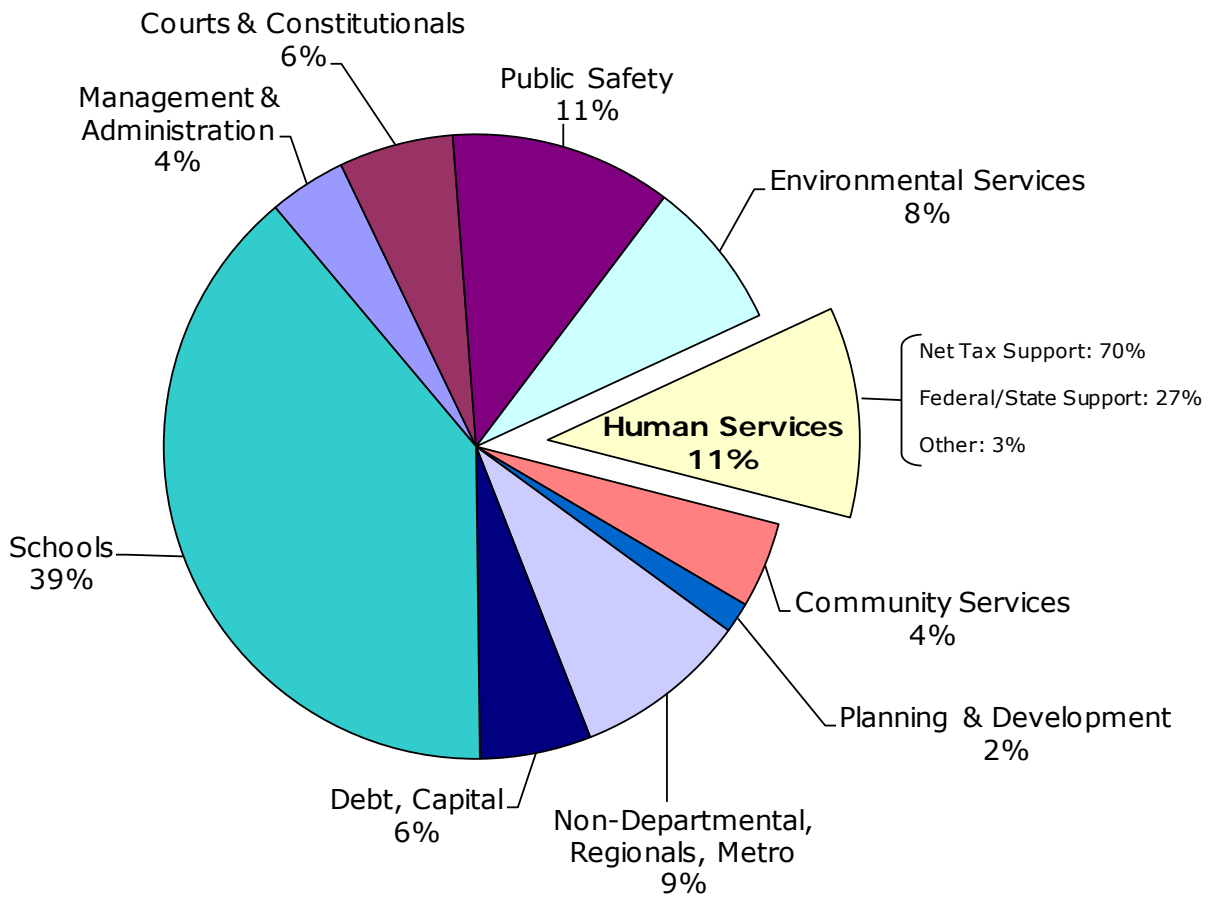


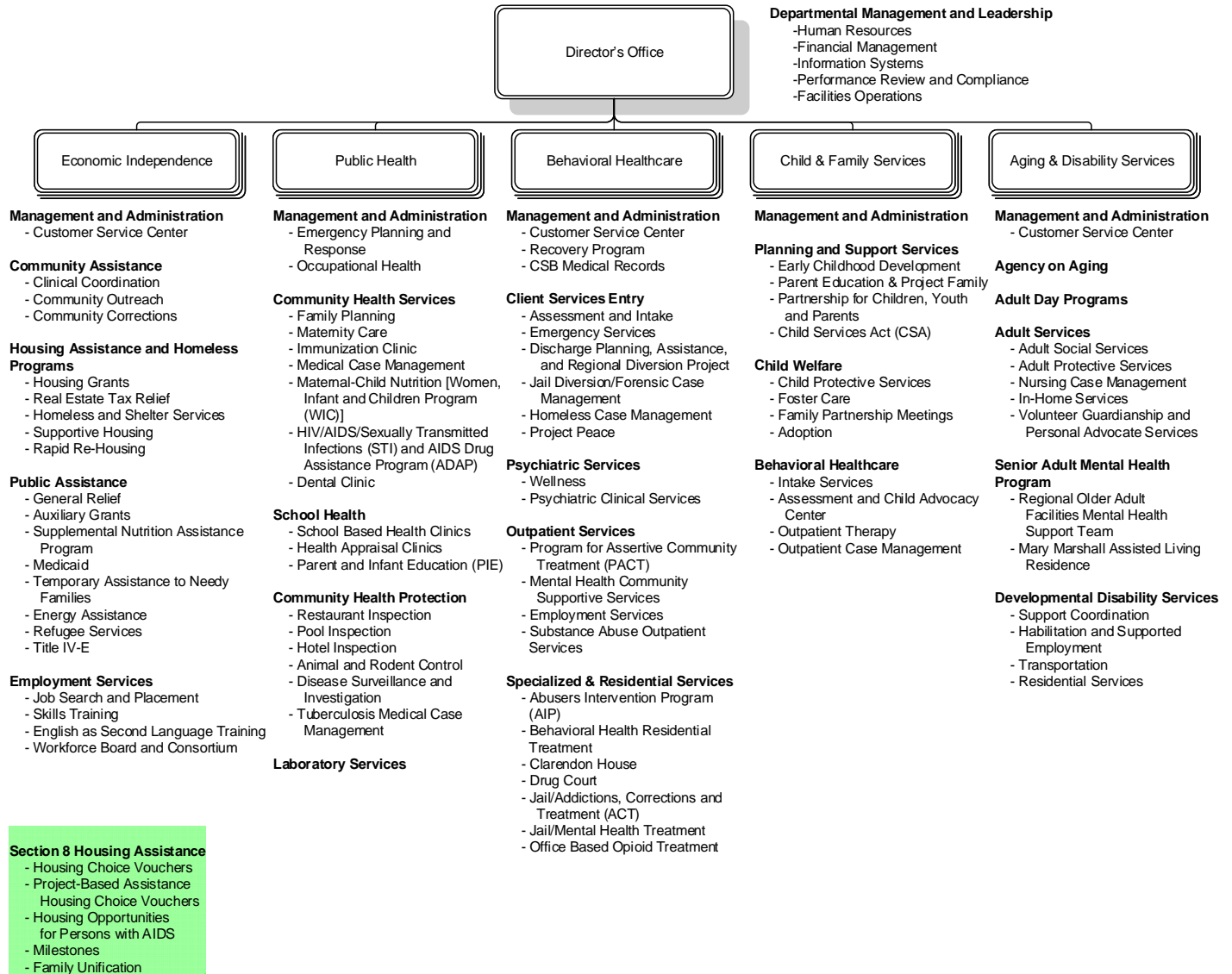
Our Mission: Strengthen, protect, and empower those in need

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 2019 Proposed Budget - General Fund Expenditures



LINES OF BUSINESS



Section 8 Housing Assistance is in the Section 8 fund

SIGNIFICANT BUDGET CHANGES

The FY 2019 proposed expenditure budget for the Department of Human Services (DHS) is \$138,794,705, a one percent increase over the FY 2018 adopted budget. The FY 2019 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 2.3 FTEs described in further detail below, partially offset by the reductions itemized below.
- ↓ Non-personnel decreases primarily due to the reductions itemized below, the removal of FY 2018 one-time funding for the Housing Grants Program (\$1,600,000) and the Arlington Food Assistance Center (\$50,000), reductions in Fostering Futures (\$72,533), Special Needs Adoption (\$135,889), Auxiliary Grants (\$65,158), the Workforce Innovation and Opportunity Act (WIOA) Grant (\$147,462), and the homemaker program allocation in the Agency on Agency Area Plan (\$129,008). The decreases are partially offset by increases for Contracted Services (\$48,442), Sequoia Plaza rent (\$160,643), Children Services Act (CSA) (\$102,551), a three-year grant from the Virginia Foundation for Healthy Youth (\$149,999), IV-E Adoption (\$204,181), Fostering Futures (\$72,533), addition of Pre-employment physicals budget (\$176,269), and additional funding for the RAFT Program for Discharge Planning (\$373,443).
- Total funding for housing grants is \$8,707,329, consisting of \$8,000,220 in ongoing funding and \$707,109 in one-time funding. Total funding decreases by \$446,426 but is funded at a level expected to meet demand for service.
- The FY 2019 budget for the Behavioral Healthcare Division reflects an internal reorganization designed to improve the care provided to clients with co-occurring mental health and substance use disorders by integrating the services. The new structure replaces the Mental Health and Substance Abuse Bureaus with two new bureaus: The Residential and Specialized Clinical Services Bureau and the Outpatient Clinical Services Bureau. The Recovery Program is transferred to Management and Administration.

Revenue projections do not include supplemental state allocations that are routinely received but at unpredictable levels. Other changes represent a wide variety of fluctuations in multiple sources of state and federal funding. Specific changes include the following:

- ↑ Increase due to new client fees for sexually transmitted infections testing, pharmaceuticals and clinic visits (\$12,000).
- ↑ Increase in revenue additional funding for RAFT Program for Discharge Assistance Planning (\$500,000).
- ↑ Increase in the WIC Breastfeeding Peer Counselor grant (\$9,060).
- ↑ Increase in funding for Virginia Department of Health Cooperative award (\$41,736).
- ↑ Increase in funding Child Welfare Substance Abuse (\$18,671).
- ↑ Increase due to the three-year grant from Virginia Foundation for Healthy Youth (\$149,999).
- ↑ Increase in funding for Title IV-E Adoption Assistance (\$102,091).
- ↑ Increase due to an adjustment to the projected amounts for the Agency on Aging Area Plan (\$56,298).
- ↑ Increase in Medicaid Prescreening (\$10,000).
- ↑ Increase in funding for Virginia Department of Social Services (VDSS) Programs (\$568,739).
- ↓ Decrease in Emergency and Preparedness Program grant (\$17,594).
- ↓ Reduction in Parent-Infant Education Grant (\$18,438).

- ↓ Reduction in Tuberculosis Grant (\$2,000).
- ↓ Reduction in the Customer Service Center from the Agency on Aging Area Plan (\$76,481).
- ↓ Reduction in Refugee Resettlement (\$16,125).
- ↓ Decrease in grant funding for Title IV-E Foster Care Assistance (\$38,571).
- ↓ Decrease in grant funding for Special Needs Adoption (\$135,889).
- ↓ Decrease due to a reduction to the community living home based care program (\$41,657) as part of the Agency on Aging Area Plan.
- ↓ Decrease due to a reduction to the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation (\$49,623).
- ↓ Conclusion of the Childcare Quality Initiative Grant (\$20,914).

The FY 2019 proposed permanent staffing level is 691.82 FTEs, a decrease of 13.7 FTEs over the FY 2018 adopted budget. The FTE changes are due to the reductions itemized below, internal reallocations itemized in the lines of business summaries, partially offset by the increases explained directly below:

- ↑ Increase of a Mental Health Therapist II (\$102,061, 1.0 FTE) and an Administrative Specialist (\$43,686, 0.5 FTE) to the RAFT Program.
- ↑ Increase of a Psychiatrist position (\$207,042, 1.0 FTE) through a reallocation of contractual services funds. Most DHS psychiatrists are currently contractors. These conversions are part of a multi-year effort to move from contractors to permanent staff in this area to address retention, care quality, and standardization of services.
- ↑ Increase of an Administrative Assistant IV position (\$3,800, 0.05 FTE), which was approved by the County Board at the close-out of FY 2017.
- ↑ Increase of an Administrative Technician I (\$50,484, 0.75 FTE) transferred from the Housing Choice Voucher Program to the Economic Independence Division's Management & Administration.
- ↓ Decrease of an unfunded Volunteer Services Program Coordinator (1.0 FTE) temporarily transferred to the Community Planning & Housing Development Fund for the One-Stop Arlington Permitting Initiative.

FY 2019 Proposed Budget Reductions:

Department Management and Leadership

- ↓ Elimination of a filled Administrative Technician responsible for tracking, retrieving and delivering archived records (\$81,017, 1.0 FTE). Enlist a County contractor for approximately \$12,000 per year to deliver and pick up files from offsite storage as needed. The net reduction is \$69,017.
IMPACT: This would require program staff to track their own records and contact contractors directly. Guidance on archiving process and special projects related to moving records to be shared among other staff. Without centralized control there will be an increased potential for errors in records retention and destruction.

Public Assistance

- ↓ Elimination of a vacant Eligibility Worker (\$105,493, 1.0 FTE) that evaluates whether clients qualify for a variety of public assistance programs.
IMPACT: The impact is minimal due to decreasing caseloads across a variety of public assistance programs. The position's caseload of 700 would be redistributed to the remaining

12 eligibility workers. Due to the implementation of a more streamlined application process, workers will be able to absorb the additional cases with minimal impact.

Employment Services

- ↓ Elimination of six positions (\$653,683) and a reduction in funding to the REEP program (\$171,901). The positions to be eliminated include a filled Management Specialist (\$104,402, 1.0 FTE), a filled Administrative Program Manager (\$163,121, 1.0 FTE), a filled Employment Services Supervisor (\$116,680, 1.0 FTE), and three Employment Services Specialist (two filled and one vacant) (\$269,480, 3.0 FTEs) at the Arlington Employment Center (AEC). The reduction in the level of funding to REEP, the English as a Second Language Program operated by Arlington Public Schools totals \$171,901.

IMPACT: The reduction proposal will scale down services commonly available on-line while preserving case management and training for high need clients. In recent years, the AEC has seen a significant decline in clients seeking services. The decline is mostly attributed to very low unemployment in Arlington – currently 2.45 percent; the lowest in Virginia. In addition, the availability of on-line employment resources has further reduced the demand for services. From FY 2014 – FY 2017:

- Clients enrolled in active case management fell by 24 percent
- Clients visiting the Resource Center decreased by 40 percent
- Employment Services Specialist caseloads fell by 38 percent
- ESL instruction slots decreased by 2 percent

The proposed staff reduction at the Arlington Employment Center will impact the staff at multiple levels.

Reductions in REEP, the English as a Second Language program operated by Arlington Public Schools, will include the elimination of two of six administrative positions as well as increasing revenue. No ESL or scholarship slots will be impacted; the current number served will remain at 3,385 annually. The reduction of administrative support and pursuing revenue opportunities will result in a reduction of the County's grant from \$817,583 to \$645,682, or \$171,901. REEP will partially offset the county's grant decrease by replacing County funding for a site coordinator with federal grant funds and by implementing a revenue-generating Test of English as Foreign Language (TOEFL) class in response to student demand. Additionally, REEP is exploring the transfer of Wakefield High School ESL classes to the Sequoia Plaza location to increase efficiency in program delivery.

Management and Administration – Public Health Division

- ↓ Elimination of a filled Office Supervisor position in the Financial and Administrative Support Services (\$95,603, 1.0 FTE).

IMPACT: This is part of a larger initiative to streamline administrative support across DHS. The position's job duties including administrative tasks supporting public health clinics and supervision for seven staff will be transferred to the Administrative Officer, increasing the position's direct reports from three to ten. Redistributed administrative duties include satisfying vital records requests and reporting requirements, supporting front desk operations across the Public Health Division (including School Health) and purchasing and payables tasks. In addition, the health record quality assurance function would be assigned to the Management and Budget Specialist position in the Management & Administration Unit. The additional management duties assigned to the Administrative Officer would require subordinate staff to operate more independently with increased decision making authority.

- ↓ Elimination of a vacant Administrative Technician that manages all the medication orders for clients with Latent TB Infection (LTBI) and for clients with Active TB Disease (TB). (\$80,121, 1.0 FTE).

IMPACT: This is part of a larger initiative for DHS to contract out pharmacy services. By contracting out pharmacy services to a private pharmacy provider at Sequoia, DHS will provide more efficient pharmacy operations at a lower cost. By co-locating pharmacy services with mental health and primary care providers, client outcomes will improve through easier access to medications. Currently, the nursing staff and clinicians serve as back-up for pharmacy staff in both divisions, which takes time away from client care. Having the pharmacy on-site will take County staff out of primary medication management, including responding to prescription refilling and prior authorization requests. Much of this can be managed by private pharmacy staff. The anticipated start date for a retail pharmacy to begin is October 1, 2018, assuming that all contracting policies and procedures are fulfilled. This initiative also includes the reduction of the Psychiatric Services' Administrative Technician described below.

Community Health Services

- ↓ Elimination of a vacant Management Specialist (\$105,727, 1.0 FTE) which serves as the Clinic Practice Manager for all Public Health clinics including: family planning, maternity care, immunization, and sexually transmitted infections.

IMPACT: Eliminating this position will require these duties be given to nurses and nursing supervisors, requiring more coordination among more people, increasing the likelihood of scheduling error, slower review of health record data and identification of practice and cost inefficiencies and areas of ineffectiveness.

Laboratory Services

The Laboratory Services Program is proposed for elimination. Of the six current positions, four will be eliminated and the two remaining positions and contracted services funding will be transferred to other lines of business. The changes are outlined below:

- ↓ Elimination of 4.0 FTEs
 - Eliminate a filled Laboratory Section Supervisor (\$140,063, 1.0 FTE).
 - Eliminate filled Laboratory Technologists (\$309,296, 3.0 FTEs).
- ↓ Transfer 2.0 FTEs and \$83,238 in contracted services funding:
 - Transfer Laboratory Assistants (\$187,385, 2.0 FTEs) to the Community Health Services Bureau.
 - Transfer of \$83,238 in contracted services to Management and Administration (\$1,212) and the Community Health Services Bureau (\$82,026).

IMPACT: Reducing lab positions will require clinic staff to be retrained how to draw blood. While we anticipate Lab Corp will be able to provide a phlebotomist onsite as they do for other medical offices, if the high volume of clients impacts Lab Corps' capacity to provide timely phlebotomy, clinic staff will need to assist with blood drawing. If and when any of these aforementioned activities are conducted by the clinic staff or the communicable disease staff, this will reduce their time providing direct clinical service or disease surveillance and investigation work to additional clients. This reduction will result in one of five tests sent out to an external laboratory and will require nurses and clinic aides in the traditional clinics and in the communicable disease unit to be retrained on how to properly package, store, and ship laboratory specimens to LabCorp in order to prevent interruption in service delivery. Urinalysis, pregnancy, HIV and glucoala testing will be provided in-house. The wet prep test to diagnose gynecological conditions will be sent to a contracted laboratory. Clinic staff would

have to learn to prepare medical waste for proper transport and decontamination, and how to sterilize medical instruments for reuse in the clinics.

Psychiatric Services

- ↓ Elimination of a vacant Administrative Technician that provides pharmacy services to BHD clients including managing the sample medication program, as well as stocking medication orders and applications for the Patient Assistance Programs (PAP) (\$79,032, 1.0 FTE). This also includes a reduction in funds for a contract Pharmacist (\$17,200).

IMPACT: See Management & Administration – Public Health Division’s Administrative Technician elimination for a description of the reduction impact.

Specialized and Residential Services – Behavioral Healthcare Division

- ↓ Eliminate non-essential contingency funding for Behavioral Health Division contracts (\$80,000).

IMPACT: There is no impact from this reduction as vendors historically did not meet the eligibility requirements for a bonus.

Developmental Disabilities Services

- ↓ Reduce funding for the residential program that provides adults with developmental disabilities with independent living options, supervised apartments, and group homes (\$300,000).

IMPACT: There will be no impact on client care as result of this reduction. Additional Medicaid waivers provided by the state will allow the county to meet demand with less local tax support.

DEPARTMENT FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$69,388,554	\$73,685,722	\$75,352,837	2%
Nonpersonnel	65,492,711	63,742,486	63,776,890	-
Intra-County Charges	(355,516)	(326,212)	(335,022)	3%
Total Expenditures	134,525,749	137,101,996	138,794,705	1%
Fees	1,921,407	2,313,083	2,708,570	17%
Federal Share	17,798,995	15,573,084	16,129,202	4%
State Share	21,745,822	21,095,430	21,523,150	2%
Other	767,724	628,556	783,726	25%
Total Revenues	42,233,948	39,610,153	41,144,648	4%
Net Tax Support	\$92,291,801	\$97,491,843	\$97,650,057	-
Permanent FTEs	697.82	705.52	691.82	
Temporary FTEs	3.00	3.00	4.50	
Total Authorized FTEs	700.82	708.52	696.32	

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.
- Facilitate and streamline the department's procurement processes to efficiently meet programmatic needs.

Information Systems

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

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.

DEPARTMENTAL MANAGEMENT AND LEADERSHIP

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

Facilities Operations

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

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 Business Systems Analyst I (\$110,304, 1.0 FTE) and a Business Systems Analyst III (\$134,022, 1.0 FTE) from the Behavioral Health Division. These increases are partially offset by the reduction itemized below.
- ↑ Non-personnel increases due to contractor increases associated with the reduction itemized below (\$12,000), non-discretionary contractual services costs associated with Sequoia Plaza (\$172,407), utilities expense for Head Start (\$19,146), transfer of funds from the Behavioral Health Division for the annual electronic health record license (\$119,437), and normal contractual increases (\$26,162), offset by a reduction to the annual expense for the rental of county vehicles (\$30,831), a decrease for credit card fees (\$10,000), and adjustments to the Sequoia Plaza rent (\$1,302).
- ↑ Federal share revenue increases due to federal pass through administration allocation (\$82,926).
- ↓ State share revenue decreases based on a projected decrease in state reimbursement for various administrative and eligibility services (\$48,802).
- ↓ Other revenue decreases due to credit card company fees (\$10,000) previously budgeted as an expense.

FY 2019 Proposed Budget Reduction

- ↓ Elimination of a filled Administrative Technician responsible for tracking, retrieving and delivering archived records (\$81,017, 1.0 FTE). Enlist a County contractor for approximately \$12,000 per year to deliver and pick up files from offsite storage as needed. The net reduction is \$69,017. IMPACT: This would require program staff to track their own records and contact contractors directly. Guidance on archiving process and special projects related to moving records to be shared among other staff. Without centralized control there will be an increased potential for errors in records retention and destruction.

DEPARTMENTAL MANAGEMENT AND LEADERSHIP

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$6,190,951	\$6,692,665	\$7,172,595	7%
Non-Personnel	4,020,675	3,606,141	3,913,160	9%
Total Expenditures	10,211,626	10,298,806	11,085,755	8%
Fees	-	-	-	-
Federal Share	489,878	398,093	481,019	21%
State Share	118,284	162,522	113,720	-30%
Other	(542)	-	(10,000)	-
Total Revenues	607,620	560,615	584,739	4%
Net Tax Support	\$9,604,006	\$9,738,191	\$10,501,016	8%
Permanent FTEs	56.10	57.10	58.10	
Temporary FTEs	-	-	-	
Total Authorized FTEs	56.10	57.10	58.10	

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 employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections. Personnel expenses also reflect the following transfers:
 - Transfer in of an Administrative Technician I (\$80,199, 1.0 FTE) from the Housing Choice Voucher Program, and another Administrative Technician I (\$74,005, 1.0 FTE) from Management and Administration in the Aging and Disability Services Division.
 - Transfer out of an Administrative Technician I (\$60,557, 1.0 FTE) to Employment Services and another Administrative Technician I (\$31,220, 0.4 FTE) to Housing Assistance and Homeless Programs.
- ↑ Non-personnel increases due to a Sequoia Plaza rent increase (\$45,103) and reallocation of telephone and communications from Community Assistance (\$11,218) and Employment Services (\$4,101).
- ↑ Federal share revenue increases based on a projected increase in federal reimbursement for various administrative and eligibility services (\$67,304).
- ↓ State share revenue decreases based on a projected decrease in state reimbursement for various administrative and eligibility services (\$43,841).

MANAGEMENT AND ADMINISTRATION

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$1,932,689	\$2,115,829	\$2,274,578	8%
Non-Personnel	1,344,792	1,623,422	1,683,844	4%
Total Expenditures	3,277,481	3,739,251	3,958,422	6%
Federal Share	936,127	863,275	930,579	8%
State Share	105,375	145,999	102,158	-30%
Total Revenues	1,041,502	1,009,274	1,032,737	2%
Net Tax Support	\$2,235,979	\$2,729,977	\$2,925,685	7%
Permanent FTEs	21.40	22.40	23.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	21.40	22.40	23.00	

PERFORMANCE MEASURES

Customer Service Center

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Calls abandoned prior to being answered	5%	5%	6%	5%	5%	5%
Callers who received accurate information to connect them to services	99%	99%	98%	98%	98%	98%
Quality of consultant information: average evaluation score for consultants	100%	98%	100%	100%	98%	98%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Calls received in the Call Center	50,735	51,606	50,023	46,683	47,000	47,000
Total walk-in visits	62,167	58,739	58,654	56,010	55,000	55,000
Total clients assessed by consultants	6,595	7,443	6,790	6,201	6,100	6,100
Wait time for consultants from point of registration: percent of customers waiting 15 minutes or less to see consultants	78%	81%	77%	82%	80%	80%
Quality of Call Center telephone interaction: call quality scores	99%	99%	99%	99%	98%	98%
Front Desk customer satisfaction: percent of customers satisfied with front desk service	98%	99%	99%	99%	98%	98%

- Customer Service Center performance measures were renamed in FY 2018 to better describe the data being reported and align to the performance measurement plan.
- In FY 2017, Calls received in the Call Center decreased due to innovative use of technology in routing clients directly to online services and external service providers.

MANAGEMENT AND ADMINISTRATION

- In FY 2017, the Total clients assessed by consultants measure was adjusted to include Telephone Assessments rather than only Walk-in Assessments. FY 2015 and FY 2016 data was updated with the adjusted measure.
- 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 2017 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 decreases due to the transfer out of a Human Services Clinician II (\$106,610, 1.0 FTE) to Employment Services and an unfunded Volunteer Services Program Coordinator (1.0 FTE) temporarily transferred to the Community Planning & Housing Development Fund for the One-Stop Arlington Permitting Initiative. 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 decreases due to the reallocation of telephone and communications (\$11,218) to Management and Administration, partially offset by the Gates of Ballston rent increase (\$841).
- ↓ Intra County Charges decrease due to the transfer of the Arlington Mill rental income to Fees (\$39,920).
- ↑ Fees increase due to the transfer in and annual increase of the Arlington Mill rental income from Intra County Charges (\$61,575).
- ↑ Federal share revenue increases based on a projected increase in federal reimbursement for various administrative and eligibility services (\$189,624).
- ↓ State share revenue decreases based on a projected decrease in state reimbursement for various administrative and eligibility services (\$111,593), partially offset by an increase in the state portion of the Comprehensive Community Corrections Act and Pretrial Services Act Grant Program (\$2,876).

COMMUNITY ASSISTANCE

- ↑ Other revenue increases due to the projected reimbursement from the City of Falls Church for the Comprehensive Community Corrections Act and Pretrial Services Act Grant Program (\$2,106).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$2,414,846	\$2,407,902	\$2,483,857	3%
Non-Personnel	737,360	1,028,424	1,018,047	-1%
Intra-County Charges	(55,461)	(39,920)	-	-100%
Total Expenditures	3,096,746	3,396,406	3,501,904	3%
Fees	-	-	61,575	-
Federal Share	1,114,051	910,305	1,099,929	21%
State Share	403,897	675,906	567,189	-16%
Other	12,268	13,487	15,593	16%
Total Revenues	1,530,216	1,599,698	1,744,286	9%
Net Tax Support	\$1,566,530	\$1,796,708	\$1,757,618	-2%
Permanent FTEs	25.25	26.25	24.25	
Temporary FTEs	-	-	-	
Total Authorized FTEs	25.25	26.25	24.25	

PERFORMANCE MEASURES

Clinical Coordination

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Client report of effectiveness of services: Number and percent of customers surveyed who agreed that services helped them with their presenting problems (e.g., housing, economic, food or medical needs)	40/95%	72/96%	68/99%	33/94%	59/98%	59/98%
Economic functioning: percent of clients with adequate/high or improved score at exit	71%	77%	84%	87%	85%	85%
Housing stability: percent of clients with adequate/high or improved score at exit	80%	86%	91%	84%	86%	86%

COMMUNITY ASSISTANCE

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Client office visits	4,953	4,010	3,636	3,277	3,000	3,000
Number and percent of Emergency Financial Assistance households served	430/97%	341/99%	324/97%	280/96%	300/97%	300/97%
Amount of Emergency Financial Assistance (EFA) funds spent	\$273,599	\$266,968	\$254,035	\$270,491	\$272,000	\$272,000
Quality of documentation: average client file score	95%	92%	88%	92%	91%	91%
Timeliness of closing cases: number and percent of cases closed within 30 days of last contact	157/91%	122/27%	127/30%	189/34%	210/35%	210/35%
Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them	43/98%	82/99%	67/98%	34/95%	59/98%	59/98%

- Clinical Coordination performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- The “Economic functioning: percent of clients with adequate/high or improved score at exit” 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, “Economic functioning: percent of clients with adequate/high or improved 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: percent of clients with adequate/high or improved score at exit” 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.
- “Client office visits” are down due to staff being able to better stabilize households so that they need fewer return to trips for services. For example, in FY 2016 the amount that a person could receive in a one month from Emergency Financial Assistance (formerly General Relief Emergency) went from \$1,000 to \$2,000 which allowed Clinical Coordination Program to spend less time stabilizing certain households. The maximum benefit a client could receive during the fiscal year is \$2,000.
- As mentioned above, CCP was able to obtain the maximum benefit from Emergency Financial Assistance (EFA) in one month instead of having to split between months. Therefore, the number of EFAs went down, but the program spent more money. The average amount for an EFA in FY 2017 was \$966 whereas in FY 2016 the average was \$788.
- The FY 2018 and FY 2019 estimates for the amount of EFA 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. This led to an increase average client file score beginning in FY 2016.

COMMUNITY ASSISTANCE

- In FY 2015, the data collection process for “Timeliness of closing cases: 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 was a priority during supervision and case record review. Staff developed corrective action plans as needed.
- The number of surveys collected went down. This was due to surveys being collected during slower periods of the month. For FY 2018 we plan to administer surveys during busier periods of the month, usually the 2nd week of the month, as well as work with CSC staff to ensure that all clients receive the survey with their initial paperwork.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Community Outreach

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Monthly educational programs conducted for citizenship and life skills	55	65	75	77	79	79
Monthly educational programs provided (Computer, Special Events/Recreation)	36	20	23	28	27	27
Total information and referral requests: walk-in, telephone, home visits	3,786	2,333	3,596	4,861	5,000	5,000
Number of monthly participants all sites	1,334	1,886	2,674	2,675	2,675	2,675
Number of new special event programs provided yearly to address emerging community needs	15	50	105	98	95	95

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of volunteers per month	96	145	197	184	190	190
Number of volunteer hours per month	560	522	595	588	596	596

- Community Outreach performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- In FY 2014 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, most program measures increased slightly.
- 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 “Total information and referral requests: walk-in, telephone, home visits” 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. In FY 2016 and FY 2017, information and referral requests increased due to an increase in the number of programs and participants.

COMMUNITY ASSISTANCE

- The number of monthly participants for all programs increased in FY 2016 due to an increase in the number of overall programs being offered, including the tailoring program to assist with income generation and the immigration forum with community partners. In FY 2017, the number decreased due to a decrease in the number of overall volunteers after a review of volunteer needs/roles by program.
- The number of new special event programs increased in FY 2016 due to new partnerships both within and outside of Arlington County government, such as, Buckingham Cooks and Somali and Nubi Community Meetings.
- In FY 2015 and FY 2016, the program experienced an increase in the number of volunteers per month due to the increase in the number of programs being offered.
- In FY 2017, the program experienced a decrease in the number of volunteers per month due to a careful review of volunteer needs/roles by program. In some cases, fewer volunteers were needed/required for program operation, reducing the overall count.
- In FY 2016, the number of volunteer hours per month increased as a result of the increase in the number of volunteers during the fiscal year.
- In FY 2017, the number of volunteer hours per month decreased as a result of the decrease in the number of volunteers during the fiscal year.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Community Corrections

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of offenders completing treatment services	83%	85%	81%	86%	84%	84%
Percent of offenders successfully completing probation	66%	70%	60%	55%	62%	62%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of offenders successfully completing probation	108	80	87	89	85	85
Percent of offender customers rating services as satisfactory or better	100%	100%	100%	91%	91%	91%
Percent of primary customers rating services as satisfactory or better	100%	100%	100%	100%	100%	100%
Total number of offenders served	211	160	198	183	180	180

- In FY 2017, the Community Corrections Unit was transferred to the Department of Human Services to consolidate the unit with staff providing similar support services within the community. All performance measures associated with the Community Corrections Unit will be included in the budget for the Department of Human Services.
- From FY 2015 through FY 2017, staff vacancies and onboarding periods for new staff affected the percent of offenders successfully completing probation. The FY 2018 and FY 2019 estimates show an anticipated return to normal operating levels.

COMMUNITY ASSISTANCE

- From FY 2014 through FY 2015, the number of offenders served declined due to an extended vacancy in a probation officer position.

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 employee salary increases, adjustments in employee benefits elections, an increase in the County's cost for employee health insurance, retirement contributions based on current actuarial projections, and the transfer in of an Administrative Technician I (\$31,220, 0.4 FTE) from Management and Administration.
- ↓ Non-personnel decreases due to the removal of one-time funding for the Housing Grant Program (\$446,426) and the Arlington Food Assistance Center (\$50,000), partially offset by increases in the Project Planning Grant (\$1,800) and non-discretionary contractual increases (\$49,584).
- The total funding for the Housing Grant Program in the FY 2019 Proposed Budget is \$8,707,329 consisting of \$8,000,220 in ongoing funding and \$707,109 in one-time funding.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

↑ Federal share revenue increases due to the projected increase in the Project Planning Grant (\$1,800).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$1,538,150	\$1,485,146	\$1,609,822	8%
Non-Personnel	16,736,973	16,312,751	15,867,709	-3%
Total Expenditures	18,275,123	17,797,897	17,477,531	-2%
Fees	20	-	-	-
Federal Share	37,112	72,200	74,000	2%
State Share	449,470	-	-	-
Other	74,120	15,000	15,000	-
Total Revenues	560,721	87,200	89,000	2%
Net Tax Support	\$17,714,402	\$17,710,697	\$17,388,531	-2%
Permanent FTEs	14.00	15.00	15.40	
Temporary FTEs	-	-	-	
Total Authorized FTEs	14.00	15.00	15.40	

PERFORMANCE MEASURES

Housing Grants

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Amount of money available per month for non-rental expenses with and without Housing Grant for families	\$1,363/ \$798	\$1,358/ \$779	\$1,431/ \$890	\$1,449/ \$912	\$1,475/ \$920	\$1,490/ \$930
Amount of money available per month for non-rental expenses with and without Housing Grant for persons with disabilities	\$644/ \$10	\$657/ \$18	\$680/ \$35	\$668/ \$44	\$670/ \$45	\$675/ \$50
Amount of money available per month for non-rental expenses with and without Housing Grant for residents age 65+	\$662/ \$143	\$663/ \$128	\$679/ \$136	\$670/ \$97	\$670/ \$100	\$677/ \$102

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average number of households served per month	1,219	1,302	1,299	1,229	1,220	1,180
Total number of new applications processed	1,647	1,624	1,408	1,330	1,290	1,215

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of initial applications processed accurately according to Housing Grant policies	93%	93%	93%	94%	93%	94%
Percent of ongoing reviews processed accurately according to Housing Grant policies (within 60 days)	96%	97%	95%	96%	96%	96%
Percent of initial applications processed on time according to Housing Grant policies (within 60 days)	97%	96%	96%	97%	96%	96%
Percent of ongoing reviews processed on time according to Housing Grant policies	98%	98%	96%	98%	97%	97%

- Housing Grants performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- Households are reporting difficulty in locating housing, and without sufficient affordable housing available, fewer households are applying for the program.
- The minimum age requirement increased from age 62 to age 65 in FY 2014.
- FY 2018 actual number of households served may be less than the FY 2018 estimate of 1,220 households served because it is anticipated that current Housing Grant recipients who live at Culpeper Gardens, about 60 households, will be transitioning to a Project Based Housing Choice Voucher program.
- FY 2019 estimate includes a reduction in households due to Culpeper Gardens households moving to the Housing Choice Voucher program.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Real Estate Tax Relief

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Annual number of households approved	997	940	932	915	908	900
Number of applications processed	1,087	1,022	1,012	990	970	950
Real Estate Tax Relief deferred/exempted revenues (reported by calendar year)	\$4,232,471	\$4,218,957	\$4,163,132	\$4,138,521	\$4,400,000	\$4,200,000

- Deferred/exempted revenues may increase in FY 2018 and FY 2019 even though the number of applications processed and number of households approved are expected to decrease due to increasing property values.
- Real Estate Tax Relief program changes have been recommended by the working group, who were tasked to study the program, however these changes have not yet been adopted. The policy changes, if adopted, are projected to reduce program participation in FY 2018 and FY 2019.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Homeless and Shelter Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of participants exiting to permanent housing: Individual Shelters	34%	17%	36%	43%	49%	57%
Percentage of participants exiting to permanent housing: Family Shelters	82%	76%	82%	86%	87%	88%
Percent of adults in family shelter leaving the program with maintained or increased income	34%	45%	75%	73%	72%	70%
Percent of individuals housed at the shelters serving adults only who leave with increased or maintained income, excluding emergency weather beds	18%	N/A	66%	66%	66%	66%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Emergency shelter clients served at individuals shelters, excluding emergency weather beds	172	160	283	294	305	317
Hypothermia clients served using the emergency weather beds at the HSC	464	454	128	138	149	161
Emergency shelter clients served at family shelters	195	203	180	168	160	153

- Homeless and Shelter Services performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- The Homeless Management Information System (HMIS) Progress Report for FY 2016 and forward captures whether income has been maintained or increased. Data for FY 2014 to FY 2015 measures the percent that increased income, but does not include the percent that maintained income.
- 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. This was due to the implementation of a new Homeless Management Information System (HMIS). Data collection has improved, and this information is available beginning in FY 2016.
- 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.

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

Supportive Housing

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Permanent Supportive Housing (PSH) tenants who remain in permanent housing	251/81%	282/79%	233/92%	265/93%	279/93%	293/93%
Approved applicants who obtain housing	194/77%	260/81%	59/57%	68/69%	67/68%	67/68%
Effectiveness of housing support services: full documentation of efforts to provide/arrange services to maintain housing	22/50%	15/34%	26/50%	36/63%	39/65%	43/68%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Occupied PSH households at end of fiscal year	190	201	220	251	281	300
New committed affordable units (CAFs) secured each year for PSH	31/9%	25/7%	9/4%	19/7%	24/8%	24/8%
Timeliness of obtaining housing: median months from approval to move-in for applicants	5	7	4	3	4	4
Case manager home visits completed every 90 days	682/90%	520/65%	715/82%	749/76%	922/85%	1,007/85%
Landlord satisfaction: leasing office staff surveyed who are satisfied with PSH services	25/83%	8/89%	17/100%	20/100%	18/90%	24/95%

- Supportive Housing performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- “Permanent Supportive Housing (PSH) tenants who remain in permanent housing” was revised in FY 2016 to report the tenants served during the current fiscal year 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 the fiscal year. For FY 2014 and FY 2015, data for tenants served in previous fiscal years was included.
- “Approved applicants who obtain housing” was revised in FY 2016 to report the applicants served during the current fiscal year. For prior years, data for applicants served were cumulative since FY 2010. The number is projected to increase in FY 2018 due to 40 units that are funded by the Virginia Department of Behavioral Health and Development Services.
- 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. The decrease in number and percent 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. In FY 2017, these percentages improved to 63 percent of cases fully documented and 33 percent partially documented.
- “Occupied PSH households at end of fiscal year” reflects households subsidized by local or federal or state funds. The number includes current households, households filling new units,

HOUSING ASSISTANCE AND HOMELESS PROGRAMS

and households filling vacant units. Growth in FY 2017 and FY 2018 are attributed to a state contract to house an additional 40 PSH clients.

- 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 funding.
- In FY 2015, "Timeliness of obtaining housing: median months from approval to move-in for applicants" increased due to construction delays for the Shell and Buckingham Village units, which accounted for 23 percent of all placements.
- "Case manager home visits completed every 90 days" 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.
- The tracking of the number and percent of home visits conducted will be revised in FY 2018. In FY 2018, home visits in which the case manager attempted a visit, but the client refused the visit will be counted as a completed home visit.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Rapid Re-Housing

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of people assisted with a housing subsidy and case management annually	N/A	295	298	310	318	326

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average length of stay in months for people leaving the program	14.7	6.8	8.8	9.4	11.1	13.1
Percent of adults who leave with increased or maintained income at program exit	67%	46%	71%	80%	86%	93%

- In FY 2014, Rapid Re-housing programs served families only.
- In FY 2016, the income measure changed to maintained or increased income due to change in HMIS report. Data for FY 2014 and FY 2015 measures percent that increased income, but does not include percent that maintained income.
- The Rapid Re-housing programs reflected here receive funding from local, state, and federal sources. Prior year data adjusted accordingly.

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.

Medical Assistance

- 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 needs by paying a portion of their primary utility costs.

Refugee Services

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

Title IV-E

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

Child Care Subsidy

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

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases are due to the reduction itemized below and 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 primarily due to reductions in the Auxiliary Grants (\$65,158) and Refugee Resettlement Programs (\$16,125) based on FY 2017 service levels, and a partial reallocation of General Relief Program funds to Employment Services (\$65,803).
- ↑ Federal share revenue increases due to an increase in federal reimbursement for various administrative and eligibility services (\$413,110), partially offset by decreases in the

PUBLIC ASSISTANCE

Outstationed Eligibility Worker Program (\$34,667) and the Refugee Resettlement Program reimbursement grant based on FY 2017 service levels (\$16,125).

- ↓ State share revenue decreases due to the projection for state reimbursement for various administrative and eligibility services (\$243,114) and the state portion of the Auxiliary Grants Program (\$52,126).

FY 2019 Proposed Budget Reduction

- ↓ Elimination of a vacant Eligibility Worker (\$105,493, 1.0 FTE) that evaluates whether clients qualify for a variety of public assistance programs.

IMPACT: The impact is minimal due to decreasing caseloads across a variety of public assistance programs. The position's caseload of 700 would be redistributed to the remaining 12 eligibility workers. Due to the implementation of a more streamlined application process, workers will be able to absorb the additional cases with minimal impact.

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$4,193,629	\$4,330,259	\$4,314,133	-
Non-Personnel	881,620	1,081,309	935,215	-14%
Total Expenditures	5,075,249	5,411,568	5,249,348	-3%
Federal Share	2,528,050	2,161,420	2,523,738	17%
State Share	959,889	1,238,153	942,913	-24%
Other	31,560	-	-	-
Total Revenues	3,519,499	3,399,573	3,466,651	2%
Net Tax Support	\$1,555,750	\$2,011,995	\$1,782,697	-11%
Permanent FTEs	48.25	48.25	47.25	
Temporary FTEs	0.50	0.50	0.50	
Total Authorized FTEs	48.75	48.75	47.75	

PERFORMANCE MEASURES

Public Assistance Bureau

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of financial (TANF and General Relief) applications processed accurately	97%	97%	97%	100%	95%	95%
Percent of financial (TANF and General Relief) applications processed on time	97%	98%	99%	99%	99%	99%

PUBLIC ASSISTANCE

General Relief

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average number of households assisted with General Relief Maintenance per month	87	86	93	83	87	87
Average number of households assisted with General Relief Medical per month	50	50	25	21	21	21

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
General Relief Maintenance expense	\$172,902	\$150,884	\$215,208	\$217,953	\$220,000	\$220,000
General Relief Medical expense	\$97,164	\$88,836	\$24,501	\$19,691	\$19,691	\$19,691
Number of General Relief Maintenance applications processed annually	267	257	200	207	200	200

- 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 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average number of persons assisted per month	82	76	75	68	68	68
Number of applications processed	16	16	15	24	18	18
Percent processed within 45 days	94%	100%	97%	100%	100%	100%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Auxiliary Grant expense	\$558,451	\$538,065	\$498,907	\$453,547	\$453,547	\$453,547

- The average number of persons assisted per month in FY 2015 has been corrected.
- The decrease in Auxiliary Grant expense in FY 2016 and FY 2017 was due to a reduction in active participants due to changes in circumstances such as relocation, household composition, and income – this trend is expected to continue in FY 2018 and FY 2019.

Supplemental Nutrition Assistance Program (SNAP)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of eligible people participating in SNAP Program in June of each year	38%	36%	35%	32%	31%	31%
Amount of benefits issued in June of each year	\$923,257	\$892,628	\$825,964	\$769,434	\$700,000	\$700,000

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of households participating in June of each year	5,037	4,697	4,455	4,109	4,000	4,000
Number of applications processed each year	2,918	2,783	2,642	2,627	2,600	2,600
Percent of applications processed within timeframe	99%	99%	99%	99%	99%	99%
Percent of cases calculated correctly that were reviewed locally (FFY)	96%	95%	90%	84%	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.
- In FY 2017, there was a decrease in the Percent of cases calculated correctly that were reviewed locally due to implementation of recent state policy changes.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Medical Assistance

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total Medical Assistance households	10,106	10,726	12,408	12,581	12,495	12,495
Total applications received	4,845	5,091	4,731	4,774	4,180	4,180
Applications processed on time	96%	98%	99%	99%	90%	90%

- Medical Assistance performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- “Total Medical Assistance households” increased in FY 2015 and FY 2016 due to the implementation of the Affordable Care Act.
- “Total applications received” from FY 2014 to FY 2016 has been updated with revised numbers from the State of Virginia.
- “Applications processed on time” in FY 2015 has been updated with revised numbers from the State of Virginia.

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- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Temporary Assistance for Needy Families

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Increase in monthly household income available to meet family living expenses as a result of receiving TANF: amount of income available with/without subsidy	\$481/\$159	\$528/\$207	\$667/\$116	\$762/\$351	\$621/\$208	\$621/\$208
Number/percent of VIEW participants employed or engaged in other work activities	180/92%	167/93%	151/94%	127/97%	131/95%	131/95%
Percent of VIEW participants still employed after three months	65%	60%	65%	70%	80%	80%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total applications	519	506	406	415	411	411
Payment accuracy rate for internal audits	97%	97%	98%	97%	95%	95%
Processing timeliness for initial applications	97%	98%	99%	99%	99%	99%
Processing timeliness for redeterminations	99%	97%	95%	96%	96%	96%
Unduplicated households receiving benefits	416	374	352	N/A	300	300
Unduplicated individuals receiving benefits	1,107	1,008	978	N/A	700	700

- Temporary Assistance for Needy Families performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- Amount of income available to meet basic needs with TANF increased in FY 2016 and FY 2017 due to COLA of 2.5% provided by the state.
- In FY 2018, the amount of income that a household has available for living expenses as a TANF recipient is projected to decrease as most TANF recipients time out of the program, are not employed, and have a very low earning potential.
- “Number/percent of VIEW participants employed or engaged in other work activities” in FY 2015 has been updated with revised numbers from the State of Virginia.
- FY 2017 data for unduplicated households and individuals receiving benefits are not available from the State of Virginia.
- The unduplicated households and individuals receiving benefits has steadily decreased due to eligibility restrictions. People may only receive TANF for a total of 60 months, and only

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for 24 successive months, at which point they are ineligible to receive a benefit for two years. Staff anticipate that trend to continue in FY 2018 and FY 2019.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:

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

Energy Assistance

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of applications processed	1,549	1,717	1,810	1,864	1,864	1,864
Percent processed by deadline	100%	100%	100%	100%	100%	100%
Yearly number of households assisted	1,515	1,454	1,492	1,585	1,585	1,585

Refugee Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average monthly households assisted	12	17	8	8	8	8
Number of applications processed	38	26	19	29	29	29
Percent processed within 45 days	100%	100%	100%	100%	100%	100%
Refugee Services expense	\$36,348	\$47,120	\$30,371	\$30,742	\$30,742	\$30,742

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

Child Care Subsidy

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Amount of income available for non-childcare expenses with/without subsidy - Fee-based families	N/A	\$1,283/\$464	\$1,510/\$302	\$1,382/\$360	\$1,382/\$360	\$1,382/\$360
Amount of income available for non-childcare expenses with/without subsidy - Head Start families	N/A	\$1,198/\$676	\$1,633/\$564	\$1,892/\$778	\$1,892/\$778	\$1,892/\$778

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Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of children receiving subsidy from local funds (County)	0	0	6	17	17	17
Number of children in Head Start /Early Head Start	162	162	92	40	40	40
Number of children in fee- based care	261	204	113	104	104	104
Number of children whose families receive VIEW/TANF	161	131	64	58	58	58
Quality control payment accuracy rate: internal reviews calculated correctly	95%	100%	95%	93%	95%	95%
State funds spent for fee paying families: percent spent and amount of allocation	83%/ \$1,486,154	78%/ \$1,827,817	81%/ \$1,538,218	86%/ \$1,338,218	85%/ \$1,600,000	85%/ \$1,600,000
Total number of children receiving day care subsidy	584	497	269	202	202	202

- Child Care Subsidy performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- 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 to zero due to the fact that all locally-funded cases were transferred to state funding. In FY 2016, there was an increase in the number of children from immigrant families who did not qualify for state funding.
- In FY 2016, the “Number of children in Head Start / Early 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 financially eligible families.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2017 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 are due to the reduction itemized below and are partially offset by employee salary increases, an increase in the County's cost for employee health insurance, retirement contributions based on current actuarial projections and the following transfers:
 - Transfer in of an Administrative Technician I (\$60,577, 1.0 FTE) from Management and Administration and a Management Specialist (\$106,610, 1.0 FTE) from the Community Assistance Bureau.
 - Transfer out of an unfunded Administrative Assistant (0.25 FTE) to the Housing Choice Voucher Program.
- ↓ Non-personnel decreases due to the reduction itemized below (\$171,901), decreases in the Workforce Innovation and Opportunity Act (WIOA) Grant (\$147,462), Supplemental Nutrition Assistance Program Employment and Training (SNAPET) Grant (\$2,628), and telephone and communications (\$4,101) to Management and Administration. Decreases are partially offset by increases due to the reallocation of an Employment Services Specialist budget (\$97,254) from personnel to non-personnel, a partial reallocation of General Relief Program funds from Public Assistance (\$65,803), and an increase in Virginia Initiative for Employment Not Welfare (VIEW) Grant (\$38,895).
- ↓ Federal share revenue decreases due to the reduction in the SNAPET Grant (\$3,081) and WIOA Grant (\$147,462), partially offset by an increase in the VIEW Grant (\$22,106).
- ↓ State share revenue decreases due to the reduction in VIEW Grant (\$1,166) and SNAPET Grant (\$2,208).

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- ↑ Other revenue increases due to an increase in One Stop Workforce Center co-location revenue (\$5,000).

FY 2019 Proposed Budget Reduction:

- ↓ Elimination of six positions (\$653,683) and a reduction in funding to the REEP program (\$171,901). The positions to be eliminated include a filled Management Specialist (\$104,402, 1.0 FTE), a filled Administrative Program Manager (\$163,121, 1.0 FTE), a filled Employment Services Supervisor (\$116,680, 1.0 FTE), and three Employment Services Specialist (two filled and one vacant) (\$269,480, 3.0 FTEs) at the Arlington Employment Center (AEC). The reduction in the level of funding to REEP, the English as a Second Language Program operated by Arlington Public Schools totals \$171,901.

IMPACT: The reduction proposal will scale down services commonly available on-line while preserving case management and training for high need clients. In recent years, the AEC has seen a significant decline in clients seeking services. The decline is mostly attributed to very low unemployment in Arlington – currently 2.45 percent; the lowest in Virginia. In addition, the availability of on-line employment resources has further reduced the demand for services. From FY 2014 – FY 2017:

- Clients enrolled in active case management fell by 24 percent
- Clients visiting the Resource Center decreased by 40 percent
- Employment Services Specialist caseloads fell by 38 percent
- ESL instruction slots decreased by 2 percent

The proposed staff reduction at the Arlington Employment Center will impact the staff at multiple levels.

Reductions in REEP, the English as a Second Language program operated by Arlington Public Schools, will include the elimination of two of six administrative positions as well as increasing revenue. No ESL or scholarship slots will be impacted; the current number served will remain at 3,385 annually. The reduction of administrative support and pursuing revenue opportunities will result in a reduction of the County's grant from \$817,583 to \$645,682, or \$171,901. REEP will partially offset the county's grant decrease by replacing County funding for a site coordinator with federal grant funds and by implementing a revenue-generating Test of English as Foreign Language (TOEFL) class in response to student demand. Additionally, REEP is exploring the transfer of Wakefield High School ESL classes to the Sequoia Plaza location to increase efficiency in program delivery.

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PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$2,931,466	\$3,142,666	\$2,557,016	-19%
Non-Personnel	1,489,132	1,508,108	1,383,968	-8%
Total Expenditures	4,420,598	4,650,774	3,940,984	-15%
Federal Share	908,964	945,660	817,223	-14%
State Share	19,785	47,084	43,710	-7%
Other	80,954	75,000	80,000	7%
Total Revenues	1,009,704	1,067,744	940,933	-12%
Net Tax Support	\$3,410,894	\$3,583,030	\$3,000,051	-16%
Permanent FTEs	32.25	31.25	27.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	32.25	31.25	27.00	

PERFORMANCE MEASURES

Employment Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Placement rate of case managed clients: number/percent placed in employment	573/80%	531/76%	503/76%	403/71%	450/75%	469/75%
Average wage at time of placement into employment	\$16.09	\$16.86	\$15.81	\$14.87	\$15.00	\$15.50
Case managed clients still employed after six months	481/84%	446/84%	397/79%	290/72%	338/75%	359/78%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of newly enrolled case managed clients	718	703	663	572	600	625
Average time from initial assessment to placement into employment for case managed clients (months)	5.0	3.6	3.6	3.7	3.5	3.5
Number of visits to Resource Room through Job Seeker Services	13,668	12,205	8,806	11,109	11,500	12,000
Percent of customers responding to a survey who reported high satisfaction	97%	97%	97%	97%	98%	98%
Number of employer events	95	95	80	101	90	95
Number of employers exhibiting at Arlington Teen Summer Expo	44	57	56	59	55	55

EMPLOYMENT SERVICES

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of students attending Arlington Teen Summer Expo	772	900	1,322	1,401	1,400	1,400
Number of employers posting opportunities at Arlington Teen Summer Expo	202	231	113	145	150	150
Number of job readiness workshops facilitated by AEC Youth Program staff	51	76	59	61	N/A	N/A
Number of students attending job readiness workshops facilitated by AEC Youth Program staff	1,011	1,136	1,331	1,231	N/A	N/A
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	92%	93%	92%	98%	98%

- Employment Services performance measures were renamed in FY 2018 to better describe the data reported and to align with the performance measurement plan.
- In FY 2014, FY 2015 and FY 2016, the "Average wage at time of placement into employment" increased as a result of the "Veterans to IT" program. Participants in this program had an average wage at placement of approximately \$86,000 per year. The wage at placement goal for the AEC is \$14.50 per hour which is the County's Living Wage.
- A decrease in the "Case managed clients still employed after six months" in FY 2015 through FY 2017 are attributed to a decline in "work-ready" individuals and an increase in those "harder to serve" due to low skill and/or educational levels. The program continues to increase the number of clients who are referred to occupational skills training/English-as-a-Second Language programs to increase their marketability.
- The decrease in the "Number of newly enrolled case managed clients" in FY 2015 through FY 2017 is attributed to an improvement in the overall economy resulting in fewer people seeking employment. The numbers, however, are anticipated to increase due to more intense program outreach and marketing efforts in FY 2018 and FY 2019.
- In FY 2017, the data reporting process for "Average time from initial assessment to placement into employment for case managed clients (months)" was improved. Calculations for FY 2015 and FY 2016 Actuals have been adjusted using the new technology.
- The decrease in "Number of visits to Resource Room through Job Seeker Services" in FY 2016 is attributed to an improvement in the overall economy resulting in fewer people seeking employment. The numbers, however, increased in FY 2017 and are anticipated to continue to increase due to more intense program outreach efforts.
- The decrease in "Number of employer events" in FY 2016 is attributed to an improvement in the overall economy resulting in decreased employer demand. The numbers, however, increased in FY 2017 due to a change in approach to program outreach and marketing efforts.
- The number of students attending the Arlington Teen Summer Expo increased significantly in FY 2016 and FY 2017 due to enhanced marketing efforts, student outreach, and greater coordination with Arlington Public Schools. This trend is expected to continue in the future.
- In FY 2014 and FY 2015, the number of employers posting opportunities at the Arlington Teen Summer Expo was higher because that number included duplicate employers. In FY 2016, the number declined due to a tracking system error. The error resulted in the use of a new tracking

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tool that reports employers unduplicated. In FY 2017, the number increased as more employers sought the opportunity due to the improving economy.

- In FY 2016 and FY 2017, federal funding for youth programs shifted to focus more on out-of-school youth. This led to a lower number of workshops held for youth in-school. Based on these changes, job readiness workshops will no longer be offered in FY 2018 and FY 2019.
- The satisfaction rate among Arlington Teen Summer Expo youth participants was a new measure 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 2017 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 employee salary increases, an increase in the County's cost for employee health insurance, and retirement contributions based on current actuarial projections and the transfer in of an Administrative Technician (\$77,414, 1.0 FTE) from the School Health Bureau, partially offset by the reductions itemized below.
- ↑ Non-personnel increases due to the addition of pre-employment physicals budget (\$176,269), Sequoia Plaza rent increase (\$59,803), medical malpractice insurance premiums (\$19,380), and a contractual increase (\$2,610). In addition, there is a transfer in of employment agency temporaries funds from the Community Health Services Bureau (\$1,333) and Laboratory Services Bureau (\$1,212).
- ↓ State share decreases due to a reduction in the Emergency and Preparedness Program grant (\$17,594), which is offset by an increase in the District Epidemiology grant (\$5,000).

FY 2019 Proposed Budget Reductions:

- ↓ Elimination of a filled Office Supervisor position in the Financial and Administrative Support Services (\$95,603, 1.0 FTE).

IMPACT: This is part of a larger initiative to streamline administrative support across DHS. The position's job duties including administrative tasks supporting public health clinics and supervision for seven staff will be transferred to the Administrative Officer, increasing the position's direct reports from three to ten. Redistributed administrative duties include satisfying vital records requests and reporting requirements, supporting front desk operations across the Public Health Division (including School Health) and purchasing and payables tasks. In addition, the health record quality assurance function would be assigned to the Management and Budget Specialist position in the Management & Administration Unit. The

MANAGEMENT AND ADMINISTRATION

additional management duties assigned to the Administrative Officer would require subordinate staff to operate more independently with increased decision making authority.

- ↓ Elimination of a vacant Administrative Technician that manages all the medication orders for clients with Latent TB Infection (LTBI) and for clients with Active TB Disease (TB). (\$80,121, 1.0 FTE).

IMPACT: This is part of a larger initiative for DHS to contract out pharmacy services. By contracting out pharmacy services to a private pharmacy provider at Sequoia, DHS will provide more efficient pharmacy operations at a lower cost. By co-locating pharmacy services with mental health and primary care providers, client outcomes will improve through easier access to medications. Currently, the nursing staff and clinicians serve as back-up for pharmacy staff in both divisions, which takes time away from client care. Having the pharmacy on-site will take County staff out of primary medication management, including responding to prescription refilling and prior authorization requests. Much of this can be managed by private pharmacy staff. The anticipated start date for a retail pharmacy to begin is October 1, 2018, assuming that all contracting policies and procedures are fulfilled. This initiative also includes the reduction of the Administrative Technician position described in the Pcychiatric Services line of business.

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$2,841,622	\$2,899,222	\$2,926,398	1%
Non-Personnel	2,588,044	2,420,212	2,680,819	11%
Total Expenditures	5,429,666	5,319,434	5,607,217	5%
Federal Share	110,487	-	-	-
State Share	969,029	1,373,843	1,361,249	-1%
Other	13,124	-	-	-
Total Revenues	1,092,640	1,373,843	1,361,249	-1%
Net Tax Support	\$4,337,026	\$3,945,591	\$4,245,968	8%
Permanent FTEs	22.50	23.50	22.50	
Temporary FTEs	1.50	1.50	1.50	
Total Authorized FTEs	24.00	25.00	24.00	

MANAGEMENT AND ADMINISTRATION

PERFORMANCE MEASURES

Emergency Preparedness and Response (EP&R)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of emergency exercises and drills which Division staff conducted or in which staff participated	15	12	10	20	20	20
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%	N/A	N/A	N/A	N/A	N/A
Met Project Public Health Ready Criteria (Yes/No)	Yes	N/A	N/A	N/A	N/A	Yes
Percentage of Public Health Division employees compliant with state and federal National Incident Management trainings (IS100, ICS200 and ICS700)	94%	91%	89%	95%	95%	95%
Total Number of Active Medical Reserve Corps (MRC) Volunteers	415	415	448	447	447	447

- 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 (Strategic National Stockpile) was eliminated by the CDC in FY 2015. These were national standards and CDC rated each locality's compliance annually. Starting in FY 2016, national standards and compliance ratings were replaced by self-assessment survey instruments which 1) do not result in an overall score; 2) change from year to year; and 3) do not provide commensurate data to report. As a result of this change, it is no longer possible to provide commensurate data from year to year.
- Project Public Health Ready (PPHR) is a recognition process conducted by NACCHO (National Association of County and City Health Officials). Conducted every five years, it is a national peer review of local public health emergency response plans to assess the jurisdiction's readiness to respond to various types of emergencies. In order to pass the review, the jurisdiction must meet all criteria. The 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 for new staff. Recently hired staff might not have completed their training by the point at which the data is reported. Data for FY 2014 – FY 2016 previously included only results for ICS 100 and ICS 700. Results for completion of ICS 200 have now been added to this measure. Therefore, FY 2017 results include all three trainings and data for FY 2014 – FY 2016 have been updated to include all three trainings as well.
- The overall increase in the number of MRC volunteers from FY 2014 to FY 2017 is likely due to the outreach efforts of the part-time grant funded coordinator. The estimates for FY 2018 and FY 2019 are based on FY 2017 actuals.

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Occupational Health

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of County employees attending Occupational Safety and Health (OSHA) required trainings	1,086	608	199	5,058	5,000	5,000
Percent of County employees receiving follow-up referrals after health risks were detected on screening	100%	100%	100%	100%	100%	100%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
County employee attendance at worksite health or safety (non-OSHA) programs	1,319	888	1,237	7,445	7,000	7,000
Number of County employees screened for health and safety risks who were able to perform the job	2,553	2,903	2,493	2,832	2,800	2,800
Number/percent of OSHA defined abnormal hearing tests getting appropriate follow-up	9/100%	5/100%	1/100%	0/100%	0/100%	0/100%
Percent of all County employees screened for work health and safety risks who were able to perform the job	99%	99%	100%	99%	99%	99%

- The estimates for FY 2018 and FY 2019 are based on FY 2017 actuals.
- The overall number of County employees attending OSHA required trainings and worksite health or safety (non-OSHA) programs decreased between FY 2014 and FY 2016. Reports for those years were based largely on paper records and participation in on-line training was difficult to capture. Beginning in FY 2017, the County's Office of Risk Management began implementing new systems for centralized tracking of these measures. The FY 2017 data, obtained via reports provided by County Departments, was the first step in that process. Future system refinements will include both survey and automated components.
- 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 increase in FY 2017 was largely due to a voluntary immunization status/vaccination update program for employees potentially exposed to vaccine-preventable illness.
- The number/percent of OSHA defined abnormal hearing tests getting appropriate follow up varies from year to year.

MANAGEMENT AND ADMINISTRATION

Management and Administration

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of budgeted third party revenue received	98%	98%	98%	98%	98%	98%

- FY 2018 and FY 2019 are based on FY 2017 actuals.

PROGRAM MISSION

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

Family Planning

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

Maternity Care

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

Immunization Clinic

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

Child Health Medical Case Management

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

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

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

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

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

Dental Clinic

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

COMMUNITY HEALTH 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 Laboratory Assistants (\$187,385, 2.0 FTEs) from the Laboratory Services program. The increases are partially offset by the reduction itemized below.
- ↓ Non-personnel decreases primarily due to the transfer of the following funds to Management and Administration (\$1,333), School Health Bureau (\$49,376) and the Community Health Protection Bureau (\$36,601). These decreases are partially offset by a transfer in of contractual services (\$82,026) from Laboratory Services due to the closure of the program.
- ↑ Fee revenue increases due to new client fees for sexually transmitted infections testing, pharmaceuticals and clinic visits (\$12,000), projected revenue increases from family planning Medicaid (\$4,986), immunization client fees (\$3,694), and maternity client fees (\$12,750). These increases are partially offset by decreases due to a reduction in medical billing receipts (\$5,818), maternity Medicaid (\$834), and dental client fees (\$2,000).
- ↑ Federal share revenue increases due to an increased award for the WIC Breastfeeding Peer Counselor grant (\$9,060).
- ↑ State share revenue increases due to an increase from the Virginia Department of Health Cooperative Award for mandated programs (\$41,736), which is partially offset by a reduction in the Family Planning Grant (\$4,988).

FY 2019 Proposed Budget Reduction

- ↓ Elimination of a vacant Management Specialist (\$105,727, 1.0 FTE) which serves as the Clinic Practice Manager for all Public Health clinics including: family planning, maternity care, immunization, and sexually transmitted infections.

IMPACT: Eliminating this position will require these duties be given to nurses and nursing supervisors, requiring more coordination among more people, increasing the likelihood of scheduling error, slower review of health record data and identification of practice and cost inefficiencies and areas of ineffectiveness.

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$5,075,880	\$5,544,967	\$5,775,013	4%
Non-Personnel	551,595	760,247	754,963	-1%
Total Expenditures	5,627,475	6,305,214	6,529,976	4%
Fees	152,074	141,371	166,149	18%
Federal Share	659,633	743,093	752,153	1%
State Share	1,614,340	1,129,481	1,166,229	3%
Total Revenues	2,426,047	2,013,945	2,084,531	4%
Net Tax Support	\$3,201,429	\$4,291,269	\$4,445,445	4%
Permanent FTEs	53.50	55.50	56.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	53.50	55.50	56.50	

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PERFORMANCE MEASURES

Family Planning Program

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total clients served	2,854	2,762	2,569	2,658	2,650	2,650
Total number of client visits	5,486	5,254	4,829	4,902	4,900	4,900
Total number of outreach events	29	39	37	29	30	30
Percent of teens encouraged to have parental involvement in their decisions regarding reproductive health	N/A	N/A	100%	99%	99%	99%
Average total wait time for family planning visits (in minutes)	44	44	44	31	31	31
Percentage of clients responding to an annual survey who report satisfaction with services	98%	97%	98%	100%	98%	98%
Percent of clients approved for a LARC (long acting reversible contraceptive) who receive it within 1 week	N/A	N/A	N/A	27%	27%	27%
Percent of pregnancies among existing family planning clients conceived at least 18 months after a previous birth	N/A	N/A	N/A	85%	85%	85%
Percent of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result	N/A	N/A	N/A	48%	48%	48%

- The overall decrease in clients served since FY 2014 is likely due to a combination of two factors: 1) the decrease in the number of uninsured women of reproductive age living in Arlington; and 2) the limited expansion of the Affordable Care Act (ACA) may have led to an increase in the number of clients who met its eligibility criteria and were therefore insured and able to find a private provider. The increase in clients served between FY 2016 and FY 2017 may be the result of more targeted and effective outreach efforts.
- The variation in the number of visits per year since FY 2014 is commensurate with the change in the number of clients served per year.
- The variation in the number of outreach events since FY 2014 is due to two factors. Between FY 2014 and FY 2016, the team was focused on increasing the number of events they attended. Beginning in FY 2017, using the attendance data from the previous years, the team prioritized events that reached the greatest number of people. Therefore, the number of events decreased.
- 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. In FY 2017, one teen client was counted as not having had a parental conversation regarding reproductive health. It was later learned that the conversation occurred yet was not documented at the time of reporting.
- The Average Total Wait Time is within the parameters established by Title X, which requires that wait time not exceed 60 minutes. The decrease from FY 2016 to FY 2017 was due to improvements in staff and client scheduling.

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- The following measures were new in FY 2017 and therefore no prior years' data are reported: Percent of clients approved for a LARC who received it within one week; percent of pregnancies among existing family planning clients conceived at least 18 months after a previous birth; and percent of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result. These are discussed in more detail in the performance measurement plan which is available at the link below.
- Between FY 2014 and FY 2016, the percent of clients responding to an annual survey who report satisfaction with services reflects the average score of the two (2) Virginia Department of Health (VDH) surveys done during the fiscal year (one in December and one in June). In FY 2017, VDH changed the survey. The question about overall satisfaction was included only in the December survey; VDH removed it from the June survey. Therefore, the FY 2017 results include only the December survey. For FY 2018 and beyond, VDH will require a minimum of two (2) client surveys per year and will allow local health departments to use their own surveys. The Arlington County Public Health Division (ACPHD) survey will reinstate the question about overall satisfaction.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Maternity Care

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of low birth weight infants born to clients served through 36 weeks	2.4%	4.0%	4.9%	2.0%	2.0%	2.0%
Percent of pre-term deliveries among clients served through 36 weeks	3.4%	5.8%	4.9%	2.8%	2.8%	2.8%
Percent of women enrolling in prenatal care in the first trimester of pregnancy	65%	65%	67%	66%	66%	66%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total clients served	750	746	731	694	690	690
Total client visits	4,433	4,743	4,666	4,563	4,560	4,560
Percent of clients who got all critical tests on time at admission visit	99%	100%	100%	100%	100%	100%
Percent of clients who got all critical tests on time at first clinician visit	100%	100%	100%	100%	100%	100%
Percent of clients who got all critical tests on time between 15 and 21 weeks	100%	99%	99%	99%	99%	99%
Percent of clients who got all critical tests on time between 24 and 28 weeks	95%	96%	95%	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)	100%	99%	100%	100%	100%	100%
Percent of clients who received services in their preferred language	98%	97%	100%	98%	98%	99%

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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 and none were identified.
- The decrease in clients served since FY 2014 is likely due to a combination of two factors: 1) the decrease in the number of uninsured pregnant women living in Arlington; and 2) the limited expansion of the Affordable Care Act (ACA) may have led to an increase in the number of clients who met its eligibility criteria and were therefore insured and able to find a private provider.
- The increase in total client visits between FY 2014 and FY 2015 was mainly because 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 began being prescribed more frequently than in prior years (based on individual client characteristics and needs), therefore increasing the number of visits for some clients. The decrease in the number of visits between FY 2015 and FY 2017 is commensurate with the decrease in the number of clients.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Immunization Clinic (OIC)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total clients served (all services)	4,225	3,986	4,079	4,088	4,088	4,088
Total visits (all services)	6,409	6,829	6,874	7,126	7,126	7,126
Total OIC Services: immunizations (including flu) and Tuberculosis Skin Tests (TSTs) administered	11,926	12,399	13,601	12,583	12,583	12,583
Cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic	2	0	0	1	1	1

- 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.
- Fewer clients were served in FY 2017 compared with FY 2014, however, the total number of visits per year increased during that same time frame. This was due to an increased proportion of clients who are children. The vaccination schedule for children typically requires multiple doses and therefore multiple visits.
- 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 2017 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 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 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	77%	86%	92%	82%	82%	82%
Percent of overweight children ages 2 to 5 moving towards a healthier weight	31%	38%	24%	25%	25%	25%
Percent of Women, Infants and Children (WIC) breastfeeding infants who were ever breastfed	88%	88%	89%	91%	91%	91%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 6 months	52%	54%	42%	61%	61%	61%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 1 year	29%	19%	21%	29%	29%	29%
Percentage of clients responding to an annual survey who agreed or strongly agreed that the information they received was clear	99%	99%	99%	100%	100%	100%
Percentage of clients responding to an annual survey who report overall satisfaction with services	99%	99%	99%	99%	99%	99%
Percent of clients responding to an annual survey who said that services were provided in an easily understood language	99%	98%	98%	100%	100%	100%
Monthly average number of active clients	2,848	2,708	2,618	2,397	2,397	2,397

- 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.
- The number of underweight children ages two to five moving toward a healthier weight is small (13 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 from FY 2014 to FY 2016 and decreased in FY 2017, data review did not reveal a specific cause for any of the changes.
- 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 are breastfed at 6 months and those who are breastfed at one year decreased between FY 2015 and FY 2016. This change may be attributable to the continued impact of the FY 2014 decrease in state funding, which reduced the number of breastfeeding counselors and therefore the number of telephone contacts with WIC breastfeeding mothers. The increase between FY 2016 and FY 2017 is due to a combination of several factors: 1) Remaining breastfeeding counselors focused their efforts on clients during the early post-partum period when most problems with breastfeeding

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typically occur; 2) the addition of face-to-face classes for pregnant and breastfeeding mothers; 3) The addition of breastfeeding support groups held in the community twice a month.

- 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. The data above align with that plan. You can read this program's complete FY 2017 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 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Chlamydia rate per 100,000 population	307	357	414	403	403	403
Number of new Chlamydia cases	655	804	897	889	889	889
Gonorrhea rate per 100,000 population	51	68	67	99	99	99
Number of new Gonorrhea cases	110	155	146	219	219	219
Syphilis rate per 100,000 population	17	17	21	22	22	22
Number of new Syphilis cases	37	34	46	49	49	49
Perinatal Hepatitis B cases	11	12	17	13	13	13
HIV rate per 100,000 per population	30	20	10	9	9	9
Number of new HIV cases	65	45	24	20	20	20
Total number of HIV tests performed	1,993	1,678	1,738	1,426	1,426	1,426
Number of HIV positive clients receiving AIDS Drug Assistance Program services	216	120	119	97	97	97
Total number of sexually transmitted disease clinic visits (includes HIV)	2,431	2,301	2,275	1,793	1,793	1,793
Percent of patients completing satisfaction surveys indicating satisfaction with services	100%	100%	98%	98%	98%	98%

- 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 2018 and FY 2019 estimates for disease rates are calculated based on July 1, 2016 population estimates from the Arlington County Department of Community Planning and Housing Development.
- Overall, the number of cases of each sexually transmitted infection varies from year to year based on individual client characteristics. Arlington's FY 2014 - 2017 increases in the number of Chlamydia, Gonorrhea and Syphilis cases mirror regional and national trends. Arlington's decrease in the number of new HIV cases during the same period mirrors national trends but does not mirror state and regional numbers. There was no discernable pattern that explained those variations.
- The total number of HIV tests performed and STI Clinic visits varies from year to year based on individual client characteristics. The overall decline in both measures between FY 2014 and FY 2017 is due to the overall decrease in the number of clients and the resulting decrease in

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the number of visits. The decline in both measures between FY 2016 and FY 2017 is due to the reduction in clinic hours. The STI program previously ran a Monday afternoon and a Thursday evening clinic. The Monday clinic had low attendance rates historically and it was eliminated in November 2016. Clients who couldn't be seen in our clinic were referred to other jurisdictions to receive comparable services.

- The number of HIV positive clients receiving AIDS Drug Assistance Program (ADAP) services has decreased since FY 2014 for several reasons. The number decreased between FY 2014 and FY 2016 as more individuals became enrolled in the Affordable Care Act (ACA). The number decreased further between FY 2016 and FY 2017 because clients that received services at the Inova Juniper Program (IJP) were given the option to continue to receive their medications through the ADAP program or to receive them from IJP, their HIV medical provider. In October 2016, 19 of 56 IJP clients decided to transfer their medication pick up to IJP's Falls Church location because it was more convenient.
- The ADAP program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Dental Clinic

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total client visits	1,880	1,884	1,856	1,889	1,889	1,889
Total number of clients	753	745	760	809	809	809
Percentage of clients that indicated overall satisfaction with Dental clinic	100%	100%	100%	100%	100%	100%
Percentage of clients that indicated that information was clear	100%	100%	100%	100%	100%	100%
Percentage of clients that indicated that they were able to get an appointment when needed	98%	95%	86%	81%	81%	81%
Percentage of adult appointment slots utilized by adults	88%	90%	89%	91%	91%	91%
Percentage of children's appointments slots utilized by children	64%	65%	68%	75%	75%	75%
Percentage of open appointment slots (both adult and children) utilized	84%	87%	93%	92%	92%	92%
Percentage of all clinic appointment slots utilized	85%	87%	86%	85%	85%	85%
Number/percent of preventive visits at which clients who were offered and received all appropriate preventive care	N/A	784/97%	790/98%	847/98%	847/98%	847/98%
Number/percent of clients completing corrective treatment plan within 6 months	N/A	146/81%	402/86%	405/86%	405/86%	405/86%
Number/percent of clients who return for a new preventive treatment plan in 12 months	N/A	89/52%	480/59%	481/59%	481/59%	481/59%

- The Dental Clinic provides preventive and corrective care to low-income, uninsured Arlington residents who are either children up to age 19 or adults age 60 and above.
- Some performance measures for the Dental Clinic were new for FY 2014 and FY 2015; no data is available for FY 2014 and only partial year data is available for FY 2015.

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- Dental Clinic appointment slots are either reserved for children (64 percent), adults (28 percent), or are open to either client type (8 percent). Currently there are four open slots available per week to either adults or children on a first come, first served basis.
- More appointment slots are reserved for children because there are fewer other community options available for uninsured children than for adults.
- The increase in clients between FY 2016 and FY 2017 is due to an increase in the number of children seen. The number of adult clients was similar in FY 2016 and FY 2017. The increase in children, as well as the increase in appointment utilization for children, is likely due to increased outreach efforts at Arlington Public Schools.
- The percentage of clients that indicated that they were able to get an appointment when needed decreased between FY 2016 and FY 2017. Ninety-nine percent of children obtained an appointment when needed; clients age 60 and over experienced a delay. In FY 2016, Arlington Public Health Dental Program began sharing the dental suite with Arlington Free Clinic dental program and Neighborhood Health. 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 270 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 2017.
- Utilization of appointment slots reserved for children increased in FY 2017. This is related to the increase in the number of clients that are children (see above). 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. To accommodate the working parents of children, the program adjusted the appointment schedule to give children early morning appointments, late afternoon appointments, and have evening hours on Monday reserved exclusively for children. Surveys of the parents show that these times work best for them.
- The percentage of open appointment slots (both adult and children) utilized remained steady between FY 2016 and FY 2017.
- All unused children's slots were made available to adults. This brought total utilization of all clinic appointment slots to 85 percent.
- Appropriate preventive care includes an examination, cleaning, oral hygiene education, oral cancer screening, and fluoride varnish for clients ages 13 years and younger.
- The increase in the number of preventive visits is due to the increase in the number of new clients that are children, for whom the initial visit is preventive.
- 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 2016 and completed care in FY 2017.
- The number of clients completing corrective treatment plans remained about the same between FY 2016 and FY 2017. This measure was initiated in January, 2015 so FY 2015 only includes six months of data. FY 2016 and FY 2017 data include the entire year.
- The percent of clients completing corrective treatment plans remained the same between FY 2016 and FY 2017. 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 2016 and completing care in FY 2017.
- The number of clients who returned for a new preventive treatment plan in 12 months remained about the same between FY 2016 and FY 2017. This measure was initiated in

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January 2015 so FY 2015 only includes only six months of data. FY 2016 and FY 2017 data include the entire year.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 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 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 of an Administrative Technician (\$77,414, 1.0 FTE) to Management and Administration.
- ↑ Non-personnel increases due to the transfer in of employment agency temporaries (\$43,017), operating supplies (\$3,359), and contracted services (\$3,000) from the Community Health Services Bureau. These increases are partially offset by a reduction for the budgetary realignment (\$9,701) from the Parent Infant Education program (PIE).
- ↓ Fee revenues decrease due to a reduction in anticipated revenues from PIE Medicaid reimbursements (\$18,438), PIE client fees (\$3,500), and Arlington Public Schools summer program reimbursements for clinic aides (\$963).

SCHOOL HEALTH

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$6,124,933	\$6,255,778	\$6,375,438	2%
Non-Personnel	987,170	907,062	946,737	4%
Total Expenditures	7,112,103	7,162,840	7,322,175	2%
Fees	164,774	192,961	170,060	-12%
Federal Share	1,045,487	1,005,227	1,005,227	-
Total Revenues	1,210,261	1,198,188	1,175,287	-2%
Net Tax Support	\$5,901,842	\$5,964,652	\$6,146,888	3%
Permanent FTEs	65.52	64.52	63.52	
Temporary FTEs	-	-	-	
Total Authorized FTEs	65.52	64.52	63.52	

PERFORMANCE MEASURES

School Based Health Clinics

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total number of students enrolled (School enrollment as of September 30)	23,116	24,529	25,238	26,152	27,879	28,708
Students with medical notifications	6,577	7,747	8,169	6,726	6,995	7,006
Total Number of Clinic visits	118,189	138,567	138,465	145,571	153,706	157,477
Percent of controlled substances (medications) administered per protocol	N/A	N/A	N/A	99.7%	99.7%	99.7%
Percent of Individual health care plans that meet all appropriate standards for the condition	N/A	N/A	N/A	88%	88%	88%
Total Vision Screenings	8,181	8,795	9,767	10,184	10,200	10,200
Total Hearing screenings	8,040	8,422	9,593	9,983	10,000	10,000
Percent of mass vision screenings completed	92%	95%	98%	100%	100%	100%
Percent of mass hearing screenings completed	92%	93%	98%	100%	100%	100%
Number of referrals made for services	1,579	1,929	2,062	2,128	2,100	2,100
Number of 6th grade students excluded from school for not receiving Tdap vaccination	0 of 1,598	4 of 1,696	7 of 1,830	6 of 1,962	6 of 2,156	6 of 2,179
Percent of parents responding to customer satisfaction survey indicating overall satisfaction with service	90%	92%	91%	94%	94%	94%
Percent of school staff responding to survey who indicate overall satisfaction with services	90%	83%	87%	91%	91%	91%

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- School enrollment numbers are from Arlington Public Schools.
- The number of students with medical notifications varies from year to year based on individual student characteristics. Medical notifications are created about students who, because of a chronic health condition, may require a higher level of care during the school day. These notifications are provided to classroom teachers and/or other APS staff to alert them to these situations. In September 2016 (FY 2017), some minor conditions that had previously required medical notification were reclassified and no longer needed a notification.
- For clinic visits, each school level estimate for FY 2018 and FY 2019 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.
- Overall, the number of clinic visits per school level varies from year to year based on a combination of factors, including the number of students at each school level (elementary, middle, and high), the number of students with chronic health conditions that require a clinic visit, students' ability to self-manage their chronic health care needs, and school health staffing.
- The number of clinic visits increased between FY 2014 and FY 2015., The data regarding FY 2014 clinic visits was likely under-reported due to school health staff vacancies. Those vacancies were filled in FY 2015 and therefore clinic visits were more consistently entered and reflected in the increased visits in FY 2015. The number of clinic visits increased again between FY 2016 and FY 2017. This is likely attributable to the combination of two (2) factors: 1) increased enrollment; and 2) very few "snow days" in FY 2017, so there were more days during the winter when school was open.
- The measures "Percent of controlled substances (medication) administered per protocol" and "Percent of individual health care plans that meet all appropriate standards for the condition" were new in FY 2017.
- 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 using new 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. Students 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 Public Health Nurse (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 principals 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 2017.

Parent Infant Education (PIE)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total Clients referred	360	448	478	468	468	468
New Individualized Family Service Plans (IFSPs)	286	271	342	339	339	339
Number of Active Clients (new and ongoing IFSP's, unduplicated count)	556	540	625	653	653	653
Number of assessment hours provided by PIE therapists	302	367	367	445	445	445
Number of therapy hours provided by PIE therapists	824	786	845	668	668	668
Number of therapy hours provided by contracted therapists	8,809	8,131	7,836	6,366	6,366	6,366
Total direct therapy hours (travel, documentation, teaming peer consultation and administrative time not included)	9,633	8,917	8,681	7,034	7,034	7,034
Percentage of clients receiving services in a language other than English	N/A	18%	19%	20%	20%	20%
Number/percent of children offered an IFSP within 45 days of receipt of referral (families who request a delay are not included in the data)	143/59%	160/70%	222/78%	260/99.6%	260/99.6%	260/99.6%
Number/percent of clients offered to start services listed in the IFSP within 30 days of signing the IFSP	277/97%	265/99%	334/99%	341/99.7%	341/99.7%	341/99.7%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: positive social emotional skills	41/55%	61/64%	79/68%	72/55%	72/55%	72/55%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: acquisition and use of knowledge and skills	42/68%	80/64%	107/73%	109/59%	109/59%	109/59%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: use of appropriate behaviors to meet their needs	58/76%	81/70%	140/73%	106/63%	106/63%	106/63%

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Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
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	71/88%	75/85%	74/81%	34/86%	34/86%	34/86%
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	70/92%	81/92%	86/95%	36/93%	36/93%	36/93%
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	75/92%	80/91%	88/97%	36/92%	36/92%	36/92%

- 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 (staff) therapists varies based on 1) individual family/child characteristics; 2) the time needed to perform the assessments; and 3) changes in workload. The number of assessments performed by PIE (staff) therapists increased between FY 2016 and FY 2017. This was the result of an initiative to bring more assessment work in-house and, thereby, reduce reliance on contract therapists for this function.
- The total number of direct therapy hours (the combination of hours provided by PIE therapists and contract therapists) declined overall between FY 2014 and FY 2017 because of the combination of factors described below.
- The number of therapy hours provided by PIE (staff) therapists decreased overall between FY 2014 and FY 2017. Although this trend reversed somewhat between FY 2015 and FY 2016 as previous staff vacancies were filled, it continued to decline between FY 2016 and FY 2017. This was because, as stated above, staff therapists were assigned more assessments and therefore conducted fewer hours of therapy. The therapy was outsourced to contracted (private) providers.
- As a result of outsourcing more therapy, the number of therapy hours provided by contracted providers would have been expected to increase between FY 2016 and FY 2017. However, it decreased during that period. This was because the region was still negatively impacted by the loss of one of the area's largest vendors, which had gone out of business suddenly during FY 2015. The shortage of contract therapists continued until a new vendor contract was finally put in place in January, 2017 (mid way through FY 2017). Contract therapy hours have increased since that time.
- The number/percent of children offered an IFSP within 45 days of referral was low in FY 2014 due to staff vacancies which resulted in 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

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the first quarter of FY 2015 there were staff vacancies again, requiring reinstatement of a wait list. As staffing has stabilized, this percent has returned to pre-FY 2014 levels and is reflected in the FY 2018 and FY 2019 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 declined between FY 2016 and FY 2017. This may be attributable to the following: 1) Greater scrutiny of all discharge summaries by the technical assistance team leader to ensure that all therapists were consistently applying ratings in the same way (inter-rater reliability); and 2) for the first time, all new contract therapists received training on the proper use of the tool within one year of hire. The increased scrutiny and improvements in training may have caused therapists to be more stringent when rating children.
- While the percent of parents who agree, strongly agree or very strongly agree that early intervention services helped their family remained relatively constant between FY 2014 and FY 2017, the number of parents responding to the survey declined between FY 2016 and FY 2017. This is likely the result of the statewide program's decision to discontinue its previous two-option survey methodology (paper-based or on-line) and move to on-line surveys only. The number of responses throughout the state declined by about the same rate. The state is planning to make improvements to the methodology in forthcoming years.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 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.

Hotel Inspection

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

Animal and Rodent Control

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

Disease Surveillance and Investigation

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

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 the transfer in of postage (\$1,450), rental of operating equipment (\$560), consultants (\$5,542), employment agency temporaries (\$26,927), office supplies (\$1,728), operating supplies (\$6,257), and contracted services (\$9,458) from the Community Health Services Bureau. These increases are partially offset by reductions in cellular telephone (\$2,800), travel (\$5,438), laundry and cleaning (\$1,100), departmental subscriptions/books (\$2,025), memberships (\$540), and employee training (\$3,418).
- ↓ Fee revenue decreases due to a reduction in anticipated revenues from chest clinic client fees (\$407), restaurant application and plan review fees (\$16,233), as well as refugee services reimbursements (\$2,000). These decreases are partially offset by an increase in swimming pool license revenue (\$3,195).
- ↓ Federal share revenue decreases due to a reduction in the Tuberculosis Program grant (\$2,000).

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PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$3,013,940	\$3,121,783	\$3,242,387	4%
Non-Personnel	265,103	176,658	213,259	21%
Total Expenditures	3,279,043	3,298,441	3,455,646	5%
Fees	326,408	346,640	331,195	-4%
Federal Share	45,000	45,000	43,000	-4%
State Share	695,504	785,227	785,227	-
Total Revenues	1,066,912	1,176,867	1,159,422	-1%
Net Tax Support	\$2,212,131	\$2,121,574	\$2,296,224	8%
Permanent FTEs	30.00	28.50	28.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	30.00	28.50	28.50	

PERFORMANCE MEASURES

Restaurant Inspection

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/percent of food establishments in enforcement process brought into compliance	151/98%	113/98%	90/99%	35/100%	35/100%	35/100%
Number of food establishments closed for imminent health hazards	20	23	23	10	10	10
Number of confirmed foodborne outbreaks associated with a licensed Arlington food establishment	0	1	0	0	Unpredictable	Unpredictable

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total number of establishments	1,071	1,067	1,080	1,067	1,067	1,067
Total number of risk factor plus and risk factor inspections completed	2,250	2,247	2,145	2,210	2,210	2,210
Number of food establishment inspections per Environmental Health Specialist FTE	421	401	451	461	461	461
Number/percent of inspections completed for food establishments requiring 1 inspection per year (calendar year measure)	511/100%	513/100%	499/100%	471/100%	471/100%	471/100%

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Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/percent of inspections completed for food establishments requiring 2 inspections per year (calendar year measure)	455/74%	694/100%	555/94%	534/99%	534/99%	534/99%
Number/percent of inspections completed for food establishments requiring 3 inspections per year (calendar year measure)	859/100%	780/100%	965/100%	1031/100%	1031/100%	1031/100%
Number/percent of inspections completed for food establishments requiring 4 inspections per year (calendar year measure)	40/100%	56/100%	80/100%	84/100%	84/100%	84/100
Number of complaints of foodborne illness	72	60	70	77	Unpredictable	Unpredictable
Number of known individuals affected by foodborne illness outbreaks	N/A	36	N/A	N/A	Unpredictable	Unpredictable
Enforcement Action 1: number of Notices of Alleged Violation	129	105	78	31	31	31
Enforcement Action 2: number of Fact Finding Conferences	28	27	20	7	7	7
Enforcement Action 3: number of Notices of Intent to Revoke License	8	7	2	0	0	0
Enforcement Action 4: number of Revocation Hearings	5	7	2	0	0	0
Enforcement Action 5: number of Licenses Revoked	3	3	1	0	0	0

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

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- Routine and risk factor inspections are unannounced inspections made on a prescribed schedule based on the establishment's risk factor category. The risk factor inspection focuses on those items most likely to result in foodborne illness. A routine inspection includes both a risk factor inspection as well as an inspection of good retail practices (facility/structural issues). The number of inspections required is calculated on a calendar year for all "brick and mortar" food establishments.
- The number of food establishment inspections per Environmental Health Specialist (EHS) FTE per year varies based on the total number of establishments, the inspection frequency protocol (see below) and the number of staff positions filled. For example, the number of inspections/FTE rose between FY 2015 and FY 2017. There were multiple staff vacancies, therefore each available FTE was assigned more inspections. The number of inspections/FTE remains above the FDA standard of 280-320 per FTE.
- Establishments are assigned one, two, three or four inspections per year based on specific risk-based factors. The number of inspections per year meets or exceeds the state standard of one inspection per establishment per year (two inspections per establishment per year for schools). After meeting the required state standard of one inspection per year, staff prioritized those establishments scheduled for three or four inspections per year, as those establishments prepare more complex food and/or serve higher risk patrons. Among the establishments in the two inspections per year category, schools were the highest priority and all those inspections were completed. All other establishments that were assigned two inspections per year were the last priority because they posed the least risk due to their particular combination of risk factors.
- The number of routine and risk factor inspections of permanent food service establishments declined in the two inspections/year category within CY 2014 and again from CY 2015 - 2017 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.
- All five (5) enforcement actions declined between FY 2016 and FY 2017. This is likely the result of two (2) factors: 1) A program shift that created an assigned set of establishments per EHS instead of random inspection assignments. This allowed the EHS to build a relationship and work consistently with an establishment to address any areas of concern. Assignments are changed every three years to help ensure that the close relationships don't make it difficult for the EHS to be unbiased during inspections. 2) A commensurate effort to establish Risk Control Plan with establishments to address issues before they are big enough to warrant enforcement.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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Pool Inspection

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total Year Round Water Recreational Facilities (calendar year measure)	60	56	55	54	54	54
Total Seasonal Water Recreational Facilities (calendar year measure)	236	240	245	245	245	245
Total Water Recreation Facilities (calendar year measure)	296	296	300	299	299	299
Number/percent of required inspections for Year Round Water Recreation Facilities completed (calendar year measure)	157/94%	165/99%	158/100%	150/100%	150/100%	150/100%
Number/percent of required Pre-Opening inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	235/99%	240/100%	242/100%	244/99.5%	244/99.5%	244/99.5%
Number/percent of required Routine inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	471/99%	480/100%	484/100%	490/100%	490/100%	490/100%
Timeliness of database entry of inspection results	N/A	52%	78%	70%	70%	70%
Reported illnesses, injuries or deaths associated with a licensed Water Recreational Facility (fiscal year measure)	N/A	1	10	0	Unpredictable	Unpredictable
Number of facility closures due to imminent health hazards	N/A	27	29	12	12	12

- 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 (minimum of 20 percent of inspections by Environmental Health employees, 10 percent of inspections by summer contractor). Timeliness decreased in FY 2017 because the HealthSpace database experienced technical issues, preventing entry of data in a timely fashion.

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- 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. Data for this measure 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.
- The number of facility closures due to imminent health hazards varies from year to year based on individual characteristics of the facilities and their management. It is not predictable. Most closures for imminent health hazards are due to chemical imbalances in the water. Establishments are typically able to re-open the same day.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Hotel Inspection

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of hotels licensed annually	43	43	43	44	44	44
Total Number of hotel inspections	46	46	47	49	49	49
Number of complaints	5	6	11	10	Unpredictable	Unpredictable
Percent of routine annual inspections completed	100%	100%	100%	100%	100%	100%
Percent of inspections entered on time	N/A	N/A	N/A	91%	91%	91%
Enforcement Action 1: Number of Notices of Alleged Violation	0	0	0	0	0	0
Enforcement Action 2: Number of Fact Finding Conferences	0	0	0	0	0	0
Enforcement Action 3: Number of Notices of Intent to Revoke License	0	0	0	0	0	0
Enforcement Action 4: Number of Revocation Hearings	0	0	0	0	0	0
Enforcement Action 5: Number of licenses revoked	0	0	0	0	0	0

- Estimates for FY 2018 and FY 2019 are based on FY 2017 actuals.
- The total number of hotel inspections includes routine annual inspections, follow up inspections and pre-opening inspections. The Commonwealth's standard is one routine inspection per hotel per year. Additional inspections are done when hotel ownership changes and/or when follow up is needed.
- The number of complaints varies from year to year based on the individual characteristics of individuals who use hotels in Arlington. It is not predictable.
- The percent of routine annual inspections completed is a calendar year measure.
- Timeliness of database entry of inspection results is a measure that was first established in FY 2017. Data is pulled from HealthSpace, a state database. The Public Health Division standard for the hotel program is that inspections are to be entered within two (2) business days. Results reported are based on a review of all Arlington hotel records.
- Enforcement is a multi-step process (per the categories listed) and each step affords the owner the opportunity to correct the pattern of violations and to come into compliance.

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- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Animal Control

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of animals quarantined for exposure to rabid animals or for biting humans	185	179	207	267	250	250
Number of animals vaccinated for rabies prevention	677	795	669	615	615	615

- FY 2018 and FY 2019 estimates were updated based on FY 2017 actuals.
- The FY 2016 number of animals quarantined for exposure to rabid animals or for biting humans has been updated to include previously unavailable information.
- The number of animals quarantined for exposure to rabid animals or for biting humans varies from year to year. The increase in FY 2017 may be due new state requirements that all bites be investigated. Additionally, recent rabies cases have raised public awareness so more people may be reporting bites than in previous years.
- 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 decrease between FY 2015 and FY 2017 was due to fewer animals having been brought to the clinic both from Arlington and from surrounding jurisdictions. The increase in other sources for rabies vaccinations (e.g., some CVS locations periodically host rabies vaccination clinics) may have also contributed to the decline.

Rodent Control Program

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of rodent complaints investigated	223	210	204	164	164	164
Number/percent of contacts initiated within the appropriate timeframe (one business day) regarding rodents INSIDE a residence or establishment	N/A	N/A	46/92%	29/94%	29/94%	29/94%
Number/percent of contacts initiated within the appropriate timeframe (three business days) regarding rodents OUTSIDE a residence or establishment	N/A	N/A	151/97%	133/100%	133/100%	133/100%
Cases of rodent-borne illnesses reported in Arlington residents	0	0	0	0	0	0

- The number of rodent complaints investigated each year may be influenced by changes in the amount of new construction in the County. New construction tends to disrupt rodent habitats, making rodent activity more apparent.

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- The number/percent of contacts initiated within the appropriate timeframe for service requests regarding rodents inside and outside a residence or establishment are new measures; routine data collection began in FY 2016.

Disease Surveillance and Investigation Program

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of communicable disease investigations	1,210	1,253	1,266	1,495	1,495	1,495
Confirmed and probable cases	Unavailable	386	477	478	478	478
Number/percent of Communicable disease investigation initiated within required VDH timeframes	Unavailable	159/90%	148/92%	175/95%	175/95%	175/95%
Number/percent of clients who received recommendations for individual control measures according to VDH criteria and timeframe	Unavailable	27/90%	51/96%	38/95%	38/95%	38/95%
Number of outbreak investigations conducted	16	19	25	37	37	37
Number/percent of outbreak reports completed and submitted to VDH within mandated reporting timeframe	Unavailable	17/89%	25/100%	34/92%	34/92%	34/92%
Potential rabies exposure investigations	Unavailable	89	143	270	270	270
Number/percent of clients completing prophylaxis to prevent rabies as recommended	Unavailable	30/81%	44/79%	54/69%	54/69%	54/69%

- The number of communicable diseases varies from year to year, affecting the number of communicable disease investigations.
- FY 2015 and FY 2016 data for “Number of communicable disease investigations” and “Number of outbreak investigations conducted” have been updated to eliminate the reporting of duplicative data by the Virginia Department of Health (VDH).
- The number of communicable disease investigations increased from FY 2015 to FY 2016 primarily because of investigations related to the Zika virus. The significant increase between FY 2016 and FY 2017 was attributable to a change in state law regarding reporting of animal bites. Beginning in FY 2016, all reports of animal bites were required to be reviewed by the local health department, not just those involving unknown and/or unvaccinated dogs.
- The measure “Initiation of investigation within required VDH timeframes” is based on timeframes set by VDH. The percent of investigations initiated within those timeframes increased between FY 2015 and FY 2017. Staff turnover and extended vacancies occurred during the early portion of that period, as did workload increases due to unexpected public health emergencies such as Zika. As staffing capacity, stabilized and other workload issues decreased, timely initiation of investigations increased.
- Both the number and the percent of clients who received recommendations for individual infection control measures increased between FY 2015 and FY 2016. The number of cases of (that is, clients who become ill with) the specific diseases that are included in the measure naturally fluctuates from year to year. The percent of those for whom public health staff made recommendations within the specified timeframes for individual disease control measures are designed to interrupt ongoing transmission of the disease and are established by VDH. Examples include environmental cleaning, social distancing, and medications.

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- The number of outbreaks varies from year to year, affecting the number of outbreak investigations conducted. In FY 2016, there were ten concurrent investigations in the January/March time-period.
- Potential rabies exposure investigations increased substantially between FY 2016 and FY 2017 due to the change in state law cited above.
- The percent of clients completing treatment to prevent rabies (prophylaxis) declined between FY 2015 and FY 2017. During that same period, the number of clients to whom the prophylaxis was recommended increased. When the state law changed requiring all bites be reported to the local health department (see above), more bites were reported to public health. This led to a corresponding increase the number of clients who received recommendations for prophylaxis. Some of those clients knew the animal that bit them and did not believe they were at risk for rabies and did not comply with the recommendation.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Tuberculosis (TB) Medical Case Management

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/percent of clients with active TB who completed or are on schedule to complete treatment according to protocol	N/A	19/100%	18/95%	16/94%	16/94%	16/94%
Number/percent of clients with latent TB infection starting medications who completed or are on schedule to complete treatment	163/84%	240/86%	165/83%	173/85%	173/85%	173/85%
LTBI treatment completion by type: INH or Rif: Number/percent of clients who completed or are on schedule to complete treatment	89/82%	126/81%	98/80%	109/84%	109/84%	109/84%
LTBI treatment completion by type: 3 –HP: Number/percent of clients who completed or are on schedule to complete treatment	74/84%	114/91%	67/86%	64/86%	64/86%	64/86%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of clients (unduplicated)	1,296	1,273	914	862	862	862
Total active cases of treatment	N/A	19	22	20	20	20
New active TB cases (diagnosed in Arlington or transferred from other jurisdictions)	12	12	14	14	14	14
Clients with Latent TB on treatment	197	280	200	204	204	204
Visits (all settings)	4,999	5,245	3,754	3,730	3,730	3,730
Directly Observed Therapy (DOT) visits	1,251	1,289	1,376	1,524	1,524	1,524
Number of children under age 6 who start TB preventive therapy	17	14	13	15	15	15
Percent of clients with active TB disease who were started on the recommended treatment regimen and initiated DOT	N/A	100%	100%	100%	100%	100%

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Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of identified contacts to an active TB case who were assessed to determine their infectious status	N/A	91%	71%	76%	76%	76%
Percent of clients with active TB disease who met the criteria for a safe hospital discharge to the community	N/A	100%	100%	75%	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 which 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. 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 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 TB screening, 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 2014 to FY 2017. However, in FY 2015, the high school investigation mentioned above 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 both individuals who began treatment during that fiscal year and those who began treatment during the prior year and continued receiving treatment during the fiscal year. The total number of new active TB cases varies from year to year based on individual client characteristics.
- The number of visits in all settings varies based on individual client needs and prescribed protocols. The high school investigation of FY 2015 mentioned above caused an atypical increase in visits for that year.
- The number of Directly Observed Therapy (DOT) visits increased between FY 2016 and FY 2017 due to an increase in complex TB cases on extended treatment. Arlington provides DOT for non-residents working in the County to ensure compliance and reduce the spread of TB in Arlington and other jurisdictions do the same.
- 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 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 due to the high school investigation mentioned earlier. 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

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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 2018 and FY 2019 are based on CY 2016 and Virginia Department of Health rates.

- The percent of clients with active TB disease who met the criteria for a safe hospital discharge to the community decreased between FY 2016 and FY 2017. The criteria for safe discharge are 1) a treatment plan approved by the Health Director; 2) the case manager's visit to the hospitalized client; and 3) the case manager's visit to the client's home. There were a total of four (4) clients in this category in FY 2017. One of the four was hospitalized out of state. An approved treatment plan was in place for this client and the case manager made the required home visit. However, because the client was hospitalized out of state, the case manager was unable to make a hospital visit. This situation was an anomaly and the future safe hospital discharge rate is expected to return to FY 2015/FY 2016 levels.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

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

FY 2019 Proposed Budget Reduction

The Laboratory Services Program is proposed for elimination. Of the six current positions, four will be eliminated and the two remaining positions and contracted services funding will be transferred to other lines of business. The changes are outlined below:

- ↓ Elimination of 4.0 FTEs
 - Eliminate a filled Laboratory Section Supervisor (\$140,063, 1.0 FTE).
 - Eliminate filled Laboratory Technologists (\$309,296, 3.0 FTEs).
- ↓ Transfer 2.0 FTEs and \$83,238 in contracted services funding:
 - Transfer Laboratory Assistants (\$187,385, 2.0 FTEs) to the Community Health Services Bureau.
 - Transfer of \$83,238 in contracted services to Management and Administration (\$1,212) and the Community Health Services Bureau (\$82,026).

IMPACT: Reducing lab positions will require clinic staff to be retrained how to draw blood. While we anticipate Lab Corp will be able to provide a phlebotomist onsite as they do for other medical offices, if the high volume of clients impacts Lab Corps' capacity to provide timely phlebotomy, clinic staff will need to assist with blood drawing. If and when any of these aforementioned activities are conducted by the clinic staff or the communicable disease staff, this will reduce their time providing direct clinical service or disease surveillance and investigation work to additional clients. This reduction will result in one of five tests sent out to an external laboratory and will require nurses and clinic aides in the traditional clinics and in the communicable disease unit to be retrained on how to properly package, store, and ship laboratory specimens to LabCorp in order to prevent interruption in service delivery. Urinalysis, pregnancy, HIV and glucoala testing will be provided in-house. The wet prep test to diagnose gynecological conditions will be sent to a contracted laboratory. Clinic staff would have to learn to prepare medical waste for proper transport and decontamination, and how to sterilize medical instruments for reuse in the clinics.

LABORATORY SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$621,838	\$560,410	-	-
Non-Personnel	108,557	83,238	-	-
Total Expenditures	730,395	643,648	-	-
State Share	37,475	-	-	-
Total Revenues	37,475	-	-	-
Net Tax Support	\$692,920	\$643,648	-	-
Permanent FTEs	6.00	6.00	-	-
Temporary FTEs	-	-	-	-
Total Authorized FTEs	6.00	6.00	-	-

PERFORMANCE MEASURES

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Accuracy of lab results: Percent of proficiency tests completed accurately (industry benchmark is 80%)	99%	100%	98%	98%	99%	N/A
Timeliness of lab results: Number and percent of clinical staff responding to survey reporting that results are provided in a timely manner.	114/99%	51/100%	53/98%	52/96%	51/99%	N/A
Timeliness of lab results: Number and percent of wet prep specimens turned around in 15 minutes or less.	434/100%	401/100%	361/98%	321/100%	320/100%	N/A

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of Unduplicated clients served by Lab excluding [excluding Women, Infants & Children (WIC) clients].	4,110	3,871	3,813	3,556	3,600	N/A
Number of tests conducted by ACPHD Lab	29,293	29,479	25,671	27,182	27,000	N/A
Number of blood draws by ACPHD Lab	7,630	7,568	7,855	7,433	7,400	N/A
Number of tests conducted by external labs	4,566	4,537	6,190	4,670	4,600	N/A
Number of instrument sterilization cycles	318	358	622	196	200	N/A
Pounds of regulated medical waste decontaminated	1,941	2,031	1,764	1,975	1,900	N/A
Number and percent of clients responding to a survey who agreed or strongly agreed that laboratory staff were professional	354/98%	401/99%	328/100%	198/99%	200/99%	N/A

LABORATORY SERVICES

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number and percent of clients responding to a survey who agreed or strongly agreed that they were, overall, satisfied with laboratory services	414/99%	384/99%	323/100%	185/100%	185/100%	N/A
Number and percent of clinical staff responding to a survey who agreed or strongly agreed that laboratory staff were helpful	108/96%	50/98%	54/100%	52/96%	50/96%	N/A
Number and percent of clinical staff responding to a survey who agreed or strongly agreed that laboratory staff were responsive	106/97%	50/98%	54/100%	53/98%	50/98%	N/A
Number and percent of clinical staff responding to a survey who are, overall, satisfied with laboratory services	109/97%	50/98%	54/100%	53/98%	50/98%	N/A
Number of deficiencies noted on regulatory inspections (CLIA)	N/A	0	N/A	3	N/A	N/A
Number of deficiencies noted on regulatory inspections (DEQ)	0	0	0	0	0	N/A

- The Laboratory Services Program is proposed for elimination. Therefore, performance measures are not being estimated for FY 2019.
- 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 twice per year. Because survey findings were similarly positive in both applications of the FY 2014 survey, and at staff request, survey frequency was reduced to once per year. The subsequent actuals and future estimates reflect this change. The decrease in the percentage of clinical staff reporting that lab results were timely between FY 2015 to FY 2016 is likely due to lengthy staff vacancies in each of these years.
- 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 minute requirement. The remaining 98 percent of the lab forms were complete and met the requirement. In FY 2017, laboratory staff were retrained on the importance of time stamping laboratory requisition slips before and after testing. This contributed to the 100 percent timeliness of all wet prep specimens.
- 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. It does not include WIC clients because WIC data is collected in a federally required system that the County cannot access. The overall decrease in the number of clients served between FY 2014 and FY 2017 reflects a corresponding decrease in the number of Maternity and Family Planning and STI clients. The FY 2016 decrease was not as evident because the lab began serving Chest clinic clients during that year.
- The number of blood draws by ACPHD lab increased between FY 2015 and FY 2016 because of the FY 2016 addition of clients from the Chest Clinic.

LABORATORY SERVICES

- 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. In FY 2017, each of these measures returned to previous levels.
- 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. In FY 2017, there was a decrease in the number of sterilization cycles relative to FY 2015. This decrease can be attributed to the change in pap guidelines over the past few years which has led to a decline in the number of pap smears performed, thus resulting in a decrease in the number of lab tools requiring sterilization.
- The number of clients responding to surveys regarding laboratory services varies from year to year. In FY 2017, WIC clients were not included in the survey because WIC administered a state-required survey instead of the local survey.
- The FY 2015 decrease 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 prior to the date of the inspection. In FY 2017, during 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 2017 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

The FY 2019 Proposed Budget for the Behavioral Healthcare Division reflects an internal reorganization designed to improve the care provided to clients with co-occurring mental health and substance use disorders by integrating the Mental Health and Substance Abuse services. The new structure replaces the Mental Health and Substance Abuse Bureaus with two new bureaus: The Outpatient Services Bureau and the Specialized and Residential Services Bureau. The Recovery Program is transferred to Management and Administration.

- ↓ Personnel decreases due to the transfer out of a Business Systems Analyst I (\$110,304, 1.0 FTE) and a Business Systems Analyst III (\$134,022, 1.0 FTE) to the Department Management and Leadership. 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, and the transfer in of a Management Analyst (\$118,331, 1.0 FTE) from Outpatient Services.
- ↑ Non-personnel increases due to the transfer in of the Recovery Program operating budget (\$150,597) from Outpatient Services, normal contractual increases (\$2,473), Sequoia Plaza rent increase (\$58,700), and the reallocation of operating budget from Client Services Entry (\$2,596). The increases are partially offset by the transfer out of contracted services to Department Management and Leadership (\$119,437), operating budget to Specialized and Residential Services (\$63,081) and contracted services to Outpatient Services (\$29,650).
- ↑ State Share revenue increases due to the transfer of the Recovery Program to Management and Administration (\$171,199).

MANAGEMENT AND ADMINISTRATION

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$1,087,385	\$1,389,548	\$1,361,446	-2%
Non-Personnel	2,447,646	2,324,115	2,326,313	-
Total Expenditures	3,535,031	3,713,663	3,687,759	-1%
Fees	531	750	750	-
State Share	343,697	167,952	339,151	102%
Total Revenues	344,228	168,702	339,901	101%
Net Tax Support	\$3,190,803	\$3,544,961	\$3,347,858	-6%
Permanent FTEs	13.00	13.00	12.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	13.00	13.00	12.00	

PERFORMANCE MEASURES

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total number of individuals served in the Division	3,848	3,785	4,286	4,485	4,600	4,800

- The FY 2018 and FY 2019 estimates for the number of individuals served are based on past actuals.

PROGRAM MISSION

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

Psychiatric Services

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

Wellness Program

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

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 following changes:
 - Addition of a Psychiatrist through a reallocation of non-personnel funds (\$207,042, 1.0 FTE).
 - Addition of a grant-funded Administrative Assistant IV position (\$3,800, 0.05 FTE).
 - Addition of a temporary grant-funded Mental Health Therapist III position (\$64,000, 1.0 FTE).
 - Transfer in of a Nurse Practitioner (\$82,352, 0.55 FTE) from Client Services Entry.
 - Increases are offset by the reduction itemized below and the transfer out of a Human Services Aide (\$38,967, 0.5 FTE) to the Residential and Specialized Services Bureau.
- ↓ Non-personnel decreases due to a reduction on contract pharmaceutical funds (\$17,200), the reallocation of non-personnel funds for the creation of a Psychiatrist position (\$207,042) and an Administrative Assistant IV position (\$3,800), and the reallocation of non-personnel funds to the Specialized and Residential Services Bureau (\$8,166). The decreases are partially offset by normal contractual increases (\$14,710), the transfer in of the pharmaceutical budget from the Outpatient Services Bureau (\$107,795) and the reallocation of personnel funds to the pharmaceuticals budget (\$4,083).
- ↓ Fee share revenue decreases due to a realignment of budget to actual revenue received (\$63,480), partially offset by an increase in insurance and client fees (\$10,100).
- ↑ State share revenue increases due to a transfer of State Pharmacy grant funding (\$81,191) from Outpatient Services, Law Reform grant funding from Client Services Entry (\$39,919), and one-time Regional Pharmacy Assistance funding (\$64,000).

PSYCHIATRIC SERVICES

FY 2019 Proposed Budget Reduction

- ↓ Elimination of a vacant Administrative Technician that provides pharmacy services to BHD clients including managing the sample medication program, as well as stocking medication orders and applications for the Patient Assistance Programs (PAP) (\$79,032, 1.0 FTE). This also includes a reduction in funds for a contract Pharmacist (\$17,200).

IMPACT: This is part of a larger initiative for DHS to contract out pharmacy services. By contracting out pharmacy services to a private pharmacy provider at Sequoia, DHS will provide more efficient pharmacy operations at a lower cost. By co-locating pharmacy services with mental health and primary care providers, client outcomes will improve through easier access to medications. Currently, the nursing staff and clinicians serve as back-up for pharmacy staff in both divisions, which takes time away from client care. Having the pharmacy on-site will take County staff out of primary medication management, including responding to prescription refilling and prior authorization requests. Much of this can be managed by private pharmacy staff. The anticipated start date for a retail pharmacy to begin is October 1, 2018, assuming that all contracting policies and procedures are fulfilled. This initiative also includes the reduction of the Administrative Technician position described in the Public Health Division – Management and Administration line of business.

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$1,806,837	\$2,474,346	\$2,843,287	15%
Non-Personnel	1,131,404	942,467	832,847	-12%
Total Expenditures	2,938,241	3,416,813	3,676,134	8%
Fees	166,610	226,480	173,100	-24%
Federal Share	328,097	-	-	-
State Share	250,165	485,084	670,194	38%
Total Revenues	744,871	711,564	843,294	19%
Net Tax Support	\$2,193,370	\$2,705,249	\$2,832,840	5%
Permanent FTEs	13.15	18.10	18.20	
Temporary FTEs	-	-	1.00	
Total Authorized FTEs	13.15	18.10	19.20	

PSYCHIATRIC SERVICES

PERFORMANCE MEASURES

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of individuals reporting their symptoms have improved since receiving psychiatric services	89%	95%	92%	90%	90%	90%
Percentage of Psychiatric visits at which individuals demonstrated improvement in symptoms	87%	89%	85%	84%	85%	85%
Percent of visits in which individuals demonstrated adherence to medication regimen	88%	89%	90%	91%	90%	90%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average number of days from referral to initial evaluation in CFSD, ADSD, BHD	N/A	21/21/30	14/21/21	14/38/21	14/30/21	14/30/21
Average score of chart reviews reflecting alignment with evidence-based practice/number of charts reviewed	89%/106	90%/84	88%/150	89%/95	90%/105	90%/150
Number of clients served (unduplicated)	1,863	1,785	1,817	1,942	1,950	2,050

- Percentage of individuals reporting their symptoms have improved since receiving psychiatric services met the goal of 90 percent in FY 2017. This was achieved by ensuring Medical Doctors and Nurse Practitioners have adequate time to spend with clients, involving clients in decision making, providing medication and wellness education. Staff anticipate the rate to stay at 90 percent into FY 2018 and FY 2019.
- Percentage of psychiatric visits at which individuals demonstrated improvement in symptoms was at 84 percent. Factors that may impact rating include: level of engagement; adherence to the treatment plan; and, choice of evidence-based medication management and therapy. BHD met the goal of 21 days for an individual to be seen for an initial psychiatric evaluation by adjusting staffing resources and streamlining the evaluation process. Child & Family Services can see clients in 7-14 days. BHD wait period for initial psychiatric evaluations remained the same while wait time for Aging & Disability Services clients increased due to recruitment challenges. By FY 2019, all units expect to implement a rapid access policy to reduce wait times.
- The number of clients served in FY 2017 reflects an overall trend of increased individuals served in the Division. The increase is expected to persist and further expand given the implementation of Same Day Access, which has nationally been shown to increase volume and level of engagement in services.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

PSYCHIATRIC SERVICES

WELLNESS

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of clients showing reduced body mass index (BMI)/ girth measurements	N/A	N/A	N/A	68%/60%	75%/65%	80%/75%
Percent of Smoking Cessation/ InSHAPE clients who quite tobacco use	N/A	N/A	N/A	21%/20%	25%/25%	30%/30%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Fidelity to evidence-based models for wellness programs	N/A	N/A	N/A	100%	100%	100%
Percent of participants attending scheduled sessions InShape/ New-R	N/A	N/A	N/A	92%/14%	98%/50%	100%/60%
Percent of program participants who have a health report card	N/A	N/A	N/A	N/A	100%	100%

- In FY 2017 Psychiatric Services implemented the InShape Program and began to monitor Body Mass Index (BMI) to inform psychopharmacological treatment. InShape incorporates individualized health mentorship to help clients improve their health status. In FY 2017, 68 percent of clients participating in the InShape program had reduced BMI, and 60 percent had reduced abdominal girth, another marker for metabolic syndrome.
- In FY 2017 Psychiatric Services started to help clients stop tobacco use. Both the Smoking Support Group and InShape Program showed a quit rate of approximately 20 percent in FY 2017. It is expected that quit rates will increase over the coming years as these programs continue to develop.
- Evidence-based practice (EBP) is an approach to healthcare wherein health professionals use the best evidence possible. The EPB's being used are InShape, NEW-R, and Dimensions: Tobacco Free Program. Maintaining the fidelity of evidence-based models of practice insures the evidence from research is being utilized to deliver care. InShape is an evidence-based intervention, and the program demonstrated 100 percent fidelity to the model in FY 2017 utilizing a standardized fidelity measure.
- A high percentage of clients are engaged in their InShape appointments. NEW-R is an evidence-based curriculum designed to help clients become more educated and active in making better nutritional choices. This is a manualized program run in group format. It is a new program from the Community Services Board, and the lower engagement levels reflect some initial challenges in setting up the staffing and groups. It is expected that engagement will improve in FY 2018.
- Research increasingly links client engagement and activation to improved health outcomes. Development of a health report card that is shared with the client gives the client concrete feedback regarding their healthcare status and presents an opportunity to enhance the opportunity to dialogue about their health status and engage in activities to make positive changes. Report cards are being implemented in FY 2018.

PROGRAM MISSION

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

Assessment and Intake

- Through Same Day Access, 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

- 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.

Project Peace

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

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. These increases are partially offset by the transfer of a Nurse Practitioner (\$82,352, 0.55 FTE) to the Psychiatric Services Bureau.
- ↑ Non-personnel increases due to the reallocation of personnel funds to contracted services (\$58,506) and an increase in contracted services for the Magistrate grant (\$28,195). These increases are partially offset by the reallocation of operating funds to personnel to fund grant employee increases (\$19,095), a transfer of telephone and communications (\$2,596) to Management and Administration, and a transfer of regional programs (\$21,809) and operating supplies (\$1,476) to Outpatient Services.

CLIENT SERVICES ENTRY

- ↓ Fees decrease due to a realignment of budget to actual revenue received (\$14,000).
- ↓ Federal share revenue decreases because of a reduced allocation of a Federal Mental Health block grant (\$2,587).
- ↑ State share revenue increases due to an appropriation for Same Day Access implementation (\$213,300), Magistrate funding (\$28,195), and the transfer of Discharge Assistance funding (\$110,000) from Outpatient Services. The increase is partially offset by the transfer of Law Reform grant funding to Psychiatric Services (\$39,919).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$3,195,067	\$3,373,187	\$3,494,823	4%
Non-Personnel	2,315,657	1,951,115	1,992,840	2%
Total Expenditures	5,510,724	5,324,302	5,487,663	3%
Fees	14,957	33,180	19,180	-42%
Federal Share	100,006	85,188	82,601	-3%
State Share	3,063,805	2,912,805	3,224,381	11%
Total Revenues	3,178,768	3,031,173	3,326,162	10%
Net Tax Support	\$2,331,956	\$2,293,129	\$2,161,501	-6%
Permanent FTEs	33.60	32.55	32.00	
Temporary FTEs	0.50	0.50	0.50	
Total Authorized FTEs	34.10	33.05	32.50	

PERFORMANCE MEASURES

Assessment and Intake

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Clients are successfully linked to ongoing services (attended at least 1 ongoing service within 60 days of intake)	N/A	N/A	80%	88%	90%	92%
Clients believe they will get the help they need / know the next step	N/A	N/A	100%/100%	98%/100%	95%/95%	95%/95%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Clients' needs assessed appropriately	N/A	N/A	100%	99%	95%	95%
Clinical documentation compliance	N/A	N/A	92%	92%	90%	90%
Total number of clients receiving intake assessments (unduplicated)	N/A	N/A	605	645	800	800
Number of days from screening to intake	N/A	8	13	13	5	N/A

CLIENT SERVICES ENTRY

- The percentage of clients successfully linked to ongoing services is expected to improve with the implementation of Same Day Access. Same Day Access is expected to simplify the process of entry to services. Clients will have faster access to ongoing services which will increase engagement in those services and responsiveness. This increase is incorporated into FY 2019 projection.
- Clients getting the help they need and knowing the next steps in the admission process will continue to improve with the implementation of Same Day Access (SDA), as clients' needs will be addressed more quickly.
- With the implementation of Same Day Access there is expected to be a slight decrease in clients' needs being assessed appropriately, due to the abbreviated intake process.
- The total number of clients served is expected to increase with the implementation of Same Day Access in FY 2019.
- The number of days from screening to intake will no longer be tracked due to the implementation of Same Day Access. The implementation of the process resulted in the elimination of screenings and waitlists and instead offered the full intake ondemand.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Emergency Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of clients who received only one episode of care	77%	78%	78%	82%	85%	85%
Percentage of contacts that resulted in community dispositions	N/A	76%	74%	69%	70%	70%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of assessments/progress notes completed within 1 business day	91%/53%	92%/84%	93%/88%	91%/87%	95%/90%	95%/90%
Percentage of documentation that meets regulatory standards	N/A	N/A	80%	91%	90%	95%
Total clients served (unduplicated)	1,322	1,364	1,479	1,604	1,700	1,750
Total Temporary Detention Orders (TDO) completed by staff	373	396	493	491	550	672

- The percentage of clients who received only one episode of care increased due to improvement in linkage to ongoing services. Another reason this continues to increase is individuals residing outside of the County, who receive one episode of care. It is expected that this will continue throughout FY 2019.
- There has been a decrease in the number of clients being returned to the community which may relate to steadily rising TDO numbers since November 2016. Emergency Services continues to work diligently to divert people from hospitalization but severity of the individuals' symptoms often precludes that option.
- The percentage of documentation that meets regulatory standards improved significantly in FY 2017 as management stressed the imperativeness of documentation standards through weekly supervision.

CLIENT SERVICES ENTRY

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Discharge Planning

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Clients connected with Arlington community-based treatment services	87% (48/55)	88% (75/85)	83% (58/70)	86% (44/51)	90% (50/55)	90% (50/55)
Clients discharged to Arlington who remain out of the State Hospital longer than 30 days after discharge	93% (51/55)	91% (77/85)	76% (53/70)	69% (35/51)	77% (42/55)	75% (41/55)
Individuals discharged from hospital to stable housing placements in Arlington	69%	53%	50%	63%	67%	70%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average number of days in hospital for clients discharged who were/were not on the Extraordinary Barriers List	435/62	361/32	263/71	89/68	86/63	85/60
NVMHI clients receiving discharge services at least every 14 days who were/were not on the extraordinary barriers list	N/A	N/A	69%/81%	75%/95%	80%/100%	80%/100%
Total clients served by Discharge Planning in state hospitals (This number does include Local Inpatient Purchase of Services Admissions. This number does not include Eastern State, Western State or Central State Hospitals.)	117	142	139	130	125	125

- The average number of clients who connected to outpatient treatment services increased slightly in FY 2017. 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.
- The percentage of individuals who were re-hospitalized within thirty days increased in FY 2017 due to an overall increase in the severity of individual symptoms. The vast majority of clients are not re-hospitalized largely due to prompt access to needed resources and coordination of care.
- Individuals discharged to stable housing increased from FY 2016 to FY 2017 due to increased regional funding and placement options such as the new Intensive Community Residential Treatment (ICRT) stepdown beds. There continues to be a significant number of individuals being served at the state hospital who are discharged to shelters. However, as Arlington County has developed strong homeless outreach services, consumers who are discharged to shelters continue to receive service.
- The length of stay for EBL individuals decreased significantly, 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. The number of days that non-EBL individuals

CLIENT SERVICES ENTRY

remained in the hospital decreased slightly, likely due to the severity of individual symptoms and an appropriate placement to address their needs.

- The total number of consumers served at NVMHI continues to decrease as a result of limited bed space at the state facility, changes to the Virginia Code in 2014, and 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 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Jail Diversion/Forensic Case Management

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average hours spent by officers with individuals experiencing mental health crises	2.05	2.18	2.13	3.32	2.25	2
Individuals brought to Crisis Intervention Center (CIC) in lieu of arrest	106	100	108	113	120	130
Number of consumers seen at state hospital for forensic evaluation	52	41	40	54	50	45
Number of consumers seen in jail after referral from police, magistrate, jail-based medical staff, or mental health staff	212	249	191	192	200	210
Number of consumers served by the jail diversion team	268	269	246	286	300	310
Percent of Arlington residents diverted from jail who are not re-arrested within 30 days	93%	88%	92%	97%	98%	99%
Percent of Arlington residents diverted from jail who are still in treatment at 30 days	89%	90%	90%	82%	90%	95%

- The average hours spent by officers with individuals experiencing a mental health crisis and in need of hospitalization continues to be low but did increase between FY 2016 and FY 2017. This is due to the hospital’s inability to consistently accept Transfer of Custody from Arlington officers as well as the number of juvenile cases, who required transportation to specialized facilities.
- 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. Sustained Crisis Intervention Team training for local law enforcement is crucial in continuing to increase the number of individuals brought to the CIC in lieu of arrest. Furthermore, in order to increase collaboration between DHS and public safety agencies, roll call trainings will be completed, when necessary, in order to address emerging issues and emergency services staff will be completing a “ride along” once per month in FY 2018.
- Arlington County sends a large number of individuals from the detention facility to the hospital for inpatient restoration services. This is due to various reasons; however, feedback provided by the Department of Behavioral Health Services indicates referrals by staff are appropriate.
- The number of individuals seen in jail after referral from the Police, Office of the Magistrate, jail-based mental health and medical staff remained steady in FY 2017. It is expected that the number of individuals engaged by the forensic jail diversion team will continue to increase as programming expands.

CLIENT SERVICES ENTRY

- The overall number of individuals who were served in FY 2017 increased as a result of increased admissions to Western State Hospital, creation of the Bond Diversion Program, and an increase in the number of Competency to Stand Trial evaluations performed for the court.
- The percent of Arlington residents diverted from jail who are not re-arrested within 30 days continues to be high. It is expected that this will continue into FY 2018.
- There was a slight decrease in individuals remaining connected to treatment between FY 2016 and FY 2017. If individuals cannot be placed at County shelters, the likelihood that an individual will disengage from services increases. However, the forensic team hopes to address this in FY 2018 with the creation of re-entry beds at the Residential Program Center shelter. Overall, the percent of Arlington residents diverted from jail who are still in treatment at 30 days continues to be high and it is expected that this trend will continue.
- The CIT program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Homeless Case Management

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/percentage of consumers linked to mental health or substance abuse services after discharge from Treatment on Wheels/Homeless Case Management programs	43/28%	33/20%	63/29%	46/22%	50/25%	53/28%
Number/percentage of consumers linked to physical healthcare	N/A	28%	37%	33%	35%	40%
Number/percentage of consumers linked to psychiatric services	N/A	56%	54%	45%	50%	54%
Number/percentage of consumers linked to stable housing from Treatment on Wheels/Homeless Case Management programs	26/17%	38/25%	57/27%	51/22%	55/20%	58/23%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Clinical documentation compliance	N/A	N/A	N/A	85%	95%	95%
Number of identified individuals served (unduplicated), and Number of outreach clients (unduplicated)	N/A	166/ N/A	215/ N/A	230/370	235/375	240/380
Time from referral to scheduled screening	N/A	N/A	8.6	10.7	8	8

- The decrease in percentage of consumers linked to Behavioral Healthcare Services after discharge from TOW may likely be due to the increased number of homeless individuals with co-occurring mental health and substance abuse related issues. As more individuals are housed through the Ten Year Plan to End Homelessness initiative, the remaining continue to present other complex challenges. However, by expanding services and adding open shelter hours and groups, TOW was able to reach-out to more consumers.
- The number/percentage of consumers linked to psychiatric services has fluctuated in part due to changes made to services provided and offered at time of intake completion via the TOW program. As part of the intake process, TOW/PATH staff introduce clients to other services,

CLIENT SERVICES ENTRY

including psychiatry and primary care services. Staff are able to arrange and oversee a direct link to psychiatric services through the CSB. This direct connection results in a fairly high level of linkage to psychiatry for clients.

- The TOW/PATH program recognizes the importance of access to primary health care. Clients are offered a referral to the Neighborhood Health program at intake. Linking clients to Neighborhood Health can be more challenging than linkage to internal psychiatric services, since Neighborhood Health is a separate entity. Since Neighborhood Health will begin to have more hours available on campus, it is anticipated more clients will be connected to the primary healthcare.
- 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. BHD is exploring additional housing resources to meet the need of this population.

PROGRAM MISSION

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

Program for Assertive Community Treatment (PACT)

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

Mental Health Community Support Services

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

Employment Services

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

Substance 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 with the goal of assisting individuals meet their recovery goals.

SIGNIFICANT BUDGET CHANGES

The FY 2019 budget for the Outpatient Services Bureau reflects an internal reorganization within the Behavioral Healthcare Division to improve the care provided to clients with co-occurring mental health and substance use disorders by integrating Mental Health and Substance Abuse services. Clarendon House and Mental Health Residential Services programs are transferred to the Specialized and Residential Services Bureau (previously the Substance Abuse Bureau). The Recovery Program is transferred to Management and Administration. Substance Abuse Outpatient Services is integrated into the new Outpatient Services Bureau.

- ↑ 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 the Substance Abuse Outpatient Program (\$1,159,563, 10.50 FTEs) from Specialized and Residential Services. These increases are partially offset by the transfer out of the Clarendon House Program to the Specialized and Residential Services (\$1,005,936,

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12.0 FTEs), and the Recovery Program to Management and Administration (\$118,3319, 1.0 FTE).

- ↓ Non-personnel decrease due to the transfer of the operating budget for Mental Health Residential Services (\$2,409,976) to Specialized and Residential Services, operating budget for the Recovery Program (\$150,597) to Management and Administration, operating budget for Clarendon House Program (\$70,529) to Specialized and Residential Services, and pharmaceuticals to Psychiatric Services (\$107,795). These decreases are partially offset by normal contractual increases (\$5,283), the transfer in of Substance Abuse Outpatient Services (\$58,597), the transfer in of non-personnel funds from Client Services Entry (\$23,285) and Management and Administration (\$29,650).
- ↓ Fee revenue decreases due to the transfer of Clarendon House fees to Specialized and Residential Services (\$491,558) and an adjustment to reflect past actuals (\$17,500). These decreases are partially offset by the transfer in of Substance Abuse Outpatient revenue (\$48,000) from Specialized and Residential Services, an increase in Adult Mental Health and Substance Abuse Client Fees (\$16,900), and Adult Mental Health Medicaid Clinic fees (\$38,000).
- ↓ State Share revenue decreases due to the transfer of Mental Health Residential Services to Specialized and Residential Services (\$1,142,723) and Psychiatric Services (\$81,191), Discharge Assistance funding to Client Services Entry (\$110,000), Clarendon House Program (\$128,029) and Recovery Program revenue to Management and Administration (\$171,199), transfer of Department of Behavioral Healthcare State funding to Specialized and Residential Services (\$8,000) and a decrease in Department of Behavioral Healthcare State funding (\$1,500). These decreases are partially offset by the transfer in of Substance Abuse Outpatient revenues (\$684,322).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$6,612,210	\$6,563,923	\$6,752,498	3%
Non-Personnel	3,281,125	3,135,076	487,994	-84%
Total Expenditures	9,893,335	9,698,999	7,240,492	-25%
Fees	1,681,096	1,811,638	1,405,480	-22%
State Share	3,317,255	3,178,042	2,219,722	-30%
Total Revenues	4,998,351	4,989,680	3,625,202	-27%
Net Tax Support	\$4,894,984	\$4,709,319	\$3,615,290	-23%
Permanent FTEs	65.50	63.30	60.80	
Temporary FTEs	-	-	-	
Total Authorized FTEs	65.50	63.30	60.80	

OUTPATIENT SERVICES

PERFORMANCE MEASURES

Program for Assertive Community Treatment (PACT)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/Percentage of consumers served living in independent housing	67/73%	74/74%	64/61%	74/70%	70/67%	74/70%
Number/Percentage of consumers served who are hospitalized	21/22%	24/24%	25/24%	28/26%	25/23%	27/25%
Number/Percentage of consumers who are competitively employed	7/8%	5/5%	8/8%	15/14%	11/10%	11/10%
Percentage of consumers satisfied with services received	91%	95%	96%	93%	95%	95%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Score on program fidelity scale measuring alignment with Virginia's evidence-based model (out of 5)	N/A	N/A	4.4	4.5	4.5	4.5
Percentage of documentation samples compliant with documentation standards	72%	72%	71%	84%	90%	90%
Percentage of services provided in the community	84%	84%	80%	79%	80%	80%
Total consumers served	91	100	105	106	102	105

- The percent of clients in independent housing increased in FY 2017, due primarily to an increase in available permanent supported housing apartments made available by a state grant. It is expected that 70 percent of clients will remain in independent in FY 2019.
- The number and percent of persons hospitalized has been generally consistent over the past three years and is expected to remain so through FY 2019.
- The percent of clients employed has varied from over the past three years and is expected to remain around 10 percent.
- The number of persons served by PACT has varied slightly over the last three years from 100 to 106. It is expected that the number served will be within this range through FY 2019.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Mental Health Community Support Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of hospitalizations	156	139	117	125	129	130
Percentage of clients with high or improved community life functioning levels	N/A	38%	39%	29%	N/A	N/A

OUTPATIENT SERVICES

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of consumers served (unduplicated)	N/A	1,349	1,333	1,389	1,458	1,531
Percentage of consumers satisfied with services received	92%	97%	98%	98%	95%	97%

- The number hospitalizations varied between 117 and 139 over the past several years and is expected to remain within that range through FY 2019. The number of hospitalizations in FY 2016 and FY 2017 is below the research-based benchmark of 0.10 hospitalizations per person served.
- The percentage of clients with high or improved community life functioning levels will not be reported for FY 2018 and FY 2019 due to implementation of a new outcome measurement tool.

Employment Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/Percent of consumers employed who remain in job for 90 days	79/57%	85/77%	95/74%	121/86%	96/80%	100/80%
Number/Percentage of new consumers served with supported employment who obtained employment in the community	65/59%	50/52%	69/49%	65/51%	73/50%	75/50%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average satisfaction score with Job Avenue services	100%	97%	94%	100%	100%	100%
Fidelity score indicating to what extent program adheres to evidence-based model	92%	92%	90%	90%	92%	92%
Number of referrals to Job Avenue	156	137	193	211	200	200
Total consumers served with supported employment	334	356	315	321	340	350

- The percent of clients employed who remain in their job 90 days or more has ranged from 74 percent to over 86 percent over the past three years. During that time, a more intense follow-up and refining of the referral process has been accomplished by educating case managers about how to better support clients who are willing to work. These outcomes are expected to continue.
- The percent of new clients who obtained employment has varied around 50 percent for the past three years and is expected to continue within that range. This exceeds the national, research-based benchmark of 40 percent.
- The percent conformance with a nationally recognized scale of fidelity to the best practice supported employment model has been consistently high and will continue at 92 percent.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

OUTPATIENT SERVICES

Substance Abuse Outpatient Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/percent of clients discharged who met most or all treatment plan goals	271/69%	267/72%	188/67%	159/59%	275/65%	300/65%
Percent of clients in treatment more than 90 days	81%	73%	75%	67%	75%	75%
Percentage of clients who report improved functioning as a direct result of services received	97%	93%	100%	95%	95%	95%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of clients receiving outpatient services	609	569	496	480	600	650
Percentage of clients surveyed who reported satisfaction with services received	90%	92%	100%	100%	100%	100%

- Of clients engaged in services, the percentage of clients who did not complete treatment has decreased over the past four years due to difficulties assisting clients in maintaining sobriety in a shelter environment. Factors causing this decrease are related to co-occurring diagnosis and the difficulty in client's commitment their treatment plan. In FY 2018 there are additional resources being utilized to encourage clients to seek assistance and complete programs to reintegrate them back into the community.
- The percent of clients in treatment more than 90 days conforms to the national benchmarks of engagement in treatment. A contributing factor to the reduction in clients engaged over 90 days in FY 2017 is changes in immigration policies. Several clients reported that they stopped attending because of concerns that there may be repercussions due to their immigration status.
- 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 number of clients receiving services dropped slightly in FY 2017. However, due to the implementation of process changes in program philosophy and practice, it is anticipated that the number served will increase in FY 2018 and FY 2019.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

SPECIALIZED AND RESIDENTIAL SERVICES

PROGRAM MISSION

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

Substance Abuse Residential Treatment

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

Mental Health Residential Services

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

Clarendon House

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

Jail/Addictions, Corrections and Treatment (ACT)

- Provide services to incarcerated individuals who have substance use disorders, including assessment, early intervention, treatment, and case management, to facilitate re-entry back into the community and prevent re-offending.

Abusers Intervention Program (AIP)

- 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.

SPECIALIZED AND RESIDENTIAL SERVICES

SIGNIFICANT BUDGET CHANGES

The FY 2019 budget for the Specialized and Residential Services Bureau reflects an internal reorganization within the Behavioral Healthcare Division which is designed to improve the care provided to clients with co-occurring mental health and substance use disorders by integrating the Mental Health and Substance Abuse services. Substance Abuse Outpatient program is transferred to the Outpatient Bureau (previously the Mental Health Bureau). The Clarendon House program and Mental Health Residential Services are integrated into the new Specialized and Residential Services Bureau.

- ↑ 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 the Clarendon House Program (\$1,005,936, 12.0 FTEs) and a Human Services Aide (\$38,967, 0.5 FTE) from Psychiatric Services. These increases are partially offset by the transfer out of the Substance Outpatient Bureau (\$1,159,563, 10.5 FTEs) to the Outpatient Services Bureau.
- ↑ Non-personnel increases due to a transfer-in of the Mental Health Residential Services (\$2,409,976) and Clarendon House Programs (\$70,529) from Outpatient Services; contractual increases (\$22,929); and a transfer of non-personnel funds from Management and Administration (\$63,081) and from Psychiatric Services (\$8,166). The increases are partially offset by the transfer of Substance Abuse Outpatient Services (\$58,597) to the Outpatient Services Bureau and reductions itemized below.
- ↑ Intra-County Charges increases due increased funding from Sheriff's Department (\$48,730) to align with personnel cost.
- ↑ Fee revenue increases due to the transfer in of Clarendon House Program fees from Outpatient Services (\$491,558) and an increase in third party reimbursements and direct client fees (\$9,280). These increases are partially offset by the transfer of Substance Abuse Outpatient Services fees to Outpatient Services (\$48,000), and a decrease in Clarendon House Client Fees (\$878).
- ↓ Federal Share revenue decrease due to a decrease in HIDTA grant funding (\$4,050).
- ↑ State Share revenue increases due to a transfer of Mental Health Residential Services (\$1,142,723) and the Clarendon House Program (\$128,029) from Outpatient Services Bureau, and a transfer of Department of Behavioral Health and Developmental Services State funding from Outpatient Services (\$8,000). The increases are partially offset by the transfer of Substance Abuse Outpatient revenues (\$684,322) to the Outpatient Services Bureau.

FY 2019 Proposed Budget Reduction:

- ↓ Eliminate non-essential contingency funding for Behavioral Health Division contracts (\$80,000).

IMPACT: There is no impact from this reduction as vendors historically did not meet the eligibility requirements for a bonus.

SPECIALIZED AND RESIDENTIAL SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$2,844,774	\$3,522,936	\$3,610,052	2%
Non-Personnel	1,915,000	2,172,662	4,598,746	112%
Intra-County Charges	(155,929)	(155,929)	(204,659)	31%
Total Expenditures	4,603,845	5,539,669	8,004,139	44%
Fees	81,579	77,180	529,140	586%
Federal Share	819,454	765,770	761,720	-1%
State Share	1,122,963	1,153,883	1,748,313	52%
Total Revenues	2,023,996	1,996,833	3,039,173	52%
Net Tax Support	\$2,579,849	\$3,542,836	\$4,964,966	40%
Permanent FTEs	32.00	33.00	35.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	32.00	33.00	35.00	

PERFORMANCE MEASURES

Substance Abuse Residential Treatment

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of clients served who successfully completed residential treatment	72% (40/56)	72% (28/39)	71% (25/35)	55% (31/56)	58%	60%
Percentage of clients served who successfully completed the RPC detox program	83% (184/224)	81% (181/224)	56% (86/153)	51% (80/156)	57%	60%
Percentage of residential treatment clients discharged who were provided further treatment	95% (38/40)	89% (25/28)	92% (23/25)	93% (52/56)	93%	95%
Percentage of RPC detox unduplicated clients discharged who were provided further treatment	39% (72/184)	57% (103/181)	55% (47/86)	72% (112/156)	75%	75%
Percentage of residential treatment clients reporting improved functioning as a direct result of services received	93%	100%	100%	84%	85%	90%

SPECIALIZED AND RESIDENTIAL SERVICES

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Compliance with documentation requirements	N/A	70%	89%	70%	80%	80%
Number of unduplicated Residential / Detox clients served	N/A	48/175	35/158	63/156	70/175	70/175
Percentage Bed Utilization for Detox / residential treatment	N/A	49%/29%	56%/29%	50%/51%	55%/50%	55%/50%
Percentage of clients surveyed who reported satisfaction with residential treatment services received	93%	90%	N/A	86%	90%	90%

- Clients who successfully completed residential treatment exceeded the benchmark by nine percent. Those completing Detox were 16 percent below the benchmark. This is partially due to a social detox without medication assistance. The goal for FY 2019 is to provide medical detox, which will enable people to undergo the withdrawal with less discomfort and be successful.
- The percentage of residential treatment clients reporting improved functioning as a direct result of services received continue to be positive. Services have generally been effective in engaging clients through successful program completion and active case management has successfully helped transition most clients to further treatment. An improved survey methodology was implemented in FY 2017, resulting in more extensive client feedback regarding areas of dissatisfaction such as inconsistent or unclear program expectations. It is anticipated that the level of satisfaction will increase due to a higher level of oversight by the Contract Manager.
- The percentage of clients who completed Detox and were provided further treatment increased significantly. This may be due to increased engagement by Community Services Board staff while clients are in Detox. The percentage of people discharged with further treatment from residential services remains very high. Both will likely continue in the upcoming years.
- Documentation continues to be an area for improvement. The team is looking at more portable means to allow them to document while in the field. Additionally, the Compliance team is doing monthly meetings to assess the paperwork and make suggestions for improvement. With these two strategies, the documentation should improve moving forward.
- Generally speaking, the clients report satisfaction with the residential treatment services. The satisfaction was four percent lower but it is anticipated that this will increase with increased supervision of the vendors.
- Utilization rates increased significantly. There are several reasons for this; one being that the Early Recovery program was closed for a portion of FY 2016 which decreased the numbers; however, it did remain open throughout FY 2017. Additionally, the Program Manager has been working with Phoenix House to address concerns in programming which has resulted in improvements so the County has increased the use of these services.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

SPECIALIZED AND RESIDENTIAL SERVICES

Mental Health Residential Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of consumers satisfied with services received	92%	95%	96%	97%	95%	95%
Total number of consumers served in crisis stabilization	124	151	125	141	147	145
Total number of consumers served in group homes and assisted living facilities	36	31	35	33	35	35

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total number of consumers served in Contract Support Services Program	83	47	51	49	52	55
Total number of consumers served in supportive housing programs	191	194	204	220	250	250
Total number of consumers served in transitional housing	32	34	34	22	34	34

- The percentage of residential service consumers satisfied with services has been consistently high the past four years, ranging from 92 to 97 percent. This trend is expected to continue.
- The number of consumers serviced in crisis stabilization increased from FY 2016 to FY 2017. This number tends to fluctuate dependent on need. It is estimated that it will fall in the range of 140-150 moving forward.
- The increase in consumers served in supportive housing programs is due partly to a grant recently awarded by the Department of Behavioral Health and Developmental Services. This will increase after the grant positions are filled.

Clarendon House

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/ Percentage of consumers served who are hospitalized	21/ 16%	14/ 11%	15/ 13%	11/ 9%	10%	10%
Number/Percentage of members served living in independent housing	97/ 73%	100/ 78%	93/ 73%	87/ 71%	104/ 80%	104/ 80%
Number/Percentage of members served who are engaged in employment-related activities	45/ 34%	54/ 42%	56/ 44%	45/ 37%	47%	50%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of budgeted Medicaid revenue received for Case Management/Day Program	N/A	96%/82%	101/70%	96%/81%	96%/88%	96%/80%
Percentage of consumers satisfied with services received	N/A	83%	87%	93%	90%	90%
Total consumers served	132	128	128	122	129	130

SPECIALIZED AND RESIDENTIAL SERVICES

- The percentage of persons in independent housing has decreased in the past fiscal year. With continued support of clients and program changes, it is expected the percentage will increase slightly in FY 2019.
- The percentage of clients engaged in employment-related activity will continue to vary between 40 to 45 percent. There are continuing efforts to increase the percentage of clients included in employment-related services using the part time peer vocational specialist dedicated specifically to Clarendon House. Clients who participate in Clarendon House have a diagnosis of a serious mental illness and many have no prior work history or interest in pursuing work. With support, the percentage of clients will remain steady.
- The percentage of persons hospitalized generally varies between 10 to 15 percent. This is consistent with similar programs offered to the target population. In FY 2017, it was nine percent which may be impacted by the intensive case management services provided. This number should remain relatively stable moving forward.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:

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

Jail/Addictions, Corrections and Treatment (ACT)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of inmates assessed using HIDTA funded case management services	61	57	39	19	20	20
Total Number/Percentage of participants completing program successfully	70/ 84%	33/ 75%	49%/82%	47/ 78%	80%	80%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Client satisfaction with services	N/A	92%	91%	76%	85%	90%
Documentation timeliness within 24 hours of the intervention	N/A	21%	82%	70%	85%	85%
Number of female clients served on the ACT unit	14	16	10	20	15	15
Number of male clients served on the ACT unit	69	67	67	66	70	70
Wait time male/ female (months)	N/A	N/A	N/A	3.5/ 2	3/1.5	3/ 1.5

- The number of female participants completing ACT successfully is much lower than males due to the census of the jail. Women make up about 11 percent of the overall jail population. This number will not increase significantly due to the overall jail population.
- The number of clients who complete the program successfully remains stable and should continue to do so moving forward.
- Satisfaction scores were lower than usual in FY 2017. The survey is an annual snapshot and may be impacted by the cohort in the program at that time. The client satisfaction survey will be assessed in FY 2018 to see if results are impacted by the cohort.
- Documentation is assessed in two ways. The first is the timeliness of the work, the second is the quality. This is reflected in the two measurements. The team has been working on

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improving the timeliness and quality of the paperwork (compliance) and both are expected to improve.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Batterers Intervention Program

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number completing the Batterers Intervention Program	54	54	35	56	55	55

- The number of people completing the Batterers Intervention Program is dependent on how many people are referred from the Juvenile and Domestic Court. People are referred after conviction for domestic violence. The program is 18 weeks long. To successfully complete the program, the person must meet all expectations including attendance, participation, and payment of fees.
- The calculation methodology was updated using the electronic health record and previous years' data was revised.

Jail/Mental Health Treatment

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of surveys in which clients stated services helped them deal more effectively with problems	N/A	N/A	94%	92%	95%	95%
Number of suicide attempts/number of completed suicides	5/0	4/0	6/0	7/0	7/0	7/0

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Arlington clients referred to CSB Services	N/A	N/A	90%	95%	95%	95%
Clients housed in the mental health unit receiving at least one service or attempted service weekly	N/A	N/A	84%	94%	90%	95%
Documentation compliance	N/A	N/A	95%	77%	80%	90%
Documentation timeliness within 24 hours of the intervention	46%	46%	79%	91%	92%	92%
Number of Clients (unduplicated)	782	673	1,005	988	1,000	1,000

- Managing suicide attempts is a primary goal of the team. There were seven attempts made in FY 2017, 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 rises to 46 per 100,000. The means of tracking suicide attempts has been changed from reliance on the jail-based statistics to having the Jail MH team track the number which is a more accurate method. Moving forward, it is anticipated that the attempts will remain steady and that there will be no completed suicides.
- Satisfaction with services has remained high and stable for the past two years since the surveys have been completed. This should continue in the future.

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- The clients housed in the Mental Health Unit (MHU) that received services weekly appears to be a large increase but this is related to how it was captured. Clients of the MHU are generally seen daily but this is not reflected in the documentation. The way the time was captured was altered to be more accurate.
- The number of clients served by the Jail Mental Health team increased substantially in FY 2016. Factors for the increase are change in staff, and additional staff, and restructuring of the program to focus on specific high-risk units (women, co-occurring diagnosis, and the re-entry population). This should remain stable moving forward. The data collection method was changed and the client count was revised to allow for year over year comparison.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

MANAGEMENT AND ADMINISTRATION

PROGRAM MISSION

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

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

SIGNIFICANT BUDGET CHANGES

- ↓ Personnel decreases are due to the transfer of one Human Services Aide VI and two Human Services Specialists to Child Welfare (\$259,080, 3.0 FTEs), 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 are due to administrative services transfer to Behavioral Healthcare (\$25,033) and Child Welfare (\$20,000). The decreases are offset by increases in Sequoia Plaza rent (\$35,217) and contractual services (\$4,926).
- ↑ Federal share revenue increase due to the projected reimbursement for eligible positions and administrative costs (\$366,961).
- ↑ State share revenue increase due to the projected reimbursement for eligible positions and administrative costs (\$10,772).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$2,417,624	\$2,590,723	\$2,390,324	-8%
Non-Personnel	1,698,080	1,727,049	1,722,159	-
Total Expenditures	4,115,704	4,317,772	4,112,483	-5%
Federal Share	1,844,204	1,233,188	1,600,149	30%
State Share	300,144	437,995	448,767	2%
Total Revenues	2,144,348	1,671,183	2,048,916	23%
Net Tax Support	\$1,971,356	\$2,646,589	\$2,063,567	-22%
Permanent FTEs	24.00	23.00	20.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	24.00	23.00	20.00	

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 staff vacancies filled at higher salary levels, 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 increases in the budget for the Children’s Services Act (CSA) for anticipated rate increases by the state (\$102,551), increase in Sequoia Plaza Rent (\$309), and contractual services (\$428). The increases are partially offset by the elimination of the Childcare Quality Initiative Grant by the state (\$24,750) and adjustments to the annual expense for maintenance and replacement of County owned vehicles (\$770).
- ↓ Federal share revenue decreases due to the elimination of the Childcare Quality Initiative Grant (\$20,914).
- ↑ State share revenue increases due to the projected reimbursement for CSA (\$51,276).

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- ↓ Other revenue decreases due to federal policy changes that requires child care providers to obtain a fingerprint background check, which cannot be provided by the Child Care Licensing Office (\$3,000).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$979,674	\$1,011,772	\$1,071,311	6%
Non-Personnel	3,576,088	3,961,828	4,039,596	2%
Total Expenditures	4,555,762	4,973,600	5,110,907	3%
Federal Share	72,020	20,914	-	-100%
State Share	1,567,090	1,651,343	1,702,619	3%
Other	1,720	3,000	-	-100%
Total Revenues	1,640,830	1,675,257	1,702,619	2%
Net Tax Support	\$2,914,932	\$3,298,343	\$3,408,288	3%
Permanent FTEs	10.50	10.25	10.25	
Temporary FTEs	-	-	-	
Total Authorized FTEs	10.50	10.25	10.25	

PERFORMANCE MEASURES

Child Care Licensure and Support

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Child Care Centers licensed	69	72	72	78	65	65
Family day care homes licensed	160	146	148	150	135	135

- In FY 2017 the number of Child Care Centers and family day care homes has increased slightly, however, it is anticipated that this number will decrease next year as some centers have expiring licenses that have not sought renewal.

Parent Education

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 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 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of class participants who were referred by Child Protective Services (CPS)	N/A	14	18	16	24	24
Percentage increase in participants showing improved parenting skills post class (Family functioning)	N/A	35%	59%	68%	68%	68%
Total number of class participants	N/A	N/A	31	30	40	40

- In FY 2018, it is anticipated that the number of class participants referred by CPS will increase to 24 as a result of adding two Spanish speaking classes during this year. Additionally, there has been an increased outreach effort to encourage staff to use the Parent Education Program as a resource for parents involved in CPS cases.
- The number of participants who were referred by CPS was a new measure implemented during FY 2015. Therefore, the FY 2016 number increased based on including a whole year of data.
- In FY 2017, 68 percent of participants increased their test score. Thus, well over one half of the program participants increased family functioning resilience from pre- to post-program implementation. An analysis of the survey data indicates that the average scores increased from 5.6 to 6.0 (from pre- to post- test means). The maximum eligible score is 7.0.
- FY 2016 is the first measurement year in which data was collected for the total number of class participants.

CSA Administration

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of alignment between level of need and level of service requested (Child and Adolescent Needs and Strength or CANS assessment core match)	32%	44%	59%	51%	60%	60%
Percentage of cases completing home-based services in less than 180 days	66%	73%	63%	66%	70%	70%
Percentage of cases for which other funding sources were considered prior to seeking CSA funds	90%	96%	91%	93%	95%	95%

- Percentage of CANS Tool submitted that are complete 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.
- In FY 2016, the percentage of cases for which other funding sources were considered prior to seeking CSA funds decreased due to incomplete documentation.
- In FY 2017, the percentage of CANS tool submitted current (within 90 days) measure was modified to align more closely with State and local policy, thus raising the bar for compliance.
- In FY 2017, staff were introduced to a new data entry system, including a change in the assessment tool for child welfare staff. The modification of this system presented a learning curve for staff and therefore impacted the timeliness of completion of the assessment.
- In FY 2016, the number of children served by CSA decreased as there was a continuous effort to use alternative funding sources. Staff expect that trend to continue.

PLANNING AND SUPPORT SERVICES

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

PROGRAM MISSION

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

Child Protective Services (CPS)

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

Foster Care

- 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.
- FPM is a voluntary service that engages a child's family members and their supports in critical decision making around safety and permanency.

Adoption

- Recruit, 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.
- In July 2016, Virginia implemented the Fostering Futures program, which offers housing and other supports to youth 18 to 21 years old. To access these enhanced supports, youth who are medically able must be enrolled in school, participating in post-secondary education, or employed.

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 one Human Services Aide VI and two Human Services Specialists (\$259,080, 3.0 FTEs) from Management and Administration.
- ↑ Non-personnel increases are due to grant funding increases for Adoption Incentive (\$3,988), Child Welfare Substance Abuse (\$22,096), IV-E Adoption (\$204,181), Fostering Futures (\$72,533), Respite (\$1,950), Independent Living (\$2,565) and increase in administrative services (\$20,000) from Management and Administration. These increases are partially offset by funding decreases for Foster Parent Training (\$8,200), Employee Training (\$400), Family Preservation (\$22,254), Special Needs Adoption (\$135,889) and IV-E Foster Care (\$77,140).
- ↑ Federal share revenue increases due to projected reimbursement for eligible positions and administrative costs (\$102,592), Independent Living (\$2,565), Adoption Incentive (\$3,988), IV-E Adoption (\$102,091) and Fostering Futures (\$36,267). These increases are offset by funding decreases for IV-E Foster Care (\$38,571), Family Preservation (\$18,805) and Foster Parent Training (\$1,693).
- ↓ State share revenue decreases are due to grant funding decreases for IV-E Foster Care (\$38,571), Special Needs Adoption (\$135,889) and Employee Training (\$112). These decreases are offset by funding increases for IV-E Adoption (\$102,091), Child Welfare Substance Abuse (\$18,671), Respite (\$1,950), Fostering Futures (\$36,267) and increase in projected reimbursement for eligible positions and administrative costs (\$13,625).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$3,064,719	\$3,217,401	\$3,582,168	11%
Non-Personnel	2,707,355	2,577,959	2,661,389	3%
Total Expenditures	5,772,074	5,795,360	6,243,557	8%
Fees	960	-	-	-
Federal Share	2,867,390	2,388,446	2,576,878	8%
State Share	1,743,472	1,955,586	1,953,618	-
Total Revenues	4,611,822	4,344,032	4,530,496	4%
Net Tax Support	\$1,160,252	\$1,451,328	\$1,713,061	18%
Permanent FTEs	30.50	30.50	33.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	30.50	30.50	33.50	

PERFORMANCE MEASURES

Child Protective Services (CPS)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of children stabilized with their families after receiving Ongoing CPS Services	N/A	N/A	88%	92%	92%	92%
Percentage of children who were victims of founded maltreatment within two years of a previous finding	1%	0%	1.6%	1%	1%	1%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of assessments	307	224	189	314	300	300
Number of families served by CPS ongoing	N/A	N/A	56	69	69	69
Number of information and referral calls	3,440	3,132	3,273	2,744	2,744	2,744
Number of investigations	96	80	96	101	101	101
Number of investigations which resulted in a finding of abuse or neglect dispositions	46	45	53	45	45	45

- Percentage of children stabilized with their families was not measured prior to FY 2016. In FY 2017, the cases of 51 families were closed to CPS Ongoing Services. In 47 cases (92 percent), children were stabilized with their families. In the remaining 4 cases, 5 children were removed and placed in foster care.
- In FY 2017, the number of assessments and investigations increased from FY 2016 as a result of the increase in the number of calls screened-in by the hotline. As the number of validated calls increases, the number of assessments and investigations will also subsequently increase.
- 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.
- In FY 2017, the number of information and referral calls decreased as a result of an enhanced effort to provide mandated reporter training to community stakeholders. By providing the community with education regarding the appropriate use and purpose of the CPS hotline, there was a reduction in the amount of information/referral calls.
- Prior to FY 2016, the number of families served by CPS ongoing was not measured.
- 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.

Foster Care

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of new foster families certified	11	13	23	13	13	13
Number of total certified foster families	42	48	59	59	59	59
Percentage of foster families retained through the end of the fiscal year	N/A	88%	87%	81%	85%	85%
Percentage of placements that allow children in foster care to continue services with their own providers seen prior to foster care	N/A	88%	96%	90%	90%	90%
Percentage of placements that enable children in foster care to remain in their original school districts	N/A	87%	90%	86%	85%	85%
Percentage of placements that lasted until the child was discharged from foster care	N/A	89%	80%	91%	85%	85%
Percentage of placements with a child's relatives, siblings or child-specific placements	N/A	63%	47%	52%	65%	65%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average number of children served monthly	92	83	92	98	98	98
Average number of children served monthly in congregate care	12	15	13	8	8	8
Average number of children served monthly in purchased therapeutic foster home	26	21	20	26	26	26
Average number of children served monthly in regular foster care	19	26	38	41	41	41
Percentage of families certified within 90 days	72%	77%	68%	93%	95%	95%

- In FY 2017, the number of new foster families certified decreased. A contributing factor to this reduction was the delay of the completion of home studies. Certification requires completion of a home study. Family availability for home study interviews and unexpected changes in family status can impact completion of this final step. Additionally, families from the Fall 2016 and the Spring 2017 training had their home studies delayed due to the lack availability of two out of three home study contractors. Due to this delay, these foster families were unable to be certified within the fiscal year. To remedy this issue, a contract addendum was created to increase the number of allowable home studies completed by the available contractor prior to assigning any additional home studies.
- In FY 2017, the percentage of foster families retained through the end of the fiscal year decreased slightly. This year 13 families left the foster care program and are no longer accepting children. Of the 13 families, 5 were kinship families whose cases closed due to adoption or custody. One family that fostered for over 10 years retired. Three families had changing family dynamics such as moving out of state and medical emergency. The remaining four families left the program due to an inability to meet the needs of children. As a result, the percentage of foster families decreased slightly from the FY 2016 percentage.

CHILD WELFARE

- In FY 2017, the percentage of placements that allow children in foster care to continue services with their own providers decreased by 6 percent. Twenty-six children were placed with therapeutic foster care (TFC) agencies because Arlington County foster homes were not available. TFC placements do not typically maintain school and service continuity, as these homes are often outside of the Arlington community.
- In FY 2017, the percentage of placements that enable children in foster care to remain in their original school districts decreased as a result of some youth entering care who previously attended D.C. schools. Children entering care who attend school out-of-state cannot continue their school placement once they are in the custody of Arlington County DHS.
- In FY 2017, the percentage of placements that lasted until the child was discharged from foster care increased by 10 percent. In FY 2017, DHS provided training in trauma-informed care and mental health first aid to help families support children with complex needs. The FY 2018 projection was based on the average of FY 2016 and FY 2017, recognizing that placement stability of children with complex needs can be challenging to maintain.
- In FY 2017, the percentage of placements with a child's relatives, siblings or child-specific placements slightly increased from FY 2016. There are many factors that contribute to agencies barriers with kinship/sibling placements which include the foster family's availability to accept a large sibling group together, differing needs including medically fragile children and siblings entering care at different times. Maintaining family continuity through promoting kinship care is prioritized. Placing siblings together in the same foster home when appropriate contributes to this goal and is also prioritized.
- In FY 2017, there was a heightened focus and effort regarding kinship placement. Two consultations with a kinship care expert were held to focus on the unique needs of kinship care providers and how to better support those needs.
- In FY 2017, the number of children served increased slightly from 92 to 98. It is expected that as the number of CPS calls and investigations increases, the number of children in care will increase as well.
- In FY 2017, the number of youth served in Foster Care (in therapeutic foster homes and by DHS) has increased as the number of youth in congregate care settings has decreased. This is a result of the agency's diligence in ensure that youth are being placed in the least restrictive environment. The calculation of average number of children served monthly was updated in FY 2017 to include all youth in foster care, and prior years' data has been revised accordingly.
- In FY 2017, the percentage of families certified within 90 days increased substantially. The overall number of families certified were fewer in 2017 (14) than in 2016 (23). The smaller number of families was a factor in the higher percentage of families certified in 2016. Additionally, an online training tool was implemented to help families prepare for home studies.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Family Partnership Meeting (FPM)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average satisfaction score with FPMs for family members / service providers	3.5/3.6	3.5/3.6	3.6/3.6	3.6/3.7	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	59%	40%	62%	53%	60%	60%
Percent of youth at risk of removal who remained in the home at least 90 days after a Family Partnership Meeting	93%	94%	76%	95%	90%	90%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of children served in at-risk and removal FPMs	85	93	83	99	99	99
Number of children served in placement- and goal-change FPMs	67	10	9	25	25	25
Percent of FPMs held within 14 days for youth at risk of removal	100%	95%	94%	94%	100%	100%
Percent of removal meetings held before the Court hearing	100%	89%	94%	100%	100%	100%

- Surveys are given to all FPM participants at the end of each meeting with an option to complete the survey in Spanish. Results are scored on a scaled of 1 (Strongly Disagree) to 4 (Strongly Agree).
- In FY 2017, the percent of children in foster care who had an FPM and who left foster care within 12 months decreased as a result of some youth being reunified with family members that they previously did not have a relationship with and/or were unprepared to provide long term care. Additional time was necessary to ensure that relationship building and preparation took place prior to placement.
- 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 2017, the percent of youth at risk of removal who remained in the home at least 90 days after a Family Partnership Meeting increased substantially because staff implemented weekly management team reviews of CPS high risk cases. Therefore, youth at high risk of removal were identified earlier and interventions were put in place. This directly correlated to an increase in FPM's in FY 2017.
- 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 the fact that efforts to implement plans developed by the families in the FPM were truncated or eliminated by the court process for seven children from five families.
- In FY 2018, it is anticipated that the percentage of FPM's held within 14 days for youth at risk of removal will increase. The agency is working to train all child welfare supervisors to facilitate FPMs. Additionally, child welfare staff will develop a contract with an outside vendor to provide FPM facilitation services. The addition of these elements will likely increase the percentage of meetings held within 14 days.

CHILD WELFARE

- In FY 2017, the percentage of removal meetings held before the court hearing increased to 100 percent. In FY 2015, child welfare was able to implement a process of ensuring that these meetings were held on time. As a result of successful implementation, this percentage has been increasing each year.
- In FY 2017 the number of children served in placement and goal-change FPM's increased. There was an increased focus on ensuring goal change FPM's were being held prior to permanency hearings, as advised by state policy.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Adoption

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of children who exited foster care to adoptive homes within 24 months	19	7	8	9	9	9

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of children with finalized adoption receiving adoption subsidy	114	121	120	125	125	125

- In FY 2017, the calculation methodology for the number of children who exited foster care to adoptive homes within 24 months was updated to include all youth with finalized adoptions who are receiving adoption subsidies. Prior years' data has been revised accordingly.
- In FY 2017, the calculation methodology for the number of children with finalized adoption receiving adoption subsidy was modified to provide a more accurate number for children who exited foster care to adoptive homes within 24 months, and prior years' data has been revised accordingly.
- Adoption refers to all the cases still being supported by Child and Family Services Division.

Independent Living

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of youth 18+ who left foster care having earned a HS diploma/GED	100%	58%	80%	100%	80%	80%
Percent of youth 18+ who left foster care who had a relationship with at least one supportive adult	84%	74%	100%	75%	80%	80%
Percent of youth 18+ who left foster care who had achieved at least adequate economic stability	84%	34%	60%	75%	60%	60%
Percent of youth 18+ who left foster care who had achieved at least adequate housing stability	83%	34%	80%	75%	80%	80%

CHILD WELFARE

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of youth 18+ who left foster care who were working full-time or in an education/training program	100%	40%	80%	75%	80%	100%
Percentage of youth 18+ who retained or reapplied for health insurance after exiting care	N/A	N/A	50%	75%	50%	50%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of youth served in foster care between ages 14 and 20	45	40	50	55	55	55
Percent of youth age 16 through 21 years old who had Transitional Living Plan (TLP) completed on time	93%	86%	59%	67%	75%	75%

- The overall number of youth 18+ who exit care each year is low – approximately 5-6 youth per year. Therefore, the impact of each youth’s outcomes on the Actual and Estimated Critical Measures above is high.
- In FY 2016 and FY 2017, the percent of youth 18+ who left foster care having earned a HS diploma/GED increased because fewer youth with significant mental health and/or substance abuse issues exited care.
- In FY 2017, the percent of youth 18+ who left foster care who had a relationship with at least one supportive adult decreased. Five out of the five youth who exited in 2016 had a relationship with a supportive adult. Three of the four youth who exited in 2017 had a relationship with a supportive adult.
- In FY 2016 and FY 2017, the percent of youth 18+ who left foster care who 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 2017, the percentage of youth 18+ who left foster care who achieved at least adequate housing stability decreased from FY 2016. In FY 2016 the ratio was 4 out of 5 youth had adequate housing stability and in 2017 it was 3 out of 4 youth.
- In FY 2017, the percentage of youth 18+ who left foster care who were working full-time or in an education program decreased slightly from 2016. In FY 2016, the ratio was 4 out of 5 youth were working full-time or in an education program and in 2017 it was 3 out of 4 youth.
- 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 2017, three out of four youth remained in Virginia and maintained coverage. Because youth who leave Virginia are not automatically qualified for Medicaid in other states, FY 2018 and FY 2019 projections anticipate the level of coverage declining.
- In FY 2017, the percent of youth age 16 through 21 years old who had a TLP completed on time increased. One contributing factor to the timeliness of the TLP meeting is the readiness of the youth in care. Upon entry into foster care, a youth has often experienced varying levels of trauma and/or familial discord and therefore is not in a position to discuss goals and services at that time.
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

PROGRAM MISSION

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

Intake Services

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

Child Advocacy Center

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

Outpatient Therapy

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

Outpatient Case Management

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

BEHAVIORAL HEALTHCARE

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 addition of a temporary grant funded Management Specialist for the Arlington County Child Advocacy Center (\$37,240, 0.5 FTE).
- ↑ Non-personnel increases are due to administrative services transfer from Management and Administration (\$25,033), Sequoia Plaza rent (\$720), and a three-year grant from the Virginia Foundation for Healthy Youth (\$149,999).
- ↓ Fee revenue decrease due to the reduction of Community Services Board client fees to align with previous years actual (\$30,500).
- ↑ Federal share revenue increases due to adjustment of the Drug Prevention grant to align with state allocation (\$3,000).
- ↑ State share revenue increases due to the new state allocation for the New Same Day Access Grant (\$50,000). This increase is partially offset by the elimination of Community Services Board revenue (\$5,000).
- ↑ Other revenue increase due to the three year grant from Virginia Foundation for Healthy Youth (\$149,999).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$2,757,726	\$2,892,715	\$3,065,071	6%
Non-Personnel	2,037,794	1,893,611	2,069,363	9%
Total Expenditures	4,795,520	4,786,326	5,134,434	7%
Fees	117,463	141,500	111,000	-22%
Federal Share	242,482	221,245	224,245	1%
State Share	1,700,304	1,646,489	1,691,489	3%
Other	187,936	140,232	290,231	107%
Total Revenues	2,248,185	2,149,466	2,316,965	8%
Net Tax Support	\$2,547,335	\$2,636,860	\$2,817,469	7%
Permanent FTEs	26.00	25.75	25.75	
Temporary FTEs	-	-	0.50	
Total Authorized FTEs	26.00	25.75	26.25	

PERFORMANCE MEASURES

Centralized Intake Unit

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of children and families connected to ongoing services	80%	97%	92%	93%	95%	95%
Percentage of clients diverted from court involvement	69%	78%	13%	57%	35%	35%
Percentage of parents understanding the next step in obtaining services	N/A	98%	100%	97%	95%	95%
Percentage of parents who believe they will get the help they need	N/A	98%	98%	96%	95%	95%
Percentage of youth understanding what the next step is	N/A	84%	91%	91%	90%	90%
Percentage of youth who believe they will get the help they need	N/A	87%	91%	92%	90%	90%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of information and referral calls handled	822	739	928	992	992	922
Percentage of referrals scheduled for assessments within 10 calendar days	41%	83%	86%	90%	93%	93%
Percentage of required Intake Assessment documentation data elements complete	93%	95%	95%	95%	95%	95%
Percentage of staff reporting usefulness of psychological evaluations in work with clients	91%	100%	91%	88%	90%	90%

- In FY 2016, the percentage of clients diverted from court involvement decreased due to a 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 2017, the percentage of clients diverted from court involvement increased to 57 percent. It is anticipated that the percentage of youth diverted from court involvement will decrease in FY 2018 because the Court Liaison position is currently vacant. Current recruitment efforts are in place to fill the vacant position.
- In FY 2016 and FY 2017, the number of information and referral calls received increased due to enhanced community outreach events.
- In FY 2016 and 2017, the percentage of staff reporting usefulness of psychological evaluations in work with clients decreased due to respondents reporting that evaluation results were needed sooner. The program is working with referral sources to improve understanding of timeframes required for evaluations
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

BEHAVIORAL HEALTHCARE

Outpatient Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of clients who achieve their treatment goals at discharge	78%	92%	92%	93%	95%	95%
Percentage of parents completing surveys who report satisfaction with services	93%	91%	90%	88%	90%	90%
Percentage of seriously emotionally disturbed consumers maintained in the community with outpatient treatment	85%	85%	85%	77%	80%	80%
Percentage of youth completing surveys who report satisfaction with services	78%	74%	75%	76%	80%	80%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of client services documentation completed within one business day	81%	84%	82%	88%	93%	93%
Client show rate	84%	81%	81%	80%	80%	80%
Total consumers receiving services	366	341	336	300	300	300
Number of youth receiving intensive and routine case management services	127	107	68	57	57	57
Number of youth transitioned to adult behavioral health services	12	7	18	40	40	40

- In FY 2017, 93 percent (154/165) of clients achieved some or all of their treatment objectives at discharge. In FY 2016, 92 percent (130/141) achieved some or all objectives at discharge. The high rate of discharges with partial or full achievement of stated objectives reflects a close collaboration with clients to support their expressed goals and facilitate discharge when their goals are met.
- In FY 2017, 81 parent surveys were completed that included six rated statements. Parents reported 88 percent satisfaction. In FY 2017, 115 youth surveys were completed that included six rated statements. Youth reported 76 percent satisfaction.
- In FY 2017, the percentage of seriously emotionally disturbed consumers maintained in the community with outpatient treatment decreased. Contracted crisis response services were used to maintain youth in the community when possible. At times, the contractor did not have the capacity to accept new referrals. The contractor has since designated a staff person for Arlington County to enhance accessibility which may increase the percentage in FY 2018 and onward.
- In FY 2017, the percentage of client services documentation completed within one business day improved significantly. A focused effort on documentation has included rigorous chart reviews and training.
- In FY 2017, the total number of clients receiving services decreased due to an increase in the use of private insurance and community resources.
- In FY 2017, the number of youth receiving intensive care management services decreased as a result of families using private insurance to engage in outpatient services with other community providers.

BEHAVIORAL HEALTHCARE

- In FY 2017, the number of youth transitioned to adult behavioral services increased as a result of designation of a staff contact person to ensure that youth were able to transition to adult services without service disruption. Staff anticipate that trend to continue.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Child Advocacy Center

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of children receiving forensic interviews by Child Advocacy Center staff	97	123	147	166	166	166

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of children referred to the CAC	150	153	189	205	270	270
Percentage of children interviewed at the CAC meeting case acceptance criteria	69%	84%	78%	64%	75%	75%

- In FY 2016 and FY 2017, the number of children referred to the CAC increased as a result of ongoing efforts to focus more on allegations of physical abuse than in previous years. Historically, the primary focus of the CAC was for allegations of sexual abuse. The expansion of this criteria has had a direct impact on the number of children being referred to the CAC. Additionally, there has been increased effort ensure that the CAC is appropriately utilized.
- In FY 2017, there were more children eligible for forensic interviews in FY 2017 (258) than in FY 2016 (175). While the number of interviews for physical abuse and neglect has increased, additional outreach to investigators is being performed to ensure that all appropriate referrals receive interviews.
- The accreditation expectation is that 75 percent of children meeting criteria receive a forensic interview, therefore the FY 2018 estimate corresponds with that expectation.

Child and Family Substance Abuse and Early Intervention

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of youth demonstrating increased knowledge of the effects of alcohol, tobacco, and other drugs	83	191	14	54	200	250

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of presentation participants	83	207	628	1,965	1,500	1,500
Number of presentations given	33	46	36	69	40	40

BEHAVIORAL HEALTHCARE

- The number of youth demonstrating increased knowledge decreased in FY 2016 due to a specific middle school program not being implemented. In FY 2017, improved data collection resulted in an increase in the number of youth reported. As a result of the improved data collection method, it is estimated that more youth will demonstrate increased knowledge in FY 2018.
- In FY 2016, the number of presentation participants increased while number of presentations given decreased due to the type of presentations given. The program did fewer presentations but on a larger scale such as conferences and workshops.
- In FY 2017, the number of presentation participants increased due to the fact that the prevention team worked closely with the Teen Network Board and conducted symposiums with the youth.
- In FY 2017 the number of presentations increased because additional staff was hired to double efforts toward the number of presentations. This number also increased due to enhanced teaming efforts with all area High Schools and Middle schools to provide presentations. It is estimated that the number of presentations given in FY 2018 will decrease due to a current vacancy in prevention. However, current recruitment efforts are in place to fill the vacant position.

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 decreases are primarily due to the transfer out of a Administrative Technician I (\$74,005, 1.0 FTE) to the Economic Independence Division, Management and Administration line of business, partially offset by 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 one Administrative Assistant V (\$38,609, 0.50 FTE) from the Adult Services Program.
- ↓ Non-personnel decreases due to a reduction for transportation services (\$46,771) and is partially offset by the Sequoia Plaza rent increase (\$3,467) and internal reallocations from the Adult Day Program (\$110) and Developmental Disabilities Services (\$4,000).
- ↑ Fees increase due to increased collections in the Guardianship Report Filing Fees (\$300).
- ↓ Federal share revenue decreases because of a reduction to the allocation to the Customer Service Center from the Agency on Aging Area Plan (\$76,481).
- ↓ State share revenue decreases due to the internal reallocation of all revenue for the Virginia Insurance Counseling Assistance Program (VICAP) to the Agency on Aging (\$20,998).

MANAGEMENT AND ADMINISTRATION

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$1,072,311	\$1,133,651	\$1,129,578	-
Non-Personnel	250,035	268,116	228,922	-15%
Total Expenditures	1,322,346	1,401,767	1,358,500	-3%
Fees	1,341	700	1,000	43%
Federal Share	810	76,481	-	-100%
State Share	-	20,998	-	-100%
Total Revenues	2,151	98,179	1,000	-99%
Net Tax Support	\$1,320,195	\$1,303,588	\$1,357,500	4%
Permanent FTEs	11.05	11.05	10.55	
Temporary FTEs	-	-	-	
Total Authorized FTEs	11.05	11.05	10.55	

PERFORMANCE MEASURES

Management and Administration

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percentage of budgeted third party reimbursement revenue received	102%	155%	98%	94%	100%	100%

- FY 2014 and FY 2015 actuals were aided by increased fee collections.
- The percent decrease in FY 2017 is attributed to fewer Medicaid eligible participants than expected at the Adult Day Program. With the implementation of the state's Commonwealth Coordinated Care Plus (CCC Plus) managed care program, this trend is not expected to continue.

Customer Service Center

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of requests for information and assistance	4,607	4,630	4,650	4,663	4,655	4,670
Customers in poverty receiving face to face services	N/A	N/A	502	525	530	530
Completion of case management work within 90 days	95%	94%	99%	98%	98%	98%
Quality of customer experience: Clarity of information	N/A	N/A	98%	98%	98%	98%
Quality of customer experience: Wait time	N/A	N/A	100%	100%	98%	98%
Quality of customer experience: Quality interaction with staff	N/A	N/A	100%	100%	98%	98%

MANAGEMENT AND ADMINISTRATION

- 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 and FY 2015.

Volunteer Guardianship and Personal Advocate Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 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 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of DHS clients with a guardian	95	170	180	N/A	N/A	N/A
Number of DHS clients with a volunteer guardian	N/A	N/A	34	38	40	40
Number of guardianship petitions initiated by DHS	N/A	N/A	11	14	15	17
Number of volunteer guardians who participate in the program	34	37	37	37	39	39

- In FY 2015, the number of DHS clients with a guardian increased because 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.
- 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.
- In FY 2016, The number of DHS clients with a volunteer guardian was added to provide the number of active DHS clients served by a volunteer guardian at the end of the fiscal year.
- In FY 2016, The number of guardianship petitions initiated by DHS was added to provide insight into the number of guardianship petitions initiated by DHS. This measure reflects the guardianship and/or conservatorship petitions filed by DHS in which a guardian and/or conservator was successfully appointed.
- The number of volunteer guardians who participate in the program includes attorneys serving clients pro bono. From year to year, volunteer guardian participation fluctuates due to attrition and recruitment of new volunteers.
- In FY 2017, the performance measures for the Volunteer Guardianship Program were updated to more accurately reflect the scope and impact of the program. The number of DHS clients with a guardian is no longer being tracked as a metric. There are multiple entry points into guardianship, therefore it is no longer a relevant metric.

PROGRAM MISSION

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

Planning and Advocacy

- Facilitate the collaboration of service providers in an effort to develop new or modified private and/or public programs.
- Administer Area Plan for Aging Services and manage federal and state funds appropriated under the Older Americans Act, including contracts with non-profit and proprietary agencies.
- Provide 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 (\$1,912), contracted services related to the Agency on Aging Area Plan allocations (\$11,199), the regional contribution to the Ombudsman Program (\$94), an internal reallocation from the Adult Day Program (\$625), and the Culpepper Garden Community (\$7,414).
- ↓ Federal Share revenue decreases due to an adjustment to the projected amounts for the Agency on Aging Area Plan (\$93,236).
- ↑ State Share revenue increases due to an adjustment to the projected amounts for the Agency on Aging Area Plan (\$56,298).
- ↓ Other revenue decreases due to an adjustment to the allocation of the rent receipts for the Cherrydale Health and Rehabilitation Center (\$599).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$348,745	\$362,159	\$380,362	5%
Non-Personnel	1,034,228	1,051,636	1,072,880	2%
Total Expenditures	1,382,973	1,413,795	1,453,242	3%
Federal Share	344,733	414,161	320,925	-23%
State Share	301,255	217,450	273,748	26%
Other	240,080	253,880	253,281	-
Total Revenues	886,068	885,491	847,954	-4%
Net Tax Support	\$496,905	\$528,304	\$605,288	15%
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 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of grants received	13	12	10	10	12	12
Number of programs funded through the AAA	13	12	10	10	12	12

- 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 increases in the FY 2018 and 2019 estimates are related to the expansion of the No Wrong Door and Options Counseling programs: Care Coordination for Elderly Virginians and Chronic Disease Self-Management Education.
- The number of programs funded through the AAA were lower in FY 2016 is due to the conclusion of grant funding for Door thru Door program. The FY 2018 and 2019 estimates are related to the expansion of the No Wrong Door and Options Counseling programs: Care Coordination for Elderly Virginians and Chronic Disease Self-Management Education.

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 2017 Actual	FY 2018 Adopted*	FY 2019 Proposed	% Change '18 to '19
Administration and Long Term Care Coordination	\$348,745	\$362,159	\$380,362	5%
Information and Assistance/Customer Service	237,541	252,743	263,063	4%
Homemaker Service	156,764	522,940	431,547	-17%
Home Delivered Meals	101,293	150,000	243,090	62%
Senior Centers with Congregate Meals	94,621	148,536	150,764	1%
Transportation - Medical and Nutrition	45,799	65,000	65,000	-
Long-Term Care Ombudsman	47,442	48,000	48,000	-
Legal Assistance	43,935	43,935	43,935	-
Money Management	35,367	47,238	37,238	-21%
Total Expenditures**	1,111,506	1,640,551	1,662,999	1%
Total Revenues	389,027	574,193	582,050	1%
Net Tax Support	\$722,479	\$1,066,358	\$1,080,949	1%

* In FY 2018, the methodology of the allocation of resources for the Area Plan for Aging Services was modified to reflect a reorganization of business process and actual spending.

** Administration and Long-Term Care Coordination, Information and Assistance/Customer Service, Homemaker Service, Home Delivered Meals (includes state, federal and local funding), 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.

Arlington Adult Day Program

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

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 of non-personnel funds from Development Disability Services to cover personnel costs in the Adult Day Program (\$10,000).
- ↓ Non-personnel decreases due to internal reallocations to the Senior Adult Mental Health Services (\$6,940), Developmental Disability Services (\$2,500), Agency on Aging (\$625), and Management and Administration (\$110), partially offset by an increase for contractual services (\$831).
- ↓ Fees decrease due to a reduction of daily participant fees revenue to align budget with past actuals (\$5,000).

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$681,128	\$744,989	\$766,327	3%
Non-Personnel	132,010	113,975	104,631	-8%
Intra-County Charges	(73,932)	(74,013)	(74,013)	-
Total Expenditures	739,206	784,951	796,945	2%
Fees	158,490	180,000	175,000	-3%
Total Revenues	158,490	180,000	175,000	-3%
Net Tax Support	\$580,716	\$604,951	\$621,945	3%
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 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of caregivers responding to a survey who report that their family member's quality of life has improved	95%	100%	93%	100%	93%	93%
Percent of caregivers responding to a survey who report that their own quality of life has improved	94%	100%	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 93 percent for family members and 90 percent for caregivers.

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total unduplicated number of participants	60	61	56	55	55	55
Average daily attendance	22.0	20.5	19.0	21.0	22.0	22.0
Average monthly census	39	36	34	38	36	36
Utilization rate (client days attended/capacity)	88%	82%	76%	84%	84%	88%
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 additional health challenges that resulted in them leaving the program.
- The average daily attendance estimates for FY 2018 and 2019 are expected to increase due to current participants choosing to attend more days per week.
- 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. In FY 2017, attendance returned to previous levels. Average daily attendance, monthly census and utilization rate are impacted by clients with additional health challenges 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 2017 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 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 one Administrative Assistant V (\$38,609, 0.50 FTE) to Management and Administration and one Mental Health Therapist II (\$54,024, 0.50 FTE) to Senior Adult Mental Health Services.
- ↓ Non-personnel decreases due to a reduction to Virginia Department of Social Services (VDSS) in-home services (\$2,050) and the homemaker program allocation in the Agency on Aging Area Plan (\$129,008), partially offset by increases for Sequoia Plaza rent (\$8,697) and contractual services (\$21,858).
- ↑ Federal Share revenue increases due to increases in the state reimbursement for various administrative and direct care services (\$50,213) and Medicaid Prescreening (\$10,000), partially offset by a reduction to the community living home based care program (\$41,657) as part of the Agency on Aging Area Plan.
- ↑ State Share revenue increases due to increases in the VDSS allocation (\$6,661), partially offset by a reduction to the Community Living Program (\$4,573) as part of the Agency on Aging Area Plan.

ADULT SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$2,058,767	\$2,066,685	\$2,092,129	1%
Non-Personnel	2,111,692	2,373,523	2,273,020	-4%
Total Expenditures	4,170,459	4,440,208	4,365,149	-2%
Fees	-	2,500	2,500	-
Federal Share	1,021,330	909,183	927,739	2%
State Share	197,139	343,365	345,453	1%
Other	6,916	13,000	13,000	-
Total Revenues	1,225,385	1,268,048	1,288,692	2%
Net Tax Support	\$2,945,074	\$3,172,160	\$3,076,457	-3%
Permanent FTEs	19.00	20.00	19.00	
Temporary FTEs	-	-	-	
Total Authorized FTEs	19.00	20.00	19.00	

PERFORMANCE MEASURES

Adult Social Services

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of nursing home and community-based waiver screenings	115	113	158	214	215	215
Percent of cases where monthly/quarterly/annual contact requirements are met	N/A	88%	100%	100%	100%	100%
Percent of clients who live in the most independent and least restrictive setting	N/A	43%	68%	89%	80%	80%
Percent of nursing home pre-admission screenings that occur within 30 days of referral	N/A	80%	73%	95%	95%	95%
Total number of clients needing intensive intervention	361	352	44	9	9	9
Total number of clients receiving Adult Services and Adult Services Home Based Care	N/A	486	480	534	481	498
Total number of clients served	528	520	537	552	538	542

- Measures indicated as "N/A" were new for FY 2015 and were not previously tracked.
- The number of nursing home and community-based waiver and pre-admission screenings increased in FY 2017 based on recent trends in screening requests, as well as an internal reorganization to improve scheduling and processing.

ADULT SERVICES

- 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.
- 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.
- 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 either the client or the client’s caregiver. Previously this measure included all encounters.
- The total number of clients served increased by 32 from FY 2015 to FY 2017. 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.
- 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.
- The percent of nursing home pre-admission screenings that occur within 30 days of referral 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, resulting in the FY 2017 increase.

Adult Protective Services (APS)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of clients with reduced risk factors after three months of intervention or at case closure	96%	98%	100%	100%	97%	97%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total number of clients served	312	304	325	308	313	315
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	131/49%	127/51%	70/28%	93/39%	97/39%	101/41%
Number/percent of founded APS investigations: Neglect	109/83%	94/74%	48/69%	66/71%	78/80%	87/86%
Number/percent of founded APS investigations: Abuse	7/5%	6/5%	8/11%	6/7%	8/8%	8/8%

ADULT SERVICES

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number/percent founded APS investigations: Exploitation	15/12%	27/21%	14/20%	21/23%	21/22%	21/21%
Number/percent of APS clients found to be abused, neglected or exploited who accept services	111/85%	114/90%	61/87%	67/72%	81/84%	92/91%
Percent of investigations completed within 45 days	100%	100%	100%	100%	100%	100%
Average number of investigations per worker per year	87	80	85	80	85	85
Percent of APS clients who had no prior investigations	N/A	N/A	86%	84%	90%	90%

- 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 2018 and FY 2019 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.
- Measures marked "N/A" above were new for FY 2016 and not previously tracked.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here: <http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>.

Nursing Case Management and In-Home Services

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number and percent of patients with hypertension who maintain blood pressure within established norm for the client	78/91%	68/91%	68/96%	61/92%	63/90%	63/90%
Number and percent of clients with medications pre-poured who are adherent to their medication regimen	64/97%	49/97%	36/98%	46/94%	48/95%	48/95%
Number and percent of new clients with fewer ER visits per quarter after admission compared to the quarter before admission	10/39%	6/75%	8/80%	8/73%	11/70%	11/70%

ADULT SERVICES

- 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. For FY 2017 the increase is due to staff adjusting practices to be able to maintain tracking on the same level of clients as in FY 2015. This is more reflective of the number of clients receiving this service.

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Nursing Case Management: Number of persons served	302	303	446	439	445	445
Nursing Case Management: Average caseload per nurse case manager	24	21	21	21	22	22
Nursing Case Management: Average all clients served per nurse case manager	27	24	27	27	29	29
Nursing Case Management: Number and percent of new care plans initiated within 10 working days of admission	28/100%	24/100%	22/100%	25/100%	29/95%	29/95%
Nursing Case Management: Number and percent of care plans updated quarterly based on chart reviews	73/100%	70/100%	63/98%	64/100%	60/95%	60/95%
Home-Based Community Living Program: Number of persons served and maintained in their home	356	350	355	328	350	350
Home-Based Community Living Program: Percent of clients surveyed who are satisfied with services	93%	93%	99%	94%	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.
- In FY 2017 the name of the Home-Based Cluster Care Program was changed to the Home-Based Community Living Program. In FY 2017, the number of persons served by this program decreased due to fewer referrals for services received. However, the persons served had higher needs for services. Going forward, staff expect demand to return to FY 2016 levels.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 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 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 Mental Health Therapist II (\$54,024, 0.50 FTE) from the Adult Services Program, as well as the addition of a Mental Health Therapist II (\$102,061, 1.0 FTE) and an Administrative Specialist (\$43,686, 0.50 FTE) to the RAFT Program.
- ↑ Non-personnel increases due to Sequoia Plaza rent (\$2,513), contractual services (\$37,631), internal reallocations from the Adult Day Program (\$6,940), and additional funding for the RAFT Program for Discharge Planning (\$373,443), partially offset by a reduction to non-personnel for personnel increases (\$11,645) and adjustments to the annual expense for the maintenance and replacement of County vehicles (\$1,337).
- ↑ State share revenue increases due to the Virginia Department of Behavioral Health and Developmental Services Same Day Access Grant (\$6,700) and additional funding for the RAFT Program for Discharge Assistance Planning (\$500,000).
- ↓ Fees revenue decreases due to collections of Medicaid fees to match prior year actuals (\$3,900).
- ↑ Other revenues increase due to an annual three percent increase to the allocation of the rent receipts for the Cherrydale Health and Rehabilitation Center (\$11,664).

SENIOR ADULT MENTAL HEALTH SERVICES

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$1,440,098	\$1,380,979	\$1,623,135	18%
Non-Personnel	3,218,853	3,088,893	3,496,438	13%
Intra-County Charges	(12,427)	-	-	-
Total Expenditures	4,646,524	4,469,872	5,119,573	15%
Fees	179,608	187,281	183,381	-2%
Federal Share	602,584	502,597	502,597	-
State Share	555,960	558,351	1,065,051	91%
Other	118,249	114,957	126,621	10%
Total Revenues	1,456,401	1,363,186	1,877,650	38%
Net Tax Support	\$3,190,123	\$3,106,686	\$3,241,923	4%
Permanent FTEs	12.70	12.50	14.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	12.70	12.50	14.50	

PERFORMANCE MEASURES

Senior Adult Mental Health Program (SAMH)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total number of adults served	246	250	258	272	270	270
Total number of persons receiving case management and mental health therapy	183	186	191	200	208	216

- For FY 2013 and FY 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 actual increase and FY 2018 and FY 2019 estimates are based on an expected shift of some clients from the Behavioral Health Division to the Senior Adult Mental Health Program.

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of home visits per year	522	520	573	1,001	1,040	1,080
Percent of charts that meet quality documentation requirements	N/A	75%	88%	86%	90%	90%
Percent of clients meeting quality of life target of good or very good	N/A	N/A	58%	56%	60%	64%
Percent of older adults maintained in the community and out of a nursing home	92%	97%	98%	99%	98%	98%
Percent of older adult treatment cases not psychiatrically hospitalized	98%	98%	98%	N/A	N/A	N/A

SENIOR ADULT MENTAL HEALTH SERVICES

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of progress notes that are entered within one business day.	N/A	92%	94%	93%	90%	90%

- The number of home visits per year increased in FY 2017 due to the natural aging of our client population, a loss of mobility by current and onboarding clients and a Permanent Supportive Housing client population, who require home visits each quarter.
- Percent of charts that meet quality documentation requirements increased in FY 2016 because the program adjusted business practices and strategic planning. In FY 2017, a new documentation requirement was added, therefore raising the documentation standards. DHS considers 90 percent quality documentation as meeting expectations.
- The data for percent of charts that meet quality documentation requirements for FY 2015 and FY 2016 have been revised to resolve a data calculation error.
- "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" for FY 2014 and FY 2015 were not previously tracked and are new. Percent of older adult treatment cases not psychiatrically hospitalized is now indicated as "N/A" because SAMH has discontinued tracking this measure.
- The data for percent of progress notes that are entered within one business day for FY 2015 and FY 2016 have been revised to resolve a data calculation error.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Regional Older Adult Facilities Mental Health Support Team (RAFT)

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of clients maintained in the community after discharge or diversion from psychiatric hospitalization	96%	98%	100%	100%	98%	98%

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Number of clients served	57	59	61	63	64	66
Percent of clients and family members satisfied with services	100%	100%	100%	98%	98%	98%
Percent of professional partners satisfied with services	100%	100%	98%	98%	98%	98%
Percent of progress notes entered in a business day	83%	88%	92%	97%	90%	90%

- There was an increase in clients served during FY 2014-2015 due to greater client turnover among clients for reasons such as client death and moving to facilities not served by RAFT.

SENIOR ADULT MENTAL HEALTH SERVICES

- The FY 2018 and FY 2019 estimates are based on anticipated growth of the RAFT program due to more individuals coming out of state psychiatric facilities.
- Percent of progress notes entered within one business day significantly increased in FY 2014 due to adjusted business practices. The percentage continued to increase 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, FY 2016, and through FY 2017. 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 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Mary Marshall Assisted Living Residence

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Mary Marshall Average Monthly Census	50	51	52	52	52	52

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

DEVELOPMENTAL DISABILITY SERVICES

PROGRAM MISSION

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

Support Coordination

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

Supported Employment and Habilitation

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

Transportation

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

Residential Services

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

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 the reduction itemized below, an internal reallocation to Management and Administration (\$4,000), and a reduction to non-personnel due to a transfer of funds for personnel increases for the Adult Day Program (\$10,000). The decrease is partially offset due to a Sequoia Plaza rent increase (\$4,664), an internal reallocation from the Adult Day Program (\$2,500), and an increase in contractual services (\$90,978).
- ↑ Fees increase to reflect a higher collection rate for transportation fees (\$2,000).
- ↓ State share revenue decreases due to a reduction to the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation (\$49,623).

DEVELOPMENTAL DISABILITY SERVICES

FY 2019 Proposed Budget Reduction:

- ↓ Reduce funding for the residential program that provides adults with developmental disabilities with independent living options, supervised apartments, and group homes (\$300,000).

IMPACT: There will be no impact on client care as result of this reduction. Additional Medicaid waivers provided by the state will allow the county to meet demand with less local tax support.

PROGRAM FINANCIAL SUMMARY

	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed	% Change '18 to '19
Personnel	\$2,141,544	\$2,404,081	\$2,459,089	2%
Non-Personnel	7,924,723	6,652,889	6,437,031	-3%
Intra-County Charges	(57,767)	(56,350)	(56,350)	-
Total Expenditures	10,008,500	9,000,620	8,839,770	-2%
Fees	557,932	782,540	784,540	-
State Share	1,909,523	807,872	758,249	-6%
Total Revenues	2,467,455	1,590,412	1,542,789	-3%
Net Tax Support	\$7,541,045	\$7,410,208	\$7,296,981	-2%
Permanent FTEs	20.30	22.50	22.50	
Temporary FTEs	-	-	-	
Total Authorized FTEs	20.30	22.50	22.50	

PERFORMANCE MEASURES

Support Coordination

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Percent of individuals receiving services in the least restrictive environment: active cases	100%	100%	N/A	N/A	N/A	N/A
Percent of individuals whose services were implemented as planned: active cases	100%	100%	N/A	N/A	N/A	N/A
Number of adults receiving ID services who are found to have been abused, neglected or exploited	2	2	N/A	N/A	N/A	N/A
Number/Percent of individuals who had an annual conversation regarding community-based employment	N/A	N/A	174/94%	163/96%	172/100%	180/100%
Number/Percent of individuals who were employed or working toward employment	N/A	N/A	76/93%	69/92%	75/95%	79/95%

- 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

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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.

- The individuals who had an annual conversation regarding community-based employment is expected to increase in FY 2018 and FY 2019 due to more emphasis during Support Coordination contacts.

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Total number of individuals served	443	507	513	502	525	549
Subset: Number of active individuals	202	204	218	235	246	257
Subset: Number of monitored individuals	51	225	267	223	233	244
Subset: Number of inactive individuals	190	N/A	N/A	N/A	N/A	N/A
Subset: Number of Arlington-based individuals residing in state institutions	23	21	5	5	5	5
Number and percent of family members responding to a survey who expressed satisfaction with support coordination services	64/93%	51/95%	56/91%	58/91%	63/95%	68/95%
Number and percent of mandatory face-to-face contacts completed on time: active cases	1,281/95%	1,232/99%	1,130/98%	1,343/98%	1,386/99%	1,402/99%
Number of assessments and evaluations	N/A	78	56	44	46	48

- Estimated increases in number of individuals served assume that one-third of all applicants will be found eligible and begin receiving services. The FY 2018-2019 estimates are projected to 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 2015-2017 actuals, and as well as FY 2018 and FY 2019 estimates for all critical and supporting measures.

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- 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. The increase in FY 2017 was attributed to more individuals who required a 30 day contact. This occurs when clients experience a significant status change (medications, discharges from facilities, or hospitalizations).
- This program has a performance measurement plan. The data above align with that plan. You can read this program’s complete FY 2017 plan here:
<http://departments.arlingtonva.us/dhs/dhs-performance-measurement-program/>

Supported Employment and Habilitation

Critical Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Average hourly earnings: Supported employment group models	\$10.04	\$8.30	\$9.50	\$8.94	\$10.00	\$10.10
Average hourly earnings: Supported employment individual models	\$12.21	\$12.26	\$12.28	\$10.84	\$11.50	\$12.00

- 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.
- Individual models are demonstrating increased hourly wages in FY 2015-2018 due to individual job opportunities and increased emphasis on job development and placement.
- In FY 2017 the decrease in hourly wage in both group and individual models is due to a higher response rate from contracted providers when asked to report hourly wages for the individuals served. The FY 2018-2019 estimated hourly wage for the group model is expected to increase because most individuals will now be paid minimum hourly wage.

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Clients served: Habilitation services	135	140	146	148	149	153
Clients served: Supported employment group	36	42	41	41	43	41
Clients Served: Supported employment individual	22	27	29	26	29	30
Percent of clients responding to a survey who rated habilitation and supported employment services received as satisfactory or better	92%	99%	96%	95%	96%	97%
Percent responding to a survey rating transportation service received as satisfactory or better	96%	99%	97%	94%	95%	97%

- 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.

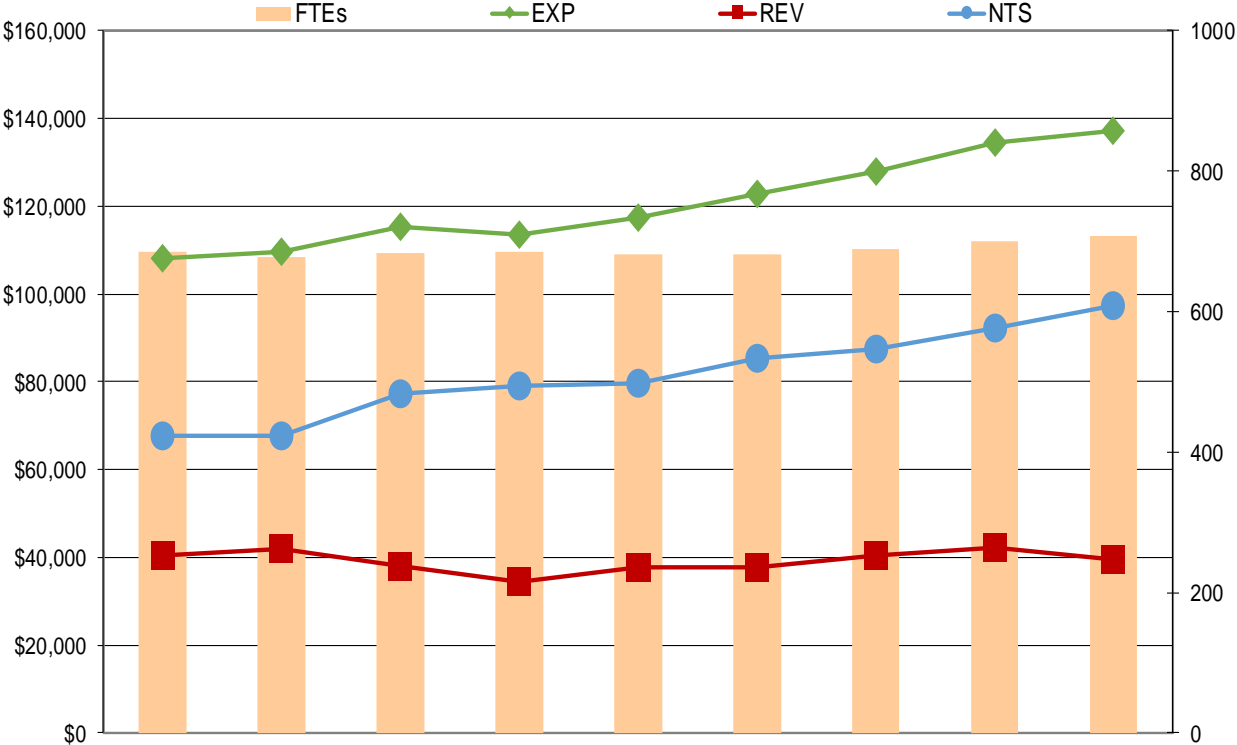
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Residential Services

Supporting Measures	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Estimate	FY 2019 Estimate
Clients served: intensive congregate	84	83	91	89	83	83
Clients served: in-home supports	21	22	26	34	26	23
Clients served: respite care	5	9	5	2	5	5
Clients served: supervised congregate	22	22	25	24	23	23
Percent of consumers/advocates surveyed rating services as satisfactory or better	97%	100%	94%	91%	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 decreases for FY 2017-2019 are the result of incentivized providers (under the new Waiver Redesign) to support individuals in smaller homes/settings.
- In FY 2014 and 2015, the respite care program experienced an increase due to emergency cases. Ongoing usage is on an as needed basis.

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



	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 Adopted	FY 2019 Proposed Budget
EXP	\$108,138	\$109,678	\$115,347	\$113,480	\$117,358	\$122,965	\$127,949	\$134,525	\$137,102	\$138,795
REV	\$40,405	\$42,042	\$38,166	\$34,337	\$37,826	\$37,653	\$40,559	\$42,234	\$39,610	\$41,145
NTS	\$67,733	\$67,636	\$77,181	\$79,143	\$79,532	\$85,312	\$87,390	\$92,291	\$97,492	\$97,650
FTEs	685.89	677.29	683.09	685.84	680.54	681.54	688.79	700.82	708.52	696.32

Fiscal Year	Description	FTEs
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 services. ▪ Eliminate the one FTE (\$112,109) functioning as the Department’s Records Management Supervisor. ▪ 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. 	<p>5.20</p> <p>0.50</p> <p>(0.50)</p> <p>(1.0)</p> <p>(1.0)</p>

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Reduce \$15,000 of \$36,817 in operating costs such as supplies, travel, and training in the Public Health Division. ▪ Reduce two of 9.50 FTEs (\$114,646) for the Women and Infant Children (WIC) Program. ▪ Eliminate contract funds (\$87,000) to Whitman Walker Clinic for medical case management for residents who are HIV positive or diagnosed with AIDS. ▪ 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). ▪ Eliminate one FTE (\$81,442) functioning as a pharmacy technician in Disease Surveillance and Investigation. ▪ 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: <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. ▪ 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. ▪ Eliminate one remaining FTE (\$44,353) functioning as the laboratory administrative assistant. ▪ Eliminate 0.50 of three (\$37,184) FTEs working as a laboratory technician. ▪ Eliminate a contract (\$21,105) for administrative support to the Mental Health Bureau. ▪ Eliminate 0.50 FTE (\$30,826) providing administrative support services to the Treatment on Wheels homeless program. 	<p>(2.0)</p> <p>(2.0)</p> <p>(1.0)</p> <p>3.0</p> <p>(1.0)</p> <p>(1.0)</p> <p>(0.50)</p> <p>(0.50)</p>

Fiscal Year	Description	FTEs
	<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. ▪ Eliminate one hour per week (\$2,210) for peer support services to youth with mental illnesses living in community group settings. ▪ Reduce \$100,000 of a \$1.4 million contract for residential services for adults with mental illness. ▪ Reduce \$69,222 out of a \$2 million contract for residential substance abuse treatment for adults. ▪ Eliminate one of four FTEs (\$84,842) that provides case management services for residents in substance abuse residential facilities and homeless shelters. (1.0) ▪ Reduce one of six FTEs (\$98,708) in the jail's ACT substance abuse program. (1.0) ▪ Eliminate two of five FTEs (\$146,283) in Child Care Licensure and Support. (2.0) ▪ Eliminate \$176,326 in federal pass through matching funds for child care subsidies for families earning higher than the federal poverty guidelines. ▪ 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. ▪ Reduce \$15,000 in operating costs such as supplies, travel, and training in Agency on Aging. ▪ Eliminate contract (\$17,243) to evaluate about 25 older adults and adults with disabilities for assistive devices. ▪ Eliminate 0.75 FTE (\$47,528) that provides counseling on Medicare, Medicaid, and other health insurance issues to older adults. (0.75) ▪ Eliminate 0.80 of one FTE (\$83,903) that manages the Volunteer Guardianship Program; consolidate program management with Personal Services Volunteer Program. (0.80) ▪ Consolidate Madison and Walter Reed Adult Day Programs resulting in the elimination of the contract for \$387,195 for Walter Reed Adult Day Program. ▪ Eliminate 0.6 FTE (\$25,363) providing administrative support to nursing case management. (0.60) ▪ 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) ▪ 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 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. ▪ The County Board replaced lost state funding for the Northern Virginia Family Service Healthy Families program (\$29,405). 	

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ 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)
	<ul style="list-style-type: none"> ▪ 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) (1.0)

Fiscal Year	Description	FTEs
	<ul style="list-style-type: none"> ▪ Reduce Community Care Home contracts for adult foster care by \$20,000. ▪ Eliminate 0.80 FTE (\$67,506) providing in-home nursing case management, medication monitoring, nutrition screening and coordination with health practitioners for older adults and adults with disabilities. ▪ Added funding for nine months of operating costs for the Mary Marshall Assisted Living Residence (\$1,806,250) 	(0.80)
FY 2012	<ul style="list-style-type: none"> ▪ Increased rent for services relocated from 3033 Wilson Boulevard to Sequoia Plaza (\$1,373,661) ▪ Additional safety net funds were appropriated in the areas of rental subsidies and general relief (\$1,259,832) ▪ Contractually obligated increases (\$52,893) combined with reductions associated with the move to Sequoia in the areas of service costs (\$117,244) and lower electricity costs (\$266,357) were realized in the base budget ▪ Transfer of a position in the School Health Clinics back to Arlington Public Schools (\$116,032) ▪ The County Board added funding to serve children with serious emotional, mental, and substance abuse issues (\$327,003) ▪ The County Board added funding for a Mental Health Therapist in the jail (\$80,000) ▪ The County Board added funding for mental health and substance abuse vocational services (one-time \$100,000) ▪ The County Board added ongoing funding for Doorways shelter funding gap (\$163,054) ▪ The County Board added funding for Aging Services Vertical Village Concierge pilot program (one-time \$30,000 to cover two years) ▪ The County Board added funding for pilot program to combat adolescent substance abuse (one-time \$130,000 to cover two years) ▪ The County Board added funding for safety net programs, including \$224,561 for housing grants in addition to the FY 2011 base (one-time funding), additional funding for emergency housing needs (\$200,000 one-time) and pilot for homeless single adults (\$50,000 one-time), support for A-Span outreach worker (\$70,000), and support for the Healthy Families Program Restoration (\$59,000). ▪ The County Board added funding for development grant for Arlington Free Clinic (one-time \$40,000 to cover two years) ▪ The County Board added funding for primary care/behavioral healthcare integration for Alexandria Neighborhood Health Systems Inc (one-time \$40,000 to cover two years) ▪ Increased grant funded position to support jail diversion for individuals identified with mental health issues. ▪ Transferred position from Section 8 fund to Department of Human Services General Fund. ▪ Transfer of one FTE in School Health Clinics to the Arlington Public Schools. 	<ul style="list-style-type: none"> (1.0) 4.0 1.0 1.0 0.80 (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
FY 2018	<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). ▪ <i>The County Board took action after the FY 2017 budget was adopted to approve the addition of a grant-funded Nurse Practitioner (\$63,667, .50 FTE) for Psychiatric Services in the Behavioral Healthcare Division, a grant-funded Management Specialist position (\$77,809, 1.0 FTE) for Housing Assistance and Homeless Programs in the Economic Independence Division, a grant-funded Human Services Clinician (\$99,461, 1.0 FTE) for Behavioral Healthcare in the Child and Family Services Division, and a reallocation of \$128,000 in non-personnel contractor funds to fund the creation of a Psychiatrist position (1.0 FTE) in the Behavioral Healthcare Division.</i> 	3.5
FY 2018	<ul style="list-style-type: none"> ▪ The County Board added 2.20 Developmental Disability Specialists (\$230,302) to manage higher caseload levels due to recent state action to eliminate the Medicaid waitlist and settle those individuals on the list in their home community. The majority of the position costs are reimbursed by Medicaid. Medicaid reimbursements increased by \$219,408. ▪ The County Board added on-going funding for Doorways (\$129,000) and one-time funding the Arlington Food Assistance Center (\$50,000). ▪ Added one Psychiatrist (\$236,000) through a reallocation of contractual services funds. 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. 	2.2
FY 2018	<ul style="list-style-type: none"> ▪ Added a School Nurse (\$100,413) to restore the staffing ratio of one nurse to every two schools. The School Nurse is funded from savings generated from reducing the Crystal City, Potomac Yard, and Crystal City Tax Increment Financing Area (TIF) from 33 percent to 30 percent. ▪ Decreased housing grant funding by \$524,000. Total funding for housing grants is \$9,153,755, consisting of \$7,553,755 in ongoing funding and \$1,600,000 in one-time funding. This budget includes \$1,000,000 in additional ongoing funding for housing grants, funded through a reallocation within DHS. ▪ Added ongoing funding for increased rent (\$288,142) and contracted services (\$40,493) associated with the Sequoia Plaza Complex. ▪ Non-personnel funding reduced in Auxiliary Grants (\$11,560), Children Services Act (CSA) funding (\$1,383,000) to align budget with actuals with no service impact, Parent Infant Education (PIE) Grant (\$305,422), 	1.0

Fiscal Year	Description	FTEs
	<p>conclusion of Substance Abuse and Mental Health Services Administration (SAMHSA) Grant (\$69,745) and Refugee Resettlement (\$13,875). These decreases were partially offset by increases for operating and contractual services (\$158,003), Project Planning Grant (\$72,200), Crisis Intervention Team (CIT) security budget (\$12,531), Mobile Children’s Crisis Stabilization Allocation (\$208,929), Title IV-E Adoption Assistance (\$35,934), and Title IV-E Foster Care Assistance (\$296,037).</p> <ul style="list-style-type: none"> ▪ Fee revenue increased for new Substance Abuse Case Management and Office Based Opioid Treatment fees (\$66,000), increased Agency on Aging revenue (\$104,772). ▪ Grant revenue increased for Mobile Children’s Crisis Stabilization Allocation Program (\$208,929), CIT Security (\$12,531), Virginia Department of Social Services (VDSS) Programs (\$396,597 Project Planning Grant (\$72,200)m Medicaid Waiver Design (\$54,157), Title IV-E Adoption Assistance (\$35,934), Title IV-E Foster Care Assistance (\$296,037), Auxiliary Grants funding (\$11,560). ▪ Grant revenue decreased in CSA funding (\$1,410,293) to align budget with actuals with no service impact, Parent-Infant Education Grant (\$143,832), Tuberculosis Grant (\$5,000), Senior Adult Mental Health reimbursement (\$49,509), Refugee Resettlement funding based on FY 2016 service levels (\$13,875), One-Stop Workforce Center co-location funding from the Northern Virginia Community College (\$25,000) and the conclusion of the SAMHSA Grant (\$100,000). ▪ <i>The County Board took action after the FY 2018 budget was adopted to approve the addition of an Administrative Assistant IV position (\$3,800, 0.05 FTE), and a temporary grant funded Management Specialist through the conversion on non-personnel funds (\$37,240, 0.5 temporary FTE), and the conversion of non-personnel grant funds into a Mental Health Therapist III position (\$46,000, 1.0 temporary FTE) which were approved by the County Board FY 2017 closeout. The County Board also approved a Mental Health Therapist II position (\$102,061, 1.0 FTE) and an Administrative Specialist position (\$43,686, 0.50 FTE) for the RAFT Program which were approved in October 2017.</i> 	1.55