40	50	50	50
Percent of youth age 16 through 21 years old who had Transitional Living Plan (TLP) completed on time	96%	93%	86%	59%	75%	75%

- In FY 2015, the percent of youth 18+ exiting foster care having achieved targeted levels of housing, employment, education and economic stability declined due to the high proportion of youth with substance abuse or mental health challenges in the FY 2015 cohort. Due to the small sample size (6-12 youth), these measures can display considerable variation from year to year.
- In FY 2015, the percent of youth 18+ leaving foster care enrolled in high school or having obtained their diploma or GED decreased, as five youth were not enrolled in high school when they exited care. These youth are eligible to re-enroll to complete their education. In FY 2016, the percent increased because fewer youth with significant mental health and/or substance abuse issues exited care.
- In FY 2015, the percent of youth 18+ leaving foster care who had a relationship with at least one supportive adult decreased, as several youth who had been in foster care for a significant part of their lives were unable to form or maintain connections with their families. In FY 2016, all five youth had significant natural supports, which assisted them in transitioning to young adulthood. All five youth continued positive relationships with their biological families, and four of the five youth continued close relationships with their former foster families.
- In FY 2016, the percent of youth 18+ who left foster care who had achieved at least adequate economic stability increased. The three youth rated as having at least adequate economic stability either had full-time employment or were being supported by their former foster families.
- In FY 2016, the percent of youth 18+ who left foster care who had achieved at least adequate housing stability increased. Four youth exited care with at least adequate housing. One youth became a commissioned officer in the military following graduation from college, and three youth received housing through Arlington housing programs or through their former foster families.
- In FY 2016, a new measure was added to assess whether or not youth were successful in maintaining health insurance coverage after closing.
- In FY 2016, the percent of youth 18+ who left foster care who were working full-time or in education/training program increased because CFSD had less youth exit care that had significant mental health and/or substance abuse issues this year.
- In FY 2015, percent of youth who had TLP completed on time decreased due to fewer youth being emotionally prepared to participate in the TLP process when it was due. In FY 2016, the percent decreased due to the IL coordinator being the only staff person trained and available to facilitate TLPs. In previous years, 3 additional staff were also trained facilitators.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 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.

Assessment and Child Advocacy Center

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

Outpatient Therapy

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

Outpatient Case Management

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

BEHAVIORAL HEALTHCARE

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases due to the transfer of a Psychiatrist to Psychiatrist Services in the Behavioral Healthcare Division (\$243,955, 1.0 FTE) and a Mental Health Therapist (\$25,938, 0.25 FTE) to Planning and Support Services. These decreases are partially offset by a grant-funded Child Advocacy Center (CAC) Human Services Clinician II (\$99,461, 1.0 FTE) approved by the Board during FY 2016 closeout, employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to increases in the Children Crisis Stabilization Program (\$208,929) and Child Advocacy Center Grant (\$87,369). These increases are offset by the transfer of psychiatrist contract funds (\$150,000) to Behavioral Healthcare Division.
- ↓ Fee revenue decreases due to the reduction of Batters Intervention Program revenue (\$5,000) which was moved to the Behavioral Healthcare Division.
- ↑ Federal share revenue increases due to reallocation of CSB Federal Block Grant from State share revenue (\$25,974).
- ↑ State share revenue increase is due to an increase in the Children Crisis Stabilization Program (\$208,929), partially offset by revenue correction for CSB programs (\$110,792) and reallocation of CSB Federal Block Grant to Federal share revenue (\$25,974).
- ↑ Other revenue increase is due to an increase in the Child Advocacy Center Grant (\$87,369).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$2,436,641	\$3,005,616	\$2,892,715	-4%
Non-Personnel	1,631,183	1,747,313	1,893,611	8%
Total Expenditures	4,067,824	4,752,929	4,786,326	1%
Fees	142,776	146,500	141,500	-3%
Federal Share	230,826	195,271	221,245	13%
State Share	1,328,110	1,574,326	1,646,489	5%
Other	111,379	52,863	140,232	165%
Total Revenues	1,813,091	1,968,960	2,149,466	9%
Net Tax Support	\$2,254,733	\$2,783,969	\$2,636,860	-5%
Permanent FTEs	25.00	26.00	25.75	
Temporary FTEs	-	-	-	
Total Authorized FTEs	25.00	26.00	25.75	

PERFORMANCE MEASURES

Centralized Intake Unit

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of children and families connected to ongoing services	72%	80%	97%	92%	95%	95%
Percentage of clients diverted from court involvement	46%	69%	78%	13%	35%	35%
Percentage of parents understanding the next step in obtaining services	N/A	N/A	98%	100%	95%	95%
Percentage of parents who believe they will get the help they need	N/A	N/A	98%	98%	95%	95%
Percentage of youth understanding what the next step is	N/A	N/A	84%	91%	90%	90%
Percentage of youth who believe they will get the help they need	N/A	N/A	87%	91%	90%	90%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of information and referral calls handled	835	822	739	928	950	950
Percentage of referrals scheduled for assessments within 10 calendar days	34%	41%	83%	86%	85%	85%
Percentage of required Intake Assessment documentation data elements complete	89%	93%	95%	95%	97%	97%
Percentage of staff reporting usefulness of psychological evaluations in work with clients	88%	91%	100%	91%	95%	95%

- In FY 2016, percentage of children and families connected to ongoing services slightly decreased due to increased length of time between screening and first appointment. The nine youth who never connected to ongoing services averaged 22 days between screening and first scheduled appointment.
- In FY 2016, percentage of clients diverted from court involvement decreased due to decrease in the number and nature of eligible diversion cases. The primary source of diversion cases in FY 2016 came from the truancy committee. Fewer cases were referred by the Arlington Public Schools for truancy intervention, and the cases that were referred reflected more challenging circumstances. The Department of Juvenile Justice has shifted priorities to decrease the use of the court mandated services for low risk youth.
- In FY 2016, percentage of staff reporting usefulness of psychological evaluations in work with clients decreased due to two respondents not receiving evaluation reports in a timeframe that met their needs.
- In FY 2016, the number of information and referral calls handled went up due to an increased outreach to include a packet sent home to every student in the beginning of the school year. This attracts and encourages parents to see information even if they do not immediately need it for themselves. In addition, because of the outreach, an increase of professionals are calling to receive information.

BEHAVIORAL HEALTHCARE

- In FY 2015, the percentage of children and families connected to ongoing services increased due to early identification of clients who were not eligible for or motivated to begin treatment. These clients received an abbreviated assessment and referral to appropriate resources.
- In FY 2015, the number of information and referral calls handled went down due to increase in the use of private insurance and community resources.
- In FY 2015, the percentage of referrals scheduled for assessments within 10 calendar days went up due to enhanced monitoring and prioritization resulting from the Managed Care business process redesign.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Outpatient Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of clients who achieve their treatment goals at discharge	82%	78%	92%	92%	95%	95%
Percentage of parents completing surveys who report satisfaction with services	93%	93%	91%	90%	90%	90%
Percentage of seriously emotionally disturbed consumers maintained in the community with outpatient treatment	85%	85%	85%	85%	90%	90%
Percentage of youth completing surveys who report satisfaction with services	74%	78%	74%	75%	80%	80%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of client services documentation completed within one business day	n/a	81%	84%	82%	85%	85%
Percentage of client show rate	n/a	84%	81%	81%	84%	84%
Total consumers receiving services	435	366	341	336	345	345

- In FY 2015, the percentage of clients who achieve their treatment goals at discharge increased due to an improved focus on measurable, attainable objectives in treatment planning, as well as the use of realistic goal-setting with clients.
- In FY 2015, the percentage of youth completing surveys who report satisfaction with services remains lower than that of parents/caregivers. Youth completing the surveys are usually adolescents, many of whom are not receiving services voluntarily which causes lower reports of satisfaction.
- In FY 2015, the total number of clients receiving services decreased due to increase in the use of private insurance and community resources. A calculation error affecting the FY 2014 data was corrected.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

BEHAVIORAL HEALTHCARE

Child Advocacy Center

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of children receiving forensic interviews by Child Advocacy Center staff	122	97	123	146	150	150

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of children referred to the CAC	180	150	152	189	200	200
Percentage of children interviewed at the CAC meeting case acceptance criteria	n/a	82.5%	69%	79%	80%	80%

- In FY 2016, number of children receiving forensic interviews increased due to an increase in referrals with allegations other than sexual abuse, including physical neglect and physical abuse. There was also a daycare case in which all potentially affected children were referred and interviewed. Child Advocacy Center referrals are also received from school principals, school nurses, and doctor's offices.
- In FY 2015, number of children receiving forensic interviews increased due to improved recognition of siblings as potential victims and ensuring that they are interviewed as well.

Child and Family Substance Abuse and Early Intervention

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of youth demonstrating increased knowledge of the effects of alcohol, tobacco, and other drugs	120	83	191	14	30	30

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of presentation participants	215	83	207	628	600	600
Number of presentations given	20	33	46	36	50	50

- For FY 2016, the number of youth demonstrating increased knowledge of the effects of alcohol, tobacco and other drugs decreased due to a specific middle school program not being implemented.
- In FY 2016, the number of presentation participants increased due to increased staff capacity and presenting at large conferences and workshops.

BEHAVIORAL HEALTHCARE

- In FY 2016, number of presentations given decreased due to the type of presentations given. The program did fewer presentations but on a larger scale like conferences and workshops.
- In FY 2015, the number of youth demonstrating increased knowledge of the effects of alcohol, tobacco and other drugs increased as the unit implemented a program that had pre and post measures, leading to improved measurement of the impact. This program also provided more penetration in the community, enabling staff to work more directly with youth.
- In FY 2015, the number of presentation participants went up because the unit made a concerted effort to increase its environmental impact. The high demand for Mental Health First Aid training and collaboration with other community systems increased the unit's productivity.

Intensive and Transitional Case Management

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of youth transitioned to adult behavioral health services	4	8	8	18	20	20

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average number of youth receiving detention-based mental health services per month	N/A	N/A	N/A	13	10	10
Number of youth receiving intensive and routine case management services	44	111	107	68	80	80
Percent of Clients Residing in the Least Restrictive Environment During Services	N/A	85%	84%	81%	90%	90%

- In FY 2016, the number of youth transitioned to adult behavioral services increased. Staff underwent training which led to identifying additional youth.
- Prior to FY 2016, there was no data collected for average number of youth receiving detention-based mental health services.
- In FY 2016, the number of youth receiving intensive care management services decreased due to multiple cases being referred out for case management, therapy, and supportive counseling.

MANAGEMENT AND ADMINISTRATION

PROGRAM MISSION

To provide leadership and management oversight to the Aging and Disability Services Division and act as the point of entry and central resource center for customers.

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.

Customer Service Center

- Enhance quality of life and promote independent living for older adults age 60 years and over and individuals with disabilities.
- Provide information, referrals, 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.
- Plan and coordinate services for older adults, individuals with disabilities, and their caregivers.
- 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.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to employee salary increases and an increase in the County's cost for employee health insurance, offset by adjustments to retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to a Sequoia Plaza rent increase (\$3,805).

MANAGEMENT AND ADMINISTRATION

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$1,035,851	\$1,132,337	\$1,133,651	-
Non-Personnel	224,162	245,310	249,115	2%
Total Expenditures	1,260,013	1,377,647	1,382,766	-
Fees	1,281	700	700	-
Federal Share	17,472	76,481	76,481	-
State Share	6,043	20,998	20,998	-
Total Revenues	24,796	98,179	98,179	-
Net Tax Support	\$1,235,217	\$1,279,468	\$1,284,587	-
Permanent FTEs	11.05	11.05	11.05	
Temporary FTEs	-	-	-	
Total Authorized FTEs	11.05	11.05	11.05	

PERFORMANCE MEASURES

Management and Administration

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percentage of budgeted third party reimbursement revenue received	94%	102%	155%	98%	100%	100%

- Percent of budgeted third party reimbursement revenue received for FY 2014 and FY 2015 actuals were aided by increased fee collections.

Customer Service Center

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of requests for information and assistance	4,418	4,607	4,630	4,650	4,650	4,655
Customers in poverty receiving face to face services	N/A	N/A	N/A	502	530	530
Completion of case management work within 90 days	N/A	95%	94%	99%	98%	98%
Quality of customer experience: Clarity of information	N/A	N/A	N/A	98%	98%	98%
Quality of customer experience: Wait time	N/A	N/A	N/A	100%	98%	98%
Quality of customer experience: Quality interaction with staff	N/A	N/A	N/A	100%	98%	98%

- In FY 2014, the program began to see an increase in the number of information and assistance requests due to outreach efforts for Cluster Care, transportation, and Medicare services

MANAGEMENT AND ADMINISTRATION

among other programs. The Customer Service Center will continue these outreach efforts in the future to elevate the visibility of the services offered.

- The completion of case management within 90 days increased in FY 2016 due to quicker referrals to ongoing programs, and therefore reducing the need to keep cases open for longer periods of time.
- Measures indicated as "N/A" were new for FY 2014, FY 2015, or FY 2016.

Volunteer Guardianship and Personal Advocate Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of DHS clients in the Volunteer Guardianship Program with a founded Adult Protective Services case	0	0	0	0	0	0

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of DHS clients with a guardian	93	95	170	180	185	186
Number of volunteer guardians who participate in the program	38	34	37	37	39	39

- In FY 2015, 70 additional cases were identified through clients served in the Regional Older Adult Facilities Mental Health Support Team (RAFT) Program, Senior Adult Mental Health, and Mental Health and Substance Abuse Services. This level of client guardianship is expected to continue in future years.
- In FY 2016, the increase in the number of DHS clients with a guardian is due to individuals with developmental disabilities identified and included in the number of guardians.
- 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.

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 660 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 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 Commissions on Aging and Long Term Care Residences.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to employee salary increases, an increase in the County’s cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to a Sequoia Plaza rent increase (\$2,098), the Home Delivered Meals Program (\$2,867), the Regional Contribution to the Ombudsman Program (\$2,673) and the Culpepper Garden Community (\$7,198).
- ↑ Federal Share revenue increases due to an adjustment to the projected amounts for the Agency on Aging Plan (\$89,477).
- ↑ State Share revenue increases due to an adjustment to the projected amounts for the Agency on Aging Plan (\$15,295).
- ↑ Other revenue increases due to an annual three percent increase in rent receipts for the Cherrydale Health and Rehabilitation Center (\$7,198).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$317,678	\$346,979	\$362,159	4%
Non-Personnel	1,019,302	1,039,661	1,054,497	1%
Total Expenditures	1,336,980	1,386,640	1,416,656	2%
Fees	361	-	-	-
Federal Share	443,547	324,684	414,161	28%
State Share	153,381	202,155	217,450	8%
Other	233,421	246,682	253,880	3%
Total Revenues	830,710	773,521	885,491	14%
Net Tax Support	\$506,270	\$613,119	\$531,165	-13%
Permanent FTEs	3.00	3.00	3.00	
Temporary FTEs	0.50	0.50	0.50	
Total Authorized FTEs	3.50	3.50	3.50	

PERFORMANCE MEASURES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of grants received	14	13	12	10	10	11
Number of programs funded through the Area Agencies on Aging (AAA)	22	13	12	10	10	11

- The number of grants received was lower in FY 2015 due to the Vertical Village grant ending. In FY 2016, the number of grants received decreased due to the phase out of the liquid nutrition program and the conclusion of grant funding for the Door thru Door Program. The projected increase in FY 2018 is related to the expansion of the No Wrong Door and Options Counseling programs.
- The number of programs funded through the AAA were lower in in FY 2016 is due the conclusion of grant funding for Door thru Door program. The FY 2018 estimate is related to the expansion of the No Wrong Door and Options Counseling programs.

Arlington Area Plan for Aging Services

The Area Plan is supported with Older Americans Act funds, state funds and local funds, as well as reimbursement from the U.S. Department of Agriculture and client contributions.

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Administration and Long Term Care Coordination	\$317,678	\$346,979	\$362,159	4%
Information and Assistance/Customer Service	119,473	124,771	132,372	6%
Homemaker Service	371,869	522,940	522,940	-
Home Delivered Meals	103,875	140,094	142,195	1%
Senior Centers with Congregate Meals	125,495	170,306	170,306	-
Transportation - Medical and Nutrition	115,551	111,771	117,852	5%
Long-Term Care Ombudsman	46,371	45,963	45,963	-
Legal Assistance	43,935	49,935	49,935	-
Money Management	36,278	37,238	37,238	-
Total Expenditures	1,280,525	1,549,997	1,580,960	2%
Total Revenues	448,184	542,499	553,336	2%
Net Tax Support	\$832,342	\$1,007,498	\$1,027,624	2%

Administration and Long-Term Care Coordination, Information and Assistance/Customer Service, Homemaker Service, Home Delivered Meals, Transportation-Medical and Nutrition (medical appointments and grocery loops), Long-Term Care Ombudsman, and Money Management are reflected across multiple lines of business in the Aging and Disability Services Division in the Department of Human Services. The Senior Centers with Congregate Meals program can be found in the Department of Parks and Recreation. Legal Assistance is funded in Regionals.

ADULT DAY PROGRAM

PROGRAM MISSION

To improve the quality of life for individuals 18 and older with age-related or developmental disabilities and their families to enable them to remain living independently in the community.

Walter Reed Adult Day Health Care Center

- 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.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to employee salary increases and an increase in the County’s cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Intra-County Charges increase due to the cost of the Regional Older Adult Facilities Mental Health Support Team (RAFT) and Developmental Disability Services clients attending the adult day program (\$20,000).
- ↓ Fees decrease due to an adjustment to align budget to actuals (\$22,000).

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$692,514	\$715,788	\$744,989	4%
Non-Personnel	90,016	116,659	116,809	-
Intra-County Charges	(67,617)	(54,013)	(74,013)	37%
Total Expenditures	714,913	778,434	787,785	1%
Fees	140,424	202,000	180,000	-11%
Total Revenues	140,424	202,000	180,000	-11%
Net Tax Support	\$574,489	\$576,434	\$607,785	5%
Permanent FTEs	8.75	8.75	8.75	
Temporary FTEs	-	-	-	
Total Authorized FTEs	8.75	8.75	8.75	

ADULT DAY PROGRAM

PERFORMANCE MEASURES

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of caregivers responding to a survey who report that their family member's quality of life has improved	88%	95%	100%	93%	90%	90%
Percent of caregivers responding to a survey who report that their own quality of life has improved	92%	94%	100%	100%	90%	90%

- In FY 2015, fewer caregivers responded to the survey, but all reported improved quality of life. In FY 2016, five participants left the program due health problems. This may have impacted caregiver response rates. The target satisfaction rating is 90% for the day program.

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total unduplicated number of participants	64	60	61	56	60	60
Average daily attendance	21.0	22.0	20.5	19.0	21.0	21.0
Average monthly census	37	39	36	34	36	36
Utilization rate (client days attended/capacity)	84%	88%	82%	76%	84%	84%
Compliance with state licensing requirements: Length of license received/maximum length possible	3/3	3/3	3/3	3/3	3/3	3/3

- The FY 2016 decrease in participants is due to five participants having high acuities that left the program.
- The decrease in the utilization rate in FY 2015 and FY 2016 is the result of one less person in attendance on average per day. Average daily attendance, monthly census and utilization rate are impacted by clients with high acuities who miss days more frequently due to illness, hospitalizations, medical appointments, and inclement weather.
- This program has a performance measurement plan. The data above align with this plan. You can read this program's complete FY 2016 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

PROGRAM MISSION

To promote independent living and ensure the safety of older adults aged 60 years and over and individuals with disabilities residing in the community and to increase awareness of adult and elder abuse, neglect, and exploitation.

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.

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to the transfer in of a Human Services Specialist (\$107,762, 1.0 FTE) from Client Services Entry in the Behavioral Health Division, employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to Sequoia Plaza rent (\$9,550), an increase for Virginia Department of Social Services (VDSS) in-home services (\$30,812), and contractual services (\$25,394).
- ↑ Federal Share revenue increases due to increases in the Virginia Department of Social Services (VDSS) allocation (\$127,830) and adjustments for past actuals (\$8,050).
- ↑ State Share revenue increases due to increases in the VDSS allocation (\$4,911).

ADULT SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$1,916,569	\$2,021,234	\$2,066,685	2%
Non-Personnel	2,341,389	2,312,456	2,378,212	3%
Total Expenditures	4,257,958	4,333,690	4,444,897	3%
Fees	12	2,500	2,500	-
Federal Share	1,022,587	773,303	909,183	18%
State Share	200,186	338,454	343,365	1%
Other	7,889	13,000	13,000	-
Total Revenues	1,230,674	1,127,257	1,268,048	12%
Net Tax Support	\$3,027,284	\$3,206,433	\$3,176,849	-1%
Permanent FTEs	19.00	19.00	20.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	19.00	19.00	20.00	

PERFORMANCE MEASURES

Adult Social Services

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of nursing home and community-based waiver screenings	133	115	113	158	170	170
Total number of clients needing intensive intervention	355	361	352	44	55	55
Total number of clients served	488	528	520	537	525	525
Total number of clients receiving Adult Services and Adult Services Home Based Care	N/A	N/A	486	480	481	481
Percent of cases where monthly/quarterly/annual contact requirements are met	N/A	N/A	88%	100%	100%	100%
Percent of nursing home pre-admission screenings that occur within 30 days of referral	N/A	N/A	80%	73%	90%	90%
Percent of clients who live in the most independent and least restrictive setting	N/A	N/A	43%	68%	75%	75%

- The number of nursing home and community-based waiver and pre-admission screenings is projected to increase based on recent trends in screening requests, as well as an internal reorganization to improve scheduling and processing.
- For FY 2016 and beyond, the data collection method for the total number of clients needing intensive intervention was changed to only include intensive case type designations. Intensive case designations are those that require one contact (phone or face-to-face) per month with

ADULT SERVICES

either the client or the client’s caregiver. Previously this measure took into account all encounters.

- The total number of clients served increased by 32 from FY 2013 to FY 2015. This increase is due to partnering with Senior Adult Mental Health on complex cases requiring mental health therapy and case management, as well as increased transfers from the Customer Service Center and Adult Protective Services. The increase for FY 2016 is attributed to reassessments of clients at assisted living facilities. Staff anticipate an increase in nursing home placements which will decrease the total number of clients by this program.
- Measures indicated as “N/A” were new for FY 2015 and were not previously tracked.
- For percent of cases where monthly/quarterly/annual contact requirements are met, FY 2015 was the first year data was collected and not all contacts were being logged. A more systematic approach was implemented for FY 2016 and this trend will continue in future years.
- Nursing home pre-admission screenings decreased in FY 2016 due to increased demand and limited staff availability. In FY 2017, a staff member was dedicated solely for pre-admission screenings, therefore resulting in the increase estimates for FY 2017 and FY 2018.
- The increase for percent of clients who live in the most independent and least restrictive setting is attributed to the increase number of screenings by the dedicated staff. More screenings completed will equate to more individuals identified as being able to living independently.

Adult Protective Services (APS)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of clients with reduced risk factors after three months of intervention or at case closure	93%	96%	98%	100%	97%	97%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total number of clients served	311	312	304	325	313	313
Percent of APS investigations initiated within 24 hours	100%	100%	100%	100%	100%	100%
Percent of initial face-to-face community visits within 5 days	100%	100%	100%	100%	100%	100%
Number/percent of APS investigations substantiated out of total number of investigations	137/54%	131/49%	127/51%	70/28%	111/36%	111/36%
Number/percent of founded APS investigations: Neglect	109/80%	109/83%	94/74%	48/69%	102/79%	102/79%
Number/percent of founded APS investigations: Abuse	6/4%	7/5%	6/5%	8/11%	6/5%	6/5%
Number/percent founded APS investigations: Exploitation	22/16%	15/12%	27/21%	14/20%	21/16%	21/16%
Number/percent of APS clients found to be abused, neglected or exploited who accept services	128/93%	111/85%	114/90%	61/87%	114/88%	114/88%
Percent of investigations completed within 45 days	100%	100%	100%	100%	100%	100%

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Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average number of investigations per worker per year	79	87	80	85	85	85

- FY 2016 the total number of clients served increased due to more unfounded cases seeking and accepting services. However, the number of substantiated cases decreased due to less cases determined to be founded. 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 increase in the FY 2017 and FY 2018 estimates for the number of founded APS investigations categorized as neglect are consistent with a statewide increase in self neglect cases. Self-neglect cases are defined as evictions, hoarding, and medical non-compliance.
- There was a nine percent increase of founded APS exploitation investigations from FY 2014 to FY 2015. The increase can be attributed to the increased reporting by financial institutions, which have set up specialized fraud units specifically geared to the protection of seniors.
- 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.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Nursing Case Management and In-Home Services

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number and percent of patients with hypertension who maintain blood pressure within normal limits for the client	81/91%	78/91%	68/91%	68/96%	72/90%	72/90%
Number and percent of clients with medications pre-poured who are adherent to their medication regimen	62/95%	64/97%	49/97%	37/98%	38/95%	38/95%
Number and percent of new clients with fewer ER visits per quarter after admission compared to the quarter before admission	9/29%	10/39%	6/75%	8/80%	9/60%	9/60%

- The number of clients pre-poured decreased in FY 2015 due to fewer total admissions into the program. For FY 2016, the decrease in number is related to a change in the adherence strategy.
- The FY 2015 and FY 2016 decrease in the number and percent of new clients with ER visits are believed to be an anomaly. The program goal remains at 60 percent.

ADULT SERVICES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Nursing Case Management: Number of persons served	362	302	303	446	400	400
Nursing Case Management: Average ongoing caseload per nurse case manager	24	24	21	21	25	25
Nursing Case Management: Average all clients served per nurse case manager	27	27	24	27	28	28
Nursing Case Management: Number and percent of new care plans initiated within 10 working days of admission	39/100%	28/100%	24/100%	22/100%	29/95%	29/95%
Nursing Case Management: Percent of care plans updated quarterly based on chart reviews	50/79%	73/100%	70/100%	63/98%	60/95%	60/95%
Home-Based Cluster Care: Number of persons served and maintained in their home	375	356	350	355	350	350
Home-Based Cluster Care: Number and percent of clients surveyed who are satisfied with services	93%	93%	93%	99%	95%	95%

- Nursing Case Management: Number of persons served has been revised for FY 2014, due to a revised data collection method. The FY 2016 increase in Nursing Case Management: Number of persons served is attributed to staff roles and new coverage arrangements to see more clients with short-term needs for assessment or consultation.
- Nursing Case Management: Average all clients served per nurse was added to the performance plan for FY 2017. The program has historically tracked this measure internally.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

SENIOR ADULT MENTAL HEALTH SERVICES

PROGRAM MISSION

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

Senior Adult Mental Health Program

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

Regional Older Adult Facilities Mental Health Support Team (RAFT)

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

Mary Marshall Assisted Living Residence

- Provide assisted living housing and services for low-income older adults with serious mental illness and disabilities. The Mary Marshall Assisted Living Residence has been operational since November 2011. 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. Local Arlington net tax support is used to cover the difference between those funding sources and the total cost required to operate the residence.

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases due to the transfer out of a Psychiatrist (\$56,218, 0.20 FTE) to Psychiatric Services in the Behavioral Healthcare Division and positions filled at lower than expected salary levels. The decrease is partially offset by employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↓ Non-personnel decreases primarily due to the transfer of consulting costs to the Behavioral Healthcare Division (\$130,000) and reductions in the RAFT program (\$34,840). These increases are partially offset by increases due to Sequoia Plaza rent (\$2,759), contractual services (\$101,294), and a reallocation from personnel for work by others in the RAFT program (\$47,250) for staff time spent overseeing the program.
- ↓ Intra-County Charges reflects the elimination of work for others associated with overseeing the RAFT program (\$47,250).
- ↓ State share revenue decreases due to the Virginia Department of Social Services (VDSS) allocation (\$48,658).
- ↓ Federal share revenue decreases due to the Virginia Department of Social Services (VDSS) allocation (\$2,407).
- ↑ Other revenues increase due to an annual three percent increase in lease payments to the County for the Cherrydale Health and Rehabilitation Center (\$3,545).

SENIOR ADULT MENTAL HEALTH SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$1,434,738	\$1,418,440	\$1,380,979	-3%
Non-Personnel	3,078,960	3,106,557	3,092,745	-
Intra-County Charges	(63,901)	(47,250)	-	-
Total Expenditures	4,449,797	4,477,747	4,473,724	-
Fees	194,468	187,281	187,281	-
Federal Share	291,433	505,004	502,597	-
State Share	559,884	607,009	558,351	-8%
Other	114,805	111,412	114,957	3%
Total Revenues	1,160,590	1,410,706	1,363,186	-3%
Net Tax Support	\$3,289,207	\$3,067,041	\$3,110,538	1%
Permanent FTEs	12.50	12.70	12.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	12.50	12.70	12.50	

PERFORMANCE MEASURES

Senior Adult Mental Health Program

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of adults served	249	246	250	258	270	270
Total number of persons receiving case management and mental health therapy	185	183	186	191	185	185

- For FY 2013-2014 the total number of adults served reflects only older adults. For FY 2015 and beyond, data includes persons receiving psychiatric and intellectual and development disability services.
- The FY 2017 and FY 2018 estimates increase based on and expected shift of some patients from the Behavioral Health Division to the Senior Adult Mental Health Program.

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of home visits per year	500	522	520	573	570	570
Percent of charts that meet quality documentation requirements	N/A	N/A	79%	93%	90%	90%
Percent of progress notes that are entered within one business day	N/A	N/A	92%	97%	90%	90%
Percent of older adult treatment cases maintained in the community and out of a nursing home	98%	92%	97%	98%	97%	98%
Percent of older adult treatment cases not psychiatrically hospitalized	98%	98%	98%	98%	98%	98%
Percent of clients surveyed meeting quality of life rating of good or very good	N/A	N/A	N/A	58%	58%	58%

SENIOR ADULT MENTAL HEALTH SERVICES

- Percent of charts that meet quality documentation requirements increased in FY 2016 because the program adjusted business practices and strategic planning. DHS considers 90 percent quality documentation as meeting expectations.
- “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.
- Measures indicated "N/A" were new for FY 2015 and FY 2016.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Regional Older Adult Facilities Mental Health Support Team (RAFT)

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of clients maintained in the community after discharge or diversion from psychiatric hospitalization	98%	96%	98%	100%	98%	98%

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Number of clients served	45	57	59	61	56	56
Percent of clients and family members satisfied with services	N/A	100%	100%	100%	98%	98%
Percent of professional partners satisfied with services	N/A	100%	100%	98%	98%	98%
Percent of progress notes entered within one business day	59%	83%	88%	92%	90%	90%

- There was an increase in clients served during FY 2014-2015 due to greater turnover among clients for reasons such as client death and moving to facilities not served by RAFT. The FY 2017 and FY 2018 estimates are based on a continuation of this trend.
- The program did not give out satisfaction surveys in FY 2013 because the survey tool was being analyzed and reworked. A revised tool was administered in FY 2014.
- Percent of progress notes entered within one business day significantly increased in FY 2014 due to adjusted business practices. The percentage increased in FY 2015-2016 due to these adjustments. DHS considers 90 percent timely documentation as meeting expectations. RAFT focused on quality of documentation in addition to timeliness in FY 2015 and FY 2016. Additionally, the FY 2016 percentage has been updated to match the performance measurement plan which was recently completed.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

SENIOR ADULT MENTAL HEALTH SERVICES

Mary Marshall Assisted Living Residence

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Mary Marshall Average Monthly Census	44	50	51	52	52	52

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

DEVELOPMENTAL DISABILITY SERVICES

PROGRAM MISSION

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

Support Coordination

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

Supported Employment and Habilitation

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

Transportation

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

Residential Services

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

SIGNIFICANT BUDGET CHANGES

- ↑ Personnel increases due to a reallocation of non-personnel funds to personnel for client oversight for attendance at the Adult Day Program (\$50,000), employee salary increases and an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections.
- ↑ Non-personnel increases due to a Sequoia Plaza rent increase (\$5,120) and contractual services (\$74,081). These increases are partially offset by the transfer of consulting costs to the Behavioral Healthcare Division (\$10,000) and a reallocation of non-personnel funds for client oversight of attendance at the Adult Day Program (\$50,000).
- ↑ Fees increase to reflect a higher collection rate for transportation fees (\$2,000).
- ↑ State share revenues increase due to an adjustment to the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation (\$65,470).

DEVELOPMENTAL DISABILITY SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2016 Actual	FY 2017 Adopted	FY 2018 Proposed	% Change '17 to '18
Personnel	\$2,033,047	\$2,094,498	\$2,173,779	4%
Non-Personnel	7,790,800	6,649,347	6,668,548	-
Intra-County Charges	(65,651)	(56,350)	(56,350)	-
Total Expenditures	9,758,196	8,687,495	8,785,977	1%
Fees	414,595	561,132	563,132	-
State Share	2,387,747	742,402	807,872	9%
Total Revenues	2,802,342	1,303,534	1,371,004	5%
Net Tax Support	\$6,955,854	\$7,383,961	\$7,414,973	-
Permanent FTEs	19.30	20.30	20.30	
Temporary FTEs	-	-	-	
Total Authorized FTEs	19.30	20.30	20.30	

PERFORMANCE MEASURES

Support Coordination

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Percent of individuals receiving services in the least restrictive environment: active cases	100%	100%	100%	N/A	N/A	N/A
Percent of individuals whose services were implemented as planned: active cases	94%	100%	100%	N/A	N/A	N/A
Number of adults receiving ID services who are found to have been abused, neglected, or exploited	8	2	2	N/A	N/A	N/A
Percent of individuals who had an annual conversation regarding community-based employment	N/A	N/A	N/A	174/94%	187/98%	190/98%
Percent of individuals who were employed or working toward employment	N/A	N/A	N/A	76/93%	90/100%	99/100%

- Starting in FY 2016 three measures were removed from the Support Coordination performance plan: 1) Percent of individuals receiving services in the least restrictive environment: active cases; 2) Percent of individuals whose services were implemented as planned: active cases; and 3) Number of adults receiving ID services who are found to have been abused, neglected, or exploited. The program added two performance measures in FY 2016: 1) Percent of individuals who had an annual conversation regarding community-based employment; and 2) Percent of individuals who were employed or working toward employment. Data was not collected on these measures prior to FY 2016 and are indicated as "N/A" above. These changes reflect the program's alignment with state priorities.

DEVELOPMENTAL DISABILITY SERVICES

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Total number of individuals served	409	443	507	513	554	598
Subset: Number of assessments and evaluations	N/A	N/A	78	56	73	78
Subset: Number of active individuals	179	202	204	218	229	248
Subset: Number of monitored individuals	56	51	225	239	252	272
Subset: Number of inactive individuals	174	190	N/A	N/A	N/A	N/A
Subset: Number of Arlington-based individuals residing in state institutions	27	23	21	5	5	5
Number and percent of family members responding to a survey who expressed satisfaction with support coordination services	48/94%	64/93%	51/95%	56/91%	60/95%	64/95%
Number and percent of mandatory face-to-face contacts completed on time: active cases	724/91%	1,281/95%	1,232/99%	1,130/98%	1,176/99%	1,239/99%

- Estimated increases in number of individuals served assume that one third of all applicants will be found eligible and begin receiving services in FY 2017. Referrals in FY 2017 and FY 2018 will increase due to an anticipated increase in children and youth referred for services from Arlington Public Schools.
- From FY 2013-2014 the measures did not separate out totals for the number of assessment and evaluations. These metrics were included in active, inactive, and monitored individuals.
- Effective March 2013, the active individual category includes those receiving enhanced support coordination as per a new state definition and requirement.
- For subset number of inactive individuals, inactive was merged with monitored case management services in October 2014. Individuals receiving inactive support coordination (inactive individuals) receive services at least semi-annually but do not have person-centered plans. In FY 2015, the subset of inactive individuals was discontinued (indicated with "N/A" above), and all individuals served are now counted as individuals who receive monitoring services.
- In FY 2013, a settlement agreement between the Commonwealth and United States Department of Justice included plans to close state institutions. This will move 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 FY 2015 and FY 2016 actuals, and as well as FY 2017 and FY 2018 estimates for all critical and supporting measures.
- The reduction in the number of individuals residing in state institutions in FY 2016 is due to the closing of the Northern Virginia Training Center in January 2016.
- The number of mandatory face-to-face contacts decreased in FY 2016 due to a regulatory change by the Department of Behavioral Health and Developmental Services no longer requiring that everyone in a five bed or larger group home be visited every 30 days.

DEVELOPMENTAL DISABILITY SERVICES

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2016 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Supported Employment and Habilitation

Critical Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Average hourly earnings: Supported employment group models	\$9.63	\$10.04	\$8.30	\$9.50	\$10.19	\$10.50
Average hourly earnings: Supported employment individual models	\$12.12	\$12.21	\$12.26	\$12.28	\$12.36	\$12.50

- In FY 2015, the decrease in hourly earnings for group models was attributed to individuals being new to their jobs, which translates to lower hourly wages. With experience, the average hourly wages increased in FY 2016. This trend is expected to continue.
- Individual models are demonstrating increased hourly wages in FY 2015-2018 due to individual job opportunities and increased emphasis on job development and placement.

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Clients served: Habilitation services	127	135	140	146	138	149
Clients served: Supported employment group	37	36	42	41	40	43
Clients Served: Supported employment individual	17	22	27	29	27	29
Percent of clients responding to a survey who rated habilitation and supported employment services received as satisfactory or better	94%	92%	99%	96%	99%	99%
Percent responding to a survey rating transportation service received as satisfactory or better	93%	96%	99%	97%	99%	99%

- 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.

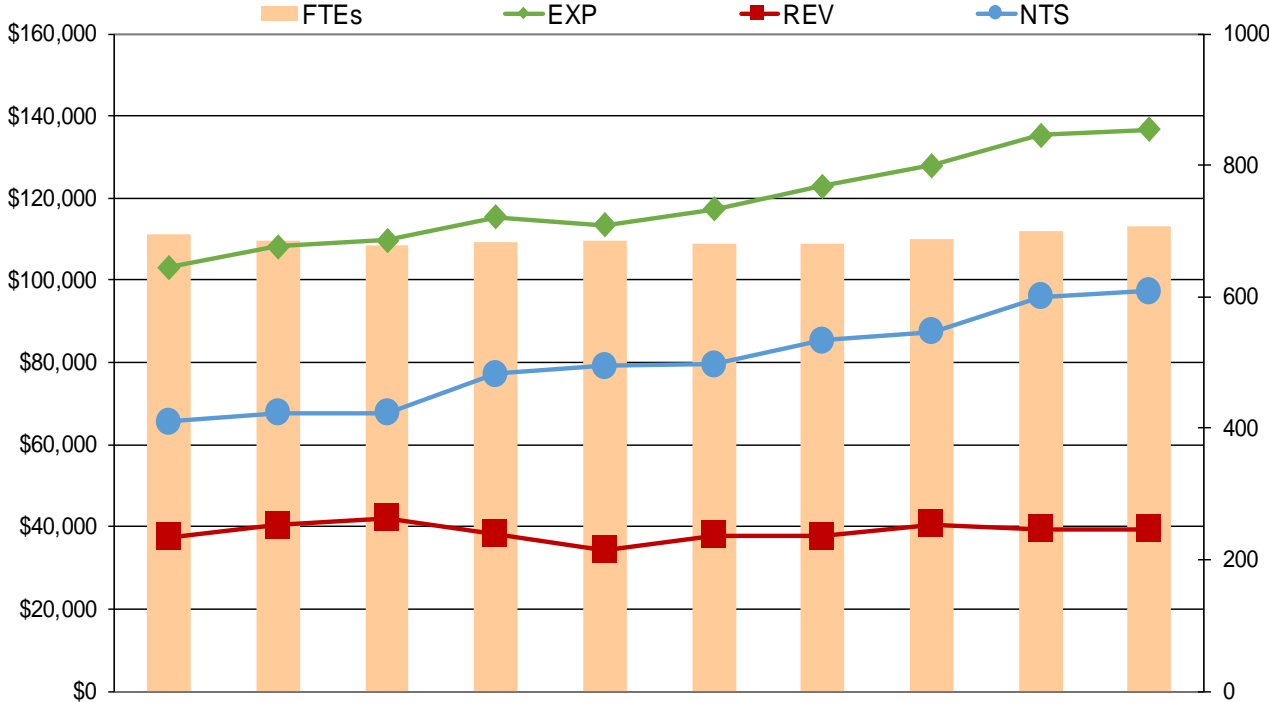
DEVELOPMENTAL DISABILITY SERVICES

Residential Services

Supporting Measures	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimate	FY 2018 Estimate
Clients served: Intensive congregate	85	84	83	91	88	88
Clients served: In-home supports	23	21	22	26	23	23
Clients served: Respite care	4	5	9	5	7	7
Clients served: Supervised congregate	20	22	22	25	30	32
Percent of consumers/advocates surveyed rating services as satisfactory or better	94%	97%	100%	94%	95%	95%

- The FY 2016 increase for the intensive congregate program shows an increase as a result of two new group homes coming online to support the state mandated discharges from the closure of the State Training Centers. The decrease in the estimates for FY 2017-2018 are the result of incentivized providers (under the new Waiver Redesign) to support individuals in smaller homes/setting.
- In FY 2014 and 2015, the respite care program experienced an increase due to emergency cases. Supervised congregate clients served is expected to increase in FY 2017 due to clients moving to supervised apartments as part of a group home consolidation.

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



	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
\$ in 000s	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Adopted Budget	Proposed Budget
EXP	\$103,058	\$108,138	\$109,678	\$115,347	\$113,480	\$117,358	\$122,965	\$127,949	\$135,396	\$136,704
REV	\$37,464	\$40,405	\$42,042	\$38,166	\$34,337	\$37,826	\$37,653	\$40,559	\$39,504	\$39,391
NTS	\$65,594	\$67,733	\$67,636	\$77,181	\$79,143	\$79,532	\$85,312	\$87,390	\$95,892	\$97,313
FTEs	694.84	685.89	677.29	683.09	685.84	680.54	681.54	688.79	700.82	706.32

Fiscal Year	Description	FTEs
FY 2009	<ul style="list-style-type: none"> ▪ County Board reallocated \$746,161 from the Homeowner Grant program (budgeted in the non-departmental portion of the County budget) to Housing Grants (\$528,992), Transitional Housing Grants (\$108,585) and Supportive Housing Program (\$108,584). 	
	<ul style="list-style-type: none"> ▪ County Board added \$60,000 in one-time funding for the Arlington Food Assistance Center. 	
	<ul style="list-style-type: none"> ▪ County Board added \$67,692 and 1.0 FTE to the Child and Family Services Division for a case manager to serve children with intellectual and developmental disabilities (partially offset by a \$40,000 increase from Medicaid revenue). 	1.0
	<ul style="list-style-type: none"> ▪ County Board added \$65,475 and 1.0 FTE to the Behavioral Healthcare Division for a peer counselor at Clarendon House. 	1.0
	<ul style="list-style-type: none"> ▪ County Board added \$80,000 in one-time funding for the Nuevo Dia, a regional bi-lingual substance abuse treatment program. 	
	<ul style="list-style-type: none"> ▪ Increase 6.0 FTEs for staffing and support for the Regional Older Adult Facilities Mental Health Support Team program, which provides intensive mental health services to individuals over the age of 65 who require long-term stays in a protective setting to stabilize their psychiatric symptoms. These FTEs are fully grant-supported. 	6.0
	<ul style="list-style-type: none"> ▪ Increase 0.60 FTE to link frail seniors to senior transportation services and to complete monthly reporting required by the state. This FTE is fully grant-supported. 	0.60
	<ul style="list-style-type: none"> ▪ Increase 3.0 FTEs to support Base Realignment and Closure (BRAC) workforce transition activities at the new BRAC Transition Center located in Crystal City. These FTEs are fully grant-supported. 	3.0
	<ul style="list-style-type: none"> ▪ Increase 0.15 FTE to provide additional support to the rodent control program. This FTE is fully grant-supported. 	0.15
	<ul style="list-style-type: none"> ▪ Elimination of one outpatient Substance Abuse Therapist. The caseload carried by that position will be spread among the remaining positions. 	(1.0)
	<ul style="list-style-type: none"> ▪ Elimination of one Social Worker from Adult Social Services. The caseload carried by that position will be spread among the remaining positions. 	(1.0)
	<ul style="list-style-type: none"> ▪ Elimination of one Hospital Liaison Nurse. The function will be absorbed by existing Public Health staff. 	(1.0)
	<ul style="list-style-type: none"> ▪ Increase for rent at DHS headquarters building (\$107,920). 	
	<ul style="list-style-type: none"> ▪ Increases for personnel and operating costs for a variety of nonprofit service providers (\$472,402). 	
	<ul style="list-style-type: none"> ▪ Increases for contractual requirements across the Department (\$93,505). 	
	<ul style="list-style-type: none"> ▪ Increase to fully fund building and maintenance contracts which were under-budgeted for several years (\$341,541). 	
	<ul style="list-style-type: none"> ▪ Increase in funding for the English as Second Language program, as a result of savings in the General Relief program (\$50,000). 	
	<ul style="list-style-type: none"> ▪ Increase in Virginia Department of Health Cooperative Agreement (VDH Coop) revenue resulting from a new allocation formula used to distribute funds across the Commonwealth (\$164,522). 	
	<ul style="list-style-type: none"> ▪ Increase in revenue for the Regional Older Adult Facilities Mental Health 	

Fiscal Year	Description	FTEs
	Support Team program (\$1,050,000) and Base Realignment and Closure funding (\$496,912).	
	<ul style="list-style-type: none"> ▪ Increase in mental health/intellectual disability/substance abuse services program fee scale with the base moving from a minimum co-pay of \$2.00 per service to a new minimum co-pay of \$3.00. The adopted sliding scale is expected to have no immediate impact on fee revenue. 	
FY 2010	<ul style="list-style-type: none"> ▪ County Board added funding for a one-time lump-sum payment of \$500 for employees (\$391,770). ▪ County Board added \$60,143 for the Arlington Street People’s Assistance Network (A-SPAN) for an outreach worker for the Latino population and one part-time case manager for Opportunity Place. ▪ County Board added \$122,000 for Nuevo Dia, a regional residential substance abuse treatment program for Spanish speakers. ▪ Increases for rent at the Department of Human Services’ headquarters building (\$132,045). ▪ Increases for operating costs for a variety of nonprofit service providers, similar to increases received by County programs (\$70,334). ▪ Increases for a variety of nonprofit service providers, based on contractual obligations (\$163,967). ▪ Increases for contractual requirements across the Department (\$70,470). ▪ Electricity and water/sewer budgets were adjusted based on FY 2008 actual consumption and anticipated utility rate increases (\$433,620). ▪ In Community Health Protection, increase the Restaurant Application Review fee for each food establishment from \$65 to \$100 to match every other jurisdiction in the state (\$56,000). This fee increase was adopted by the Board at the October 18, 2008 meeting. ▪ Decrease in Virginia Department of Health Cooperative funds due to state budget cuts (\$250,549). ▪ Decrease in a grant from Center for Substance Abuse Treatment that supported the Nuevo Dia residential treatment program (\$125,000). ▪ Decrease in state funding for Community Service Boards (\$381,000). ▪ Increase of 5.20 FTEs for fully state-funded positions to support post-Virginia Tech tragedy changes in Virginia law related to mandated mental health emergency services, outpatient therapy and case management. ▪ Increase of 0.50 FTE for a fully state-funded position to provide substance abuse treatment and HIV prevention. ▪ Reduce \$15,040 of \$92,169 in operating costs such as supplies, travel, and training in Departmental Management and Leadership. ▪ Reduce contractual security guard costs (\$139,083) by eliminating day time coverage at 3033 Wilson Boulevard, evening coverage at Fenwick, and Saturday coverage at Edison. ▪ Reduce \$3,500 of \$7,300 for window cleaning at 3033 Wilson Boulevard. ▪ Eliminate the 0.50 FTE (\$38,188) for Special Projects Coordinator. ▪ Eliminate one of four FTEs (\$50,465) providing accounting technician 	<p style="text-align: right;">5.20</p> <p style="text-align: right;">0.50</p> <p style="text-align: right;">(0.50)</p> <p style="text-align: right;">(1.0)</p>

Fiscal Year	Description	FTEs
	services.	
	<ul style="list-style-type: none"> ▪ Eliminate the one FTE (\$112,109) functioning as the Department’s Records Management Supervisor. (1.0) ▪ Reduce \$50,488 of \$201,415 in operating costs such as supplies, travel, and training in the Economic Independence Division. ▪ Eliminate \$6,500 for prescription assistance for public assistance clients. ▪ Reduce \$15,000 of \$36,817 in operating costs such as supplies, travel, and training in the Public Health Division. 	
	<ul style="list-style-type: none"> ▪ Reduce two of 9.50 FTEs (\$114,646) for the Women and Infant Children (WIC) Program. (2.0) ▪ Eliminate contract funds (\$87,000) to Whitman Walker Clinic for medical case management for residents who are HIV positive or diagnosed with AIDS. 	
	<ul style="list-style-type: none"> ▪ Eliminate two of five FTEs (\$201,613) in Vector Control: one working supervisor FTE and one inspector FTE and reduce non-personnel costs (\$25,605). (2.0) ▪ Eliminate one FTE (\$81,442) functioning as a pharmacy technician in Disease Surveillance and Investigation. (1.0) 	
	<ul style="list-style-type: none"> ▪ The County Board adopted a Safety Net Plan for critical emergency assistance programs due to rising economic needs of the most vulnerable populations in Arlington. This plan includes: 3.0 <ul style="list-style-type: none"> ▪ Adds two FTEs (\$144,564) in Customer Service Entry, increasing three Eligibility Workers to five. ▪ Adds one position (\$79,194, 1.0 FTE) in Social Services in Crisis Assistance increasing seven Social Workers to eight. ▪ Increases funding for emergency lodging, increasing funding from \$21,000 to \$41,000. ▪ Includes \$25,000 for a dental program for low-income adults. ▪ Increases \$823,000 for various housing assistance programs, including the following: \$300,000 for housing grants, \$105,000 for Arlington Food Assistance Center (AFAC), \$88,000 for emergency cash assistance through Arlingtonians Meeting Emergency Needs (AMEN), \$230,000 for permanent supportive housing, and \$100,000 for transitional housing. ▪ Increases General Relief by \$43,902 for a total budget of \$579,450. ▪ Includes funding of \$30,000 for SSI/SSDI Outreach Access and Recovery Initiative (SOAR) to continue the pilot program initiated in FY 2009. 	
	<ul style="list-style-type: none"> ▪ Reduce Homeowner Grant Program budget by \$471,340, from \$1,418,327 to \$946,987. (The total Homeowner Grant Program is reduced to \$885,809 due to the elimination of a position in the Public Assistance line of business that primarily manages the Homeowner Grant program.) Eliminate one of five (\$61,178) supervisory FTEs in Public Assistance. Eliminated supervisory position primarily managing the Homeowner Grant Program. (1.0) 	
	<ul style="list-style-type: none"> ▪ Eliminate one remaining FTE (\$44,353) functioning as the laboratory (1.0) 	

Fiscal Year	Description	FTEs
	administrative assistant.	
	<ul style="list-style-type: none"> ▪ Eliminate 0.50 of three (\$37,184) FTEs working as a laboratory technician. 	(0.50)
	<ul style="list-style-type: none"> ▪ Eliminate a contract (\$21,105) for administrative support to the Mental Health Bureau. 	
	<ul style="list-style-type: none"> ▪ Eliminate 0.50 FTE (\$30,826) providing administrative support services to the Treatment on Wheels homeless program. 	(0.50)
	<ul style="list-style-type: none"> ▪ Reduce the youth emergency fund from \$18,000 to \$17,500 for young adults with mental illness in need of housing, food, and supplies. 	
	<ul style="list-style-type: none"> ▪ Eliminate one hour per week (\$2,210) for peer support services to youth with mental illnesses living in community group settings. 	
	<ul style="list-style-type: none"> ▪ Reduce \$100,000 of a \$1.4 million contract for residential services for adults with mental illness. 	
	<ul style="list-style-type: none"> ▪ Reduce \$69,222 out of a \$2 million contract for residential substance abuse treatment for adults. 	
	<ul style="list-style-type: none"> ▪ Eliminate one of four FTEs (\$84,842) that provides case management services for residents in substance abuse residential facilities and homeless shelters. 	(1.0)
	<ul style="list-style-type: none"> ▪ Reduce one of six FTEs (\$98,708) in the jail's ACT substance abuse program. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate two of five FTEs (\$146,283) in Child Care Licensure and Support. 	(2.0)
	<ul style="list-style-type: none"> ▪ Eliminate \$176,326 in federal pass through matching funds for child care subsidies for families earning higher than the federal poverty guidelines. 	
	<ul style="list-style-type: none"> ▪ Reduce \$31,159 out of \$179,823 in non-personnel contractual services for parent education classes for families with infants and children to age 17. 	
	<ul style="list-style-type: none"> ▪ Reduce \$15,000 in operating costs such as supplies, travel, and training in Agency on Aging. 	
	<ul style="list-style-type: none"> ▪ Eliminate contract (\$17,243) to evaluate about 25 older adults and adults with disabilities for assistive devices. 	
	<ul style="list-style-type: none"> ▪ Eliminate 0.75 FTE (\$47,528) that provides counseling on Medicare, Medicaid, and other health insurance issues to older adults. 	(0.75)
	<ul style="list-style-type: none"> ▪ Eliminate 0.80 of one FTE (\$83,903) that manages the Volunteer Guardianship Program; consolidate program management with Personal Services Volunteer Program. 	(0.80)
	<ul style="list-style-type: none"> ▪ Consolidate Madison and Walter Reed Adult Day Programs resulting in the elimination of the contract for \$387,195 for Walter Reed Adult Day Program. 	
	<ul style="list-style-type: none"> ▪ Eliminate 0.6 FTE (\$25,363) providing administrative support to nursing case management. 	(0.60)
	<ul style="list-style-type: none"> ▪ Eliminate one FTE (\$92,277) Senior Public Health Nurse who supervises 4.5 FTEs providing home health services to older adults and adults with disabilities. 	(1.0)
	<ul style="list-style-type: none"> ▪ The County Board added funding for mental health worker positions (\$184,412) providing mental health case management. 	2.50
FY 2011	<ul style="list-style-type: none"> ▪ The County Board added \$500,000 for housing grants, partially funded 	

Fiscal Year	Description	FTEs
	through the elimination of the Homeowner Grant program (\$305,000). This funding is in addition to \$600,000 for housing grants that was added as part of the safety net adjustments in the FY 2011 Proposed Budget.	
	<ul style="list-style-type: none"> ▪ The County Board replaced lost state funding for the Northern Virginia Family Service Healthy Families program (\$29,405). ▪ Reduce support to non-profit organizations by one percent, excluding non-profit organizations providing safety net services such as food, emergency services, shelter and clothing (\$104,808). ▪ Non-personnel expenditures decrease due to the rent abatement resulting from the Department of Human Services' headquarters relocation to the Sequoia building (\$2,053,039). This savings has been reallocated to the General Fund's transfer out to capital to support needed building improvements. ▪ Increase of 0.50 grant funded FTE for the Drug Free community program. 	(.50)
	<ul style="list-style-type: none"> ▪ Increase of 0.50 grant funded FTE for the Drug Free Community program. 	0.50
	<ul style="list-style-type: none"> ▪ Increase 3.50 FTEs for fully state-funded positions to support diversion from hospitalization for persons with serious mental illness. 	3.50
	<ul style="list-style-type: none"> ▪ Eliminate Administrative Assistant (\$71,927) in Director's Office. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate Accounting Technician (\$63,869) in Financial Management Bureau. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate a Management Specialist/Trainer position (\$72,491) in Information Systems Bureau. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate Employment Services Specialist (\$34,007) from the Employment Services Bureau. 	(0.50)
	<ul style="list-style-type: none"> ▪ Eliminate the one clinic aide position (\$60,731) providing immunization review of childhood immunization schedules. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate one administrative technician position (\$58,385) providing administrative support to public health clinics. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate one Public Health Nurse (\$85,966) providing medical case management for at-risk children. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate one Administrative Assistant position (\$46,166) in the School Health Bureau. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate Parent-to-Parent Grant (\$17,000) for the support group for parents of children with developmental disabilities. 	
	<ul style="list-style-type: none"> ▪ Eliminate 1.0 FTE (\$78,195) providing rodent control. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminate a laboratory assistant position (\$30,488) providing laboratory services, primarily blood drawing. 	(0.50)
	In FY 2010 and FY 2011, the state reduced funding for Community Services Board programs. In response to these state cuts, the County de-appropriated funding in FY 2010, and the FY 2011 budget includes the following reductions:	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Consultants (\$38,000), training (\$2,769) and operating supplies (\$2,741) in Behavioral Healthcare Administrative Services. ▪ Contract services (\$27,041) and client emergency fund (\$13,650) in Customer Service Entry in the Behavioral Healthcare Division. ▪ Employee phone charges (\$2,000), client emergency funds (\$2,000), consultants (\$14,490), and recruitment (\$3,000) in the Program for Assertive Community Treatment (PACT) program. ▪ Reduction in building repair (\$8,000) for Clarendon House. ▪ Reduction in contract services (\$128,953) in Mental Health Residential Services. 	
	<ul style="list-style-type: none"> ▪ Day program support and vocational contract funding (\$109,484). <ul style="list-style-type: none"> ▪ In FY 2010 and FY 2011, the state reduced funding for the Agency on Aging. In response to these state cuts, the County de-appropriated funding in FY 2010 and the FY 2011 budget reflects a reduction in funding for home delivered meals (\$8,479). ▪ In FY 2010 and FY 2011, the state reduced funding for the In-Home Services program. In response to these state cuts, the County de-appropriated funding in FY 2010, and the FY 2011 budget includes a reduction in contracted services for in-home/companion services for adults unable to care for themselves without assistance (\$60,355). ▪ Eliminate 20 hours of contracted administrative support (\$18,000) in Behavioral Healthcare Administrative Services. ▪ Eliminate funding (\$10,000) for online training tool in Behavioral Healthcare Administrative Services. ▪ Eliminate 0.50 FTE mental health therapist position (\$47,393) supervising homeless case management services in the Behavioral Healthcare Division's Customer Service Entry unit. ▪ Reduce psychiatric services contract budget by \$38,940. 	(0.50)
	<ul style="list-style-type: none"> ▪ Eliminate youth transition emergency fund (\$17,500) in Mental Health Community Support Services. ▪ Reduce contracted service (\$78,076) providing residential supports and case management to clients with serious mental illness. ▪ Reduce one therapist/substance abuse counselor position (\$72,491) providing substance abuse outpatient treatment services. ▪ Reduce contracted substance abuse residential services (\$210,000). ▪ Eliminate 0.80 FTE (\$54,412) in Community and School-Based Mental Health Services providing student behavioral management training to parents and other caregivers. ▪ Eliminate the mental health therapist position (\$103,585) serving the "Batterers Intervention Program". Revenue decreased by \$7,500, resulting in net tax support savings of \$96,085. ▪ Eliminate administrative assistant position (\$65,318) in Agency on Aging. ▪ Eliminate the Assistant Director position (\$88,461) at Walter Reed Adult Day Health Care. 	(1.0) (0.80) (1.0) (1.0)

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

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Eliminated FY 2012 one-time funding for a variety of projects (\$740,431). ▪ Due to a decrease in Community Development Block Grant (CDBG) funds, replaced lost CDBG funding with local funding for two Employment Specialist positions (\$177,342). One position funded with ongoing funds, and one with one-time funds to allow a transition period. ▪ Revenue decrease in the Virginia Department of Health (VDH) mandated restaurant application fee from \$285 to \$40 annually (\$177,500). ▪ Elimination of 0.50 FTE previously funded by a Sexual Assault Grant that was not renewed. ▪ Increase of 0.25 FTE funded by a federal Drug Free Communities grant. ▪ The County Board added ongoing funding for Job Avenue (\$66,000). 	<p>(0.50)</p> <p>0.25</p>
FY 2014	<ul style="list-style-type: none"> ▪ The County Board added ongoing funding for intellectual disability and mental health case management (\$260,000). ▪ The County Board added ongoing funding for a mental health emergency services therapist (\$85,000). ▪ The County Board added ongoing funding for nursing services to mental health group homes as well as outpatient nursing care for children (\$149,000). ▪ The County Board added ongoing funding for Permanent Supportive Housing (\$388,850). ▪ The County Board added ongoing funding for residential substance abuse treatment (\$50,000). ▪ The County Board added one-time funding for a capacity building grant to the Bonder and Amanda Johnson contract serving the Nauck community (\$10,000). ▪ The County Board added one-time funding for the 2nd Chance Program (\$90,000) to be utilized over two years. ▪ The County Board added one-time funding for Culpepper Gardens Senior Center (\$400,000) to be utilized over three years. ▪ The County Board added one-time funding for the Arlington Food Assistance Center (\$25,870). ▪ The County Board added one-time funding for Arlingtonians Meeting Emergency Needs (\$50,000). ▪ The County Board added one-time funding for the Arlington Free Clinic (\$50,000). ▪ The County Board added one-time funding for the Arlington Street People’s Assistance Network for a case manager for the 100 Homes Program (\$50,000). ▪ The County Board added one-time funding for Doorways for Women (\$54,000). ▪ The County Board added one-time funding for the Vertical Village program (\$15,000). 	<p>3.0</p> <p>1.0</p>

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Added an Administrative Assistant (\$46,887) and a Human Services Aide (\$54,949) as well as operating expenses (\$298,164) for the integrated primary care-behavioral healthcare partnership grant. 	2.0
	<ul style="list-style-type: none"> ▪ Added non-personnel costs (\$9,967), an Employment Services Specialist (\$77,191) and a Social Worker (\$83,326) for the Arlington Mill Community Center. 	2.0
	<ul style="list-style-type: none"> ▪ Eliminated grant funded Management Specialist (\$92,674) from the RAFT program. 	(1.0)
	<ul style="list-style-type: none"> ▪ Eliminated state funding for the Child Care Subsidy Payment system, which was transferred back to the state from the County (\$2,969,150). ▪ Eliminated Defense Base Closure and Realignment (BRAC) center funding (\$167,025). ▪ Eliminated FY 2013 one-time funding for a variety of projects (\$2,957,209). ▪ Eliminated Virginia Tobacco Grant funding (\$175,414). ▪ Increase operating expenses for the Parent-Infant Education (PIE) Program (\$174,000). ▪ Increased rent costs for Sequoia Plaza (\$174,684). ▪ Increased one-time funding for housing grants (\$1,586,493), Homeless Prevention and Rapid Re-Housing Program (HPRP) (\$200,000) and ongoing funding for vocational services for adults with intellectual disabilities (\$175,000). ▪ Intra-County Charges increased due to transfer of administrative fee payment for the RAFT program (\$47,250), Northern Virginia Family Services rent at Arlington Mill Community Center (\$39,920) and reimbursement for two positions in Public Health (\$31,438). ▪ Reduced consulting costs for training (\$20,000). 	
	<ul style="list-style-type: none"> ▪ Hold a Management Specialist and an Accounting Assistant position vacant for six months (\$58,383). ▪ Eliminated one Management Specialist position (\$87,276) from the Volunteer Arlington Program. 	(1.0)
	<ul style="list-style-type: none"> ▪ Hold an Eligibility Worker position vacant for six months (\$38,890). 	
	<ul style="list-style-type: none"> ▪ Eliminated one Human Service Aide (\$78,548) from Public Assistance Division. 	(1.0)
	<ul style="list-style-type: none"> ▪ Reduced local day care funding for teen parents and families (\$100,000). 	
	<ul style="list-style-type: none"> ▪ Eliminated two Administrative Technicians (\$110,607) from the Fenwick Center. 	(2.0)
	<ul style="list-style-type: none"> ▪ Hold a Public Health Nurse position, a Clinic Aide position, and an Environmental Health Specialist position vacant for six months (\$141,573). ▪ Eliminated one Epidemiology Specialist (\$40,394) from Community Health Services. 	(0.50)
	<ul style="list-style-type: none"> ▪ Eliminated two Public Health Nurses (\$179,622) providing community-based medical case management services. 	(2.0)

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Eliminated one Public Health Nurse (\$103,651) providing health education to teens at the Reed Center/Career Center who are pregnant or have children. (1.0) ▪ Eliminated one Public Health Nurse (\$108,067) and one Clinic Aide (\$63,052) providing on-site health screening and immunizations for non-English speaking children. (2.0) ▪ Eliminated two Public Health Nurses (\$193,282) providing services to Arlington Public elementary schools. (2.0) ▪ Hold a Psychiatric Nurse position vacant for six months (\$44,013). ▪ Reduced funding for contracted sheltered employment workshop services for seriously mental ill adults (\$32,000). ▪ Eliminated one Substance Abuse Lead Case Manager (\$125,983) providing supervision to case managers and substance abuse services at residential facilities and homeless shelters. (0.80) ▪ Hold a Social Worker position vacant for six months (\$38,521). ▪ Hold a Management Specialist position vacant for six months (\$58,716). ▪ Reduced funding for community care program that links private homeowners with seniors who need residential and personal care services (\$14,061). ▪ Reduced contracted home health aide services for seniors and adults with disabilities (\$50,000). ▪ The County Board added ongoing funding for the Arlington Free Clinic (\$75,000). 	
FY 2015	<ul style="list-style-type: none"> ▪ The County Board added one-time funding to establish the domestic and sexual violence hotline (\$52,000), start up costs for Arlington Villages (\$30,000), and Food for Others (\$21,551). ▪ The County Board shifted funding from ongoing to one-time for the Homeless Prevention and Rapid Re-Housing Program (HPRP) (\$200,000) and Housing Grants (\$1,000,000). ▪ The County Board added one-time funding for the Crisis Intervention Team (CIT) Coordinator (\$72,606). 1.0 ▪ The County Board added ongoing funding for a Clinic Aide (\$66,614) for the Career Center/H-B Woodlawn. 1.0 ▪ Eliminated a grant-funded Administrative Coordinator position from the Behavioral Healthcare Division (\$72,231). (1.0) ▪ Added \$500,000 in one-time funding from FY 2013 closeout for Housing Grants. ▪ Increased non-personnel for the new Crisis Intervention Team Grant (\$281,000), Crisis Stabilization Grant (\$825,000), Child Advocacy Center Grant (\$47,822), Parent-Infant Education Program (PIE) (\$318,181), and Sequoia Plaza rent (\$182,134). ▪ The addition of pro-rated expenses for the first year of operations of the Comprehensive Homeless Services Center (\$708,488). 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Added funding for leadership development (\$22,500 ongoing; \$75,000 one-time) and ongoing funding for the Bonder and Amanda Johnson program (\$79,253). ▪ Intra-County charges decrease due to the elimination of the Resource Mother's Program in the Public Health Division (\$42,789). ▪ Eliminated state funding for the Comprehensive Health Investment Project (CHIP) (\$126,109). ▪ Reduced federal funding for the Refugee Assistance Program (\$30,000). ▪ Eliminated Family Planning Grant (\$45,954). ▪ Increased grant funding for Crisis Stabilization (\$825,000) and the Parent and Infant Education (PIE) Program (\$318,181), and a net increase in grant funding for the Crisis Intervention Center (\$209,750). ▪ Increased fees for Nursing Case Management (\$13,000). ▪ Reductions were taken in a number of lines of business and reallocated within DHS for new or expanded program offerings: Doorways for Women and Families Program (\$54,200), client management software (\$103,000), non-profit partner organizations (\$147,088), and contractual costs for Psychiatrists (\$33,916). ▪ Removed FY 2014 one-time funding for HPRP (\$200,000), Housing Grants (\$86,493), Second Chance Program (\$90,000), the Bonder and Amanda Johnson Contract (\$89,253), Culpepper Gardens (\$400,000), ASPAN Homeless Case Manager (\$50,000), Doorways for Women and Families (\$54,000), Arlington Free Clinic (\$50,000), AFAC (\$25,870), Arlington Thrive (\$50,000), Food for Others (\$21,551), and Vertical Village (\$15,000). 	1.0
	<ul style="list-style-type: none"> ▪ The County Board added a Mental Health Therapist for Jail Based Services (\$85,339). 	
FY 2016	<ul style="list-style-type: none"> ▪ The County Board added a Psychiatric Nurse Practitioner (\$67,672). ▪ The County Board reduced CSA matching funds (\$300,000). ▪ The County Board shifted funding from ongoing to one-time for the Housing Grants program (\$1,500,000). ▪ Replaced one-time funding with ongoing for the Crisis Intervention Team (CIT) Coordinator (\$74,746). ▪ Added Mental Health Therapists for the Homeless Services Center and emergency mental health services (\$216,894). ▪ Clinic Aide (\$52,887) and a Public Health Nurse (\$44,607) for the new Discovery Elementary School. ▪ Added grant funded Eligibility Workers (\$128,072) for state funded programs. 	0.50
		1.0
		2.5
		1.25
		2.0

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Removed one-time funding for the Crisis Intervention Team (CIT) Coordinator (\$72,606). ▪ Removed FY 2015 one-time funding for leadership development (\$75,000), the Arlington Villages project (\$30,000), and the Food for Others contract (\$21,551). ▪ Added one-time funding for the Housing Grants program (\$1,500,000) to replace the FY 2015 one-time funding that was dedicated during the FY 2014 closeout process. ▪ Added one-time funding for the replacement of the County’s antibiotics cache (\$50,000). ▪ Added ongoing funding for the domestic and sexual violence hotline (\$85,000). ▪ Added ongoing funding for the Homeless Prevention and Rapid Re-Housing Program (HPRP) (\$200,000). ▪ Increased grant funding for Women, Infants, and Children (WIC) Program (\$116,990), CSB Substance Abuse Prevention grant (\$172,614), Residential Drug Abuse Program (RDAP) funding (\$462,262), Title IV-E Adoption Subsidy (\$247,076), and Promoting Safe and Stable Families Grant (\$60,513). ▪ Added additional ongoing funding for the Arlington Food Assistance Center (AFAC) (\$135,000). ▪ Increased rent for Sequoia Plaza and Gates of Ballston (\$200,043). ▪ Added ongoing funding for the cost of the consolidation of DHS offices to the Sequoia Plaza complex (\$1,661,234). ▪ Added funding for a full-year of expenses for the first year of operations of the comprehensive Homeless Services Center (\$413,950). ▪ Increased funding for the Home Delivered Meal Program and Culpepper Garden (\$10,774). ▪ Intra-County charges increase due to the number clients participating in the Intellectual and Developmental Disability Program (\$41,038). ▪ Eliminated funding for operating expenses to senior programs (\$100,000), and a net decrease for several state and federally sponsored programs (\$709,522). ▪ Eliminated funding for the Drug Free Communities Grant (\$198,887), state and federal homelessness prevention grants (\$339,675), and the VIEW and Project Discovery Programs (\$49,985). ▪ Revenues increased for Women, Infants, and Children (WIC) Program (\$116,990), CSB Drug Prevention Program (\$172,614), Residential Drug Abuse Program (RDAP) (\$462,262), IV-E Adoption (\$123,538), and the departmental managed care initiative (\$224,487). ▪ <i>The County Board took action after the FY 2016 budget was adopted in May to increase parking meter rates by \$0.25. The budget information in the FY 2016 Adopted Budget does not reflect the parking meter rate increase approved by the Board in June. As part of that action, the County Board appropriated one-time funding from PAYG to fund NOVASalud (\$25,000).</i> 	(1.0)

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ The County Board added four County-funded FTEs to serve as Peer Counselors (\$286,000). This includes three existing grant-funded Peer Counselors and a fourth Youth Peer Counselor beginning in January 2017. 	4.0
FY 2017	<ul style="list-style-type: none"> ▪ The County Board added hours to 20 School Health Clinic Aide positions in order to accommodate increasing school enrollment and clinic visits by students with chronic health conditions (\$142,836). The increase will raise the hours for 20 clinic aides from 30 hours per week to 35 for the ten month school year. ▪ The County Board shifted funding for Housing Grants added during the proposed budget process from one-time to ongoing funds (\$600,000) resulting in \$6,513,507 in total ongoing funding and \$3,164,248 remaining in one-time funding for FY 2017. The total funding for Housing Grants in the FY 2017 adopted budget is \$9,677,755. 	2.4
	<ul style="list-style-type: none"> ▪ Added a Human Services Specialist and Mental Health Therapist for the CIT Assessment Site Expansion Grant (\$173,972) 	2.0
	<ul style="list-style-type: none"> ▪ Transferred the Community Corrections Unit from the County Manager’s Office to the Economic Independence Division of DHS. 	4.0
	<ul style="list-style-type: none"> ▪ Decreased positions due to staffing efficiencies gained through reallocation and reclassification of existing positions. 	(0.37)
	<ul style="list-style-type: none"> ▪ The County Board added ongoing funding for Culpepper Gardens (\$107,930). ▪ The County Board added one-time funding for the Arlington Food Assistance Center (\$50,000). ▪ Added ongoing funding for increased rent (\$998,287) and contracted services (\$527,710) associated with the Sequoia Plaza Complex. ▪ Removed one-time funding for the replacement of the County’s antibiotics cache (\$50,000). ▪ Removed one-time funding NOVA Salud (\$25,000). The non-profit will continued to be funded in FY 2017 with reallocated base budget funds. ▪ 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). 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ 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). ▪ The County Board took action after the FY 2017 budget was adopted to approve the addition of a grant-funded Nurse Practitioner (\$63,667, .50 FTE) for Psychiatric Services in the Behavioral Healthcare Division, a grant-funded Management Specialist position (\$77,809, 1.0 FTE) for Housing Assistance and Homeless Programs in the Economic Independence Division, a grant-funded Human Services Clinician (\$99,461, 1.0 FTE) for Behavioral Healthcare in the Child and Family Services Division, and a reallocation of \$128,000 in non-personnel contractor funds to fund the creation of a Psychiatrist position (1.0 FTE) in the Behavioral Healthcare Division. 	3.5