DEPARTMENT OF HUMAN SERVICES
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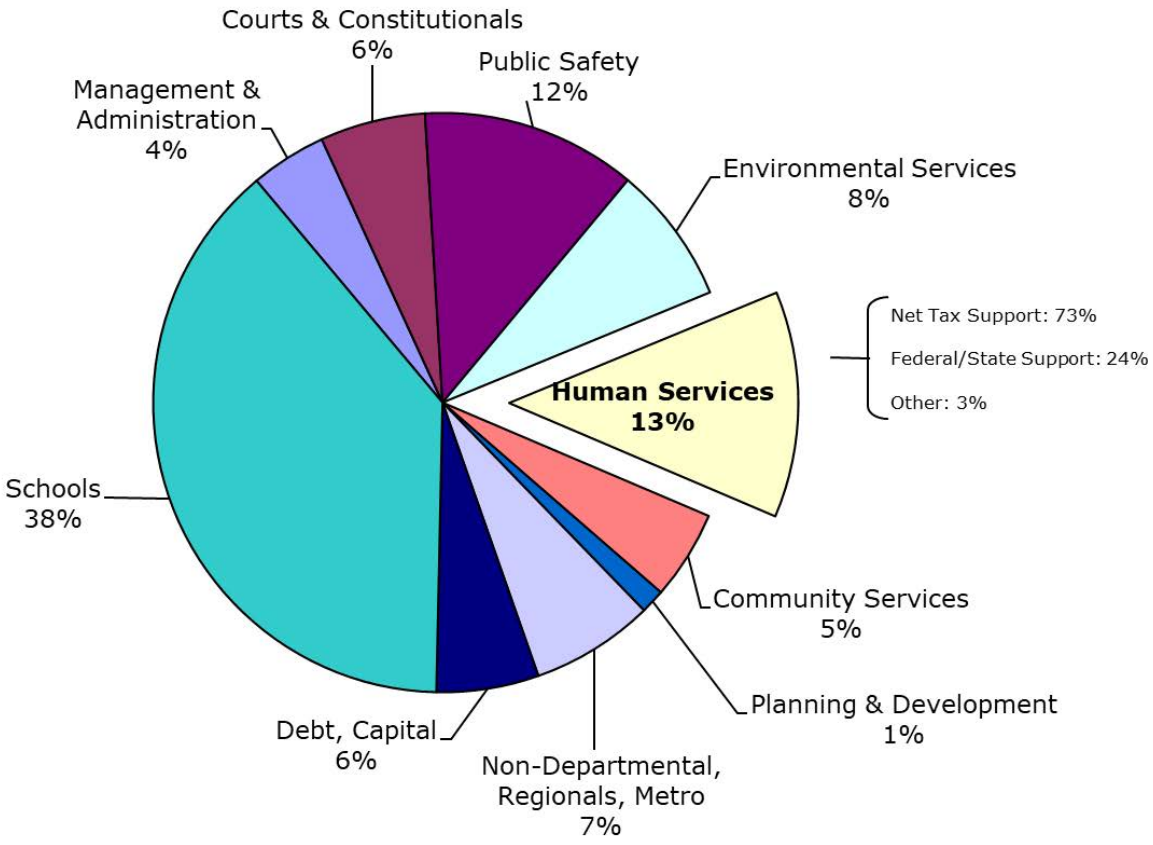
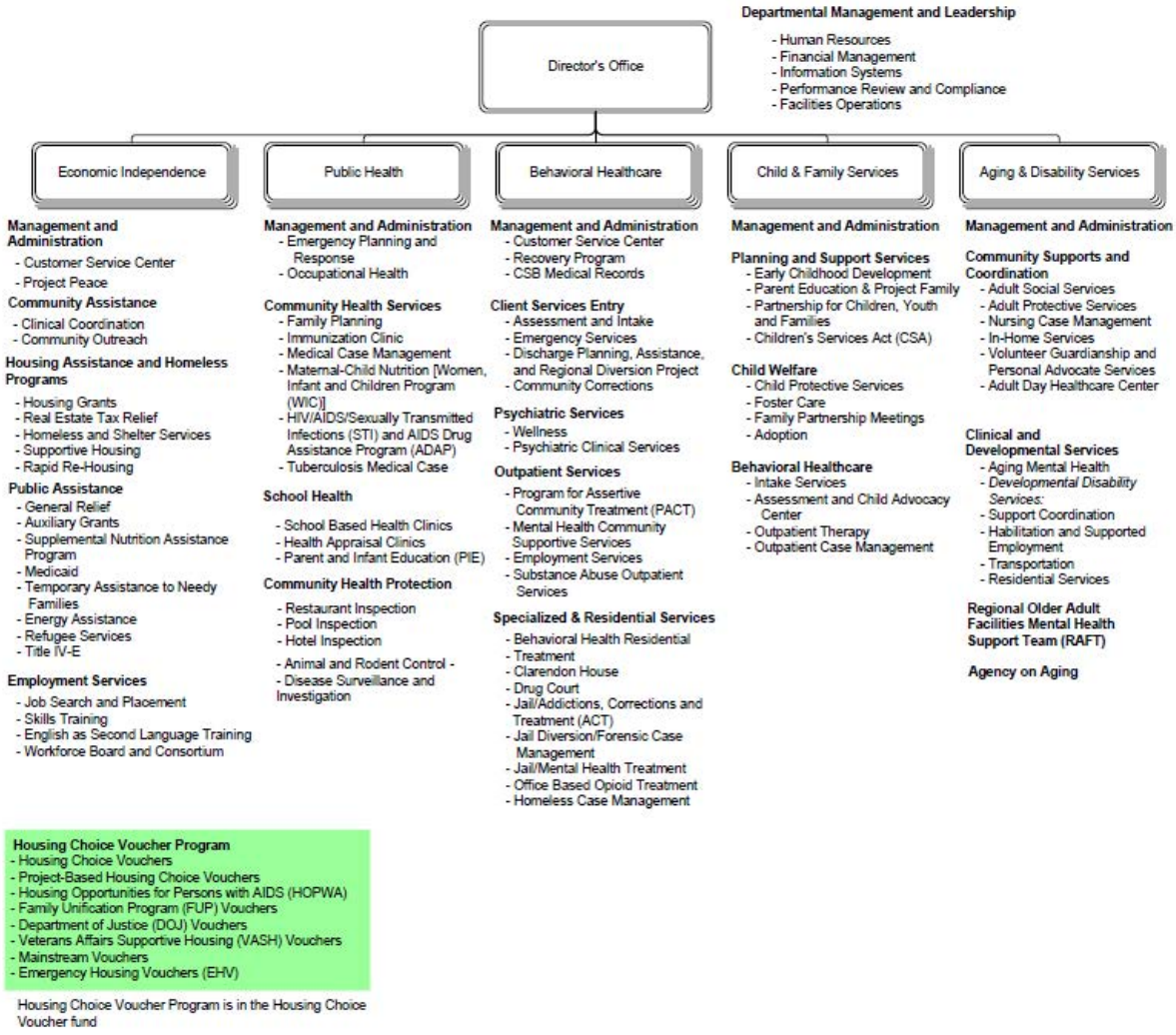
Our Mission: Strengthen, protect, and empower those in need

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 2027 Proposed Budget - General Fund Expenditures



LINES OF BUSINESS



SIGNIFICANT BUDGET CHANGES

The FY 2027 proposed expenditure budget for the Department of Human Services is $212,857,078, a three percent increase over the FY 2026 adopted budget. The FY 2027 proposed budget reflects:

- ↑ 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 removal of FY 2026 one-time funding to backfill the Community Health Protection Bureau Director until the incumbent's retirement and the personnel reductions detailed below.
- ↑ Non-personnel increases primarily due to contractual increases ($527,552), the Arlington Food Assistance Center (AFAC) ($97,408), annual maintenance and support for the child care licensing system ($171,900), the active batch software solution ($225,000), the catering contract for the Residential Program Center ($125,000), the Targeted Prevention/Flexible Assistance ($770,000), the housing grants waitlist ($100,000 one-time), Sequoia Plaza rent expenses ($266,493), adjustments to the annual expense for maintenance and replacement of County vehicles ($11,398), utility increases ($102,115), the Child Services Act allocation ($593,208), and an auxiliary grants allocation ($350,000). Non-personnel increases are partially offset by the removal of FY 2026 one-time funds for the following: Culpepper Garden Assisted Living Facility (ALF) subsidy ($350,000), food security grants ($150,000), and temporary, local childcare subsidies for families on the state waitlist ($300,000). Other decreases include adjustments to service expenses in the Child and Family Services Division (CFSD) ($80,000), fuel savings ($33,035), adjustments to the countywide custodial contract ($10,812), and proposed reductions itemized below.
- ↑ The total funding for the Housing Grant Program in the FY 2027 proposed budget is $17,704,885. The proposed budget includes an increase for Maximum Allowable Rent (MAR) ($8,346).
- ↑ Revenue projections do not include supplemental state allocations that are routinely received, but at unpredictable levels. Other changes represent a wide variety of fluctuations in multiple sources of state and federal funding. Specific changes include the following:
  - ↑ Increase in Agency on Aging funding ($54,803).
  - ↑ Increase in Developmental Disabilities Services (DDS) case management, residential, and habilitation state revenue ($125,804).
  - ↑ Increase in Auxiliary Grants ($268,000).
  - ↑ Increase in Virginia Department of Health COOP (Continuity of Operations Planning) ($124,191).
  - ↑ Increase in Mental Health and Substance Use Disorder allocation ($196,755).
  - ↑ Increase in Child Services Act ($356,600).
  - ↓ Decrease in Nursing Case Management/Community Living Program ($42,951).

  In addition to changes in state and federal funding, the FY 2027 proposed budget includes a fee increase for licenses, re-inspections, and plan reviews for food establishments and water recreation facilities ($37,485).

The FY 2027 proposed permanent staffing level is 811.92 FTEs, a decrease of 2.5 FTEs from the FY 2026 adopted budget. The FTE changes are listed below. The positions shown in italics were approved by the County Board after the FY 2026 budget was adopted.

- **Departmental Management and Leadership Division (-1.25 FTEs net):**
  - Remove a grant-funded Management Analyst (-$123,847, -1.00 FTE) due to grant funding ending in a prior fiscal year.
  - Transfer an Administrative Technician from the Behavioral Health Care Division to the Director's Office ($102,802, 1.00 FTE).
  - Eliminate two positions as described further below.
    - Communications Specialist I (-$72,858, -0.50 FTE)
    - Facilities Maintenance Worker (-$54,732, -0.75 FTE)

- **Economic Independence Division (2.00 FTEs):**
  - Public Assistance
    - Convert one overstrength Lead DHS Benefits Program Specialist ($159,473, 1.00 FTE) and one overstrength Benefits Program Specialist II ($136,361, 1.00 FTE) to permanent positions.

- **Behavioral Health Care Division (-3.50 FTEs net):**
  - Outpatient Bureau
    - *Added an Opioid Settlement Reserve funded Epidemiologist ($*150,379, *1.00 FTE) to support the continued growth of the Arlington Addiction Recovery Initiative (AARI).*
  - Client Services Bureau
    - Remove a grant-funded Behavioral Health Emergency Services Clinician (Licensed) (-$160,201, -1.00 FTE) due to the grant ending in a prior fiscal year.
    - Eliminate two positions as described further below.
      - Clinic Aide (-$172,287, -2.00 FTEs).
  - Management and Administration
    - Transfer an Administrative Technician from the Behavioral Health Care Division to the Director's Office (-$102,802, -1.00 FTE).
  - Residential & Specialized Clinical Services
    - Remove a grant-funded Behavioral Health Specialist (-$64,360, -0.50 FTE) due to the grant ending in a prior fiscal year.

- **Aging and Disability Services Division (0.25 FTE):**
  - Regional Older Adult Facilities Mental Health Team (RAFT) Program
    - *Increased a grant funded Administrative Specialist ($25,542, 0.25 FTE) to support the RAFT program.*

- **Child and Family Services Division (1.00 FTE):**
  - Child Welfare
    - *Added a grant-funded Human Services Specialist ($125.748, 1.00 FTE) to support kinship navigation.*

- **Public Health Division (1.00 FTE net):**
  - Planning and Support Services
    - *Removed the Community Health Protection Bureau Director that was funded with one-time funding in FY 2026 (-1.00 FTE)*
    - Eliminate one position as described further below.
      - Public Health Assistant Division Chief (-$263,523, -1.00 FTE)
  - School Health
    - Add a Public Health Nurse ($150,379, 1.00 FTE) for APS's Grace Hopper Center.

FY 2027 Proposed Budget Reductions

Departmental Management and Leadership

↓ Eliminate a filled Facilities Maintenance Worker ($54,732, 0.75 FTE). The position performs maintenance tasks and responds to staff requests in all DHS buildings to ensure prompt and thorough upkeep, avoiding time-consuming and costly reliance on contractors. The position maintains a pool of 42 staff vehicles by performing daily inspections, coordinating oil changes and repairs, and ensuring keys are tracked and available for those with reservations. The position also maintains the conference center daily by ensuring schedules are posted; chairs and tables are set up, and coordinating janitorial as needed.

IMPACT: This reduction will result in increased response times for urgent and routine facilities requests, requiring additional support from DES, and reliance on contractors. Patching and painting wall damage would be deferred until a large enough volume of work accumulated to engage a DES contractor. Conference Center setup support will not be provided, and interior car cleaning will be discontinued.

↓ Eliminate a filled Communications Specialist I ($72,858, 0.50 FTE). The Communications Unit is comprised of a Communications Manager (Assistant Director) and 1.5 Communication Specialists. The Unit is responsible for planning and executing communications and engagement efforts to promote DHS programs, services, and initiatives including community-facing events, media relations, and building and maintaining community relationships.

IMPACT: The elimination of a Communication Specialist will reduce the overall capacity to promote and market DHS services to the community and may impact the enrollment of vulnerable Arlingtonians in human service and public assistance programs.

Behavioral Health Division

↓ Eliminate two, filled Clinic Aide positions ($172,287, 2.00 FTEs). The Crisis Intervention Center (CIC) serves as a 24/7 crisis-receiving center providing emergency mental health assessments; transfer of custody for individuals under Emergency Custody Order (ECO); nursing assessments; emergency psychiatric evaluation and treatment; and crisis stabilization to individuals who may be experiencing a behavioral health crisis. Individuals may self-refer or be dropped off by law enforcement or emergency medical services. Current CIC staffing includes four Clinic Aides covering three shifts (7AM-3PM; 3PM-11PM and 11PM-7AM). Clinic Aides support nursing staff by collecting admission information, monitoring and reporting on clients' behaviors, arranging referrals and follow-up care for clients, and ensuring proper data collection. From July 1, 2025 - January 31, 2026, the CIC served 607 clients. 98 percent of all client visits (594) occurred between 7AM-11PM (first and second shifts). 2 percent of total client visits (13) occurred between 11PM-7AM (third shift).

IMPACT: The reduction of two Clinic Aides will eliminate Clinic Aide staffing at the CIC between 11PM-7AM (third shift), when volume is lowest. Due to the low volume, nursing staff will have capacity to absorb the tasks assigned previously to third shift Clinic Aides. Therefore, there will be little to no impact on operations. The remaining two Clinic Aides will be scheduled between 7AM-11PM, when program utilization is significantly higher.

Aging and Disability Services Division

↓ Reduce the Developmental Services Client Transportation Budget ($45,000). Transportation services provide reimbursement for transportation costs to developmental services clients attending group day programs. There are currently 30 clients enrolled in the program.

IMPACT: In 2024, transportation services transitioned to a reimbursement system for eligible riders. Riders were moved to Developmental Disabilities (DD) Waiver transportation providers through ModivCare, Metro Access, STAR, or public transit, reducing overall program costs. This practice aligns Arlington's developmental services transportation operations with other Northern Virginia Community Services Boards. This reduction will reduce the transportation reimbursement budget to $197,246 and current riders will not be impacted by this reduction.

↓ Reduce Culpepper Garden Housing & Care Subsidy Budget ($429,887). Culpepper Garden is an affordable, residential community for older adults aged 60 and above with low or limited income who reside in independent or assisted living units. As of June 30, 2026, the assisted living program is closing, and all units will transition to independent living. Of the 31 current assisted living residents, 24 will transition to the independent living program, and seven will move to family or other community placements.

IMPACT: The Culpepper Garden Housing and Care Subsidy budget was reduced from $879,887 to $429,887. $350,000 will be reallocated to ADSD to support the increased demand and a growing aging community. The 24 residents who desire to remain at Culpepper Garden Independent Living will not be impacted by the reduction of the care subsidy. DHS will provide wrap-around services to the remaining Culpepper Garden residents and those choosing to exit for other placements to safely age in place or locate alternative housing options.

Public Health Division

↓ Eliminate a vacant Public Health Assistant Division Director ($263,523, 1.00 FTE). The position supervised day-to-day operations including emergency response, budget, and other administrative functions. These duties were transferred to the newly hired division director.

IMPACT: There is no adverse impact from this reduction.

DEPARTMENT FINANCIAL SUMMARY

	FY 2025 Actual*	FY 2026 Adopted	FY 2027 Proposed	% Change '26 to '27
Personnel	$110,346,653	$112,806,870	$117,774,690	4%
Non-Personnel	87,820,418	93,415,326	95,525,142	2%
Subtotal	198,167,071	206,222,196	213,299,832	3%
Intra-County Charges	(264,888)	(442,158)	(442,754)	-
GASB	66,019	-	-	-
Total Expenditures	197,968,202	205,780,038	212,857,078	3%
Fees	7,981,850	6,066,327	6,741,519	11%
Federal Share	21,095,831	18,876,392	18,595,640	-1%
State Share	30,108,680	30,912,963	32,185,532	4%
Interfund Transfer	45,000	-	160,429	-
GASB	39,450	-	-	-
Total Revenues	59,270,811	55,855,682	57,683,120	3%
Net Tax Support	$138,697,391	$149,924,356	$155,173,958	4%
Permanent FTEs	811.67	814.42	811.92	
Temporary FTEs	5.30	5.30	5.30	
Total Authorized FTEs	816.97	819.72	817.22	

** FY 2025 actual expenditures and revenues received reflect accounting entries for Governmental Accounting Standard Board (GASB) standards for Statement No. 87 on leases and Statement No. 96 for subscription-based software. See the County Government GASB Summary for department details in the front section of the budget book.*

Expenses & Revenues by Line of Business

	FY 2025 Actual Expense	FY 2026 Adopted Expense	FY 2027 Proposed Expense	% Change '26 to '27	FY 2027 Proposed Revenue	FY 2027 Net Tax Support
Departmental Management and Leadership	$18,265,359	$16,209,419	$16,881,210	4%	$1,397,250	$15,483,960
Economic Independence Division (EID)						
EID Management and Administration	4,861,185	6,688,151	6,882,974	3%	1,683,754	5,199,220
Community Assistance	9,006,889	4,796,584	5,776,938	20%	618,107	5,158,831
Public Assistance	8,015,167	8,400,377	8,684,022	3%	4,005,254	4,678,768
Employment Services	6,910,044	6,067,496	6,221,857	3%	2,404,598	3,817,259
Housing Assistance and Homeless Programs	29,968,775	35,521,019	36,081,450	2%	3,742,091	32,339,359
EID Subtotal	58,762,059	61,473,627	63,647,241	4%	12,453,804	51,193,437
Behavioral Health Division (BHD)						
BHD Management and Administration	5,603,578	6,418,942	6,408,877	-	1,888,461	4,520,416
Psychiatric Services	5,160,886	5,374,121	5,796,979	8%	1,304,627	4,492,352
Client Service Entry	8,409,711	8,542,915	8,860,919	4%	2,753,721	6,107,198
Outpatient Services	9,821,735	10,202,035	10,805,637	6%	5,048,645	5,756,992
Specialized and Residential Services	12,925,867	13,784,593	14,556,549	6%	4,299,012	10,257,537
BHD Subtotal	41,921,776	44,322,606	46,428,961	5%	15,294,466	31,134,495
Aging and Disability Services Division (ADSD)						
ADSD Management and Administration	1,323,821	1,319,962	1,365,824	3%	-	1,365,824
RAFT Program	2,644,401	2,521,610	2,540,275	1%	2,551,368	(11,093)
Clinical Developmental Services	12,925,146	16,067,494	16,438,120	2%	3,271,519	13,166,601
Community Supports & Coordination	10,086,472	10,341,626	9,659,928	-7%	3,082,513	6,577,415
ADSD Subtotal	26,979,840	30,250,692	30,004,147	-1%	8,905,400	21,098,747
Public Health Division (PHD)						
PHD Management and Administration	9,548,117	9,793,602	10,468,741	7%	3,818,256	6,650,485
School Health	10,413,521	9,701,986	11,005,762	13%	971,448	10,034,314
Community Health Services	5,204,393	5,433,758	4,026,282	-26%	1,229,072	2,797,210
Community Health Protection	2,894,819	2,993,303	3,345,509	12%	281,337	3,064,172
PHD Subtotal	28,060,850	27,922,649	28,846,294	3%	6,300,113	22,546,181
Child and Family Services Division (CFSD)						
CFSD Management and Administration	3,234,118	3,279,196	3,306,559	1%	1,709,581	1,596,978
Behavioral Healthcare	8,539,549	9,402,443	9,619,330	2%	4,905,733	4,713,597
Child Welfare	7,816,162	7,338,926	7,548,094	3%	4,078,055	3,470,039
Planning and Support Services	4,388,489	5,580,480	6,575,242	18%	2,638,718	3,936,524
CFSD Subtotal	23,978,318	25,601,045	27,049,225	6%	13,332,087	13,717,138
Total	$197,968,202	$205,780,038	$212,857,078	3%	$57,683,120	$155,173,958

Authorized FTEs by Line of Business

	FY 2026 FTEs Adopted	FY 2027 Permanent FTEs Proposed	FY 2027 Temporary FTEs Proposed	FY 2027 Total FTEs Proposed
Departmental Management and Leadership	75.10	73.85	-	73.85
Economic Independence Division (EID)				
EID Management and Administration	11.00	11.00	-	11.00
Community Assistance	19.00	19.00	-	19.00
Public Assistance	55.80	57.80	-	57.80
Employment Services	38.00	38.00	-	38.00
Housing Assistance and Homeless Programs	33.90	33.90	-	33.90
EID Subtotal	157.70	159.70	-	159.70
Behavioral Health Division (BHD)				
BHD Management and Administration	20.00	19.00	-	19.00
Psychiatric Services	19.40	19.06	-	19.06
Client Service Entry	55.25	47.50	4.75	52.25
Outpatient Services	71.80	72.64	-	72.64
Specialized and Residential Services	56.00	56.00	-	56.00
BHD Subtotal	222.45	214.20	4.75	218.95
Aging and Disability Services Division (ADSD)				
ADSD Management and Administration	8.50	8.50	-	8.50
RAFT Program	11.50	11.75	-	11.75
Clinical Developmental Services	35.00	35.00	-	35.00
Community Supports & Coordination	39.90	39.75	0.15	39.90
ADSD Subtotal	94.90	95.00	0.15	95.15
Public Health Division (PHD)				
PHD Management and Administration	44.40	46.50	0.40	46.90
School Health	68.82	73.82	-	73.82
Community Health Services	36.00	25.50	-	25.50
Community Health Protection	21.00	23.00	-	23.00
PHD Subtotal	170.22	168.82	0.40	169.22
Child and Family Services Division (CFSD)				
CFSD Management and Administration	14.00	14.00	-	14.00
Behavioral Healthcare	35.85	35.85	-	35.85
Child Welfare	37.50	38.50	-	38.50
Planning and Support Services	12.00	12.00	-	12.00
CFSD Subtotal	99.35	100.35	-	100.35
Total	819.72	811.92	5.30	817.22

** FY 2026 Adopted FTE count includes temporary FTEs in the following lines of business: PHD Management and Administration (0.40 FTE), BHD Client Service Entry (4.75 FTEs), and ADSD Community Supports and Coordination (0.15 FTE).*

DEPARTMENTAL MANAGEMENT AND LEADERSHIP

PROGRAM MISSION

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

Departmental Management and Leadership

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

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.

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

Facilities Operations

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

Quality Assurance

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

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.

Project PEACE

- Examine and enhance existing policies and practices across disciplines and identify the optimum methods for public and private agencies to end interpersonal violence in the lives of Arlingtonians.
- Provide the Arlington County Partner/SHIFT (Shaping Healthy Interactions For Tomorrow) that aims to reduce repeated incidents of intimate partner violence by providing those who have used harmful and abusive behaviors psychoeducational groups and rehabilitative services.
- Provide prevention and training services to a broad range of adults and adolescents through schools and the general community.

PERFORMANCE MEASURES

Customer Service Center

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Calls abandoned prior to being answered	6%	13%	17%	2%	5%	5%
Quality of consultant information: average evaluation score for consultants	100%	100%	99%	100%	98%	98%
Callers who received accurate information to connect them to services	97%	97%	98%	98%	96%	96%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Calls received in the Call Center	73,779	77,101	86,933	75,075	73,000	74,000
Total walk-in visits	24,849	36,038	46,224	53,308	55,000	58,000
Total Resource Center walk-in visits (duplicated)	762	891	2,490	3,968	5,000	5,500
Total clients assessed by consultants	2,284	2,988	5,822	7,160	8,000	8,500
Quality of Call Center telephone interaction: call quality scores	97%	97%	97%	97%	96%	96%
Wait time for consultants from point of registration: percent of customers waiting 15 minutes or fewer to see consultants	96%	91%	93%	92%	85%	85%
Front Desk customer satisfaction: percent of customers satisfied with front desk service	97%	98%	99%	97%	97%	97%

- In FY 2023and FY 2024 "Calls abandoned prior to being answered" increased due to staffing vacancies consistently averaging two to three throughout the year, which required contact center staff to be reassigned to support front desk and in-office duties. In FY 2025," "Calls abandoned prior to being answered" significantly decreased as average staffing vacancies dropped from three to four staff throughout the year to an average of one. Additionally, all Aging and Disability Service Division (ADSD), Child and Family Services Division (CFSD), Housing Assistance Bureau (HAB), and Resource Center (RC) front desk staff, including contractors, were cross trained to support all functions within the Customer Service Center's (CSC) first floor front desk and contact center. During FY 2025, staff assigned to lower-volume front desk areas were required to handle incoming telephone calls.
- In FY 2024, call volume increased despite a 28 percent increase in walk-in volume due to increased levels of need in the community. The Housing Choice Voucher (HCV) waitlist was opened in early FY 2024 which accounted for an additional 5,779 calls.
- In FY 2025, "Calls received in the Call Center" decreased due in part to the opening of the HCV waitlist in FY 2024 driving additional demand at that time. It is anticipated that "Calls received in the Call Center" will slightly decrease in FY 2026 and FY 2027.
- In FY 2024 and FY 2025 "Total walk-in visits" "Total Resource Center Walk-In (duplicated)", and "Total clients assessed by consultants" increased due to economic conditions which contributed to increased foot traffic by individuals who are unemployed or underemployed seeking employment opportunities. It is anticipated that "Total walk-in visits" "Total Resource Center Walk-In (duplicated)", and "Total clients assessed by consultants" will steadily increase in FY 2026 and FY 2027.
- The measure "Quality of Call Center telephone interaction: call quality scores" is determined by evaluating calls utilizing a monitoring assessment form consisting of five skill areas: greeting, communication, technical, call handling, and closing.
- In FY 2022 – FY 2025, "Wait time for consultants from point of registration: percent of customers waiting 15 minutes or fewer to see consultants" decreased due to an increase in the number of client walk-ins. It is anticipated that the percentage of customers waiting 15 minutes or less to see consultants will be above 80 percent for FY 2026 and FY 2027 as client walk-ins increase and the Commonwealth reinstates intake interviews.

- Customer satisfaction surveys were reinstated in FY 2022. In FY 2024 and FY 2025, surveys demonstrate a continuous pattern of high customer satisfaction with front desk services. This is expected to remain the same for FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan.

  You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Project PEACE

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Project PEACE prevention presentations/Attendees	14/1,862	8/706	12/813	6/67	10/400	12/450
Project PEACE Trainings to Allied Professionals /Attendees	13/492	20/599	29/651	25/467	26/550	28/575
Total Project PEACE Meetings	58	55	57	34	45	45

- Project PEACE moved from the Director's Office to EID in FY 2025.
- In FY 2024, Project PEACE continued to offer a combination of virtual and in-person trainings and presentations. Most notably, Project PEACE re-launched a sexual assault 101 training and had its first successful training in April 2024. Additionally, Project PEACE continued to promote and implement the Askable Adult community workshops and the two-day Strengthening Our Response to Intimate Partner Violence training with continued success in scheduling and attendance.
- In FY 2024, attendance at trainings and workshops increased. Trainings and workshops were offered both in-person and virtually. Registration numbers were often higher for virtual offerings and attendance was close to 75 percent. In-person offerings had lower registration numbers and about a 50 percent or less attendance rate. To increase attendance, PEACE staff targeted workshops and trainings to groups with a built-in audience. For example, the Askable Adult initiative focused on training all of Arlington Public School's health and physical education teachers as well as extended day staff.
- In FY 2025, "Project PEACE prevention presentations/Attendees" and "Project PEACE Trainings to Allied Professionals /Attendees" significantly decreased from prior years as fewer presentations were held in the community. It is anticipated that the number of presentations will increase in FY 2026 and FY 2027 to include presentations that cater to larger groups of attendees.
- Project PEACE is strategically structured into two main goal group committees which implement the actions plans of the Blueprint in the domains of Prevention and Response. In FY 2025, the Project PEACE leadership team engaged Project PEACE partners to reassess the collaborations structure in tandem with the development of the next three-year blueprint. The restructured collaboration led to fewer meetings in FY 2025. It is anticipated that the number of "Total Project PEACE Meetings" will increase in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan.

  You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Partner/SHIFT

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of clients served	96	144	137	131	140	140
Number of Group Sessions Completed	280	257	376	370	375	380
Percent of clients completing the program	78%	70%	67%	79%	70%	70%

- Partner/SHIFT moved from the Director's Office to EID in FY 2025.
- In FY 2023, the Abuser Intervention Program (AIP) changed its name to Partner/SHIFT (Shaping Healthy Interactions for Tomorrow). This change was made to have a name that better reflects the values and mission of the program. The name was also trademarked.
- Post-COVID the Arlington community experienced an increase in cases of domestic violence both in police arrests and hotline outreach. This increase in arrests and court involvement led to a continued increase in referrals and mandates for the Partner/SHIFT program. In FY 2023 the program saw a 50 percent increase in enrolled clients. This level of need continued in FY 2024 and FY 2025 and is anticipated to remain the same in FY 2026 and FY 2027.
- The number of people completing the Partner/SHIFT program is dependent on how many people are referred from the Juvenile and Domestic Court. Services continue to be provided virtually to increase accessibility and engagement, with in-person services available based on client need.
- The FY 2024 program completion rate continued to decrease. However, the vast majority of individuals who did not complete it within their first enrollment were able to complete it within their second enrollment. The majority of non-completions were due to clients' attendance challenges, with many missing more than two classes. Partner/SHIFT changed its attendance policy to better meet clients where they are and reduce the number of non-completions within the first enrollment.
- In FY 2025, "Percent of clients completing the program" increased due to the implementation of a tool called Corrective and Preventative Action Plan (CAPAP). This tool allows clients to have absences excused by identifying problematic behavior related to absences and recognizing action steps that they can implement and be accountable for. This reduces the likelihood of termination from service. To help ensure successful completion upon the next episode of service, any returning client was also referred to be clinically assessed for behavioral healthcare services. Since the tool was implemented, the majority of Black/African American men who received a CAPAP completed services during the first attempt. In FY 2025, 10 of 19 clients who successfully completed a CAPAP were able to satisfy the remaining treatment expectations and be successfully discharged.
- In FY 2024, Partner/SHIFT implemented a new screening tool to identify survivors who may be experiencing traumatic brain injury (TBI) as a result of the domestic violence.
- This program has a performance measurement plan. The data above align with that plan.

  You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/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 Services

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

PERFORMANCE MEASURES

Clinical Coordination

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Client report of effectiveness	97%	81%	85%	82%	80%	80%
Emergency needs met	N/A	N/A	90%	94%	80%	80%
Percent of clients receiving eviction prevention funding who maintain housing at least 90 days	99%	99%	92%	96%	85%	85%
Eviction cases dismissed or withdrawn	29%	41%	49%	24%	30%	30%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Client office visits	N/A	714	1,094	1,593	1,700	1,700
Emergency financial assistance service requests addressed	2,814	3,252	2,027	2,293	2,400	2,400
Number of local and state eviction prevention households served (Unduplicated)	N/A	N/A	1,379	1,611	1,600	1,600
Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them	53/90%	111/82%	112/87%	105/79%	110/80%	110/80%

- In FY 2023, "client report of effectiveness" decreased as many households were not eligible for financial assistance under the guidance of the caps that were implemented in January 2023. Also, clients were not aware of the changes in funding guidelines upon making requests for assistance. In FY 2024, "Client report of effectiveness" increased due to clients being

more aware of the changes in the funding guidelines to including eligibility and funding caps. In FY 2025, "Client report of effectiveness" slightly decreased but was in line with prior years. This is expected to remain the same as clients become more familiar with changes regarding assistance eligibility and payment allocations for FY 2026 and FY 2027.

- Tracking methodology for "Emergency needs met" was updated in FY 2024 as the program began using a new data system that allowed the capture of this metric. In FY 2025, "Emergency needs met" slightly increased, but it is expected to decrease in FY 2026 and 2027 as more households continue to face eviction, shelter beds are taking longer periods of time to access, and the number of eligible households needing financial assistance decreases as the number of households not meeting more stringent eligibility guidelines increases. Shelter requests will likely increase as the number of evictions increases, upcoming changes in residency requirements are implemented, and the cost-of-living increases creating barriers for households to remain stably housed.
- "Percent of clients receiving eviction prevention funding who maintain housing at least 90 days" is expected to drop to 85 percent in FY 2026 and FY 2027. With increased limitations to access affordable housing options and funding resources, a decrease in households able to remain housed in Arlington after 90 days is expected. However, with ongoing collaboration with property managers and staff attending court on a weekly basis to address clients' rental needs earlier, eviction prevention efforts are expected to help to stabilize more households and allow them to remain housed in Arlington after receiving financial assistance.
- In FY 2023, "Eviction cases dismissed or withdrawn" increased to 41 percent, up from 29 percent in FY 2022 as many of the cases that had continued during the COVID-19 pandemic were resolved in FY 2023. Eviction judgements also increased from the previous year. Additionally, eviction prevention funding decreased. Specifically, the commonwealth's Rent Relief program funds were no longer available, and the new funding cap that was implemented on January 1, 2023 limited assistance to households with rental arrears above $7,000. Tracking methodology for this measure was updated in FY 2025 and only active Community Assistance Bureau (CAB) cases were tracked which explains the decrease in cases dismissed or withdrawn. The number of cases dismissed or withdrawn is expected to increase in FY 2026 and FY 2027 as evictions are projected to increase.
- "Emergency financial assistance service requests addressed" is a new metric that the program can capture because of a change in the data system. The decrease in requests addressed in FY 2024 may be related to caps on service requests that were implemented. In FY 2025, emergency financial assistance requests addressed increased due to a greater number of evictions and lower requested amounts needed to keep people housed.
- "Client office visits" increased in FY 2024 due to high eviction rates, increased rent, and a reduction of the annual assistance cap from $7,000 in FY 2023 to $3,000 in FY 2024. This measure was not captured in FY 2022 due to pandemic-related closures. The increase in FY 2025 is due to an increased number of evictions and households seeking more information and clarity on program changes throughout the year. It is anticipated to increase in FY 2026 and FY 2027.
- In FY 2025, "Emergency financial assistance service request addressed" and "Number of local and state eviction prevention households served" increased due to a greater number of evictions and lower requested amounts needed to keep people housed and the program fulfilled more requests compared to FY 2024.
- Due to improvements in the calculation methodology, the number of local and state eviction prevention households served is only available as an unduplicated number for FY 2024 and FY 2025.
- In FY 2020 - FY 2023, client surveys transitioned from paper to telephonic, resulting in variations in the number of surveys completed. Satisfaction rates ranged from 81 percent to

88 percent. Drops in customer service satisfaction could be related to changes in program requirements and circumstantial changes that impact clients and landlords. Some clients expressed frustration with program changes and long wait times when seeking services during the COVID-19 pandemic. In FY 2024, there was a reported increase in "Client satisfaction". Overall, clients indicated that they felt they were treated fairly and that their needs were addressed well.

- In FY 2025, "Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them" declined as all program funds were exhausted by May 14, 2025. No requests were processed from May 14, 2025 through June 30, 2025.
- The data for FY 2022 and FY 2024 was corrected for "Client satisfaction: number and percent of clients surveyed who agree or strongly agree that staff worked well with them".
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Community Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Identified needs addressed with a service	95%	89%	93%	93%	90%	90%
Resolution of client needs	88%	90%	92%	92%	90%	90%
Passed citizenship interview	100%	100%	100%	100%	95%	95%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total information and referral requests	6,636	5,351	6,662	6,618	7,015	7,015
Total individuals served (unduplicated)	1,415	1,439	1,847	1,696	1,800	1,800
Total number of program offerings	537	579	522	528	550	550
Number of volunteer hours	2,442	2,495	2,033	2,152	2,300	2,300

- "Identified needs addressed with a service" captures a broad spectrum of client needs addressed including food, clothing, housing, immigration, employment, education, medical, and other. The measure has remained consistently high from FY 2022 - FY 2025.
- In FY 2023, "Total information and referral requests" decreased as staff worked with fewer clients but for longer periods of time. In FY 2024, "Total information and referral requests" increased due to assisting more people via walk-ins at distribution centers for food and diapers following increased awareness of services in the community. In FY 2025, "Total information and referral requests" remained stable, and it is anticipated to increase in FY 2026 and 2027.
- In FY 2024, "Total individuals served (unduplicated)" increased due to the pairing of in-person services with virtual offerings.
- In FY 2024, "Total number of program offerings" decreased as expected following years of decreases during the COVID-19 pandemic which were the result of suspending and phasing out a number of programs. These programs, which were out of the scope and mission of the bureau, were not reinstated following the pandemic. However, "Total number of program offerings" slightly increased in FY 2025, and it is expected to continue in FY 2026 and FY 2027 as current programs are expanded and new programs are developed.

- "Number of volunteer hours" varies based on the number of volunteers and program offerings. Volunteer hours decreased from FY 2022 through FY 2024, as post-pandemic fewer volunteers were needed due to a decrease in program offerings. There was a slight increase in FY 2025, and the increase is expected to grow in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

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. A 36-month pilot for youth exiting homelessness and foster care was added in FY 2025.

Real Estate Tax Relief

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

Homeless and Shelter Services

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

Rapid Re-Housing

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

Permanent Supportive Housing

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

PERFORMANCE MEASURES

Housing Grants

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Amount of money available per month for non-rental expenses with and without Housing Grant for families	$1,718/ $1,137	$1,907/ $1,294	$2,078/ $1,416	$2,101/ $1,395	$2,101/ $1,395	$2,101/ $1,395
Amount of money available per month for non-rental expenses with and without Housing Grant for persons with disabilities	$811/ $41	$872/ $97	$935/ $100	$1,016/ $142	$1,016/ $142	$1,016/ $142
Amount of money available per month for non-rental expenses with and without Housing Grant for residents age 65+	$788/ $45	$850/ $105	$949/ $155	$947/ $102	$947/ $102	$947/ $102
Retention of housing by grant recipients	85%	79%	75%	89%	85%	85%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average number of households served per month	1,497	1,481	1,568	1,680	1,779	1,883
Total number of new applications processed	1,223	1,601	1,688	2,099	2,300	2,500
Percent of initial applications/on-going reviews processed accurately according to Housing Grant policies	92%/ 93%	92%/ 93%	94%/ 91%	95%/ 97%	90%/ 90%	90%/ 90%
Percent of initial applications/on-going reviews processed on time according to Housing Grant policies (within 60 days).	94%/ 89%	93%/ 91%	93%/ 91%	84%/ 86%	90%/ 90%	90%/ 90%

- The program's Maximum Allowable Rent (MAR) index continues to be updated each year mirroring the County's Committed Affordable Units at 60 percent area median income (AMI) rent standards. This annual increase in MARs continues to aid more households to find and lease affordable units each year by providing rental subsidies that are competitively aligned with present-day rental units.
- As a result of the COVID-19 pandemic, administrative provisions were made to stabilize households that had been adversely affected by the pandemic financially, i.e., loss of income, unemployment, and/or loss of work hours. The program continued serving grant benefits to these households despite failing to meet work hour and income requirements. Effective FY 2023, pre-pandemic housing grant eligibility requirements were re-established. While there was an initial decline in participants, there was a steady increase for the remainder of FY 2023. It is anticipated that the number of households will continue to increase as demand for the program remains high.
- Retention rates decreased in FY 2023 due to re-established pre-pandemic requirements, increasing rates of closed housing grant cases due to non-compliance. Households may vacate the units due to eviction, to relocate out of the area, or they no longer meet program eligibility criteria often because they fail to respond to documentation requests. The program cannot determine whether these households were able to retain the housing. In FY 2025, retention rates improved dramatically. Housing grants enable participants to see increased

sustainability for staying in the community. The increase in retention rates may likely be a result of replacing work hour requirements for working families with minimum earned income requirements. This change was made as a result of the 2023 Housing Grant study that produced stakeholder-centered recommendations thereby creating program efficiencies and reducing complex barriers for residents during eligibility screenings.

- In FY 2025, the program experienced a retirement transition of its long-tenured program manager and also welcomed new staff where caseloads and oversight temporarily shifted. These staffing adjustments affected processing times for both initial applications and the accounting of ongoing annual reviews. Performance indicators will likely shift moving forward based on revised methodologies and enhancements made to tracking systems.
- Since FY 2022, program participation has increased 12 percent through FY 2025 and has increased by seven percent since FY 2024. This reflects the ongoing demand for the program. The percentage increase among working family households during this time period was 15 percent, 36 percent for households age 65 and over, and a decrease of seven percent for people with disabilities.
- The shift in increase for households 65 and older is largely a result of disabled housing grant participants aging into the senior category. Seniors falling into poverty is expected to triple in the next ten years. The Housing Grant program is fulfilling a critical need for seniors on fixed-incomes who cannot afford the high cost of housing in Arlington County.
- There has been a 72 percent increase in applications received from FY 2022 (1,223) to FY 2025 (2,099). There was an increase of 24 percent in applications received from FY 2024 to FY 2025. An increase in volume can impact the length of time it takes to process an application during the intake process.
- In FY 2025, the Housing Grant program launched a pilot that included a budget allocation for 12 Transitioned Aged Youth (TAY) within the Continuum of Care's homeless services (TAYs age 18-26) and youth aging out of foster care. The addition of youth expands the eligibility requirements of the Housing Grant program, also echoing one of several recommendations advanced from the FY 2024 published Housing Grant Study. Approximately 12 slots were approved annually for a maximum term of 36 months.
- This program has a performance measurement plan. The data above align with that plan.

  You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Real Estate Tax Relief (RETR)

Critical Measures	CY 2022 Actual	CY 2023 Actual	CY 2024 Actual	CY 2025 Estimate	CY 2026 Estimate	CY 2027 Estimate
Increase in the amount of money available to pay other expenses (medical, utilities, homes repairs, etc.) – Average increase in money available / Average percent of income saved	$5,899/ 15%	$6,223/ 15%	$6,379/ 15%	$6,590/ 15%	$6,616/ 15%	$6,616/ 15%
Housing stability (returning households) – Percentage of households returning to the program	95%	97%	97%	95%	95%	95%

Supporting Measures	CY 2022 Actual	CY 2023 Actual	CY 2024 Actual	CY 2025 Estimate	CY 2026 Estimate	CY 2027 Estimate
Households receiving RETR – Full Exemption	597	615	616	612	612	612
Households receiving RETR – 75% Exemption	115	119	112	118	118	118
Households receiving RETR – 50% Exemption	65	63	63	63	63	63
Households receiving RETR – 25% Exemption	56	51	54	51	51	51
Households receiving RETR – Deferral only	26	21	20	21	21	21
Households receiving RETR – Total	859	869	865	865	865	865
Applications processed accurately	100%	94%	100%	95%	95%	95%
Eligibility determinations processed on time	88%	94%	93%	90%	90%	90%

- Program is locally administered under Arlington County Code Chapter 43 and must be within guidelines set by Code of Va. §58.1. The Real Estate Tax Relief program has been in existence since 1972.
- These measures are reported on a Calendar Year (CY) basis. CY 2025 estimates are finalized when FY 2026 is completed.
- Beginning in CY 2020, the income limits for both exemptions and deferrals were adjusted annually, based upon the percent difference between HUD's Median Family Income for Arlington County for the year immediately preceding the taxable year and the prior year.
- Beginning in CY 2020, the asset limit for both exemption and deferral were adjusted annually, based upon the twelve-month percent change in the Consumer Price Index for Americans 62 years of age and older (CPI-E) for All Items, as released by the U.S. Department of Labor Bureau of Labor Statistics for September of the year immediately preceding the taxable year.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Homeless and Shelter Services / Continuum of Care

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of participants exiting to permanent housing: Individual Shelters	42%	52%	51%	57%	45%	45%
Percentage of participants exiting to permanent housing: Family Shelters	94%	81%	80%	82%	85%	85%
Percent of adults in family shelter leaving the program with maintained or increased income	80%	69%	65%	57%	57%	57%
Percent of individuals housed at the shelters serving adults only who leave with increased or maintained income, excluding emergency weather beds	51%	53%	63%	56%	56%	56%

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Homeless Recidivism (Emergency Shelter Re-Entry)- FFY	12%	4%	11%	15%	15%	15%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Emergency shelter clients served at individuals shelters, excluding emergency weather beds	213	271	232	202	202	202
Emergency shelter clients served at family shelters	92	166	173	267	267	267
Hypothermia clients served using the emergency weather beds at the HSC	183	233	231	193	193	193

- "Homeless Recidivism (Emergency Shelter Re-Entry)" is defined as the percentage of persons who returned to homelessness within two years of exiting a homeless program to permanent housing. Reported on the Federal Fiscal Year (FFY), October 1 – September 30 of each year. Recidivism rates have returned to pre-pandemic levels; however, these rates continue to meet the CoC goals of less than 20 percent. It is anticipated that rates will remain fairly constant in FY 2026 and FY 2027.
- Hypothermia season begins November 1 through March 31 each year. Clients are served using the emergency weather beds at the Homeless Services Center (HSC) and Residential Program Center (RPC). These centers continue to serve residents across jurisdictions for those in need of safe haven from the cold.
- The use of FEMA funding nationwide was utilized to secure hotel rooms during the COVID-19 pandemic- in FY 2021 and FY 2022, aiding low congregate shelter capacity for vulnerable and at-risk residents susceptible to the spread of COVID-19. These resources infused across neighboring jurisdictions provided additional shelter options for highly mobile subpopulations.
- Beginning FY 2020, due to the community-wide spread of COVID-19, Arlington County modified its operations and physical infrastructure to safely accommodate shelter guests during the pandemic and throughout the hypothermia season. An unoccupied floor above the HSC building was retrofitted to accommodate emergency winter shelter needs, expanding spacing and census capacity for up to 25 adult individuals. These expanded modifications have continued.
- Additional COVID-19 emergency response funding was deployed state-wide in FY 2021 and FY 2022 for Rapid Rehousing, emergency shelter, and permanent housing vouchers to end homelessness. These efforts helped the shelter census remain low during the pandemic. These housing resources were available to re-house residents through FY 2023. During FY 2023, trends begin to reflect both the economic and housing challenges present in Arlington, VA (and across the nation) as housing costs rise, pandemic resources end, and incomes remain stagnant. This was evident in the Point-in-Time (PIT) Count, when counts of sheltered and unsheltered homelessness returned to pre-pandemic levels. The need for both single-adult and family shelters increased in FY 2024.

- In FY 2024, single-adult shelters experienced increased length of stays. Therefore, while exits to permanent housing destinations mirrored prior year rates proportionately, the number of residents served slowed while in the face of strained resources available to access housing with subsidy support. In FY 2025, 202 unduplicated people were served in single-adult shelters. This is a decrease of 13 percent, largely a result of reductions in overall bed turnover – meaning people were staying longer and fewer people exited shelter overall.

- In FY 2024, a family shelter provider initiated efforts to transition its service delivery model away from family shelters, ending the placement of families in 22 year-round beds. DHS competitively bid out non-congregate shelter services for family homelessness in the spring of FY 2025. In FY 2025, 267 unduplicated individuals or 87 unduplicated households were served in emergency shelters for families. This reflects an increase of 54 percent for individuals and 50 percent for households, respectively. This increase was a result of the increased utilization of hotels/motels for emergency shelter overflow operated by the DHS Community Assistance Bureau.
- One of the Continuum of Care (CoC) shelter providers shifted out of the community in the middle of FY 2025 due to significant operational challenges. This shift caused the CoC to experience decreased performance outcomes among single adults.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Rapid Re-Housing

Critical Measure	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Participants exiting to Permanent Housing	179/94%	184/86%	229/93%	128/87%	132/90%	132/90%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Median length of stay in months for people leaving the program	9.9	9.2	7.2	9.0	9.0	9.0
Number of people assisted with a housing subsidy and case management annually	379	426	370	320	320	320
Percent of adults who leave with increased or maintained income at program exit	71%	72%	66%	54%	54%	54%

- The County's stride to end homelessness is more important than ever as the influx of targeted COVID-19 pandemic funding from federal, state and local resources, used to prevent and quickly rehouse people experiencing homelessness, concluded in FY 2023.
- To meet increasing community needs, Arlington County works with affordable housing partners to identify new solutions to prevent housing loss and evictions for tenants.
- Arlington County and PathForward implemented the CoC's first ever Joint Transitional Housing and Rapid Re-housing project which will provide non-congregate, temporary housing for people experiencing unsheltered homelessness and those with the highest service needs.

Permanent Supportive Housing (PSH)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Approved applicants who obtain housing	33/38%	73/59%	33/27%	55/40%	33/40%	33/40%
Permanent Supportive Housing (PSH) tenants who remain in permanent housing	326/93%	362/92%	347/93%	351/92%	358/94%	358/94%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Occupied PSH households at end of fiscal year	319	347	345	346	340	340
New committed affordable units (CAFs) secured each year for PSH	10/1%	0/0%	18/14%	22/4%	14/4%	14/4%
Landlord satisfaction: leasing office staff surveyed and those satisfied with PSH services	22/72%	20/75%	16/81%	10/80%	10/85%	10/85%
Timeliness of obtaining housing: median months from approval to move-in for applicants	5	7	4	8	6	6
Case manager home visits completed or attempted every 90 days	30%	45%	44%	40%	50%	50%

- "Occupied PSH households at end of fiscal year" reflects households subsidized by local, federal, or state funds. The number includes current households, households filling new units, and households filling vacant 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 County Board approved funding.
- In FY 2025, there were two projects that included PSH units in development. They were Crystal House 8 (80 units and eight PSH units) and Goodwill (128 units and 14 PSH units).
- The PSH program is dependent upon the number of affordable units that are developed, privately contracted, as well as the number of PSH units that the developer proposes in each project, for placement of PSH eligible households.
- "Median months from approval to move-in" times vary depending on the timing of new development or privately contracted projects brought online for PSH clients to lease.
- In FY 2024, the wait time for obtaining housing decreased substantially because almost all program clients were unhoused when seeking housing. Clients who are unhoused are prioritized and generally see shorter wait times. In FY 2025, wait times increased due to specific circumstances in many cases, including the inability to locate a client, client hospitalization/incarceration, delays in the application process, and delays in apartments being fully ready for occupancy. Another reason for the change was a decrease in the locally funded budget which led to a reduction in the number of locally funded PSH units. The decrease in housing stock played a role in the increased wait times.
- PSH demand for housing remains high. Clients referred for assistance continue to present complex challenges and barriers affecting housing placements. The program's ability to house

clients is also impacted by high staff-to-caseload ratios, low vacancy rates, in addition to a slow pace of dedicated PSH CAF units.

- Local PSH caseloads were capped in FY 2025 with an approved budgetary reduction in rental assistance. This was a result of inadequate dedicated staffing capacity resulting in a growing, unbalanced model for effective supportive services.
- Additional supportive services staffing capacity has been awarded through the commonwealth's PSH grant, Department of Behavioral Health and Developmental Services (DBHDS). Since the start of FY 2022, the PSH state program has added an assistant program manager, a housing locator position to assist in securing new scattered site apartment units, three housing support specialists, a senior housing specialist, an administrative specialist, a peer support specialist, behavioral health case managers, and a full-time administrative subsidy technician. The state DBHDS grant remains ongoing supporting over 100 households with disabilities via rental subsidies.
- The percent of home visits conducted include home visits which the behavioral health case manager attempted, but the client refused. In FY 2022, the number of completed or attempted home visits by behavioral health staff decreased due to the COVID-19 pandemic. The lessening of COVID-era restrictions in later years led to an increase.
- "Landlord satisfaction" results suggest areas for improvement revolve around PSH staff increasing home visits and helping PSH tenants become more independent.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

PROGRAM MISSION

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

General Relief

- Provide financial support for individuals with severe disabilities awaiting eligibility determination for Social Security Disability benefits.

Auxiliary Grants

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

Supplemental Nutrition Assistance Program (SNAP)

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

Medical Assistance

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

Temporary Assistance to Needy Families (TANF)

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

Energy Assistance

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

Refugee Services

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

Title IV-E

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

Child Care Subsidy

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

PERFORMANCE MEASURES

General Relief

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average number of households assisted with General Relief Maintenance per month	28	30	28	33	35	35
Applications processed on time	92%	99%	94%	92%	97%	97%
Percentage of recipients stating their housing needs were being met	95%	100%	94%	89%	80%	80%
Percentage of recipients stating their food needs were being met	68%	80%	81%	75%	80%	80%
Percentage of recipients stating their medical needs were being met	100%	100%	100%	100%	80%	80%
Recipients receiving SNAP and/or Medicaid	100%/ 100%	100%/ 100%	93%/ 100%	98%/ 98%	98%/ 98%	98%/ 98%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
General Relief Maintenance Expense	$93,489	$97,572	$89,691	$66,372	$49,920	$49,920
SSI reimbursements for General Relief payments	15%	21%	20%	37%	30%	30%

- The percentage of recipients stating their food needs were being met varies based on a variety of factors. It has been noted nationally that food prices have increased since the end of the COVID-19 pandemic. In FY 2025, the program discussed food security barriers with Arlington's Food Security Coordinator and contributed to the development of a Food Assistance Resource guide for the community.
- The program anticipates that the "Percentage of recipients stating their medical needs were being met" will be at least 80 percent. The goal is 95 percent, but the economy, availability of housing assistance, and policy changes may affect the outcome.
- In FY 2024, "Average number of households assisted with General Relief Maintenance per month" decreased with the end of the Public Health Emergency (PHE) and increased employment opportunities. In FY 2025 the measure increased and it is anticipated to slightly increase again in FY 2026 and FY 2027.
- 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. Corrections were made to the FY 2022 and FY 2023 data for "General Relief Maintenance Expense" following a review that identified and resolved reporting discrepancies.

- In FY 2023, "General Relief Maintenance Expense" and "SSI reimbursement for General Relief Payments" increased due to the reopening of most Social Security Administration offices in the area. In FY 2024 the measure decreased due to a slight reduction in recipients. In FY 2025 the decrease was due to a decrease in the number of unduplicated recipients from FY 2024.
- In FY 2025, "SSI Reimbursement for General Relief Payments" increased due to two main factors. First, the program worked closely with local Social Security Administration staff to ensure that the federal systems included flags for clients with General Relief status. Additionally, there are regular fluctuations in reimbursement amounts based on how long a client has been receiving General Relief payments.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Auxiliary Grants

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average number of persons assisted per month	74	70	64	63	64	64

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Auxiliary Grant expense	$793,809	$719,109	$833,165	$1,026,160	$1,057,224	$1,057,224

- In FY 2024, "Average number of persons assisted per month" decreased with the end of the PHE and closer examination of income.
- Corrections were made to the FY 2022 and FY 2023 data for "Auxiliary Grant Expense" following a review that identified and resolved reporting discrepancies.
- In FY 2024, the Auxiliary grant program's maximum allowable subsidy increased 24 percent from $1,934 to $2,391, effective January 2024.
- In FY 2025, the maximum allowable subsidy increased 1.1 percent from $2,391 to $2,418, effective January 2025.
- In FY 2025, "Auxiliary Grant expense" increased due to the higher maximum subsidy amount implemented in FY 2024 and the FY 2025 increase in the average monthly subsidy from $1,085 to $1,345. In FY 2026, the program projects the average monthly subsidy to increase to $1,421.

Supplemental Nutrition Assistance Program (SNAP)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of potentially eligible people participating in June of each year	42%	48%	48%	46%	44%	44%
Amount of benefits issued in June of each year	$2,239,623	$1,486,846	$1,587,283	$1,552,468	$1,397,221	$1,397,221

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of households/recipients participating in June of each year	5,171/ 8,805	5,571/ 9,478	5,680/ 9,715	5,709/ 9,683	5,138/ 8,714	5,138/ 8,714
Number of applications processed each year	4,299	4,578	5,097	4,643	4,500	4,500
Percent of applications processed within timeframe	92%	96%	95%	96%	97%	97%
Percent of cases calculated correctly that were reviewed locally (State Fiscal Year)	75%	80%	92%	95%	90%	90%

- In FY 2022, most temporary pandemic-era policy changes continued, and participation in the program increased significantly due to the introduction of broad-based categorical eligibility. The number of cases monitored increased in SFY 2022 due to new staff and an increased number of applications/renewals requiring a review. 95 percent of newly hired staff had little to no prior program experience, which put an extra responsibility on supervisors to train new staff and monitor more cases.
- "Percent of potentially eligible people participating in June of each year" is likely to remain consistent in FY 2026 and FY 2027.
- In FY 2023, "Amount of benefits issued in June of each year" decreased due to several factors related to the pandemic: 1) The ending of the PHE in SFY 2023 ended a policy which provided emergency allotments to bring all SNAP households up to the maximum for their household size since the pandemic began in mid-March 2020, 2) SNAP interviews continued to be waived during SFY 2023, meaning if there were no outstanding questions, staff did not interview customers but did request verifications and closed cases if verifications were not provided, and 3) SNAP reviews and interim reports were reinstated as a regular function in July 2020.
- "Number of households/recipients participating in June of each year" and "Amount of benefits issued in June of each year" are expected to decrease in FY 2026 and FY 2027 due to federal policy changes.
- In FY 2024, "Numbers of applications processed each year" increased by 11 percent. This increase can be attributed to the ending of temporary policies enacted during the pandemic in July 2023. Student and Able-Bodied Adult Without Dependents (ABAWD) policies changed, causing more individuals to lose benefits and subsequently reapply. In FY 2025, applications returned to FY 2023 levels.
- In FY 2022, "Percent of cases calculated correctly that were reviewed locally" decreased because of staff turnover. In FY 2024, a more stable workforce and more focus on training practices likely led to an increase in accuracy, which continued in FY 2025. It is anticipated that "Percent of cases calculated correctly" will remain stable for FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Medical Assistance

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of households/recipients receiving Medical Assistance	23,853/ 28,597	25,922/ 31,274	23,941/ 29,307	22,596/ 27,287	22,000/ 26,000	22,000/ 26,000
Total applications received	3,853	4,388	5,352	5,255	5,200	5,200
Applications processed on time	92%	94%	88%	89%	97%	97%
Reviews processed on time	100%	99%	97%	95%	97%	97%
Accuracy of eligibility determinations	90%	69%	93%	95%	90%	90%
Percentage of Medical Assistance recipients accessing medical care	84%	74%	64%	68%	65%	65%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Enrollments at Virginia Hospital Center (VHC)	291	400	338	390	300	300
Total Reimbursements ($ millions)	$188.00	$229.51	$226.72	$260.92	$250.00	$250.00

- Medical assistance performance measures are based on the State fiscal year (SFY) which runs from June 1 to May 31 of each year.
- In FY 2022, "Total Medical Assistance Households" increased due to the continuation of the Centers for Medicare and Medicaid Services' (CMS) COVID-19 policy to keep recipients enrolled except under extreme circumstances, like death, moving out of state, or at the customer's request. The total number of households continued to increase in FY 2023. After the end of the pandemic, which established the policy, there was a decrease in FY 2024 and FY 2025 and that trend is expected to remain stable in FY 2026 and FY 2027.
- In FY 2023, "Total applications received" increased due to an increase in the number of Ukrainian parolees/refugees admitted into the United States, and eligible for resettlement assistance and other benefits. Also, there was a change in how emergency services applications were processed in FY 2023. These cases were previously denied if no emergency service was verified but these applicants are now given continuous coverage pending emergency service validation. This likely encouraged these households to apply because it appeared they were eligible for full coverage Medicaid, although they were not. In FY 2024 this measure increased due to the end of the PHE order that protected coverage for recipients through May 2023. With the reinstatement of Medical Assistance reviews, individuals who were closed out due to changes or failure to complete paperwork often resulted in subsequent new applications. Application rates remained at a high level in FY 2025. It is likely that high levels of applications will continue in subsequent years due to reapplications and Virginia adopting expanded eligibility components.
- In FY 2023, "Accuracy of eligibility determinations" decreased due to staff turnover, ongoing vacancies, and an increase in Medicaid applications during the past year of the PHE. In FY 2024 and FY 2025, accuracy rates increased to more consistent measures after

performance issues were addressed. Accuracy rates are expected to remain steady in FY 2026 and FY 2027.

- In FY 2023 and FY 2024 the "Percentage of Medical Assistance recipients accessing medical care" decreased due to reduced utilization by adults. In SFY 2024, 56 percent accessed care. Most other recipients – children and those eligible as Aged, Blind, or Disabled – accessed care at rates over 70 percent. In FY 2025, 68 percent of Arlington Medicaid recipients accessed medical services, up four percentage points from the previous year. This was driven by a slight increase in utilization rates among adults. FY 2026 and FY 2027 rates are expected to be in line with the prior two years.
- In FY 2023 through FY 2025, "Enrollments at Virginia Hospital Center (VHC)" remained higher than FY 2022 due to changes in the eligibility policy for immigrants. Lawful Permanent Residents (LPRs, sometimes called "green-card holders") no longer need 40 qualifying quarters of work to become eligible for Medicaid. In FY 2024, "Enrollments at Virginia Hospital Center (VHC)" decreased form the previous year due to the effects of changes in eligibility policy for immigrants. In FY 2025, Medical Assistance approval rates remained high. Denial reasons include financial ineligibility, a lack of Virginia residency, not belonging to a covered group, and an applicant's failure to follow through with required documentation. To increase the number of approved applications, VHC has staff to assist applicants in gathering and providing needed documentation to determine eligibility. It is anticipated that at least 300 VHC patient applications will be approved in FY 2026 and FY 2027.
- In FY 2025 "Total reimbursements" increased due to the increase in Medicaid recipients accessing medical services.
- In SFYs 2022 and 2023, the increase in Medicaid spending was likely due to the pandemic policy which retained most recipients in the Medical Assistance program; thereby, allowing many recipients to continue care when eligibility would normally have been cancelled. The PHE ended in May 2023 and unwinding efforts and the reinstatement of annual redeterminations began at the start of SFY 2024, which impacted enrollment numbers.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Temporary Assistance for Needy Families

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 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	$567/$86	N/A	$735/$212	N/A	$662/$190	$735/$212
Number/percent of VIEW participants employed	16/40%	22/27%	35/34%	30/29%	30/29%	30/29%
VIEW Participants who retain employment after three months	100%	91%	94%	93%	70%	70%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total applications	713	699	848	814	820	820
Accuracy rate for internal audits	60%	96%	86%	89%	90%	90%
Processing timeliness for initial applications/redeterminations	100%/ 100%	98%/ 100%	99%/ N/A	98%/ N/A	99%/ 97%	99%/ 97%
Average households/individuals receiving benefits per month	163/418	161/372	171/363	161/336	145/302	145/302

- Temporary Assistance for Needy Families performance measures are based on the SFY.
- In FY 2023, "Increase in monthly household income available to meet family living expenses as a result of receiving TANF: amount of income available with/without subsidy" was not calculated due to the vast increase in applications received and recipients serviced. In FY 2024 the measure increased as the PHE ended, and recipients were required to participate in the Virginia Initiative for Education and Work (VIEW) program. In FY 2025 the increase was not calculated due to capacity constraints. It is anticipated that the amount of income available to working families who receive TANF will increase in FY 2026 and FY 2027.
- In FY 2023, "Number/percent of VIEW participants employed" had an increase in the number of participants employed and a decrease in the overall percentage of employed participants given a higher number of participants in FY 2023. More participants resulted in more people obtaining employment, however, employment opportunities were limited for VIEW participants who generally have higher barriers to employment. In FY 2024 the measure increased as the number of cases increased from 81 to 104 in the last quarter of FY 2024. Additionally, the commonwealth requested an assessment of each referral sent into the state system's queue since the program became voluntary during the pandemic, with no action taken until it became mandatory in January 2023. The VIEW team received training from the state's regional consultant, and by June 2023, they began diligently addressing the backlog, completing reviews and enrollments by mid-November 2023. This backlog contributed to the increase in cases, and most individuals completed either training or certification and moved on to employment. FY 2025 experienced decrease due to two fewer participants compared to FY 2024. 100 percent of VIEW clients were employed or engaged in a work activity in FY 2025.
- In FY 2023, "Percent of VIEW participants employed after three months" remained high at 91 percent, with 10 of 11 recipients maintaining employment. In FY 2024 the measure increased due to another increase in the minimum wage in Virginia which resulted in higher percentage of placements earning living wage. A tight labor market may have also resulted in employers making efforts to retain employees as well as employees being less likely to leave due to fewer alternative options. FY 2025 experienced a slight decrease and it is anticipated to decrease in FY 2026 as the government shutdowns may have impacted the availability of jobs for participants in the VIEW program.
- In FY 2024, "Total Applications" increased by over 20 percent, though that increase does not correspond to an increase in recipients. Many of these applications were for single adult applicants in need of financial assistance. There are currently no public assistance options for low-income, able-bodied adults without dependents. A high number of applications but a similar number of recipients remained constant in FY 2025.
- In FY 2023, and "Average households/individuals receiving benefits per month" decreased due to fewer eligible family members in households receiving TANF benefits. In FY 2026, "Average households/individuals receiving benefits per month" will likely decrease by 10 percent to 302 as eligible categories become more restricted.

- In FY 2022, "Accuracy rate for internal audits" decreased due to a number of factors including high staff turnover, a significant increase in applications, and a small number of cases reviewed internally. As expected, "Accuracy rate for internal audits" saw a return to prior-year levels in FY 2023. In FY 2024 the measures decreased due to hiring new staff in TANF and the corresponding training time and effort reallocates staff resources and accounts for the decrease. It slightly increased in FY 2025, and that increase is expected to continue in FY 2026.
- TANF pandemic policy imposed a temporary moratorium on closures for the 24-month and 60-month time limits, resulting in an extension of benefits beyond established limits from FY 2021 to FY 2022.
- In FY 2024 and FY 2025, "Processing timeliness for redeterminations" was not reported as it is not being tracked by the commonwealth through Virginia Case Management System (VaCMS) and there is currently no effective method available to accurately track this measure. The data collected thus far solely relies on self-reports and supervisory reviews which may not provide reliable or actionable insights.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Energy Assistance

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of applications processed	2,730	6,710	3,830	N/A	1,456	1,456
Number of households assisted	2,248	5,931	3,453	N/A	1,500	1,500

- In FY 2022, limited reporting by the State resulted in data for "Number of applications processed" and "Number of households assisted" that was likely lower than actuals. In FY 2023, improved reporting and a growing, aging population on fixed incomes led to an increase in these measures.
- In FY 2024, "Number of applications processed" and "Number of households served" decreased as the Virginia Department of Social Services (VDSS) and Dominion Energy piloted a new energy assistance program called Percentage of Income Payment Program (PIPP). The pilot ran from January 2024 through December 2024 and redirected some applications and recipients away from traditional energy assistance programs. It is likely that it has impacted application numbers, though the impact of the pilot on the long-term remains to be seen. The assistance provided by PIPP is often more costly to households and the future is uncertain. As crisis assistance is currently on hold, it is anticipated that "Number of applications processed" and "Number of households assisted" will decrease in FY 2026 and FY 2027.
- Data for FY 2025 was not fully captured due to staff transitions. Procedures are in place to capture this data in FY 2026.

Refugee Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of applications processed	52	69	50	37	10	10
Average monthly households assisted	7	19	21	16	3	3
Refugee Services expense	$63,202	$112,218	$114,126	$81,031	$13,000	$0

- The number of applications processed each year depends upon the awarding of refugee status by the State Department.
- In FY 2022, Arlington had an influx of Afghan refugees through Operation Allies Welcome resulting in a significant increase in "Number of applications processed", "Average monthly households assisted", and "Refugee Services expense". These numbers continued to increase in FY 2023 as there were also increased numbers of refugees from Ukraine, Haiti, Cuba, and Ethiopia. In FY 2024 the measure decreased as the initial influx of refugees from Ukraine and Afghanistan slowed from the start of those conflicts. Additionally, more refugee families/anyone with children will be directed to TANF. Lastly, the high cost of living in Arlington drives refugees to other communities in the northern Virginia area.
- Corrections were made to the FY 2022 and FY 2023 data for "Refugee Services Expense" following a review that identified and resolved reporting discrepancies.
- In FY 2024, "Refugee Services expenses'" increased due to an increase in numbers of eligible members in each household. The expense is also impacted by a change in time limits in FY 2022 which increased the assistance period from eight months to twelve months.
- In FY 2025, "Number of applications processed", "Average monthly households assisted", and "Refugee Services expenses" decreased as the US Refugee Admissions Program was paused indefinitely in January 2025, effectively shutting down new admissions and resettlements. It is anticipated that "Number of applications processed", "Average monthly households assisted", and "Refugee Services expenses" will continue to decrease in FY 2026 and FY 2027.

Child Care Subsidy

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of income spent on childcare with/without subsidy - Fee-based families	0%/50%	N/A	3%/52%	3%/55%	3%/55%	3%/55%
Percent of income spent on childcare with/without subsidy - Head Start families	0%/51%	N/A	2%/41%	2%/44%	2%/44%	2%/44%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of children receiving subsidy from local funds (County)	8	2	3	7	5	5
Quality control processing accuracy rate: internal reviews calculated correctly	95%	93%	92%	95%	90%	90%
State funds spent for fee paying families: percent spent and amount of allocation	93%/ $2,844,339	104%/ $4,593,669	122%/ $6,288,073	84%/ $6,276,228	80%/ $6,357,680	80%/ $6,357,680
Total number of children receiving state childcare subsidy	420	360	390	616	554	554

- The Child Day Care Subsidy Program performance measures are based on the SFY, which runs from June 1 to May 31 of each year.
- The U.S. Department of Health and Human Services has established the threshold for affordable child-care at seven to ten percent of family income. Without a subsidy, childcare costs would have accounted for more than half of the average family's income. With the subsidy, costs decrease to five to seven percent of income.
- In FY 2022, "Percent of income spent on childcare with/without subsidy – Fee-based families" and "Percent of income spent on childcare with/without subsidy – Head Start families" decreased due to families having higher incomes while also not having to pay copays due to the State waiving copays in FY 2022. In FY 2023 reviews were not conducted due to staffing constraints. It is anticipated that FY 2026 and 2027 will remain consistent with FY 2025.
- In FY 2023, "Number of children receiving subsidy from local funds (County)" decreased due to additional funding from FY 2022 ending which resulted in fewer children being able to receive services. In FY 2024 the measure slightly increased due to an influx in teen parents who attended the Arlington Career Center and therefore utilized the Arlington Infant Care Center which is located in the career center. Unused funds from FY 2024 were rolled over to FY 2025. For FY 2025, the increase is due to increased applications from teen parents in Arlington. It is anticipated that the number will decrease in FY 2026 and FY 2027.
- FY 2022 and FY 2023 data for "State funds spent for fee paying families: percent spent and amount of allocation" were corrected.
- In FY 2022, "State funds spent for fee paying families: percent spent and amount of allocation" both increased due to the State increasing Arlington's allocation by 34 percent and a significant increase in "Total number of children receiving state childcare subsidy". In FY 2023 funding increased due to increased usage of the program with House Bill 2206 temporarily allowing for 'job search' as an approved activity as well as increasing the income limit to 85 percent of the State median income for families who have a child under five years who is not enrolled in kindergarten. In FY 2024 funding increased due to higher income limits for families who have children under the age of five and not enrolled in kindergarten, and allowing subsidies to be provided to those who are only participating in job search activities. In FY 2025, the program was not able to expend the initial state allocation as the program capacity is capped at a per capita level by Virginia. Even if there were additional funds available, they cannot be expended if all slots are currently filled with children.
- In FY 2022, "Total number of children receiving state childcare subsidy" increased due to the majority of the flexibilities established by House Bill 2206 remaining in place through May 2022. As the economy improved, schools reopened, and childcare slots became

available, significantly more families were able to access childcare subsidies. In FY 2023 the number decreased due to some of the flexibilities that were in place during the pandemic expiring after SFY 2022, including the suspension of co-pays. FY 2024 and FY 2025 increased due to adding newborns to existing subsidy cases. Adding additional children to existing cases does not require a Childcare Subsidy application. Additional reasons for the increase in children served in FY 2025 include an increase in families applying for multiple children on one application as well as an increase in transfer cases from other neighboring jurisdictions, primarily Alexandria. There was a significant net increase in children from transfer cases in FY 2025, as more subsidy families moved to Arlington rather than out of it.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/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 for Speakers of Other Languages Training

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

Workforce Board and Consortium

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

PERFORMANCE MEASURES

Employment Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Placement rate of case managed clients: number/percent placed in employment	200/32%	186/26%	199/19%	131/15%	150/15%	150/15%
Average wage at time of placement into employment	$20.29	$21.49	$20.95	$24.12	$24.00	$25.00
Case managed clients still employed after three months	199/89%	134/88%	96/63%	98/74%	93/70%	100/75%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average ongoing case management clients per month	295	322	606	366	550	575
Average time from referral to case management to placement into employment for case managed clients (months)	6.1	7.2	3.4	4.1	4.0	4.0
Total employers participating in recruitment fairs	133	166	153	161	44	44
Total Employers served	1,256	1,413	1,603	1,304	500	500
New Employers served	486	429	420	315	165	165
Number of students attending Arlington Teen Summer Job Fair	700	475	588	682	650	650

- The "percent placed in employment" metric decreased in FY 2023 due to increased barriers to employment faced by the clients served, in particular, older adults and those without Right to Work statuses. In FY 2024, "Placement rate of case managed clients" decreased due to the increased use of on-call contractors, improved artificial intelligence, and self-service kiosks by employers which resulted in limited employment opportunities. Additionally, staff reported difficulties in reaching clients to obtain any employment gains, some clients might have gained employment due to skills learned at the Arlington Employment Center (AEC) but did not report back and the data needed for employment touchpoints was not collected and these clients were not counted as being placed in a job. These factors continued in FY 2025, but it is anticipated that "Placement rate of case managed clients" will increase in FY 2026 and FY 2027 due to additional follow up efforts.
- In FY 2022, "Average wage at time of placement into employment" reached over $20/hour due to fewer lower paying jobs being available during the economic recovery. An increase in the minimum wage in Virginia also contributed to the increase. Continued increases in the minimum wage led to further bumps in average wages through FY 2023. After a slight dip in FY 2024, average wages rose to over $24 in FY 2025. This is likely a direct reflection of the effort to push industry certifications when clients are provided with training. With certifications, clients can get higher wages. Additionally, the program saw more highly skilled clients due to the federal layoffs which may have contributed to these increases. Wages are projected to remain stable in FY 2026 and FY 2027.
- In FY 2023, "Case managed clients still employed after three months" decreased due to a larger proportion of clients obtaining employment in the last quarter of the fiscal year, therefore they had not met the three-month threshold to be included in this measure. In FY 2024 the decrease was due to Workforce Innovation and Opportunity Act (WIOA) funding being expended before the end of the year. This impacted the support available for clients. Additionally, clients were diverted from WIOA to the Back 2 Work program (B2W) due to additional funds available for that program. For FY 2025, the increase is due to additional follow-up efforts by staff. The response rate for follow-up after three months increased from 76 percent in FY 2024 to 81 percent in FY 2025.
- In FY 2022, "Average ongoing case management clients" increased as the COVID-19 pandemic drew closer to an end, residents exhausted unemployment insurance benefits, and inflation increased. In FY 2023, "Average ongoing case managed clients" increased as expected due to an improved economy post pandemic. In FY 2024 the increase is due in part to instituting one-on-one review sessions (also open to the public), reinstatement of the Supplemental Nutrition Assistance Program (SNAP) Able Body Adult Without Dependent

(ABAWD) requirement in the SNAP Employment and Training (E&T) program, and the availability of Back-2-Work funding. For FY 2025, the was fewer staff compared to FY 2024. Additionally, clients under different programs who received employment services, but not intensive case management were included in prior years' data. Moving forward, this metric will only include clients who receive intensive case management services, which will give the program a more accurate number. Based on current economic conditions, the number of clients is anticipated to increase in FY 2026 and FY 2027.

- In FY 2022, "Average time from referral to case management to placement into employment for case managed clients" increased due to a significant number of AEC clients who had been receiving services for two years or more, finally obtaining employment. This trend continued in FY 2023. In FY 2024, the average time decreased due to a change in program policy to discharge clients more efficiently which increased access to job services for more individuals. Also, further improvements in the economy resulted in more clients obtaining employment. For FY 2025, the increase is due to highly skilled job seekers entering the job market from federal layoffs. Many federal workers and contractors lost jobs during the latter part of FY 2025.
- In FY 2022, "Number of recruitment fairs" was changed to "Total employers participating in recruitment fairs", to reflect the shift from single-employer to multi-employer events. "Total employers participating in recruitment fairs" increased as industries opened as the pandemic came closer to an end and employers experienced "The Great Resignation." In FY 2023, the number increased due to increased employer demand, low unemployment, and a surplus of vacant positions. In FY 2025, the total increased slightly, but a significant decrease is anticipated in FY 2026 and FY 2027 due to staff capacity limitations.
- In FY 2023 and FY 2024, "Total Employers served" increased as a result of increasing the Business Engagement Team's (BET) annual performance goal for the number of Arlington employers served.
- In FY 2025, "Total Employers served" and "New Employers served" decreased due to the loss of a position in FY 2025, which impacted the program's capacity. "Total Employers served" and "New Employers served" are anticipated to decrease in FY 2026 and FY 2027 due to limited staff capacity. The BET is focusing its resources on working with Arlington-based employers.
- In FY 2023, "Number of students attending Arlington Teen Summer Job Fair" decreased due to a lower demand for summer jobs by teens. In FY 2024 and FY 2025, the number increased as more students registered for the event compared to FY 2023. It is anticipated that attendance at the Teen Summer Job Fair will remain steady for FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

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 three locally administered health departments in the Commonwealth.

Emergency Preparedness and Response (EP&R)

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

Occupational Health

- Ensure a healthier County workforce.

PERFORMANCE MEASURES

Emergency Preparedness and Response (EP&R)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of emergency exercises and drills which Division staff conducted or in which staff participated	15	30	30	36	36	36
Percentage of Public Health Division employees compliant with state and federal National Incident Management trainings (IS100, ICS200 and ICS700)	75%	75%	80%	98%	98%	98%
Total Number of deployable Medical Reserve Corps (MRC) volunteers	N/A	1,770	1,787	1,664	1,664	1,664
Total number of outreach events	13	28	46	37	132	165
Number of people reached at outreach events	1,622	2,090	4,371	3,453	10,000	12,375

- 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. PHD EP&R staff attend numerous exercise opportunities in the region, and participation in those activities is counted for Arlington County as the experience is relevant. Drills and exercises were largely suspended through mid-FY 2022 due to the pandemic as staff were responding to a real-world emergency.
- The percentage of Public Health Division employees compliant with state and federal National Incident Management training requirements varies from year to year based on date of hire

for new staff as staff have one year following their employment start date to complete the required training. Through FY 2023, PHD staff were highly involved with the COVID-19 response and Federal Emergency Management Agency (FEMA) training/Incident Command System (ICS) training requirements were suspended as priorities. With the return to a steadier state of daily operations, percentages have increased, and it is expected they will remain high.

- The MRC defines deployable volunteers as those who have submitted an approved application, completed all minimum required training, passed a background investigation, and elect to remain 'at the ready' to be deployed during emergencies. Deployable volunteers decreased slightly in the transition out of an active response.
- In FY 2025, outreach activities for PHD were consolidated under EP&R in order to build trust within the community in advance of the next public health emergency. The focus in FY 2025 was training staff to expand capacity, leading to a decrease in events attended compared to the previous year. Around 75 PHD staff members have been trained to-date on public health outreach. Starting in FY 2026, there is an expectation that each trained PHD staff member will participate in on going outreach events in the community. Outreach is conducted at community health fairs, food distribution events, the County Fair, and similar events.

Occupational Health

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of County employees attending Occupational Safety and Health (OSHA) required trainings	273	168	165	182	182	182
Percent of County employees receiving follow-up referrals after health risks were detected on screening	100%	100%	100%	100%	100%	100%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of County employees screened for health and safety risks who were able to perform the job	2,252	1,572	2,426	2,193	2,193	2,193
Number/percent of OSHA defined abnormal hearing tests getting appropriate follow-up	4/100%	4/100%	11/100%	6/100%	6/100%	6/100%
Percent of all County employees screened for work health and safety risks who were able to perform the job	99%	99%	99%	99%	99%	99%

- The number of employees screened for health and safety risks who were able to perform the job varies annually dependent on employee role and time of year that screenings are scheduled. In FY 2024, the number of County employees screened for health and safety risks and ability to perform their job increased towards pre-pandemic levels. In FY 2025, there was a slight decrease in the number of employees screened for health and safety risks. Most of this decrease in screening was attributed to a change in vendor for ACFD that performed annual fitness for duty exams. All ACFD exams are now occurring on a fiscal year basis instead of a calendar year basis. However, they continue to be tabulated on a fiscal year basis.

- During FY 2022 - early FY 2024, spirometry (pulmonary function testing) was not being performed during some employee physical exams. This was an intentional action to reduce a potential risk of spreading the COVID-19 virus. Spirometry resumed as the pandemic waned, leading to more employees being screened for this health and safety risk.
- Most occupational health examinations include audiometry (hearing tests). Normally there are four or five abnormal hearing tests each year out of 1,500 - 2,000 hearing tests performed annually. In FY 2024, the number of abnormal hearing test was an aberration, but still a very small number.

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 people.

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 parents 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)

- 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.

Tuberculosis Case Management and Newcomer Health

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

PERFORMANCE MEASURES

Family Planning Program

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total clients served	1,823	2,059	2,261	2,315	2,315	2,315
Total number of client visits	3,542	3,868	4,014	4,042	4,042	4,042
Percent of teens encouraged to have parental involvement in their decisions regarding reproductive health	N/A	N/A	100%	95%	95%	95%

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients who rated their overall customer experience as "good" or "great"	N/A	100%	100%	98%	99%	99%
Percent of clients leaving clinic with their birth control method of choice	N/A	92%	97%	96%	96%	96%
Percent of clients attending postpartum visit before the end of week 12 postpartum.	N/A	66%	66%	70%	70%	70%
Percent of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result	N/A	37%	58%	45%	45%	45%

- The slight increase in clients served in FY 2022 and FY 2023 is likely due to gradual increase in services opening up in the community. Client numbers in FY 2025 have remained steady.
- The data collection for "percent of teens encouraged to have parental involvement in their decisions regarding reproductive health" was suspended during the COVID-19 Public Health response due to staff time being reprioritized to pandemic response. Data collection resumed in FY 2024.
- In FY 2024, a satisfaction survey was conducted for the "combined clinic" (Family Planning, STI, and Maternity). These results shown are only for Family Planning Clinic clients in FY 2023 and FY 2024.
- In FY 2025, because of a change in clinic procedures, it was not possible to separate STI clinic survey respondents from Family Planning respondents; therefore, clinic surveys are reflective of STI and Family Planning respondents. Maternity clinic services were no longer provided at the clinic.
- Previously, the program measured the number of clients who received a Long-Acting Reversible Contraception (LARC) on the same day it was approved. For FY 2023, this measure was changed to align with the Virginia Department of Health (VDH)/Title X requirement of the client receiving the birth control method of their choice. Prior year data is not applicable to the current measure. In FY 2024, 97 percent of individuals left the clinic with their birth control method of choice. In FY 2025, 96 percent of clients left with their method of choice, maintaining a similarly high level as prior years.
- In FY 2022, the percentage of clients reporting a planned pregnancy when receiving the results of a positive pregnancy test result was not calculated due to suspension of walk-in pregnancy testing during the COVID-19 pandemic. Data capture resumed midway through FY 2023. There was an increase in FY 2024, which may be related to a larger sample of data.
- In FY 2025, 45 percent of clients reported a planned pregnancy when receiving the results of a pregnancy test. Of note, the number of clients with pregnancy tests dropped significantly after the Maternity Clinic stopped new admissions in October 2024. Maternity Care services have been transitioned to Virginia Hospital Center in alignment with best practices.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Immunization Clinic (IC)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total clients served (all services)	1,518	1,947	2,302	1,906	1,925	1,925
Total visits (all services)	2,253	2,834	3,301	2,519	2,525	2,525
Total IC Services: immunizations (including flu) and TB tests administered	7,128	9,193	11,370	8,168	8,200	8,200
Cases of reportable vaccine-preventable diseases among Arlington children and adults immunized at Immunization Clinic	0	0	0	0	0	0

- Data includes services provided at the Immunization Clinic (IC) only.
- In June 2022, the clinic restarted services for adults and residents of other jurisdictions. In FY 2023, the number of adults served increased dramatically. In FY 2024, the number of clients in all age groups continued to increase. In FY 2025, the number of adults continued to increase, while the number of children decreased.
- Starting in January 2024, Community Health Services Bureau assumed staffing full-time for clinics as the School Health Bureau began increasing immunization services in school clinics. The Bureaus partnered to jointly staff clinics during the August back-to-school surge clinics.
- The decrease in clients in FY 2025 is attributed to some clients receiving vaccinations in school clinics as the School Health Bureau now offers vaccinations in elementary, middle, and high schools.
- Client counts and services are projected to remain stable in FY 2026.
- This program has a performance measurement plan for services provided at IC. The data above aligns with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

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

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of underweight children ages 2 to 5 moving towards a healthier weight	67%	53%	69%	27%	27%	27%
Percent of overweight children ages 2 to 5 moving towards a healthier weight	63%	49%	26%	29%	29%	29%
Percent of Women, Infants and Children (WIC) breastfeeding infants who were ever breastfed	96%	94%	86%	86%	86%	86%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 6 months	85%	75%	65%	73%	73%	73%
Percent of Women, Infants and Children (WIC) breastfeeding infants who are breastfed at 1 year	51%	56%	30%	59%	59%	59%
Percentage of clients who rated their overall customer experience as "good" or "great"	N/A	N/A	97%	100%	100%	100%
Monthly average number of active clients	2,202	2,750	2,836	2,770	2,770	2,770

- Changes due to COVID: All eligibility determination, risk assessment, and nutrition counseling services were performed over the phone, and benefits were issued remotely in FY 2022 and FY 2023. USDA (US Department of Agriculture) waived the physical presence requirement. In person services resumed in FY 2024.
- Height and weight data from FY 2024 and FY 2025 is not comparable to prior years because of the change in how height and weight measurements were collected. Data was reported by external health care practitioners and not directly measured at WIC office visits and may not be comparable to data recorded at WIC office visits.
- The number of underweight children ages two to five moving toward a healthier weight is small; therefore, even small changes in the number of underweight children often account for the variations in percentages. A record review was conducted for the underweight children who did not move to a healthier weight in FY 2025. The findings indicated that time and money constraints were obstacles for some families to meet recommendations to purchase and prepare foods.
- Formula shortages in FY 2022 and FY 2023 may have contributed to higher breastfeeding rates in those years. It is possible that the decrease in FY 2024 is related to increased formula availability. Staff were retrained on data collection and entry in FY 2025, which may have contributed to the increase that year.
- The Customer Service survey was not administered in FY 2022 and FY 2023 due to the COVID-19 pandemic. The survey was readministered, and data collected starting in FY 2024.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

HIV/AIDS & Sexually Transmitted Infections (STI)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of sexually transmitted disease clinic clients (includes HIV)	259	338	362	427	500	500
Total number of sexually transmitted disease clinic visits (includes HIV)	365	503	538	568	600	600
Percentage of STI Clinic clients who rated their overall customer experience as "good" or "great"	99%	100%	96%	98%	98%	98%
Percentage of STI Clients with chlamydia, gonorrhea or syphilis who were notified and offered options for treatment within one week of laboratory results	95%	78%	95%	99%	99%	99%

- The total number of STI Clinic visits increased from FY 2022 to FY 2023 due to the closure of the Alexandria clinic. The total number of STI Clinic visits has increased slightly over the past year because of a strong partnership with NovaSalud and the increase in the overall accessibility to screening, which was halted during the pandemic.
- In FY 2025, 98 percent of clients rated their overall customer experience with Clinic services as "good" or "great." These results were consistent with the high satisfaction reported in prior years.

- In FY 2025, 99 percent of clients testing positive for chlamydia, gonorrhea, or syphilis were notified within one week of laboratory results, an increase from 95 percent in FY 2024. In FY 2023, a lower percentage of clients were notified within one week. This was because NovaSalud clients were told to contact Public Health after receiving positive results. This delayed treatment. The process was changed later in FY 2023, so that PHD STI Clinic staff reaches out to positive clients instead of waiting for the client to call in to schedule an appointment. This has led to high levels of contact in later years.
- FY 2023, FY 2024, and FY 2025 data includes clients diagnosed at all Community Health Service Bureau clinics, including family planning and maternity clinics. Data on client notification is tracked in the STI database.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Tuberculosis (TB) Case Management and Newcomer Health

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number/percent of clients with active TB who completed or are on schedule to complete treatment according to protocol	15/100%	13/100%	13/100%	15/100%	15/100%	15/100%
Number/percent of clients with latent TB infection starting medications who completed or are on schedule to complete treatment	60/94%	103/94%	81/91%	88/91%	88/91%	88/91%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of TB Clinic clients (unduplicated)	299	381	317	350	350	350
Number of Newcomer Health clients (unduplicated)	71	117	122	84	10	10
Total active TB cases on treatment	16	13	13	15	20	20
New active TB cases (diagnosed in Arlington or transferred from other jurisdictions)	10	10	10	11	15	15
Clients with Latent TB on treatment	64	110	89	97	100	100
Visits (all settings, excluding DOT)	694	1,143	997	1,052	1,052	1,052
Directly Observed Therapy (DOT) visits	1,212	1,751	1,338	1,963	1,963	1,963
Percent of clients with active TB disease who were started on the recommended treatment regimen and initiated DOT	100%	100%	100%	100%	100%	100%
Percent of identified contacts to an active TB case who were assessed to determine their infectious status	64%	87%	79%	54%	60%	60%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number/percent of Newcomer Health clients screening initiated within 30 days of notification	71/93%	129/89%	110/90%	82/95%	90%	90%

- The number of clients (unduplicated) includes all who are seen by the TB Program. This includes clients with active or latent TB and those requiring TB screening, chest x-rays, and letters for employers certifying that they are free of active TB.
- The increased number of Newcomer Health clients after FY 2022 was due to worsening political and economic conditions in Afghanistan and the continued war in Ukraine.
- Due to changes in refugee resettlement policy since January 2025, the number of Newcomer Health clients has significantly decreased. The majority of clients are now asylees from high burden TB countries.
- 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 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 each period and the number of those diagnosed who agree to start this voluntary treatment.
- Directly Observed Therapy (DOT) is used with all clients who receive treatment for latent tuberculosis infection (LTBI) using the 3HP regimen. Many clients opt for 3HP as it is the short regimen and requires one dosing weekly. All LTBI regimens that are not daily dosing regimens must be administered using DOT. This resulted in an increase in DOT visits in FY 2023.
- The percentage of identified contacts to an active TB case who were assessed to determine their infectious status varies with the size of the worksite and/or communal setting. In FY 2025 there was a contact investigation at a work site of an active TB case that resided in another jurisdiction. There were barriers to a successful contact investigation, including the worksite not providing names of the contacts to TB Control staff, which led to a decrease that year.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

PROGRAM MISSION

To keep children healthy and safe to promote learning.

School Based Health Clinics

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

Health Appraisal Clinics

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

Parent Infant Education (PIE)

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

PERFORMANCE MEASURES

School Based Health Clinics

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of students enrolled (school enrollment as of September 30)	26,911	27,455	27,452	27,900	27,900	27,900
Students with medical notifications	7,504	7,760	7,631	7,557	7,557	7,557
Total number of clinic visits	92,582	152,277	168,553	174,022	174,022	174,022
Percent of controlled substances (medications) administered per protocol	99.5%	98.9%	99.3%	99.7%	99.7%	99.7%
Percent of individual health care plans that meet all appropriate standards for the condition	N/A	80%	95%	89%	90%	90%
Total vision screenings	9,639	10,729	9,656	10,348	10,348	10,348
Total hearing screenings	9,663	10,444	10,183	10,093	10,093	10,093
Percent of mass vision screenings completed	98%	100%	100%	100%	100%	100%
Percent of mass hearing screenings completed	99%	100%	100%	100%	100%	100%
Number of referrals made for services	24,371	4,328	2,945	1,921	1,921	1,921
Percent of conditionally enrolled students brought into compliance with immunizations	100%	100%	100%	100%	100%	100%

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of 7th grade students excluded from school for not receiving Tdap or Meningococcal vaccination	N/A	N/A	10 of 1,942	12 of 2,119	12 of 2,119	12 of 2,119
Number of 12th grade students excluded from school for not receiving Meningococcal vaccination	N/A	N/A	16 of 1,962	14 of 2,060	14 of 2,060	14 of 2,060
Percent of parents responding to customer satisfaction survey indicating overall satisfaction with service	N/A	N/A	91%	93%	93%	93%

- School enrollment numbers are from Arlington Public Schools (APS).
- The number of students with medical notifications varies from year to year based on individual student characteristics. Medical notifications are created for students who, because of a chronic health condition, may require a higher level of care during the school day. These notifications are provided to classroom teachers and/or other APS staff to alert them to these situations.
- Overall, the number of clinic visits per school level varies from year to year based on a combination of factors, including the number of students at each school level (elementary, middle, and high), the number of students with chronic health conditions that require a clinic visit, students' ability to self-manage their chronic health care needs, and school health staffing. Since FY 2023, clinics returned to pre-pandemic clinic visits.
- The measure "Percent of individual health care plans (IHCPs) that meet all appropriate standards for the condition" was not collected in FY 2022. IHCPs were created as usual but the staff that usually conduct the audit were deployed to the COVID response. Collection of this measure resumed in FY 2023, after COVID. The percentage of IHCPs meeting all standards was lower than pre-pandemic in FY 2023. This was not unexpected because the audit was re-instituted after not being conducted for three years. There was new staff at both the Public Health Nurse (PHN) and supervisor levels. All PHNs were re-trained in IHCPs in 2022-2023 as part of the "Back to the Basics" initiative. This likely led to the increase in FY 2024. In FY 2025, IHCPs meeting all standards decreased by six percentage points. There were vacancies and new staff among the Public Health Nurses (PHNs). As staff become more familiar with the IHCP process, the rate of errors decreased. It is expected to remain steady in FY 2026 and FY 2027.
- In FY 2025, mass vision hearing screenings were conducted for 100 percent of students in kindergarten and grades three, seven, and ten according to Virginia Department of Education (VDOE) requirements. The total number of students is taken from September 30 APS enrollment data, which is the official enrollment for the school year. After this date, the number of students screened on the dates of individual school screenings may be higher or lower than the enrollment numbers on September 30.
- In FY 2022, the measure "Number of referrals made for services" was higher than previous years, due to referrals related to COVID. This leveled off in FY 2023, due to changes in Arlington County Public School's COVID protocols. These changes remained in place for FY 2024 and FY 2025.
- Students are conditionally enrolled when they lack the complete series of required immunizations, or they have not met requirements for tuberculosis screening. The standardized definitions for categories of conditionally enrolled students ensure consistent data collection. As per § 22.1-271.2 of the Code of Virginia, documentation indicating that the child has received the required immunizations for school entry must be provided. Any child whose immunizations are incomplete may be admitted conditionally if the parent or guardian provides documentation at the time of enrollment that the child has received at least

one dose of the required immunizations and has a written schedule for completing the remaining doses. Immunizations are required in order to reduce the spread of communicable diseases.

- For FY 2024 and moving forward, the measure "7th Grade Students being Excluded for TDAP" is being updated to include the number of 7th grade students excluded for Meningococcal Vaccine or Tdap and the number of 12th grade students excluded for Meningococcal Vaccines. VDOE requires all rising 6th and rising 11th graders have these vaccinations. Students are not allowed to attend school until they have received these vaccinations. In FY 2025, only 12 seventh graders and 14 twelfth graders were excluded for missing vaccinations.
- In FY 2022 and FY 2023 the customer satisfaction survey was not administered to parents due to COVID. In FY 2025, customer satisfaction survey results show 93 percent parent satisfaction with services.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program.

Parent Infant Education (PIE)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total Clients referred	393	442	390	437	437	437
New Individualized Family Service Plans (IFSPs)	219	222	199	223	223	223
Number of Active Clients (new and ongoing IFSP's, unduplicated count)	413	430	403	427	427	427
Number of assessment and therapy hours provided by PIE therapists	1,594	1,715	1,183	1,658	1,658	1,658
Number of assessment and therapy hours provided by contracted therapists	3,205	3,544	3,905	4,133	4,133	4,133
Total direct therapy and assessment hours (travel, documentation, teaming peer consultation, and administrative time not included)	4,799	5,259	5,088	5,791	5,791	5,791
Percentage of clients receiving services in a language other than English	16%	20%	21%	27%	27%	27%
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)	168/ 100%	186/ 100%	144/ 99%	176/ 100%	175/ 99%	175/ 99%
Number/percent of clients offered to start services listed in the IFSP within 30 days of signing the IFSP	217/ 100%	223/ 100%	192/ 99%	214/ 100%	212/ 99%	212/ 99%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: positive social emotional skills	32/ 49%	62/ 57%	51/ 51%	60/ 58%	60/ 58%	60/ 58%

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: acquisition and use of knowledge and skills	31/ 44%	73/ 59%	59/ 55%	56/ 51%	56/ 51%	56/ 51%
Number/percent of children demonstrating substantial improvement (based on therapist assessment) at discharge: use of appropriate behaviors to meet their needs	36/ 44%	75/ 57%	68/ 57%	56/ 48%	56/ 48%	56/ 48%
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	72%	77%	96%	96%	96%	96%
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	87%	97%	95%	100%	100%	100%
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	88%	97%	97%	100%	100%	100%

- 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.
- Referrals to the PIE program decreased during the height of the COVID-19 pandemic. PIE conducted outreach to pediatrician's offices and community programs to increase the number of referrals in FY 2022 and FY 2023. The number of referrals decreased slightly in FY 2024. Referrals to the PIE program increased 12 percent in FY 2025. Referrals have not yet returned to pre-pandemic levels, indicating the need for more targeted outreach and education for community agencies who work with children under three.
- The number of assessment hours provided by PIE (staff) therapists and contracted therapists varies based on 1) individual family/child characteristics; 2) the time needed to perform the assessments; 3) changes in workload; and 4) availability of staff and contracted therapists. In FY 2022, these hours decreased, partially because a number of families opted for private therapy provided in person rather than telehealth services through PIE. In FY 2023, PIE returned to offering in-person services. In FY 2024, PIE had two vacant therapist positions for portions of the year, which increased the use of contracted therapists. In FY 2025, the number of assessment and therapy hours provided by PIE therapists and contractors increased to meet the needs of the increased number of referrals.
- In FY 2024, PIE Service Coordinators (SCs) experienced high caseloads due in part to staff turnover, which resulted in some children not receiving offers to complete IFSPs and start therapy within the required timelines. In late FY 2024 PIE hired two contract SCs to help with this workload. This helped ensure that all timelines were met in FY 2025.

- The percent of children demonstrating substantial improvement at discharge (based on therapist assessment) on positive social emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors has been close to the state target for the past few years. In FY 2022, indicator ratings were not gathered for all children exiting the PIE program that were receiving services for six months or longer due to the COVID-19 pandemic. In the last quarter of FY 2022, a new policy was implemented to increase the proportion of children for whom this data was gathered. Results from FY 2023, FY 2024, and FY 2025 show a significant increase in the number of positive outcomes for children exiting the program.
- In FY 2022, the percentage of parents reporting more confidence in meeting their child's needs and the percentage of those who feel services helped reach outcomes or goals important to their family remained high. The percentage of families reporting improved ability to participate in typical community activities decreased. In FY 2022, most PIE services were provided virtually, limiting therapists' ability to support families during community activities. This percentage increased in FY 2023 as families increased their engagement in community activities and PIE resumed in-person services. In FY 2024, results indicated high levels of family agreement with each of the three statements. In FY 2025, results showed family satisfaction with services at levels equal to or greater than those in FY 2024 in all three areas.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/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 diseases (e.g., salmonella, hepatitis A) in food prepared in licensed food establishments.
- Investigate potential outbreaks to limit the spread of foodborne diseases.

Pool Inspection

- Prevent injury, death, and the spread of diseases (e.g., cryptosporidiosis) in licensed swimming pools, spas, and other water recreation facilities.
- Investigate potential outbreaks to limit the spread of waterborne diseases.

Hotel Inspection

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

Rodent Control

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

Disease Surveillance and Investigation

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

Rabies Prevention and Control

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

PERFORMANCE MEASURES

Restaurant Inspection

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number/percent of food establishments in enforcement process brought into compliance	3/ 100%	14/ 100%	5/ 100%	3/ 100%	3/ 100%	3/ 100%
Number of food establishments closed for imminent health hazards	11	5	11	13	13	13
Number of confirmed foodborne outbreaks associated with a licensed Arlington food establishment	0	0	1	1	Not predictable	Not predictable

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of establishments	1,044	1,046	896	912	912	912
Total number of risk factor plus Good Retail Practices (GRP) and risk factor inspections completed	2,072	2,216	2,027	2,324	2,324	2,324
Number/percent of food establishments that require one inspection per year receiving required inspections (calendar year measure)	433/ 100%	252/ 100%	243/ 100%	234/ 100%	234/ 100%	234/ 100%
Number/percent of food establishments that require two inspection per year receiving required inspections (calendar year measure)	279/ 99%	278/ 100%	288/ 100%	295/ 99%	295/ 99%	295/ 99%
Number/percent of food establishments that require three inspection per year receiving required inspections (calendar year measure)	359/ 99%	396/ 100%	411/ 100%	414/ 100%	414/ 100%	414/ 100%
Number/percent of food establishments that require four inspection per year receiving required inspections (calendar year measure)	19/ 100%	18/ 100%	19/ 100%	19/ 100%	19/ 100%	19/ 100%
Number of complaints of foodborne illness	80	68	53	112	Not predictable	Not predictable
Number of confirmed foodborne outbreaks/ Known affected individuals with the outbreak	0/ N/A	0/ N/A	1/ 89	1/ 149	Not predictable	Not predictable
Enforcement Action 1: Number of Notices of Alleged Violation	2	12	5	2	3	3
Enforcement Action 2: Number of Informal Fact-Finding Conferences	0	3	1	1	1	1
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

- The majority of measures are provided on a fiscal year basis except where noted otherwise.
- The number of food establishments in the enforcement process varies from year to year based on individual food establishment compliance with the FDA (Food and Drug Administration) Food Code. An establishment that has a pattern of violations will be brought into Enforcement. Enforcement is a multi-step process (per the categories listed) and progresses when the pattern of violations continues. Each step gives the owner the opportunity to correct the violation pattern and comply with the Food Code. Closures due to imminent health hazards include fire, power outage, sewer back-up, and pest infestations. This is a temporary suspension of the license, outside of the enforcement process. If the hazard is part of a pattern of violations, the

establishment may be issued a Notice of Alleged Violation in addition to the suspension of the license. Most establishments reopen upon remedying the hazard.

- The total number of establishments includes those "brick and mortar" establishments that are active and permitted with a current license as of the first day of a fiscal year. The number of establishments were reduced as of January 2023 when about 150 grocery and convenience store facilities became solely licensed and inspected by the Virginia Department of Agriculture and Consumer Services (VDACS).
- Routine and risk factor inspections are unannounced inspections made on a prescribed schedule based on the establishment's risk factor category. The risk factor inspection focuses on those items most likely to result in foodborne illness. A routine inspection includes both a risk factor inspection as well as an inspection of good retail practices (facility/structural issues). The number of inspections required is calculated on a calendar year for all "brick and mortar" food establishments.
- Establishments are assigned one to four inspections per calendar year based on specific risk-based factors. The number of inspections per year meets or exceeds the state standard of one inspection per establishment per year (two inspections per establishment per year for schools). After meeting the required state standard of one inspection per year, staff prioritized those establishments scheduled for three or four inspections per year, based on more complex food preparation and/or those who serve higher risk patrons, per FDA Food Code guidance. Other establishments in the two-inspection category were the lowest priority because they pose minimal risk due to limited risk factors—they generally cook and serve food immediately. The number of establishments requiring one inspection decreased in CY 2023 due to VDACS taking sole licensing/inspecting responsibility of grocery and convenience scores.
- The number of foodborne illness complaints varies from year to year and is not predictable.
- The number of known affected individuals within the outbreaks is based on individuals identified as part of an investigation by the Disease Surveillance and Investigation program, working closely with Environmental Health.
- Confirmed foodborne illness outbreaks in FY 2024 and FY 2025 resulted in the spike in numbers of known affected individuals within the outbreak.
- In FY 2023, as more facilities resumed operation post pandemic and were inspected more frequently, more issues were noted and addressed through a Notice of Alleged Violation (NOAV) enforcement action. FY 2024 data reflected a return to an expected number of NOAVs, and this continued in FY 2025.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Pool Inspection

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total Water Recreation Facilities (calendar year measure)	291	290	290	307	307	307
Number/percent of required inspections for Year-Round Water Recreation Facilities completed (calendar year measure)	112/ 100%	123/ 100%	117/ 100%	139/ 100%	139/ 100%	139/ 100%

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number/percent of required Pre-Opening inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	246/ 99.6%	246/ 100%	256/ 100%	263/ 100%	263/ 100%	263/ 100%
Number/percent of required Routine inspections for Seasonal Water Recreation Facilities completed (calendar year measure)	246/ 99.6%	486/ 100%	506/ 100%	506/ 100%	506/ 100%	506/ 100%
Reported illnesses, injuries, or deaths associated with a licensed Water Recreational Facility (fiscal year measure)	0	0	2	0	Not predictable	Not predictable
Number of facility closures due to imminent health hazards	4	11	12	11	11	11

- 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 through September.
- There are three types of inspections for WRFs: Pre-opening (scheduled, completed prior to issuing license and facility opening); routine (unannounced, comprehensive); and follow up (unannounced, for re-inspecting items that were not in compliance at the time of the routine inspection).
- In CY 2022, the number of inspections required returned to pre-pandemic standards. All required inspections of year-round WRFs were conducted. In CY 2023-CY2025, both pre-opening and routine inspections for both year-round and seasonal water recreation facilities were completed.
- The number of required routine inspections per seasonal facility increased from one to two in CY 2023. Even though there was a significant increase in required inspections, all were completed on time.
- The "number of reported illnesses, injuries, or deaths associated with a licensed facility" and the "number of facility closures due to imminent health hazards" reflects data provided by the affected facilities.
- The number of facility closures due to imminent health hazards varies from year to year. In FY 2025, the 11 closures were due to chemical imbalance and/or water filtration equipment in poor repair. Following corrective actions by the facilities, they were reopened.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Hotel Inspection

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of hotels licensed annually	38	40	38	38	38	38
Total Number of hotel inspections	38	41	43	39	39	39
Percent of routine annual inspections completed	100%	100%	100%	100%	100%	100%

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Enforcement Action 1: Number of Notices of Alleged Violation	0	0	0	0	0	0
Enforcement Action 2: Number of Informal 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

- 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.
- Enforcement affords the owner the opportunity to correct the pattern of violations and to come into compliance.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Rodent Control Program

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of rodent complaints investigated	215	145	199	334	334	334
Number/percent of contacts initiated within the appropriate timeframe (one business day) regarding rodents INSIDE a residence or establishment	57/ 97%	43/ 98%	54/ 93%	60/ 94%	60/ 94%	60/ 94%
Number/percent of contacts initiated within the appropriate timeframe (three business days) regarding rodents OUTSIDE a residence or establishment	154/ 99%	101/ 100%	131/ 93%	265/ 98%	265/ 98%	265/ 98%
Cases of rodent-borne illnesses reported in Arlington residents	0	0	0	0	0	0

- The increase in the number of service requests in FY 2025 is likely due both to outreach efforts and activities that impact harborage. Construction disturbs rat burrows, causing them to relocate. Poorly maintained dumpsters increase food for rodents.
- Complaints (service requests) can now be made online via Permit Arlington. Some complaints have incomplete or missing contact information, which contributes to staff not meeting timeframes.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Disease Surveillance and Investigation (DSI) Program

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of communicable disease investigations	1,359	1,475	1,524	1,533	1,533	1,533
Confirmed and probable cases	542	629	654	614	614	614
Percent of communicable disease investigation initiated within required VDH timeframes	99.5%	99.3%	98.0%	98.5%	98.5%	98.5%
Number/percent of clients who received recommendations for infection control measures according to VDH criteria and timeframe	299/ 93%	357/ 96%	411/ 92%	396/ 99%	396/ 99%	396/ 99%
Number of confirmed outbreaks	12	38	70	70	Not predictable	Not predictable
Outbreak investigations contained all required elements	12/100%	38/100%	70/100%	70/100%	70/100%	70/100%
Number/percent of clients completing prophylaxis to prevent rabies as recommended	70/71%	54/56%	48/65%	74/73%	74/73%	74/73%

- The incidence of reportable communicable disease varies from year to year, affecting the number of communicable disease investigations.
- The number of communicable disease investigations excludes individual investigations of COVID-19. Investigations of COVID-19 through FY 2023 were conducted as part of the County-wide response.
- The DSI program tracks the timeliness with which communicable disease investigations are initiated and when clients are given recommendations for infection control measures to reduce disease transmission. Data is collected using a local database for each case of a reportable disease investigated.
- The number of communicable disease outbreaks varies from year to year. FY 2024 was the first year that DSI investigated COVID outbreaks, which were previously investigated as part of the County-wide response.
- The required elements of an outbreak investigation report tell the story of the outbreak – who was affected, where and how, and assist the CD team and VDH by providing a summary of lessons learned and best practices to implement for future outbreaks.
- There continue to be clients who have had a potential rabies exposure who choose not to participate in Public Health investigations. Some refuse to identify the animal that exposed them. When the health of the animal cannot be verified, Public Health recommends post-exposure prophylaxis to prevent rabies. Clients may decline this recommendation based on their belief that their risk is low.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Rabies Prevention and Control

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of animals quarantined for exposure to rabid animals or for biting humans	326	529	376	427	427	427
Number of animals vaccinated by AWLA for rabies prevention	483	377	648	1,261	1,261	1,261

- Eight low-cost rabies vaccine clinics are provided annually by the Animal Welfare League of Arlington (AWLA) to residents in the region. Rabies vaccinations for domestic animals are also provided privately at vet clinics.

PROGRAM MISSION

To provide leadership and management to the Behavioral Healthcare Division.

Management and Administration

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

PERFORMANCE MEASURES

Management and Administration

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of individuals served in the Division	4,742	4,646	4,533	4,196	4,300	4,500

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total revenue collected by Customer Service Team	$14,435	$22,756	$25,853	$28,424	$31,000	$35,000

- From FY 2023 - FY 2025, the number of clients served declined due to staff vacancies, particularly in areas such as jail services. Additionally, in FY 2025, there were efforts focused on discharging clients who were no longer actively engaged with services. Looking ahead, client served numbers are projected to increase to 4,300 clients in FY 2026 and 4,500 clients in FY 2027.
- Revenue collection restarted at the BHD Customer Service Center in the second quarter of FY 2022. To enhance collection rates, customer service staff regularly sent reports to case managers to alert them of high balances throughout FY 2025 and worked individually with clients to answer questions about their finances. Based on these outreach efforts, staff expect collections to increase gradually over time. There was a total of $28,424 collected for FY 2025 and this is projected to increase to $31,000 in FY 2026 and $35,000 in FY 2027.

PROGRAM MISSION

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

Psychiatric Services

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

Nursing Services

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

PERFORMANCE MEASURES

Psychiatric Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Client self-report of reduction and stability of symptoms	91%	93%	90%	90%	90%	90%
Percent of Psychiatric visits at which individuals demonstrated adherence to their medication regimen	94%	94%	94%	94%	94%	94%
Percentage of visits at which individuals demonstrated improvement in symptoms	89%	88%	83%	84%	84%	84%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average number of days until next available psychiatric evaluation for individuals initiating ongoing services, CFSD, ADSD, BHD	6/3/5	6/4/5	7/3/7	4/2/3	3/2/3	3/2/3
Average score of chart reviews reflecting alignment with evidence-based practice/number of charts reviewed	87%/48	89%/48	N/A	91%/14	91%/48	91%/48
Number of clients served (unduplicated)	1,998	1,832	1,793	1,853	1,860	1,860

- The BHD Customer Service Survey was relaunched in FY 2022, allowing the program to track the client self-report of reduction and stability of symptoms. In FY 2024 and FY 2025, the survey was offered in multiple languages with interpretation services available and in paper and digital formats to enhance participation.
- FY 2025 recorded the highest client survey response rate to date. Among respondents, 90 percent agreed that their symptoms had stabilized or improved since beginning medication—consistent with trends from previous years. Clients emphasized positive experiences, including strong therapeutic relationships with their psychiatrists, culturally responsive care, involvement in decisions about their prescribed medications, and feeling respected and valued. The program's collaborative care model continues to play a key role in supporting these positive outcomes.
- The percentage of visits in which individuals demonstrated adherence to medication regimen has continued to remain strong due to increased provider availability for the medication refill coverage schedule, utilization of provider cross-coverage, and enhanced collaboration between nursing and psychiatric services to facilitate medication adherence. For the last couple of years, psychiatrists provided both in-person and virtual services to clients. Having flexibility to see clients in-person or virtually helps ensure no visits are missed due to transportation issues. This process also helps to avoid lapses in medication. It is expected the trend will continue during FY 2026 and FY 2027.
- In FY 2025, the percentage of psychiatric visits at which individuals demonstrated improvement in their psychiatric symptoms was 84 percent, slightly higher than the prior year. Factors that may impact overall symptoms ratings are the client's level of engagement and adherence to treatment plans, choice of evidence-based medication management and change in psychiatric provider over time. It is expected that this measure will remain steady in FY 2026 and FY 2027.
- In FY 2025, each division was able to exceed the wait time goal of connecting clients to services within 21 days. Strong collaboration between the customer service center and psychiatric services teams in FY 2025 led to low wait times for clients. The program also works closely with outpatient services to streamline communication and ensure clients are seen as needed and at the appropriate frequency. Improved staffing levels contributed to a reduction in wait times, particularly within Child and Family Services. It is anticipated that wait times will remain steady during FY 2026 and FY 2027.
- Data from the Prescriber Fidelity Scale score data was not collected in FY 2024 because the medical director position was vacant from October 2023 to spring 2024, and data collection was put on hold due to service demands that required prioritization. Data collection resumed in late FY 2025. Program fidelity scores were calculated in FY 2025 through a review of one chart each from 14 providers. The program exceeded its goal of 90 percent, achieving a

fidelity score of 91 percent. Overall findings indicate that psychiatrists and nurse practitioners are providing good documentation of the care being provided. This facilitates cross coverage when a provider is out and ensures patient care can proceed smoothly at any point a patient needs services. Strong documentation also facilitates billing and reimbursement for services provided. Scores are expected to remain consistent, even with an anticipated increase in the number of chart reviews in FY 2026 and FY 2027.

- The increase in the number of clients served in FY 2025 is primarily attributed to improved staffing levels, especially within Child and Family Services, where two additional providers were onboarded. The number of clients served is projected to slightly increase to 1,860 for FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Nursing Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients outside of the normal BMI range who have a follow-up plan in place	77%	83%	92%	92%	92%	92%
Percentage of injectable antipsychotic medications administered within five days of scheduled date	94%	92%	95%	93%	95%	95%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of clients served by the nurses	1,711	1,589	1,536	1,633	1,640	1,680
Number of clients receiving injectable antipsychotic medication	271	271	258	331	340	350
Percent of clients assessed by nursing staff when they met with psychiatric services providers on site	66%	88%	46%	76%	80%	80%
Percent of clients receiving metabolic screenings	40%	56%	58%	55%	60%	60%
Percent of clients receiving primary care screenings	53%	74%	76%	83%	85%	85%

- The percentage of clients with body mass index (BMI) follow-up plans remained the same from FY 2024, nearly reaching the goal of 95 percent. In addition, the total number of clients with a BMI follow-up plan increased by five percent. The increase was due to a nearly fully staffed Nursing Services team who was able to devote more time to establishing these plans and outreach efforts to clients. Staff expect the percentage of clients with follow-up plans will remain the same at 92 percent in FY 2026 and FY 2027.

- In FY 2025, 93 percent of injections were administered on time or within five days, surpassing the program's goal but falling slightly—by two percentage points—below the previous year. This is in part due to an increase in the number of scheduled injections by over 10 percent. The increase in scheduled injections reflects a higher number of clients served. Some new clients discontinued services, resulting in missed or delayed doses. To support timely administration, staff conduct outreach for missed appointments and have expanded nursing coverage by assigning additional personnel as needed. Injection completion rates are expected to improve modestly in FY 2026 and FY 2027.
- The number of clients served in FY 2025 increased from the prior two years. Staff anticipate that the number of clients served in FY 2026 will increase slightly and level off in FY 2027.
- In FY 2025, The number of clients receiving injectable antipsychotic medication increased 28 percent from FY 2024. Injectable medication is preferred for severe or complex cases, and the number of clients receiving them may increase along with their psychiatric needs. Injectable medication use is projected to slightly increase in FY 2026 and FY 2027.
- In FY 2025, 76 percent of in-person psychiatric visits included a medical conditions assessment by nursing staff—a notable increase from FY 2024. This improvement reflects strong coordination across nursing, customer service, outpatient, and psychiatric teams. Collaboration with psychiatric providers has grown, particularly in response to the 90-day visit requirement. Outreach efforts continue for clients who miss appointments, ensuring timely follow-up. The Program Manager worked closely with the Quality Assurance team throughout the year to monitor and maintain this metric.
- In FY 2025, the percent of clients receiving required metabolic screenings slightly decreased while primary care screenings slightly increased. In January 2022, a new protocol was established to target clients who were missing their required screenings. Nursing staff do an analysis to determine who is missing which pieces of documentation, then prioritize the clients based on two factors: how many assessments is a client missing and what is their risk level. Once that analysis is done, they target the highest priority clients with extensive outreach to try and get them to come in for screening. This was a key factor in the increase since FY 2022. Levels are expected to remain high in FY 2026 and FY 2027 as this outreach protocol will remain in place.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

PROGRAM MISSION

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

Emergency Services

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

Assessment and Intake

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

Discharge Planning

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

Community Corrections

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

PERFORMANCE MEASURES

Emergency Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients who received only one episode of care	79%	80%	79%	77%	80%	80%
Percentage of contacts that resulted in community dispositions	59%	48%	44%	51%	51%	51%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Individuals brought to Crisis Intervention Center (CIC) in lieu of arrest	54	86	45	33	60	60
Percentage of assessments/progress notes completed within one business day	60%/85%	62%/93%	NA/86%	NA/93%	NA/93%	NA/93%
Total clients served (unduplicated)	1,554	1,391	1,187	1,276	1,400	1,400

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total Temporary Detention Orders (TDO) completed by staff	477	481	463	459	467	472

- Percentage of clients who have received only one episode of care slightly decreased in FY 2025. The percentage is projected to return to previous levels in FY 2026 and FY 2027.
- The rate of community dispositions increased in FY 2025. In FY 2025, the highest single month for encounters was October. This was a significant increase from FY 2024 and more in line with FY 2023. It is expected that community dispositions will be stable in future years.
- The number of individuals brought to Crisis Intervention Center (CIC) decreased in FY 2025. This may be related to missing data on Crisis Intervention Center diversions. The CIC is currently working to improve data collected on individuals dropped off at the CIC with the intent to move from paper records to a single electronic form in FY 2026. There are also efforts underway to increase the number of diversions from arrest to the CIC through collaboration and coordination with the Arlington County Police Department. It is expected that the number of individuals brought to the Crisis Intervention Center will increase in FY 2026 and FY 2027.
- Assessment timeliness was removed as a measure in FY 2024 as it was determined that the date by which an assessment can be completed varies due to factors out of program control. In FY 2025, there was a significant increase in progress note timeliness, with numbers returning to FY 2023 levels. This was due to multiple factors, including increased staffing and management to monitor documentation timeliness. A new option introduced in FY 2025 to document brief interactions with unknown individuals under a generic client record in the electronic health record has improved data entry efficiency, with initial usage showing promise and greater adoption anticipated in FY 2026. It is anticipated that the percentage of progress notes within compliance will stay the same in FY 2026 and in FY 2027.
- In FY 2025, the number of clients served increased by seven percent compared to the prior year. The increase may be attributed to improvements in staffing levels and organizational changes that enhanced service capacity. It is anticipated that the number of clients served will increase to 1,400 in FY 2026 and FY 2027.
- There was a decrease in the amount of Temporary Detention Orders (TDOs) in FY 2025. While slightly smaller than prior years, TDO levels remain high and speak to the increased medical acuity levels of those in crisis. Many clients came in with medical comorbidities that required more intensive care than could be provided in the community. TDOs are only implemented as a last resort when it is the least restrictive form of treatment available for clients. TDOs are anticipated to slightly increase in the next two years, as acuity levels in the community continue to remain high.
- Emergency Services and the Crisis Intervention Team have performance measurement plans. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Assessment and Intake

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Clients are successfully linked to ongoing services (attended at least one ongoing service within 30 days of intake)	83%	78%	77%	86%	80%	80%
Clients believe they will get the help they need/know the next step	N/A	100%/ 100%	98%/ 98%	100%/ 100%	95%/ 95%	95%/ 95%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Clients seen on the same day	98%	93%	97%	98%	98%	98%
Percentage of clients offered an appointment within ten business days	53%	55%	52%	67%	60%	60%
Percent of at-risk clients receiving monitoring and support before connection to ongoing services	94%	96%	96%	94%	100%	100%
Total number of clients receiving intake assessments (unduplicated)	722	682	680	631	650	665

- In FY 2025, there was an increase in the number of clients successfully linked to ongoing services, supported by collaborative efforts with outpatient clinicians to complete initial clinical appointments. However, due to potential staffing shortages within the outpatient teams that clients would be referred to, the forecasted linkage rate is projected to decrease for FY 2026 and FY 2027.
- Client surveys were not completed in FY 2022 due to staffing issues and ongoing challenges from the COVID-19 pandemic. In FY 2025, all clients surveyed reported that they believed they would get the help they needed and that they understood the next step, indicating that the Assessment and Intake program prepared them for the next steps on their treatment journey.
- Cross-training of discharge planners to complete intakes and the intake program returning to full staffing in September of 2023 allowed the percentage of clients seen on the same day to increase in FY 2024 and remain high in FY 2025. It is anticipated that the percent of clients assessed on the same day will remain steady in FY 2026 and FY 2027 as the program's staffing levels have stabilized.
- In FY 2025, the percentage of clients offered a first clinical appointment within ten business days increased. The removal of the waitlist and improved staffing across outpatient teams in FY 2025 facilitated quicker client connections to services, including for Substance Use treatment. Data for FY 2024 has been corrected after a calculation error was detected. For FY 2026 and FY 2027 it is forecasted that the percentage will slightly decrease due to potential staffing shortages within the outpatient teams.
- The percentage of at-risk clients receiving monitoring and support remained high in FY 2025. Seven at-risk clients were not contacted on time as required, which appears to be due to staff or documentation error. While this resulted in no critical incidents, follow up training was

provided to reduce issues in the future. In FY 2026 and FY 2027, it is anticipated that all at-risk clients will receive their required contact.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Discharge Planning

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Clients connected with Arlington community-based treatment services	88% (21/24)	52% (26/50)	65% (36/55)	45% (25/56)	50% (28/56)	50% (28/56)
Clients discharged to Arlington who remain out of the State Hospital longer than 30 days after discharge	96% (23/24)	98% (49/50)	98% (54/55)	98% (55/56)	98% (55/56)	98% (55/56)
Individuals discharged from hospital to stable housing placements in Arlington	54%	76%	82%	71%	75%	75%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average number of days in hospital for clients discharged who were/were not on the Extraordinary Barriers List	119/24	156/43	80/13	225/25	100/20	100/20
NVMHI clients receiving discharge services at least every 14 days who were/were not on the extraordinary barriers list	83%/75%	40%/62%	60%/40%	54%/67%	85%/90%	85%/90%
Total clients served	62	130	154	143	150	150
Clients served at state hospital	62	34	30	35	38	38

- The discharge planning team serves many individuals, including those receiving Regional Discharge Assistance Program Funds and residing in the community, those receiving Local Inpatient Purchase of Service Funds and residing in private hospitals, and those who are receiving ongoing psychiatric treatment after being deemed not guilty by reason of insanity by the legal system. In FY 2023, the performance measures were updated to incorporate all clients, not just those served at the state hospital leading to a decrease in clients connected with Arlington community-based treatment services in FY 2023 - FY 2025.
- In FY 2025, client connection to Arlington treatment services post discharge decreased compared to prior year. While 25 clients connected to Arlington services within seven days of discharge, an additional nine (16 percent) connected after that window, with 14 connecting the eighth day. A significant portion of non-connected clients were Local Inpatient Purchase of Service (LIPOS) clients discharged from private hospitals, which are more challenging to coordinate with due to limited communication and lack of discharge notifications. These clients may have opted for community-based support, declined ongoing outpatient services, or were referred to Same Day

Access (SDA), a walk-in service. To improve connections, intake assessments were increasingly completed prior to discharge, including an expansion to Virginia Hospital Center. The program plans to extend this approach to additional private hospitals. It is anticipated that the number of clients who connect will increase in FY 2026 and FY 2027 due to outreach and tracking efforts.

- In FY 2025, the percentage of individuals who remained out of the hospital continued to remain high. This is supported by discharge planning staff who provided up to 30 days of post-discharge care coordination to reduce recidivism and ensure timely connection to services. It is forecasted for FY 2026 and FY 2027 to have the consistent numbers.
- In FY 2025, the percentage of clients discharged to stable housing decreased. Clients with stable housing prior to hospitalization are typically able to return to it after discharge, while those experiencing housing instability face barriers that often lead to discharging to shelters before receiving housing assistance, due to limited placement options and delays in securing stable housing. The program continues to locate stable, appropriate discharge placements and advocate continued hospitalization for clients when appropriate, so that stable housing can be found. The program collaborates with the Department of Human Services' Housing Bureau leadership to facilitate more rapid housing placements for homeless individuals. It is expected that the percentage of clients discharged to stable housing will slightly increase in FY 2026 and FY 2027.
- In FY 2025, there were large increases in length of stay for individuals on and off for the Extraordinary Barriers List (EBL). These numbers vary from year-to-year depending on the types of barriers these individuals face. When clients hospitalized for extended periods of time can be discharged, the average stay length increases. In FY 2025, two EBL clients with long hospitalizations increased the average number of days from 136 to 225. In FY 2026 and FY 2027, it is anticipated that the average length of stay for patients discharged from the hospital will be 100 days for clients on the EBL and 20 days for clients not on the EBL.
- In FY 2025, discharge-planning efforts were documented at least every 14 days for 67 percent of non-EBL individuals, and 54 percent of EBL individuals. Timeliness of discharge planning outpatient services for non-EBL clients rose significantly. The program was fully staffed, which helped the program's ability to maintain agency timeliness standards. Timeliness for EBL clients remained consistent.
- In FY 2025, there was a slight decrease in the total clients served. In FY 2024, DBHDS created additional regulatory requirements for discharge planning and Discharge Assistance Planning (DAP) monitoring including a new DAP rate tool. In some instances, this negatively impacted the staff's ability to place clients in appropriate treatment locations. These changes also forced several DAP clients to move from existing placements and at least one Assisted Living Facility (ALF) to close in the region. These challenges persisted into FY 2025. It is projected for FY 2026 and FY 2027 that client served numbers will slightly increase.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Community Corrections

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Clients completing supervised probation per court order	64%	45%	51%	51%	55%	55%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average daily caseload	115	126	110	100	100	100
Total clients supervised	124	261	195	300	300	300
Client satisfaction: percent of clients indicating they were treated very well by staff	81%	88%	92%	87%	90%	90%

- In FY 2025, 51 percent successfully completed the program—consistent with FY 2024. The most common reason for unsuccessful completion remained absconding from probation, often due to misalignment between client needs and program requirements. Challenges such as lack of phone access, housing instability, and reentry into the legal system also contributed. Despite these barriers, increased outreach by probation officers and integration supported strong engagement and service connection. It is expected that 55 percent of clients will complete probation in FY 2026 and FY 2027.
- The average daily caseload decreased in FY 2025 primarily due the program being fully staffed with more people available to split up case referrals. To support staff sustainability and welfare, the program ensured there were staff celebrations and implemented new office safety measures in FY 2025. Caseloads are anticipated to remain the same for FY 2026 and FY 2027.
- In FY 2025, the total number of clients supervised significantly increased. This is likely a result the program hiring an additional probation officer. The program continued its history of strong community and intra-agency partnerships. The Program Director meets biannually with judges and court personnel to promote referrals and information sharing, resulting in improved referral form completeness and better client support. As referrals have now evened out, the number of clients served in FY 2026 and FY 2027 is expected to remain the same.
- Client satisfaction remains high despite a slight decrease in FY 2025 when compared to FY 2024. A few of the surveys that indicated that probation officers were not concerned with client success included comments that were very positive towards program staff. It is possible that these surveys were inaccurately filled out. In FY 2026 and FY 2027, client satisfaction is expected to improve to 90 percent or above.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

PROGRAM MISSION

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

Assertive Community Treatment (ACT)

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

Mental Health Community Support Services

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

Employment Services

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

Substance Use Outpatient Treatment

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

PERFORMANCE MEASURES

Assertive Community Treatment (ACT)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Clients employed in competitive jobs	7%	6%	9%	7%	11%	11%
Clients living independently (in private households)	63%	75%	63%	51%	65%	65%
Percent of clients hospitalized	18%	17%	29%	22%	17%	17%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Organizational adherence to evidence-based ACT Model (out of 5)	3.5	3.4	N/A	N/A	3.4	3.4
Percentage of services provided in the community	82%	89%	89%	88%	89%	89%
Total clients served	106	108	100	91	100	100

- In FY 2025, the percentage of clients employed in competitive jobs decreased. The Vocational Specialist role was both filled and then vacated during FY 2025. This ongoing instability in staffing has significantly impacted the team's ability to provide employment outcomes. However, an additional 3 percent of clients were engaged in other vocational activities or education. It is expected that the percentage of clients competitively employed or engaged in other vocational activities or education will increase in FY 2026 and FY 2027.
- The percentage of clients living independently has varied in the past several years. In FY 2023, this percentage increased from FY 2022 due to collaborative work with the Permanent Supportive Housing team, which was able to expand access for program participants. However, this percentage decreased in FY 2024 due to a higher number of homeless clients that year. In FY 2024 there were also 14 percent of clients that lived with natural supports such as family.
- In FY 2025, the percentage of clients living independently decreased from FY 2024. Housing resources are becoming increasingly limited. Additionally, the data collection practice for this measure shifted in FY 2025, from measuring the month with the highest percentage of clients living independently to taking data from the last month of the fiscal year. There were 14 percent of clients that lived with natural supports such as family. It is expected the percentage of individuals in independent housing will increase in FY 2026 and FY 2027.
- The percentage of clients hospitalized has varied in the past several years. In FY 2024, this percentage increased from FY 2023 due to the more acute needs of clients referred for services that year. In addition, this rate closely aligns with pre-pandemic rates, indicating that more clients may have felt more comfortable accessing hospitalization when necessary.
- In FY 2025, the percentage of clients hospitalized decreased from FY 2024 to 22 percent. Staff were able to use the Crisis Intervention Center to de-escalate situations or safely provide services without fear of harm. When program clients presented to Emergency Services, staff worked with the Emergency Services team to divert clients from hospitalization when appropriate. It is expected that the percentage of clients hospitalized will decrease in FY 2026 and FY 2027 as the ACT team continues to prioritize serving clients in the community and diverting Emergency Services clients from hospitalization when appropriate.
- The Department of Behavioral Health and Developmental Services (DBHDS) put the Tool for Measurement of ACT (TMACT) review on hold for FY 2025 and FY 2024 and did not conduct the Electronic Tool for Measurement of ACT (eTMACT) evaluation. When the TMACT resumes, scores are expected to remain stable at 3.4 in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Mental Health Community Support Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of hospitalizations	149	N/A	131	141	130	130
Percentage of clients with high or improved daily living activities assessment (DLA) scores	60%	46%	45%	48%	45%	45%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of clients served (unduplicated)	1,414	1,404	1,306	1,212	1,300	1,300
Percentage of clients satisfied with services received (unduplicated)	94%	96%	93%	97%	93%	93%

- In FY 2023, the number of clients hospitalized was not fully collected by each team. Extant data from FY 2023 indicated that hospitalization levels were similar to prior years for the program. Data collection measures were put in place in FY 2024 to ensure that it was captured accurately.
- In FY 2025, the number of clients hospitalized was higher than prior years with reported data. Acuity remains very high in the community, and sometimes hospitalization is the most appropriate option to ensure client safety. In FY 2025, the program received a large number of clients from Intake that required a higher level of care or had been recently hospitalized. It is expected that the number of clients hospitalized will remain at a similar level across FY 2026 and FY 2027.
- In FY 2025, daily living activities assessment (DLA) scores remained nearly the same as FY 2024 and FY 2023. The DLA scores were higher in FY 2022 than in later years, likely because the clients assessed in FY 2022 reflected those most engaged with services, which may have skewed the results positively. Later years of data may be more reflective of the client population as a whole. In FY 2026 and FY 2027, it is expected that DLA scores will remain steady.
- A point-in-time survey is administered for one month to obtain a sample of the program effectiveness. In FY 2025, there was a slight increase in satisfaction. Clients reported they had an active role in their own treatment, that they were making progress on their treatment, and that they felt like their racial and gender identities were respected. Respondent commentary also stated that respondents felt their providers were attentive, accommodating, understanding, and good at listening to them. Satisfaction levels are expected to remain similar in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Substance Use Outpatient Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of clients discharged who met most or all of treatment plan goals	61%	58%	67%	64%	70%	70%
Percentage of clients who report improved functioning as a direct result of services received	96%	95%	94%	96%	96%	96%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of clients receiving outpatient services	544	461	491	435	500	500
Percent of clients in treatment more than 90 days	91%	90%	85%	88%	90%	90%
Percentage of clients satisfied with services received	90%	97%	85%	99%	90%	90%

- Clients in treatment who completed their treatment goals remained relatively stable at 64 percent in FY 2025. This completion rate is higher than Substance Abuse and Mental Health Services Administration's (SAMHSA) national average of 46 percent. The completion rate, although consistently remaining higher than the national average, has varied in the past several years. In FY 2022, a new electronic health record was implemented which did not include a partial completion category resulting in a 61 percent completion rate. In FY 2023, open cases of unsuccessful client treatment goals who had remained open due to the pandemic were finally closed, resulting in a 58 percent completion rate. In FY 2024, the electronic health record was adjusted to include a partial completion category, and the completion rate increased to 67 percent, comparable to rates prior to FY 2022. The relatively high completion rate appears to be attributed to clients who are referred by the judicial system (the majority of the clients referred are court connected and are required to abstain from all substances), increased staffing of the program over the year, and the move towards more in-person services. Clients who are voluntary tend to focus on harm reduction strategies as opposed to maintaining abstinence. In FY 2026 and FY 2027, it is expected that the proportion of clients who met most or all of their treatment plan goals will increase to 70 percent.
- In FY 2025, a very high percentage of survey respondents reported that services had helped them deal more effectively with their problems. Respondents reported that the team did a good job connecting them to needed resources and that they have a voice and play an active role in their treatment, which may have helped with them making progress. In FY 2026 and FY 2027, it is expected that the percentage of clients reporting that services are effective and satisfying will remain high.
- The number of clients receiving outpatient services declined by 11 percent in FY 2025. This was primarily due to a decline in the number of new clients from FY 2024. However, the average amount of service hours provided per client remained relatively unchanged. The program also continues to close the cases of clients who have received maximum benefit from the program, which is what accounted for the large decrease in clients in FY 2023 from FY 2022. The program is improving on meeting client needs by expanding group offerings and Spanish-language capacity. It is expected that the number of clients receiving services will increase to 500 clients in FY 2026 and FY 2027.

- The percentage of clients in treatment more than 90 days increased slightly to 88 percent, above the national benchmark of 75 percent. Clients are incentivized to remain in treatment due to court requirements and a larger proportion of clients were court referred than in past years. The program also addresses the need for continued support for substance users in recovery and offers continued treatment and support services beyond court requirements. Despite this, those who are court involved are more likely to leave treatment prematurely as their case may get dismissed and they may choose to leave treatment at that point. It is expected that the number of clients in treatment more than 90 days will rise to 90 percent in FY 2026 and FY 2027.
- The percentage of clients satisfied with services received increased to 99 percent in FY 2025. This is in line with the satisfaction level in FY 2023. In FY 2024, the satisfaction level dipped as many clients responded neutrally to the client satisfaction survey. It is expected that the percentage of clients satisfied with services received will remain high at 90 percent in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

PROGRAM MISSION

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

Substance Use Disorder Residential Treatment

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

Mental Health Residential Treatment

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

Clarendon House

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

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

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

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

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

Homeless Case Management

- Promote independence and recovery to ensure homeless individuals receive appropriate mental health and substance use treatment services and housing resources. Provide assessment, short-term case management, medical and counseling services, and individual

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

Office Based Opioid Treatment

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

Healthy Living Program

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

PERFORMANCE MEASURES

Substance Use Residential Treatment

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients served who successfully completed residential treatment	67% (54/81)	60% (50/84)	54% (50/92)	70% (63/90)	70%	70%
Percentage of clients served who successfully completed withdrawal management (formerly detox program)	76% (137/180)	65% (144/223)	57% (115/202)	63% (97/154)	64%	64%
Percentage of residential treatment clients discharged who were engaged in follow up treatment	94% (76/81)	89% (75/84)	86% (79/92)	32% (29/90)	80%	80%
Percentage of residential treatment clients reporting improved functioning as a direct result of services received	98%	94%	99%	94%	95%	95%
Percentage of withdrawal management clients discharged who were engaged in follow up treatment	76% (109/143)	69% (118/171)	73% (109/149)	64% (62/97)	64%	64%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of unduplicated Residential / Withdrawal Management clients served	93/189	103/232	104/209	99/157	100/200	100/200
Percentage Bed Utilization for withdrawal management/ residential treatment	78%/73%	87%/86%	77%/79%	68%/68%	75%/75%	75%/75%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients surveyed who reported satisfaction with residential treatment services received	90%	94%	97%	97%	90%	90%

- In FY 2025, the percentage of persons who completed residential treatment and withdrawal management increased. The majority of unsuccessful discharges were discharges against advice (52 percent of Withdrawal Management, 61 percent of Residential Treatment). In the past, an increasing number of clients chose to discharge prematurely. In FY 2025, staff conducted interventions for clients trying to discharge against advice, which worked most of the time to persuade clients to stay. Peer-to-peer intervention was also effective. This may have contributed to the increase in successful completions in FY 2025. Utilization is expected to increase in FY 2026 and FY 2027 to 70 percent for residential treatment and 64 percent for withdrawal management clients.
- The percentage of clients reporting improved functioning as a direct result of services remained high in FY 2025, exceeding the goal of 85 percent. Many of the clients responding to this particular survey live in Independence House, which offers a lot of support and structure, compared to other facilities/programs which may have helped clients with their improvement. It is anticipated that the percentage of clients reporting improvement will remain high at 95 percent during FY 2026 and FY 2027.
- The percentage of persons successfully engaged in follow-up treatment after completing the Withdrawal Management program decreased to 64 percent in FY 2025, which is well above the 50 percent goal set by the program. In FY 2026 and FY 2027, connection rates are expected to remain stable. The percentage of persons successfully engaged in follow-up treatment after completing the Residential Treatment program decreased markedly to 32 percent in FY 2025, well below the 80 percent goal set by the program. This decrease is largely because Arlington CSB resources are increasingly at capacity. For much of FY 2025, the Arlington Substance Use Outpatient program, which was a common follow-up treatment for discharged clients, stopped accepting referrals. It is anticipated that in FY 2026 and FY 2027, connection rates will rebound to 80 percent, as the Arlington Substance Use Outpatient program had begun accepting referrals again.
- Referrals into Residential Treatment are highly affected by Withdrawal Management utilization. Withdrawal Management is often the front door service into residential treatment, therefore, decreased utilization of this service has a downstream effect on access to residential treatment services. Utilization of the program decreased in FY 2025 for both Withdrawal Management and Residential Treatment. In FY 2026 and FY 2027, the program expects withdrawal management clients to increase to 200 and residential clients to remain steady at 100.
- Client satisfaction rates continued to exceed the goal of 85 percent. Clients reported that they would come back to these facilities if they needed treatment again, and that their symptoms had improved since entering treatment. It is expected that the measure will remain high at 90 percent in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Mental Health Residential Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients satisfied with services received	N/A	95%	97%	92%	95%	95%
Total number of clients served in group homes and assisted living facilities	35	40	35	33	35	35

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of clients served in Contract Support Services Program	34	44	54	59	55	55
Total number of clients served in supportive housing programs	300	320	373	381	404	404
Total number of clients served in transitional housing	26	34	13	17	20	20

- Due to the COVID-19 pandemic, the survey was not conducted in FY 2022. The percentage of clients satisfied with services has slightly decreased in FY 2025. It is expected that in FY 2026 and FY 2027 the measure will continue to achieve high levels.
- The group home and Assisted Living Facilities census for FY 2025 decreased. Admissions decreased some but remained high in FY 2025. It is anticipated that admissions will remain high in FY 2026 and FY 2027 as in-person services have increased, and multiple referrals into the group homes and Assisted Living Facilities, resulting in a growing wait list.
- The number of clients served in Contracted Support Services increased in FY 2025 due to the increase in in-person services. A slight decrease in the number of clients served is projected for FY 2026 and FY 2027. This anticipated decline is primarily due to a reduction in referrals received. Additionally, the ongoing Medicaid redesign and uncertainty surrounding one of our vendor's continued service offerings are contributing factors.
- The number of clients served in Permanent Supportive Housing (PSH) has been increasing due to the availability of more funding from Department of Behavioral Health and Developmental Services for more Permanent Supportive Housing units. Several clients transitioned from group home settings to Permanent Supportive Housing in FY 2022. FY 2025 clients served continued to increase based on availability of more funding and affordable housing units in the County used to provide Permanent Supportive Housing. It is anticipated to increase in FY 2026 and FY 2027.
- In FY 2025, the number of clients served in transitional housing saw a slight increase compared to the previous year, despite the program losing two transitional housing units (totaling five beds). The projection for FY 2026 and FY 2027 is to increase with efforts to encourage clinicians to refer their transitional housing clients to Permanent Supportive Housing, which enables quicker transitions to permanent housing and frees up bed space in our transitional homes.

Clarendon House

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number/ Percentage of clients served who are hospitalized	7/6%	12/11%	12/13%	2/2%	10%	10%
Number/Percentage of clients served living in independent housing	83/77%	80/78%	81/86%	87/76%	80%	80%
Number/Percentage of clients served who are engaged in employment-related activities	29/27%	41/40%	47/50%	44/38%	N/A	N/A

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Client engagement in psychoeducational classes	46%	41%	42%	56%	60%	60%
Percent of budgeted Medicaid revenue received for Case Management/Day Program	85%/ 11%	93%/ 35%	60%/ 58%	109%/ 112%	100%/ 100%	100%/ 100%
Percentage of clients satisfied with services received	97%	96%	100%	96%	95%	95%
Total clients served	108	124	148	156	165	165

- In FY 2025, the number and percentage of clients hospitalized decreased. This may be linked to staffing changes the program made that allowed staff members more time to engage with clients at risk. Additionally, some clients that have historically been hospitalized repeatedly have shown a marked improvement in their well-being in FY 2025. It is anticipated that the rate will stabilize around 10 percent in FY 2026 and FY 2027.
- The percentage of clients in independent housing decreased to 76 percent in FY 2025, below the goal of 80 percent. However, the actual number of clients living independently increased from 81 to 87. The decrease in percentage was driven by the increase in the ongoing client base. It is estimated that 80 percent of clients served will also be living in independent housing in FY 2026 and FY 2027.
- The percentage of clients who are engaged in employment services decreased in FY 2025 to 38 percent. Clarendon House no longer provides employment services, in line with recommendations from a 2023 program assessment. In FY 2026, this measure will be replaced in FY 2026 with the Flourishing Scale, a measure of social-psychological well-being.
- The percentage of client engagement in psychoeducational classes increased in FY 2025. The average client attended 96 sessions over the course of FY 2025, an increase from 85 in the previous year (13 percent). In FY 2026 and FY 2027, it is expected that the measure will remain steady at 60 percent.
- The percent of budgeted Medicaid revenue received for the case management and day programs increased in FY 2025 to above 100 percent. A major reason is that the budgeted projection for FY 2025 was lowered in line with prior revenue received. Additionally, the program served a larger client base in FY 2025. The percent of budgeted Medicaid revenue received in FY 2024 was recalculated and corrected in this year's budget narrative to 60 percent and 58 percent. In the previous year's budget narrative these numbers were reported at 100 percent and 37 percent. It is projected that the percent of budgeted Medicaid revenue

received for the case management and day programs will continue at 100 percent in FY 2026 and FY 2027.

- The client survey was conducted in FY 2025, and the results were highly positive with 96 percent of the respondents indicating that they were satisfied with their services. Clients stated that they felt like the staff really cared about them, they appreciated their case managers, and the program's convenient location. It is anticipated that satisfaction levels will remain high in FY 2026 and FY 2027.
- The number of clients served increased in FY 2025 due to the first full year of multiple capacity expansion efforts. Hours were increased and the referral and evaluation program continued. It is anticipated that the number of clients served will rise to 165 in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

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

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of Attempted/Completed Suicides	6/0	12/0	5/0	9/0	5/0	5/0
Successful Completion of the ACT Program	94%	88%	84%	86%	88%	88%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Assessment timeliness	22%	25%	36%	42%	50%	50%
Client satisfaction with services	88%	91%	76%	69%	80%	80%
Number of unduplicated clients	976	1,187	1,027	671	800	800

- In FY 2025, there were nine suicide attempts and zero completions. It is difficult to draw conclusions from the variance in these small numbers. Many clients express suicidal thoughts while incarcerated, and the Jail Based Services team takes quick action to get them housed in a secure environment. In FY 2025, there were 250 crisis cell placements for clients with suicidal ideations, plans, or attempts, a decrease of 31 percent from the prior year. The number of crisis cell placements is highly variable from year to year. The number of attempts is anticipated to be five in FY 2026 and FY 2027.
- In FY 2025, the ACT program's successful completion rate slightly increased. The program had more consistent staffing and continued Medication Assisted Treatment, boosting the successful ACT completion rate in FY 2025. It is expected that the completion rate will be 88 percent in FY 2026 and FY 2027.
- In FY 2025, assessment timeliness remained low at 42 percent. Assessment timeliness dropped in FY 2022 due to the transition to a new electronic health record, but it has steadily improved over time. While timeliness was still below the goal, this higher score is thanks to continued efforts by the manager and the compliance review team to discuss session note

strategies with staff and ensure that notes were completed and signed on time. Assessment timeliness is expected to continue to increase in FY 2026 and FY 2027.

- In FY 2025, client satisfaction survey results decreased to 69 percent. One of the reasons for a decrease in satisfaction may be substantial staffing deficits on the team, with four to five vacancies throughout most of FY 2025. Other possible reasons for decreases in satisfaction include lack of dedicated space for classes. Clients reported that especially helpful parts of the program included having someone kind to talk to and having someone dedicated to giving them punctual updates or answers to their questions. It is expected that this measure will increase to 80 percent in FY 2026 and FY 2027.
- In FY 2025, the number of clients decreased. This may be due to the staffing vacancy on the team. It is anticipated that the number of clients will increase to 800 in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

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

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients successfully completing ongoing programs	80%	83%	52%	60%	65%	65%
Percentage of clients who complete the program and are not re-arrested within two years	N/A	87%	70%	73%	80%	80%
Percentage of clients who complete the program and are connected at closure to ongoing services	84%	85%	97%	93%	95%	95%

Supporting Measure	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total clients served	201	240	152	254	260	260

- In FY 2023, performance measures for this program were redone to align with current practice, which is an integrated forensics unit that provides diversion and treatment services to individuals across the criminal justice spectrum.
- In FY 2025, 60 percent clients successfully completed ongoing treatment, below the goal of 75 percent. The majority of clients not completing treatment were those no longer with the program due to re-incarceration or unsuccessful discharge due to court termination for non-compliance. The completion percentage for FY 2024 was recalculated and corrected from 69 percent to 52 percent to reflect an improved data collection process. In FY 2026 and FY 2027, completion rates are anticipated to increase to 65 percent.
- FY 2023 was the first year that re-arrest rates were tracked. In FY 2025, the percentage of clients who graduated from the program two years prior and who were not rearrested increased slightly to 73 percent, below the goal of 80 percent. The intensity of the model of service used contributes to low rates of recidivism. Individuals receive intensive case management and supportive services as they are transitioning out of the jail and are linked

to community providers on an expedited basis. A mental health diagnosis is significantly linked to recidivism. 80 percent of clients are expected to not be re-arrested in FY 2026 and FY 2027.

- In FY 2025, the percentage of clients who were connected to ongoing services at closure was much higher than the goal of 70 percent. One possible reason for the high percentage may be that many clients included in this measure are in the Behavioral Health Docket Program. The docket program requires that all clients are connected to services at program closure unlike the other programs. Clients connected to treatment in Arlington County are paired with the treatment team best equipped to meet their needs. In FY 2026 and FY 2027, connection rates are anticipated to stay consistent at 95 percent.
- In FY 2025, total clients served increased substantially over the prior year and was more in line with prior years. This was largely driven by an increase in clients assessed for services, which was possible due to more stable staffing than in prior years. It is anticipated that the number of clients served will rise, with 260 clients served in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Homeless Case Management

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number/percentage of clients linked to Behavioral health services after discharge from Treatment on Wheels/Homeless Case Management programs	22/43%	22/52%	15/50%	28/46%	50%	50%
Number/percentage of clients linked to stable housing from Treatment on Wheels/Homeless Case Management programs	14/22%	17/30%	19/37%	27/38%	40%	40%
Percentage of clients linked to physical healthcare	3%	36%	24%	31%	35%	35%
Percentage of clients linked to psychiatric services	45%	20%	25%	32%	35%	35%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Days from intake to first ongoing service	9.8	14.5	12.4	11.0	10	10
Number of identified individuals served (unduplicated), and Number of outreach clients (unduplicated)	65/42	56/37	51/N/A	72/N/A	75	75

- In FY 2025, the percentage of clients connected to behavioral healthcare providers remained relatively stable at 46 percent. Connections remained above the program goal of 40 percent.

In FY 2026 and FY 2027, it is anticipated that the number of clients connecting to ongoing services will remain at 50 percent.

- In FY 2025, the percentage of clients linked to housing during program enrollment remained stable at 38 percent, above the goal of 25 percent. Staff were able to better share client-specific information and collaborate on housing solutions. In FY 2026 and FY 2027, it is expected that 40 percent of clients served by the program will be linked to stable housing.
- In FY 2025, the percentage of clients linked to physical healthcare increased to 31 percent, below the goal of 40 percent. The program transitioned to primarily fulfilling client physical health needs through a contracted vendor in FY 2023, accounting for the substantial increase that year. Contracted nurses provide extensive efforts to connect clients to services, including weekly outreach around Metrorail stations in the early morning hours to find hard-to-reach individuals. In FY 2026 and FY 2027, it is anticipated 35 percent of clients will be linked to the contracted vendor for physical healthcare.
- In FY 2025, connections to Psychiatric Services increased to 32 percent, below the goal of 50 percent. The biggest driver of the increase was dedicated program time with a bilingual psychiatrist that could meet clients where they are at. The decrease in FY 2023 was primarily driven by issues with the referral process. To connect a client, referrals had to be filled out to precise specifications in the electronic health record. There were some challenges in meeting these requirements throughout the fiscal year. It is anticipated that the percentage of clients served linked to psychiatric services will increase to 35 percent in FY 2026 and FY 2027 as staffing gaps and system training issues have been resolved.
- In FY 2025, wait time from Intake to first ongoing service decreased to 11 days, while remaining well above the goal of three days. The primary driver of the decrease was that the program was better staffed than in prior years. Staff vacancy was a primary driver of the increased wait time in FY 2023. Another primary factor continued to be decreased capacity on the ACT and Substance Use Outpatient teams, which led to challenges connecting existing Treatment on Wheels (TOW) clients to those services. The program typically transfers clients to outpatient care as soon as clients are ready for that level of service. However, some TOW clients were not able to be transferred to outpatient care, so the program continued to provide services until a slot was available. This strained program capacity led to longer wait times for clients entering services. It is expected that in FY 2026 and FY 2027 the wait time from Intake to the first service will decrease to 10 days.
- In FY 2025, there was an increase in clients served to 72. This was due to the program being better staffed than in the prior year and enhanced efforts in community outreach and housing. It is expected the number of clients served will increase to 75 in FY 2026 and FY 2027. The number of outreach clients will not be collected for this measure going forward.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Office Based Opioid Treatment

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of Fatal/ Non-Fatal overdoses	21/70	12/54	20/47	4/39	4/25	4/25
Percentage of clients successfully engaged in treatment services	81% (29/36)	71% (32/45)	65% (26/40)	62% (21/34)	75%	75%

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients who improve or maintained in functioning as a result of services received	70% (14/20)	68% (32/47)	73% (24/33)	85% (28/33)	75%	75%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of clients served (unduplicated)	108	104	90	110	95	95
Percentage of clients outreached within 24 hours of referral by law enforcement	61% (33/54)	N/A	N/A	N/A	N/A	N/A
Percent of Individuals Accepting a Connection or Resource	N/A	71%	45%	36%	40%	40%
Percentage of Community Outreach and Education Goals Achieved (Outreach Event/REVIVE training)	183%/ 192%	275%/ 296%	438%/ 196%	233%/ 117%	100%/ 100%	100%/ 100%

- There was a decrease in fatal and non-fatal overdoses in FY 2025. The low number of overdoses reported may be due to the wide availability of Narcan in the community, resulting in more overdoses being reversed without the need to contact police. In addition, FY 2025 was the first full year that the program distributed Xylazine test strips. Xylazine does not have an overdose reversal medication and is often combined with other substances. Increased xylazine contamination may have been a factor in the spike in fatal overdoses in FY 2024. The program expects the non-fatal overdose numbers to decrease to 25 overdoses in FY 2026 and FY 2027.
- In FY 2025, the percentage of clients successfully engaged in treatment services decreased slightly to 62 percent, below the goal of 75 percent. The Opioid Continuum of Care program was established in FY 2023 to address decreasing engagement rates. The goal of this program is to meet the needs of clients who would otherwise disengage from Opioid Response services. Of the 12 clients who stopped engaging in treatment within 90 days, eight were connected to this new program. The majority of those who did not connect to the new program left without notice and were not able to be contacted. Going forward, this measure will include clients engaged in the new Opioid Continuum of Care program. It is expected that engagement will continue to meet or exceed the goal of 75 percent over the next two fiscal years.
- In FY 2025, the percentage of clients improving or maintaining their functioning according to the daily living activities (DLA-20) assessment increased and was above the goal of 75 percent. This improvement may be due to the program moving towards more flexible prescribing practices, allowing for treatment that is more responsive to clients' needs. Another reason for the improvements may be the increased stability in staffing in FY 2025. The program also has a therapy dog as support for people in the program, which has shown positive results. The program expects the percentage of clients improving or maintaining DLA-20 scores to continue to meet the goal of 75 percent in FY 2026 and FY 2027.

- The number of clients served in FY 2025 increased by 22 percent. This increase is largely due to the increase in clients served in Opioid Continuum of Care. The program continues to encounter delays in receiving overdose contact information from the Arlington County Police Department. The program reports that this information generally arrives every four to six weeks. This can impact the program's ability to outreach to individuals after an overdose in a timely manner. This likely decreased the total number of clients served. The number of clients served is expected to decrease to 95 in FY 2026 and FY 2027 as overdoses continue to decrease and as the program experiences a staffing transition.
- The percentage of clients outreached within 24 hours of referral by law enforcements has been impacted by procedural changes. Prior to FY 2022, the team received a report from the police with the name and contact information of each person who overdosed. Through FY 2021, outreach was provided to the individual within 24 hours of receiving the report. In FY 2022, Arlington County Police Department (ACPD) began sending reports each Friday that summarized all the opioid related cases, including overdoses, to the Opioid Response Program. Because the program often learns about overdoses more than 24 hours after they occurred, the measure was discontinued going forward.
- In FY 2023, a new measure was established to determine the percentage of individuals who experienced an overdose and accepted a connection and/or resource. The percent of individuals accepting a connection or resource decreased in FY 2025 and was below the goal of 40 percent. This is likely due to delays in receiving overdose contact information from the Arlington County Police Department, which decreases the program's ability to follow-up within an effective timeframe. In FY 2026 and FY 2027 the percentage is expected to continue at 40 percent.
- The program significantly exceeded its goal of 48 outreach events and 12 REVIVE Trainings in FY 2025, providing 112 outreach events and 14 REVIVE trainings. The number of outreach events has grown due to the program's increased recruiting of more volunteers to table events. Interest in REVIVE has decreased due to increased accessibility to Narcan in the community. The program expects that there will be 100 outreach events and 12 REVIVE trainings in FY 2026 and FY 2027.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Healthy Living Program

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of clients who maintained or improved health outcomes (biometrics/health habits)	86%/86%	68%/73%	78%/71%	76%/85%	80%/85%	80%/85%
Percent of clients who reduced or quit tobacco use	70%	25%	83%	50%	55%	55%
Clients improving or maintaining their scores on the Flourishing Scale	57%	86%	88%	85%	85%	85%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Clients connected to primary care	96%	100%	100%	100%	100%	100%
Percent of participants engaged in one or more program activities per month	75%	80%	63%	70%	80%	80%
Unduplicated clients served	71	71	70	77	75	75

- In FY 2025, the program continued to focus on Substance Abuse and Mental Health Services Administration's eight dimensions of wellness, with an emphasis on habit development around four in particular: physical, emotional, social, and environmental. Therefore, the program provided a multitude of services, including psychoeducational wellness workshops, walk groups, strength-training/physical activity groups, mindfulness sessions, individual wellness coaching sessions, tobacco cessation support, and goal setting sessions. Additional support was provided to clients both inside and outside of the program with applying for fee reductions to parks and recreation services and Arlington pools, as well as for other community-based supports, such as discounted yoga classes, bike donations, and bikeshare programming.
- In FY 2025, the percentage of clients maintaining or improving their resting heart rate (biometrics) slightly decreased while the percentage of clients maintaining or improving on the health habits survey results increased. Program staff have regular conversations with participants about bio indicators like resting heartrate. Health literacy is also taught to participants through health literacy workshops. It is estimated that over the next two years 80 percent of clients will see their biometric results maintained or improved, and that health habits survey participants will report 85 percent improvement or maintenance.
- In FY 2025, two out of four participants engaged in tobacco cessation reduced their usage. This meets the program goals. This measure often varies from year to year as the overall number of participants is usually low. Per best practices for nicotine cessation, all four clients were engaged in individual discussion and coaching around their nicotine use as a regular part of their program engagement. It is anticipated that at least 55 percent of clients who use nicotine will either reduce or quit nicotine usage in FY 2026 and FY 2027.
- In FY 2025, 39 program participants completed two Flourishing Scale assessments. Of that group, 85 percent improved or maintained their score from earlier in the year. This exceeds the goal of 75 percent. These high scores indicate that most program participants are experiencing relative well-being in multiple dimensions. In FY 2026 and FY 2027, it is estimated that 85 percent of program participants who complete two Flourishing scale assessments will improve or maintain their score from earlier in the year.
- In FY 2025, 100 percent of clients were connected to primary care services. The program continued to utilize the new medical clearance form that was updated to request the date of last physical screening. This helped the program identify the clients who needed connections to primary care and ensure they received their annual check-up. In FY 2026 and 2027, it is expected that 100 percent of clients referred will connect to primary care.
- In FY 2025, 70 percent of clients (42 out of 60) engaged at least one time per month while they were enrolled in any monitored wellness service. Most activities are framed as "drop in," so that clients can select activities as they see fit. This allows the program to be easily customized to a participant's current level of functioning, interest, and abilities. Attendance in activities is tracked weekly, and outreach is conducted on a regular basis. In FY 2026 and FY 2027, it is estimated that 80 percent of program participants will engage in at least one wellness activity per month.

- In FY 2025, the number of clients served increased slightly to 77. The BHD Wellness programs are dynamic, often utilizing the latest research-based methodologies to provide innovative services to clients. Particular emphasis is placed on outreach and support of people with marginalized identities. The program operates on a "body trust" paradigm that emphasizes that all bodies are deserving of equitable treatment services and justice within the healthcare system. In FY 2026 and FY 2027, it is projected that 75 clients will be served across the wellness programs.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance Measurement-Program

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.

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.

Children's Services Act (CSA)

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

PERFORMANCE MEASURES

Child Care Licensure and Support

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Child Care Centers licensed	74	76	72	70	70	70
Family Day Care Homes licensed	128	130	112	104	104	104
Percentage of childcare programs receiving complaints	8%	8%	10%	10%	5%	5%
Percentage of programs compliant with health and safety requirements	99%	98%	99%	99%	99%	99%
Percentage of programs that received the required number of inspections	97%	91%	86%	77%	85%	85%

Supporting Measures	FY 2022 Actual	FY 2023 Estimate	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Validation inspections	18	12	13	12	12	12
Renewal inspections	181	125	173	121	121	121
Monitoring inspections	160	203	146	193	193	193
Complaint investigations	27	33	40	20	20	20
License Renewals Issued on Time (Child Care Centers/Family Day Care Homes)	96%/ 92%	92%/ 96%	96%/ 81%	100%/ 92%	100%/ 92%	100%/ 92%

- In FY 2025, 90 percent of childcare programs received no complaints. A total of 18 out of 174 programs (10 percent) received complaints.

- Of the 18 programs that received complaints in FY 2025, a total of 16 programs received one complaint. Two programs received two complaints.
- In FY 2025, Child Care Centers achieved 99 percent compliance with health and safety requirements, and Family Day Homes achieved 98 percent compliance.
- The number of validation inspections is directly related to the number of new programs opened in each fiscal year.
- In FY 2025, 134 of 174 facilities (77 percent) that were open at the end of FY 2025 had all inspection visits complete. In FY 2025, renewal visits were prioritized, therefore some programs may have missed a monitoring visit due to staff capacity.
- In FY 2024, license renewals were issued on time for 55 of 57 (96 percent) of childcare centers and 88 of 108 (81 percent) Family Day Care Homes. Licenses are issued on time if they are renewed prior to the expiration date of the current license. In FY 2024, a new state law passed that required programs that operate under a different name than their business to file a fictitious name with the State Corporation Commission (SCC). Some Family Day Care Homes state the provider's name is the business name on the license, but call their childcare service by a different name in their marketing. These providers had to file their form with both names. This caused a delay in issuance for several programs, as a fictitious name document was not obtained prior to the renewal expiration date.
- In FY 2025, license renewals were issued on time for 6 of 6 (100 percent) of Child Care Centers and 98 of 107 (92 percent) Family Day Care Homes. Licenses are issued on time if they are renewed prior to the expiration date of the current license.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

CSA Administration

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of alignment between level of need and level of service requested (Child and Adolescent Needs and Strengths (CANS) assessment core match)	67%	50%	52%	52%	55%	55%
Percentage of cases completing home-based services in less than 180 days	29%	55%	20%	50%	50%	50%
Percentage of cases completing congregate care services in less than 180 days	56%	69%	77%	70%	75%	75%
Percentage of CANS Tool submitted current (within 90 days)	75%	91%	94%	91%	91%	91%
Percentage of youth served in the community	83%	79%	72%	65%	72%	72%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of children served by CSA	149	160	174	179	188	188
Number of Family Assessment and Planning Team (FAPT) Reviews	176	208	226	252	252	252
Percentage of youth 0-4 demonstrating increased emotional/behavioral stability	28%	31%	62%	44%	45%	45%
Percentage of youth aged 5+ demonstrating increased emotional/behavioral stability	45%	50%	46%	41%	45%	45%

- In FY 2025, 81 of 155 (52 percent) service requests received aligned with the CANS ratings of need.
- The most common cause of misalignment is that the CANS scores indicates that the child needs a lower level of care than what was being requested or ordered by the courts.
- Families experience additional stressors that are not currently rated on the CANS assessment, resulting in low scores that did not reflect the families' actual level of need. The CANS does not include measures related to domains of lived experience such as racial trauma and LGBTQIA.
- In FY 2024, the percentage of home-based services completed within 180 days decreased from 55 percent to 20 percent. Many of the longer home-based services were lower intensity supports like mentoring or tutoring for which a length of over 180 days may be beneficial to the child and family. The percentage of congregate care placements completed within 180 days increased from 69 perent in FY 2023 to 77 percent.
- In FY 2025, the percentage of home-based services completed within 180 days increased from 20 percent to 50 percent. The number of clients in home-based services is relatively small, which may lead to significant year-over-year fluctuations. The percentage of congregate care placements completed within 180 days decreased from 77 percent to 70 percent. In FY 2025, 47 of 56 (84 percent) congregate care placements were court ordered, which is consistent with 51 of 60 (85 percent) in FY 2024. The length of service is also ordered by the court for these placements.
- In FY 2025, 193 of 211 (91 percent) of CANS were current-dated within the last 90 days, or more recently when clinically indicated, which is a slight decrease from FY 2024.
- In FY 2024, the percentage of youth who received services in the community decreased to 72 percent. In FY 2024, there continued to be an increase in acuity seen in youth mental health nationally, which led to youth needing higher levels of care or more intense community-based services. If the community-based services are not available, that could lead to a congregate care placement. In FY 2025, 117 of 179 (65 percent) youth who received service authorizations through CSA funding were authorized only for services in the community, representing a continuation of that trend. While a slight increase in the percentage of services in the community is projected for FY 2026 and FY 2027, the high acuity rates will likely remain a significant challenge.
- In FY 2025, 7 of 16 (44 percent) youth ages 0-4 and 45 of 109 (41 percent) youth ages 5+ demonstrated increased emotional/behavioral stability between the two CANS assessments. In FY 2025, there were 37 youth that demonstrated an increase in emotional/behavioral need scores, indicating that their symptoms worsened between the two assessments. Many of the cases had child welfare involvement, and often experienced high levels of stress and trauma.

- The CSA System of Care team focuses on serving children in the least restrictive environment, identifying and reducing disparities, and widening the service array.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

PROGRAM MISSION

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

Child Protective Services (CPS)

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

Foster Care

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

Family Partnership Meetings

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

Adoption

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

Independent Living

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

PERFORMANCE MEASURES

Child Protective In-Home Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of children stabilized with their families after receiving CPS In-Home Services	93%	96%	95%	85%	90%	90%
Percentage of families with validated reports within two years post closure	4%	7%	17%	2%	8%	8%
Percentage of families who achieve a low or reduced level of risk within 90 days	87%	97%	97%	100%	97%	97%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of families served by CPS In-Home	76	73	52	55	55	55
Youth at risk of removal who remained in the home at least 90 days after a Family Partnership Meeting (FPM)	93%	90%	97%	94%	95%	95%
Gain in protective factor scores	48%	60%	44%	50%	60%	60%

- In FY 2025, 33 families were closed to CPS In-Home Services. In 28 cases (or 85 percent), children were stabilized with their families. In the five remaining cases, the children were removed and placed in foster care.
- In FY 2024, a total of 35 family cases opened to CPS In-Home. Six of these families had a previous CPS In-Home case within the last two years. In FY 2024, this measure was modified to assess cases that opened in the current fiscal year and had a previous In-Home case within the last two years. The increase in the percentage reflects the change in measurement methods. There was a decrease in the number of cases that returned, from seven in FY 2023 to six in FY 2024.
- In FY 2025, a total of 41 family cases opened to CPS In-Home. One of these families had a previous CPS In-Home case within the last two years. This decrease was in part due to interventions from the prevention team, which was able to provide additional resources to families to help stabilize them without entering CPS In-Home Services.
- In FY 2025, there were 23 total cases opened for at least 90 days. Of those cases, 23 families achieved a low or reduced level of risk within 90 days (100 percent). In FY 2025, staff stability and experience contributed to stabilizing high risk families and providing access to resources.
- In FY 2025, 58 out of 62 (94 percent) of youth at risk of removal remained in the home at least 90 days after FPM. The four youth that entered into foster care were unable to be safely maintained in the home and required a higher level of care. Meetings were held prior to foster care placement to support the families in trying to maintain them in the home.

- In FY 2025, 6 out of 12 (50 percent) families increased their protective factor scores by at least three points. The largest increases were in social supports and parenting knowledge.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Child Protective Services- Intake

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of initial responses on time	95%	92%	94%	95%	95%	95%
Percentage of cases closed on time	50%	53%	53%	72%	75%	75%
Percentage of cases closed safely without requiring additional services	75%	79%	80%	84%	85%	85%
Percentage of referrals without prior validated reports in the preceding 6 months	83%	90%	87%	90%	90%	90%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of assessments	192	256	194	234	234	234
Number of calls received	2,059	2,737	2,853	2,403	2,400	2,400
Number of Non-CPS related calls	721	1,125	1,104	511	511	511
Number of investigations	75	110	77	92	92	92
Number of investigations which resulted in a finding of abuse or neglect dispositions	32	32	31	31	31	31
Quality of hotline calls	96%	95%	96%	98%	98%	98%

- In FY 2024 and FY 2025, the primary referral sources were school and law enforcement, accounting for more than half of all validated reports. In FY 2025 almost 50 percent of the validated reports were referred by schools and 40 percent of reports referred by law enforcement were for youth that identified as Hispanic.
- In FY 2025, there were 2,403 calls received through the CPS Hotline. Of the 2,403 calls, 1,892 resulted in reports of allegation or abuse/neglect. 326 (14 percent) of those calls resulted in validated reports.
- In FY 2025, overall timeliness for initial response (94 percent) was slightly below the State benchmark (95 percent). The state benchmark recently increased from 85 percent to 95 percent.
- In FY 2024 and FY 2025, in situations where a face-to-face visit was unable to be completed on time, the CPS Intake team was able to determine that the child was safe and in the care of the non-offending parent.

- In FY 2025, 72 percent of cases were closed on time, an increase from FY 2024. In FY 2025, the increase in timely case closure can be attributed to staff stability, team morale, and a more intentional focus on ensuring backlog cases were closed quickly.
- In FY 2024 and FY 2025, some cases continued to require additional clinical support and stabilization efforts prior to safely closing the case, causing a closure date exceeding the timeframe targeted by the state. There are times when collaborating with external stakeholders and other jurisdictions takes longer to safely stabilize the case.
- In FY 2025, 282 of 335 cases (84 percent) were safely closed without requiring additional services. 34 of 335 cases (10 percent) required CPS In-Home services for stabilization. 19 of 335 cases (six percent) were opened to foster care because the investigation determined that children could not remain safely at home. This is an increase from FY 2024 where 262 of 328 cases (80 percent) were safely closed without requiring additional services.
- In FY 2025, there were 173 validated reports that were closed with a supported disposition. Of the 173 reports, 155 (90 percent) did not have a prior validated report within six months.
- In FY 2025, a total of 109 CPS calls were reviewed and assessed for quality using a customer service data collection tool that provides an overall score out of a possible 100 points. The average overall percentage was 98 percent in FY 2025, which is a slight increase from 96 percent in FY 2024.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Foster Care

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of new foster families certified	12	20	12	20	20	20
Number of total certified foster families	70	75	68	66	69	69
Percentage of foster families retained through the end of the fiscal year	84%	87%	88%	79%	85%	85%
Percentage of placements that allow children in foster care to continue services with their own providers seen prior to foster care	92%	86%	90%	90%	90%	90%
Percentage of placements that enable children in foster care to remain in their original school districts	95%	92%	69%	88%	90%	90%
Percentage of placements that lasted until the child was discharged from foster care	95%	93%	93%	91%	95%	95%
Percentage of placements with a child's relatives, siblings, or child-specific placements	33%	52%	41%	44%	50%	50%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average number of children served monthly in congregate care	2	5	4	5	5	5
Average number of children served monthly in purchased therapeutic foster home	5	4	3	5	5	5
Average number of children served monthly in regular foster care	45	41	49	61	61	61
Percentage of families certified on time	100%	100%	100%	100%	100%	100%

- In FY 2025, the number of certified foster families decreased three percent (from 68 to 66). Multiple efforts continue to recruit families, including offering flexible training schedules so that families with inflexible work schedules can attend one-on-one training at a time that works for them.
- In FY 2025, the number of foster families decreased slightly but the number of children served increased by 24 percent. In FY 2025, the program saw an increase in sibling groups entering care. Additionally, there was an increase in families experiencing barriers to stabilization.
- During FY 2025, 14 families who were active at the end of FY 2024 closed: eight of the families were kinship families that closed due to cases finalizing in return home or adoption. The remaining six foster families closed due to personal circumstances such as relocation or change in employment.
- In FY 2024 and FY 2025, retention events around the holidays and foster parent appreciation month (May) were held at The Westin and featured a brunch for all participants and an awards ceremony. In FY 2025, an additional Fall into Wellness event was held for foster parents, which included Zumba and Pilates.
- In FY 2025, there was an increase in school continuity and service continuity remained stable.
- In FY 2024, four youth did not maintain school continuity, two of them did so to join with kin in different communities, and the other two were to keep the sibling group together and joined a Spanish-speaking family outside of the community, causing the disruption.
- In FY 2024, three children/youth had to change service providers; one due to being joined with kinship caregivers in a different community, two were a sibling group that joined a Spanish-speaking family outside of the community.
- In FY 2025, five youth did not maintain school continuity. Reasons for discontinuity include safety and relocation of the foster parent.
- In 2025, two children/youth had to change service providers: one due to placement in their kin home and one due to stepping down from a higher level of care.
- In FY 2024, there were four disruptions. All of the disruptions were youth with complex needs.
- In FY 2025, there were five disruptions. All five were either youth with complex needs or their siblings. All five disruptions were a result of the children's needs being better met with other foster parents who had the skills needed to keep these children in the community and out of a higher level of care.
- In FY 2024, there was a decrease in family continuity (41 percent) from FY 2023 (52 percent). There was a slight increase in family continuity (44 percent) in FY 2025. Continued prevention efforts have utilized kin to divert children from coming into care.
- In FY 2025, the average number of children served monthly in congregate care slightly increased from FY 2024 to FY 2023 levels.

- In FY 2024 and FY 2025, the number of children served monthly in foster care continued to increase. The large increase in FY 2025 was primarily due to an increase in sibling groups.
- Since FY 2023, prevention services (in the CPS In-Home program) and kinship care services have continued to be instrumental in maintaining youth safely with their families in the community and subsequently diverting youth from entering foster care.
- Since FY 2020, the number of youth placed in a Therapeutic Foster Care (TFC) home has remained low as recruitment efforts continue to focus on certifying Arlington County foster homes to ensure that children remain in the Arlington community.
- Since FY 2021, the percentage of families certified on time stayed consistent at 100 percent.
- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Foster Care Permanency

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of Discharges to Permanency	85%	67%	80%	73%	75%	75%
Percentage of Reunifications or Relative Placements within 15 months	58%	67%	75%	46%	50%	50%
Engagement with the youth's mother towards permanency	59%	51%	78%	75%	80%	80%
Engagement with the youth's father towards permanency	26%	32%	64%	53%	80%	80%
Children placed with relatives or fictive kin	12%	24%	29%	39%	39%	39%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of youth in foster care (as of the last day of the fiscal year)	49	65	63	74	80	80
Number of youth discharged/families closed	26/22	24/23	30/25	33/30	33/30	33/30

- In FY 2025, 24 of 33 (73 percent) children that exited foster care either returned home, were adopted or were placed with relatives. Seven of the nine youth who did not achieve permanency entered Fostering Futures. All nine of these youth entered care at age 14 or older, which impacts their ability to reach permanency.
- In FY 2025, there was a decrease in the percentage of reunifications or relative placements within 15 months from 75 percent the year before to 46 percent. Permanency took longer than 15 months for 13 children from 12 families. Delays were due to complex parental resource needs such as housing and childcare, as well as mental health and substance use needs.
- In FY 2025, 202 of 268 (75 percent) required face-to-face visits between youth in care and their mother occurred and 86 of 162 (53 percent) required face-to-face visits with their father occurred. In FY 2025, the decrease in the percentage of monthly contacts is likely attributed

to inconsistent documentation. While the Fatherhood Engagement coordinator consistently engaged with fathers who were incarcerated or in the community, these visits were not always reflected in the documentation used for this measure.

- In FY 2025, annual outcomes were updated to measure the percentage of youth placed with relatives or fictive kin. In FY 2025, 24 of 61 (or 39 percent) youth ages 0-17 were placed with relatives or fictive kin. This percentage exceeds the statewide goal of 35 percent for youth placed with relatives or fictive kin.
- The number of youth in foster care on the last day of the fiscal year increased from FY 2024 (63) to FY 2025 (74). In FY 2025, there were a number of large sibling groups who entered care. There was also an increase in families affected by domestic violence, and a significant number of families experiencing financial hardship and mental health challenges.
- Between FY 2020 and FY 2025, approximately 20-30 families have closed per year.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Adoption

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of children who exited foster care to adoptive homes	10	7	2	9	9	9
Number of children who exited foster care to adoptive homes within 24 months	4	0	0	0	0	0

Supporting Measure	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of children with finalized adoption receiving adoption subsidy	121	122	103	96	96	96

- Adoption refers to all the cases still being supported by the Child and Family Services Division.
- The number of children who exited foster care to adoptive homes within 24 months continued to be affected by outside factors such as pending appeals with biological families or placement instability of high-level needs children.
- In FY 2025, nine children exited foster care to adoptive homes, and zero exited within 24 months. The increase in children achieving permanency through adoption can be largley attributed to the emphasis on kinship placements.
- In FY 2025, permanency options, including adoption, continued to be explored with older youth at their Transitional Living Planning (TLP) meetings and at routine at-home visits throughout the life of the case.

Independent Living

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of youth aged 18-21 who are engaged in education and/or employment readiness activities	91%	94%	95%	94%	95%	95%
Percent of youth ages 18-21 who receive regular dental /medical care	43%/ 67%	82%/ 88%	62%/ 71%	50%/ 71%	65%/ 75%	65%/ 75%
Percent of eligible youth engaged in the Fostering Futures Program	95%	95%	75%	68%	70%	70%
Percent of youth ages 14-18 that exited care to permanency	50%	38%	62%	25%	30%	30%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of youth served in foster care between ages 14 and 21	54	41	41	45	50	50
Percent of youth who had Transitional Living Plan (TLP) completed on time	78%	91%	90%	91%	92%	92%

- In FY 2025, the percentage of youth engaged in employment readiness and/or education activities remained at or above 90 percent. That trend is expected to continue.
- In FY 2025, 50 percent of youth ages 18-21 were current with their dental exams, which is a decrease from 62 percent in FY 2024. Seventy-one percent of youth were current with their medical exams, which is consistent with FY 2024.
- Fostering Futures was initiated in July 2016. It is a voluntary program available to young adults in foster care after age 18 that provides support and assistance through age 21 to assist with a successful transition into adulthood. In FY 2025, 22 youth were eligible to participate in the Fostering Futures program. Of these youth, 15 (68 percent) were engaged in the program at the end of the fiscal year. This is a slight decrease from FY 2024 (75 percent).
- Age at removal is a contributing factor to successful permanency outcomes. Permanency for older youth can be challenging due to their age, trauma history, current mental health and substance use, and willingness to consent to a permanency plan.
- In FY 2025, 12 youth exited care between the ages of 14 and 18. Of those 12 youth who exited, three exited to permanency, seven entered Fostering Futures, and two exited without supports.
- Transitional Living Plan meetings are a youth-driven process that allows for the development of goals, services, and activities to support the transition to adulthood. TLP meetings may be delayed when youth are experiencing serious mental health issues or other life challenges.
- In FY 2025, 30 of 33 youth (91 percent) had a TLP completed on-time (within 30 days of entry into foster care, or within 30 days of turning 14, and annually thereafter), consistent with prior years.

- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

PROGRAM MISSION

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

Intake Services

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

Child Advocacy Center

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

Outpatient Therapy & Case Management

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

Behavioral Health Wellness

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

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

PERFORMANCE MEASURES

Centralized Intake Unit

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of children and families connected to ongoing services	94%	99%	95%	98%	99%	99%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of information and referral calls handled	1,310	1,829	1,754	1,725	1,725	1,725
Youth receiving first clinical appointment within 10 days of intake	93%	94%	97%	99%	99%	99%
Percentage of required Intake Assessment documentation in compliance	55%	92%	89%	94%	90%	90%

- In FY 2025, 201 of 205 (98 percent) clients for whom ongoing services were recommended began services. Services continue to be delivered in a flexible manner that is not only clinically appropriate, but also person centered.
- In FY 2025, the number of information and referral calls decreased slightly from FY 2024.
- In FY 2025, 198 of 200 (99 percent) appointments were offered within 10 days of the intake assessment. Additionally,2/200 (one percent of appointments were offered within 11-20 days of the intake assessment. In FY 2025, the average number of days from intake to first offered clinical appointment (FAC) was six days which is a slight improvement from seven days in FY 2024.
- In FY 2025, 32 intakes were analyzed for compliance. Of these, 30 intakes (94 percent) scored 90 percent or higher, a slight improvement from the prior year.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Outpatient Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of clients who achieve maximum benefit of their treatment goals at discharge	45%	52%	20%	27%	40%	40%
Percentage of parents completing surveys who report satisfaction with services	77%	81%	94%	N/A	85%	85%
Percentage of clients maintained in the community with outpatient treatment	94%	97%	94%	95%	90%	90%
Percentage of youth completing surveys who report satisfaction with services	85%	92%	N/A	N/A	85%	85%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of client services documentation completed within one business day	56%	62%	75%	78%	85%	85%
Client show rate	86%	82%	85%	84%	90%	90%
Total consumers receiving services	277	207	297	396	400	400
Number of youth receiving intensive and routine case management services	46	68	39	41	41	41
Number of youth receiving outpatient therapy services	254	166	266	361	361	361
Number of youth transitioned to adult behavioral health services	23	16	16	45	45	45

- In FY 2024, 31 of 154 (20 percent) clients achieved all their treatment objectives at discharge, which is a decrease from FY 2023. In FY 2024, there were inconsistencies in the documentation of discharge reasons. These inconsistencies largely contributed to the decrease in treatment completion documented.
- In FY 2025, 27 of 100 (27 percent) discharges occurred when clients achieved all their treatment objectives, which is an increase from FY 2024. An additional 12 percent of clients completed some of their treatment goals. There continued to be inconsistencies in documentation, and the program is working to actively address these for FY 2026 and FY 2027.
- In FY 2025, due to limited staff workload capacity, survey distribution was not completed for youth and caregivers.

- In FY 2025, 333 of 350 (95 percent) clients who entered care in the community did not require an increased level of care (LOC) while receiving behavioral healthcare treatment and were safely maintained in a community setting. This is a slight increase from FY 2024, when 94 percent of youth were maintained at a community-based level of care.
- In FY 2025, the continuation of hybrid services contributed to youth being maintained in the community. It provided additional flexibility, engagement, and crisis management. An increase in court ordered placements into higher levels of care continue to be a barrier for some of the youth receiving services. These court orders disproportionately impact clients who identify as Black or Latinx.
- In FY 2025, documentation of client services was completed within one business day for 4,983 of 6,358 (78 percent) progress notes, similar to FY 2024 but higher than previous years.
- In FY 2024, for regularly scheduled in-person and virtual face-to-face meetings, the overall show rate was 3,594 out of 4,232 (85 percent). In FY 2024, school-based services were implemented in select high schools, which reduced accessibility barriers, increased show rates, and improved the rescheduling process.
- In FY 2025, for regularly scheduled in-person and virtual face-to-face meetings the overall show rate was 5,048 out of 5,975 (84 percent), which is similar to the prior year. In FY 2025, school-based services expanded which continued to reduce accessibility barriers and improve the rescheduling process.
- In FY 2024, 297 youth received outpatient services, which was a 43 percent increase from 207 in FY 2023. In FY 2024, the increase in the number of clients served can be attributed largely to the increase in staff and being co-located in community settings, such as libraries and community centers.
- In FY 2025, 396 youth received outpatient services, which is a 33 percent increase from 297 in FY 2024. In FY 2025, the number of clients served increased due to a number of factors, including low staff turnover, increased intakes and fewer discharges, and the expansion of the school-based program to Kenmore Middle School.
- In FY 2025, 45 youth received transition services, which is an increase from FY 2024. Beginning in FY 2025, youth who were open to outpatient services at the age of 18 were able to continue services through age 21.
- In FY 2025, in addition to youth open to case management services, case management services were provided on an as-needed basis to many clients open to outpatient therapy. This change impacted data collection for the number of youth/families receiving formal case management.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Child Advocacy Center

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of children receiving forensic interviews by Child Advocacy Center staff	170	248	151	177	177	177

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of children referred to the CAC	201	321	207	229	230	230
Percentage of eligible children who received forensic interviews at the CAC	94%	96%	94%	96%	96%	96%
Percentage of families offered follow-up services within 10 days of interview	58%	65%	69%	71%	73%	73%
Percentage of caregivers reporting that the process was clearly explained to them	100%	96%	94%	100%	90%	90%
Percentage of caregivers reporting that the agency provided resources to support their child	100%	79%	84%	80%	90%	90%

- In FY 2025, there were 229 referrals to the CAC, which is an increase of 11 percent from FY 2024. In FY 2025, referrals and forensic interviews are consistent with CPS reports from which the CAC receives the majority of referrals.
- In FY 2025, 177 of 184 (96 percent) eligible children were interviewed at the CAC. This is a slight increase from 94 percent in FY 2024. Eligible families may not receive an interview if law enforcement and/or CPS conducts a field interview rather than bringing the child to CAC.
- In FY 2025, follow up information was indicated for 129 of 177 forensic interviews. Of those 129 families, 91 were outreached to assess needs and to communicate the availability of therapy and advocacy services within 10 days of their CAC interview(s). Minimally, at the time of the interview, caregivers are provided a folder with information about the CAC's services, contact information, and information about what they can expect next.
- In FY 2025, 100 percent of caregivers surveyed agreed that they knew what to expect with the situation facing their child(ren). Eighty percent of caregivers responding to the survey agreed that center staff provided resources to support their child(ren). The CAC team continues to collaborate with the CSB therapists to maintain a current, comprehensive list of resources to support triage and appropriate linkage to community resources. In FY 2024, an additional list was created with specific caregiver resources.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Youth Behavioral Health Wellness (Substance Abuse and Early Intervention)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of contacts	4,062	3,082	2,435	2,801	2,801	2,801
Number of events	106	101	98	91	95	95
Suicide Means Reduction Tools Distributed	690	684	335	1,382	1,382	1,382
Tobacco vendor site visits	177	35	101	31	94	31

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of events meeting at least 50% of participation target	72%	86%	84%	85%	85%	85%

- In FY 2025, there were a total of 2,801 participants that attended events, which is an increase of 15 percent from 2,435 in FY 2024 and closer to the number of participants in prior years.
- In FY 2025, there were 91 events facilitated. One of those events was virtual, seven were hybrid, and 83 were in-person. In FY 2025, one of the events were offered in Spanish only. There were also 16 events that were offered in both English and Spanish. There were 28 events offered in English, Spanish, and Arabic. There were 46 events offered in English only. Interpretation services are offered for events in multiple languages.
- In FY 2024, the team collaborated with Bugata and the Buckingham Youth Brigade, which are Spanish speaking community members of both adults and youth, for Mental Health 101 and vendor visits. Youth from the Youth Brigade assisted in the development of Narcan public service announcements to address substance use in the Latinx community and were involved with the creation of Arlington Unites.
- In FY 2025, the team collaborated with community stakeholders (including Arlington Public Schools, Court Services, and medical professionals) to provide Lock and Talk education. There was a total of nine Lock and Talk presentations with 131 participants. During these presentations, 182 'suicide means reduction' tools were distributed.
- In FY 2025, the team worked with law enforcement, community members, and youth to visit vape and tobacco vendors to ensure they are not selling products to minors. There was a focus on vendors close to middle and high schools, as well as vendors with previous infractions. There were 125 tobacco and vape vendors that receive unannounced visits and education in a period of two years. Because the visit period is two years long, there are typically alternating years of greater and fewer visits
- In FY 2025, there were 88 events with participation targets. Eighty-five percent of the events met or exceeded participation targets, slightly higher than the prior year. In FY 2025, events that exceeded targets included Break the Cycle, Macedonia Baptist Church tabling event, Lomax church Mental Health Awareness and Suicide Prevention presentation, and the Green Valley Day tabling event. There was an enhanced focus on partnering with the black, indigenous, and people of color community members to strengthen the relationship and improve engagement.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

PROGRAM MISSION

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

Management and Administration

- Promote effectiveness and efficiency by evaluating programs and promoting innovative programming, overseeing the Division's financial management including grant and contract management, offering training and guidance for workforce development, ensuring compliance with all relevant laws and requirements, and evaluating staff performance.
- Ensure effective collaboration with community partners.

PERFORMANCE MEASURES

Management and Administration

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percentage of budgeted third-party reimbursement revenue received	87%	92%	107%	127%	90%	90%

- The percent increase between FY 2022 and FY 2023 is attributed to fully operational program activities at the Arlington Adult Day Program which translated to more participant days attended, as well as higher than projected Medicaid reimbursements for the Senior Adult Mental Health Program.
- The increase in third party revenue received in FY 2024 and FY 2025 is attributed to higher than projected fees for the Arlington Adult Day Program and Medicaid reimbursements. The target for this metric is 90 percent.

PROGRAM MISSION

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

Planning and Advocacy

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

Resource Center

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

PERFORMANCE MEASURES

Agency on Aging Programs

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of grants received	14	14	14	14	15	16
Number of programs funded through the AAA	14	14	14	14	15	16
Home Delivered Meals: Program Participants	341	321	288	289	275	265
Participants Age 80+	131	127	104	98	93	90
Meals on Wheels Participants	230	240	250	244	240	240
Home Delivered Meals: Meals Delivered	89,357	80,143	87,271	90,509	90,500	90,500
Home Delivered Meals: Customer satisfaction with food quality	91%	89%	91%	78%	85%	85%
Home Delivered Meals: Customer satisfaction with nutrition	96%	79%	66%	95%	85%	85%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Home Delivered Meals: Customer eating healthier	100%	77%	84%	89%	85%	85%
Home Delivered Meals: Compliance with Eligibility Determinants (Age/Race/Income)	95/92/90%	98/93/93%	99/99/96%	99/98/94%	90/90/90%	92/92/95%
Participants continue to live independently and remain in the community: Age in Place because of meals	100%	94%	92%	97%	95%	95%
Home Delivered Meals: Participants that have stabilized or reduced nutritional risk	80%	87%	73%	83%	80%	80%

- The decrease in total participants in the Home Delivered Meals program in FY 2023 was due to the end of the PHE and the return to the enforcement of the homebound requirement for the program. This trend continued in FY 2024 and FY 2025 as the program returned to pre-pandemic levels.
- The Meals on Wheels Participants measure was added in FY 2024 to reflect the current measures captured in the performance measurement plan (PMP).
- In FY 2023, 40 percent of the participants were ages 80 and above. Of those age 80 and above, 68 percent scored a six or higher on the Nutrition Screening Initiative (NSI), indicating they may be at high risk for malnutrition. Recipients who score six or higher on the NSI are referred to the AAA Nutritionist for Nutrition Counseling. In FY 2023, participants adjusted to the bulk delivery schedule and responses to questions on the NSI resulted in more positive responses. Results continued to decrease in FY 2024, so the program engaged in new initiatives for FY 2025, including partnering with the Benefits Enrollment Center (BEC) for outreach to participants to connect them to appropriate services based on need and one-on-one counseling from a registered dietician. This improved results, which are expected to continue to remain high in FY 2026 and FY 2027.
- The target set for Home Delivered Meals customer satisfaction with food quality, nutrition, and choice is 85 percent. The target for participants who have stabilized or reduced nutritional risk is 80 percent. Changes in survey response formats between FY 2024 and FY 2025 likely affected satisfaction trends, shifting from frequency-based options to simplified satisfaction and yes/no choices. The decrease in FY 2023 is attributed to participant feedback regarding the freshness of the fruit and vegetables served with the meals. This feedback was taken into account with the FY 2024 menu planning.
- Customer satisfaction data for FY 2024 became available in FY 2025, and the data has been updated accordingly. There are regular variances across years, but a notable increase in satisfaction with nutrition. This may be attributed to a shift in survey response formats in FY 2025, when response options were simplified. To address the decrease in meal satisfaction in FY 2025, the program is exploring ways to incorporate more variety into the menu.
- In FY 2027, the Home-Delivered Meal, Fee for Service program, will be phased out and funded with other sources outside of the AAA, and all meals will only be offered through Home-Delivered meals/Meals on Wheels.

- The Home Delivered Meals program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Virginia Insurance Counseling Assistance Program (VICAP)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Compliance with Federal Outreach Guidelines	80%	80%	80%	100%	100%	100%
Cost savings for Medicare beneficiaries	$152,963	$161,598	$173,706	$203,342	$175,000	$185,000
Senior Medicare Patrol Survey Results	100/75/75%	100/100/75/100%	100/100/92/92%	100/100/100/100%	95/95/95/95%	95/95/95/95%
Medicare Education Impact	90/79/77%	92/87/85%	98/94/94%	98/87/84%	90/90/90%	90/90/90%
Unduplicated individuals receiving VICAP counseling (65+)	731	783	784	815	820	820
Unduplicated Low-Income Individuals Served	466	338	498	569	575	575
Unduplicated number of Limited English Proficiency (LEP) individuals served	161	198	174	204	210	210
Total attendees at outreach events	916	946	1,177	1,293	1,300	1,315
Total attendees at Medicare courses	978	636	661	1,347	1,350	1,375
Total client counseling hours	2,375	2,736	2,768	2,850	3,000	3,000

- The VICAP performance measurement plan reflects performance for grant year period April 1 - March 31 for each year.
- Compliance with Federal Outreach Guidelines increased to its highest level in years in FY 2025, as all metrics were achieved. Enrollment contacts were met by partnering with the Aging and Disability Resource Center (ADRC) in BEC outreach events throughout the community at affordable housing locations, food bank distributions, and outreach fairs. It is anticipated that the program will continue to meet all guidelines in FY 2026 and FY 2027.
- In FY 2025, the number of individuals receiving VICAP counseling increased by four percent from the previous year. The VICAP newsletter expanded options for counseling during Open Enrollment and the Medicare training series contributed to raising awareness of the program, which encourages beneficiaries to connect.
- Cost savings to Medicare beneficiaries is highly variable, and dependent upon changes to a prescription plan, enrollment in a Medicare Supplemental Plan, applying for Medicaid, filing an appeal, applying for Patient Assistance Programs, and/or receiving Extra Help, a low-income subsidy (LIS). The increases in FY 2024 and FY 2025 were due largely to savings

realized through the reinstatement of beneficiaries Medicaid coverage, the dissemination of prescription drug coupons and changes to prescription drug and Medicare Advantage plans.

- The Senior Medicare Patrol (SMP) training empowers Medicare beneficiaries to prevent, detect, and report health care fraud and abuse. In FY 2023, understanding Medicare Advantage and prescription drug plans was added to the curriculum. In FY 2024, the increase in understanding of Medicare fraud was due to increased outreach and education on fraud and scams. In FY 2025, scores improved to a perfect 100 percent across the board.
- Medicare Education Impact measures the knowledge gained by participants after attending one of the monthly trainings. The increases in FY 2023 can be attributed to more information being shared around saving money on personal healthcare expenses and respondents viewing this as impactful. The continued increase in FY 2024 is a result of expanding the audience by promoting awareness of the programs on social media and other communication avenues. In addition, the program launched a new VICAP Training Academy to provide on-demand webinars to inform, educate, and empower individuals on Medicare. Lower FY 2025 survey percentages may reflect federal Medicare changes and health insurance complexities. Classes emphasized strategies for reducing healthcare costs.
- Unduplicated numbers of low-income individuals served decreased in FY 2023 due to Medicaid unwinding. The program experienced an increased number of low-income individuals served in FY 2024 due in part to the program's outreach efforts during FY 2024, through the VICAP newsletter, expanding the options for counseling during Open Enrollment, and the Medicare training series to raise awareness of the program and encourage beneficiaries to participate and connect. Additionally, in FY 2025 three new sites were targeted for Open Enrollment sessions to expand outreach in underserved communities. The number of low-income individuals served increased by 14 percent due in part to outreach efforts.
- The FY 2022 to FY 2023 increases in the total attendance at outreach events are based on robust outreach centered around Medicaid expansion and Commonwealth Coordinated Care Plus (CCC+). In FY 2024, the program experienced an increase in the number of attendees at outreach events due in large part to expanding the options for counseling during Open Enrollment. The increase in FY 2025 was largely due to the addition of events at three new sites and enhanced outreach efforts.
- In FY 2024 and FY 2025, the hours spent counseling Medicare beneficiaries increased. This was due to VICAP Volunteers spending additional time with beneficiaries to ensure they are meeting their complex needs.
- Attendees at Medicare courses from FY 2022 – FY 2023 actuals reflect increased participation due to in-person and virtual trainings for Medicare courses offered. The increase in FY 2024 is the result of expanded offerings in the community through the Open Enrollment clinics. In FY 2025, there was a 104 percent increase for total attendees at Medicare courses. The team has leveraged existing relationships with key stakeholders to promote outreach, expand the reach of the monthly VICAP newsletter, and attract more attendees by focusing on critical topics that relate to Medicare and federal retirees, scams, and fraud prevention. Attendance numbers are anticipated to remain high in FY 2026 and FY 2027.
- In FY 2025, potential Medicaid funding impacts increased demand for prescription drug plans and Medicare Savings Plan reviews, while service coordination with multiple partners remained time intensive, leading to an increase in total client counseling hours.
- The VICAP program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Resource Center

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Resource Center Phone Calls	16,500	N/A	N/A	N/A	N/A	N/A
Short Term Case Management Clients Served (duplicated)	3,067	2,418	2,533	2,527	3,000	3,100
Subset Short Term Case Management:						
Percent ≥ 70	56%	50%	50%	54%	55%	55%
Percent minority	63%	70%	57%	77%	75%	75%
Percent female	56%	56%	55%	60%	57%	57%
Percent in poverty	56%	51%	56%	57%	56%	56%
Percent live alone	64%	59%	60%	64%	60%	60%
Number of languages served	24	25	23	26	23	23
Contact Units (all contacts recorded in the encounter)	4,245	5,746	7,986	8,195	9,663	9,750
Number of Referrals Completed by ADRC staff	1,083	595	449	460	1,000	1,100
Time Spent (the sum of all time spent from the encounter in minutes)	1,826	2,183	1,769	1,584	1,800	2,000
Completion of case management work within 90 days	95%	96%	96%	96%	97%	98%
Client Contacts (duplicated)	6,718	8,154	11,358	8,952	12,000	12,500

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Quality of customer experience: clarity of information	91%	91%	85%	86%	90%	92%
Quality of customer experience: wait time	98%	88%	84%	91%	90%	92%
Quality of customer experience: quality interaction with staff	97%	93%	86%	89%	90%	95%
Connection to services: staff meets or exceeds requested service needs	84%	88%	95%	95%	95%	97%
Effectiveness of services	71%	61%	67%	77%	90%	90%

- Critical Measures listed that are no longer tracked are indicated above with "N/A".
- The measure Short-Term Case Management Clients Served is a subset of the total number served and tracks clients who require short-term (less than 90 days) case management. Short-term case management increased 4.7 percent in FY 2024 and remained consistent in

FY 2025 due to continued requests for food resources, in-home care, and emergency financial assistance to prevent eviction and/or utility shutoffs. DHS anticipates the need will continue to grow as the percentage of older adults increases. Case management clients served data remained consistent with the prior year, with a slight decrease.

- Contact units increased from 5,746 in FY 2023 to 7,986 in FY 2024 due to improved data tracking through the ADRC Intake Log and Peer Place, a sustained hybrid service model, and additional staffing support. The rise also reflects a surge in complex needs, including unprecedented financial assistance requests and growing shelter needs for older adults.
- The decrease from FY 2022 to FY 2023 in Number of Referrals Completed by ADRC staff is due to inconsistencies in data recording in Peer Place due to new staff and higher volumes. Referral counts continued to be lower in FY 2024 and FY 2025 due to data capture challenges, as referrals made using the new electronic referral process were not able to be included in the metric. Work is underway to capture these referrals, and the metric is projected to return to previous levels in FY 2026 and FY 2027.
- The sum of time spent from FY 2022 – FY 2023 steadily increased due to the complexity and volume of contacts and short-term case management circumstances staff encountered. Estimates for FY 2026 to FY 2027 are based on the projected number of clients served.
- In FY 2024, the ADRC experienced a continued increase in the number of client contacts related to an increasing population of older adults. Contacts to the ADRC for services were up 39 percent over FY 2023. In FY 2025, ADRC handled 8,952 service contracts, a 21 percent decrease from FY 2024 but still 173 percent above pre-pandemic levels. Reporting remains inconsistent due to multiple systems, causing duplication. A Duty Day Phone Call Count log was added to track call volume, including repeat and missed calls. With the number of older adults continuing to increase in our community, this number is expected to continue to grow.
- The Quality of Customer Experience metrics decreased slightly in FY 2024. The increased volume of customers, and the acuity and complexity of customer needs led to higher wait times. FY 2025 had a slight increase to this measure.
- The FY 2022 decrease in meets or exceeds requested needs was directly related to increased volume and requests for services. The addition of temporary staff in FY 2024 has helped to mitigate staff burnout and led to more effective service delivery. The continued support of temporary staff helped maintain this metric in FY 2025.
- The measure Effectiveness of Services is driven by the client volume and the acuity of the clients served. The FY 2022 to FY 2023 decrease is due in part to a small sample size for the survey. FY 2024 showed improvement due to the addition of temporary staff, but the number continues to be lower than desired due to the complexity of client needs. There was a 10 percent increase for this measure in FY 2025 due to the continued support of temporary staff.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

PROGRAM MISSION

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

Adult Social Services

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

Adult Protective Services

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

Nursing Case Management

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

Arlington Adult Day Program

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

PERFORMANCE MEASURES

Adult Social Services

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of clients who live in the most independent and least restrictive setting	97%	95%	96%	98%	95%	97%
Number of nursing home and community-based waiver screenings (CCC+)	273	383	388	300	350	395

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of cases where monthly/quarterly/annual contact requirements are met	86%	91%	85%	92%	92%	93%
Percent of Pre-Admission Screenings completed on time.	87%	88%	97%	92%	95%	98%
Total Adult Services Cases	337	184	170	179	187	200
Assisted Living Facility Reassessments	9	16	15	9	5	5

- The percentage of clients who live in the most independent and least restrictive setting has remained high, increasing to 98 percent in FY 2025. Adult Services works to support individuals in remaining in the community using a combination of case management and community resources – including physical and behavioral health services, economic supports, housing services, police and fire departments, and code enforcement. Case managers use monthly contacts to assess individuals' changing needs and provide holistic, person-centered services and support.
- The number of nursing home and community-based waiver and pre-admission screenings from FY 2022 to FY 2024 increased due to the number of screening requests, and as a result the team dedicated more staff time to completing pre-admission screenings to accommodate the higher volume. In FY 2025, screening volumes were similar to prior years, with a slight decrease attributed to other health care entities, such as nursing homes and PACE programs, now having permission from the state to complete screenings. However, timeliness declined slightly due to high request volumes, limited nurse screener availability, communication gaps, and delays in physician authorizations.
- There was a decrease in the percentage of cases where scheduled contact requirements were met in FY 2024. The data collection strategy for the metric changed in FY 2024; it is now captured by chart reviews and monthly reports tracked by the team lead whereas it used to be self-reported. The percentage in FY 2025 increased due to more staff training on the timeliness metric and a narrowing of the scope to essential contacts. Timeliness is expected to remain at or above current levels in FY 2026 and FY 2027.
- In FY 2025, Adult Services cases increased despite continued staffing shortages. The total cases metric does not include 26 clients who were assessed through a home or telephone consultation but were not eligible for services, refused to engage with the program, and those who were referred to other services. Adult Services staff conducted outreach visits and provided short-term case management services to these individuals. The team worked tirelessly to ensure that community needs were met.
- The program anticipates the number of Assisted Living Facility (ALF) reassessments to continue to fall drastically with the closing of Culpepper Gardens ALF. This facility comprised the bulk of the ALF reassessments completed by Adult Services. Adult Services staff will complete ALF reassessments of clients from other jurisdictions who are residing in facilities within Arlington County
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here: https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Adult Protective Services (APS)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of clients with reduced risk factors after three months of intervention or at case closure	N/A	N/A	N/A	N/A	90%	95%

- Data collection and reporting for this metric will begin in FY 2026.
- In FY 2022-2025 this metric was not tracked or recorded due to changes in program structure and is marked with an "N/A" above. The new program manager and team lead will explore how to capture risk reduction from the extensive information required to be recorded in PeerPlace for each APS investigation.

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of clients served	411	533	684	698	700	720
Adults aged 18 to 59	49	86	33	24	24	28
Adults aged 60+	350	447	651	674	676	692
New Investigations	335	348	311	305	320	340
Number substantiated	86	166	135	100	130	140
Number accepting services (founded and unfounded)	35	36	20	26	30	35
Intensive case management cases	8	36	20	34	30	35
Timeliness and quality of documentation (Timeliness)	71%	92%	91%	88%	95%	96%
Timeliness and quality of documentation (Quality)	88%	74%	98%	N/A	95%	98%
Percent of APS investigations initiated within 24 hours	95%	95%	91%	96%	95%	95%
Number/percent of APS clients found to be abused, neglected or exploited who accept services	56/65%	36/23%	44/25%	26/26%	30/30%	35/35%
Percent of investigations completed within 45 days	95%	85%	89%	94%	95%	95%
Workload Ratio: Average number of investigations per worker per year	112	116	104	87	78	83

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Recidivism: Reports with no prior investigations	85%	83%	77%	71%	75%	80%

- Between FY 2022 and FY 2025, the total number of clients served increased more than pre-pandemic totals and steadily increased. This increase can be attributed to an increase in the growth of the older adult population, an increase in referrals from the Behavioral Health Division/Emergency Services, the Fire Department/EMS, and the Sherriff's Office for those facing evictions and homelessness. Staff have noted the need to have longer involvement with clients to ensure issues (i.e. hoarding, guardianships, financial exploitation cases) were resolved. The APS team routinely staffs cases to discuss the nature of the allegation, the details of the investigation and findings to support the worker's final disposition. The increase in the growth of the older adult population in Arlington may be the reason for the decrease in clients aged 18-59.
- The number of cases substantiated decreased in FY 2025. However, even though the program substantiated fewer cases, the reports continued to be complex and needed a high degree of skill and attention to render decisions.
- In FY 2025, 26 clients accepted services compared to 20 in FY 2024. The number of case management cases also rose to 34, which can be attributed to complex carryover cases from the previous fiscal year. Case management cases usually need longer involvement to ensure resolution of issues (i.e., hoarding; guardianships; financial exploitation cases). In FY 2025, the program recommended three cases for guardianship.
- The quality of documentation measure did not have reportable data in FY 2025. The onboarding of new staff and the volume of investigations had a direct impact on the quality and thoroughness of investigation documentation. The program manager reviewed approximately 75 percent of the charts prior to disposition and suggested improvements. However, a formal chart review of quality was not documented.
- In FY 2024, with the hiring of an APS team lead and additional support from temporary staff, the team was able to maintain the rate of documentation completed on time and increase the quality of documentation. In FY 2025, the program hired temporary staff to assist with initial face-to-face contacts and outreach visits. The additional staff helped support the team with a high volume of reports and investigations, maintain compliance with timeliness of initiation and dispositions, and improve quality and standards of care.
- The number/percentage of APS clients found to be abused, neglected, or exploited who accept services will fluctuate from year to year based on the client's choice. All APS clients are offered services to reduce risk, but those who have capacity have the right to refuse.
- In FY 2022, the APS team worked above its capacity. Due to staff retirements, the team was required to carry significantly higher caseloads, which impacted the time they could spend on each case. In FY 2023, the average number of investigations per worker increased, partially due to personnel changes and accounting for increases to clients served. In FY 2024, personnel changes and vacancies continued to leave staff working above capacity, however, they were able to lower the yearly workload by almost 11 percent. In FY 2025, the number of investigations per worker decreased to 87 due to the hiring of a new team lead. However, this new staff member had to be trained in team practices and full productivity was not achieved until well into the year. The workload decreased, but the team still operated at full capacity to take on the demand of the cases.

- Recidivism data will fluctuate from year to year based on the number of reported cases and individuals living in stable environments. The decrease in reports with no prior investigations in recent years may be due to better data capture.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Nursing Case Management and In-Home Services

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
NCM clients who have improved or maintained their health status in the last year: Blood Pressure (BP) for clients with high blood pressure diagnosis (Number and percent)	34/85%	35/83%	40/89%	42/93%	45/90%	47/90%
Number and percent of NCM Clients who have improved or maintained their health status in the last year: Medication adherence for clients who have medication adherence intervention in place	28/100%	33/89%	34/100%	32/100%	35/95%	37/95%
Nursing Case Management: Number and percent of clients maintained in community/aging in place	90/98%	95/95%	68/92%	68/96%	73/95%	75/95%
Community Living Program: Number and percent of clients maintained in community/aging in place	445/98%	394/96%	286/95%	278/93%	300/95%	310/95%

- Nursing Case Management (NCM) interventions continue to be effective in helping people manage high blood pressure. The percentage of NCM clients with blood pressure within normal limits is significantly higher than a CDC national survey that indicated 50 percent of older adults with a high blood pressure diagnosis had blood pressure within normal limits.
- The percentage of NCM clients fully or partially adherent to their medication treatment regimen continues to exceed a national study indicating 68 percent of adults fully or partially adhere to medication treatment regimens.
- For the number and percentage of clients maintained in the community, staff remains focused on increasing interventions and coordinating services to maintain more people in the community. The benchmark for this metric is 95 percent of clients served. The percentage of NCM clients remaining in the community in FY 2025 improved from prior year levels after a decrease in FY 2024 related to a few clients being discharged to nursing homes or assisted living communities to better meet their needs.
- The number and percentage of clients maintained in the community decreased in FY 2023 because new referrals to the two contracted vendors were halted due to budgetary restraints starting in February 2023.
- The number and percentage of clients reported as maintained in the community for the Community Living Program decreased in FY 2024 and FY 2025. This is due to more clients aging out of the program and requiring a level of care that cannot be safely maintained in the

community. The increases in the FY 2026 and FY 2027 estimates are related to more clients seeking services.

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total NCM Clients Served	502	610	505	460	500	520
Individuals receiving any type of NCM Service	92	100	123	95	110	119
Ongoing Services Clients	N/A	N/A	74	71	75	80
Clients receiving NCM/CLP intake assessments or consultations	173	207	126	89	100	110
Clients screened for nursing home level care	237	303	305	300	310	315
All NCM Client Service Contacts	5,425	7,067	7,745	7,040	7,100	7,250
Nursing Case Management: Average all clients served per nurse case manager	22	21	22	21	24	25
Total Community Living Program (CLP) clients served	454	411	300	300	325	350
Home-Based Community Living Program: Percent of clients surveyed who are satisfied with services	84%	88%	93%	92%	90%	91%

- The decrease in NCM clients served in FY 2024 can be attributed to a shortage in staffing during part of the year and a change in the data tracking method to eliminate duplicated data. In FY 2025, NCM clients served decreased by nine percent due to staffing shortages, which required prioritizing high-acuity cases. This impacted intake assessments, consultations, and contacts.
- Prior to FY 2024, clients were included in the Ongoing Services Clients count if they were assessed for ongoing services, regardless of whether they moved on to ongoing services. Therefore, this data is marked above as "N/A". For FY 2024 and beyond, the Ongoing Services measure captures the count of clients who actively received ongoing services. A new measure was created, Individuals receiving any type of NCM Service, to capture the data formerly reported under Ongoing Services.
- Nursing home level of care screenings increased in FY 2022 and FY 2023 due to requests for screenings and assessments as COVID-19 vaccines were rolled out and clients were more open to long-term care and in-home services. Screening requests remained high in FY 2024 and FY 2025. This trend is expected to continue in FY 2026 and FY 2027.
- The number of clients receiving NCM/CLP intake assessments or consultations decreased in FY 2024 and again in FY 2025. A staffing shortage, paired with a high demand for screenings affected the team's ability to complete the requested assessments.
- In FY 2023, the number of NCM client service contacts increased due to telephonic contacts to address concerns related to the pandemic and more persons served. The number of client contacts continued to increase in FY 2024. This change can be attributed to the increasing needs and acuity of the population served by the program. Though there was a slight decrease in FY 2025, the number remained above historic levels.

- The decrease in the number of persons served for the Home-Based Community Living Program in FY 2023 is due to new referrals to the two contracted vendors being halted due to budgetary restraints starting in February 2023. The program resumed referrals in July 2023. The number of clients who were served is limited due to the amount of funding available, which has led to lower client counts in FY 2024 and FY 2025. The FY 2026 to FY 2027 estimates are based on current demands for services.
- Overall satisfaction with CLP vendor services increased to its highest level in FY 2025. Clients reported feeling satisfied with the skills and competence of staff, that they had sufficient involvement in their care plan, and that services were available in their preferred language. It is expected that satisfaction will remain high.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Volunteer Guardianship Program

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of DHS clients in the Volunteer Guardianship Program with a founded Adult Protective Services case	0	0	3	5	5	7
Guardian/Conservator Reports (court appointed)	535	522	525	528	530	535

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of DHS clients with a volunteer guardian	50	38	43	48	52	55
Number of guardianship petitions initiated by DHS and successfully appointed	9	9	11	14	18	20
Number of volunteer guardians who participate in the program	30	16	20	22	25	28

- The number of volunteer guardians who participate in the program includes attorneys serving clients pro bono. From year to year, volunteer guardian participation fluctuates due to attrition and recruitment of new volunteers as well as the complexity of the guardianship case.
- Since FY 2021, Arlington has participated in the state's Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) initiative to support court-led partnerships in states to drive changes in guardianship policy and practice. Through WINGS, Arlington was tasked to pilot an evaluation of the program's strengths and challenges and provide recommendations for potential programmatic changes. It is projected that with more of a focus on the operational and legislative aspects of guardianship, all the supporting measures are expected to slightly increase in the FY 2026 to FY 2027 estimates.

Adult Day Program

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of caregivers and case managers who report participants' quality of life has improved	100%	100%	100%	96%	90%	92%
Percent of family members who report their quality of life has improved since the participant enrolled in the program	100%	100%	100%	96%	90%	92%

- The percentage of caregivers who report that both participants' and their own quality of life has improved has remained high since the program resumed operations in FY 2022. In addition, 85 percent of caregivers reported that respite from adult day program and allowed them to return or remain in the workforce. The target for this metric in FY 2026 to FY 2027 is 90 percent.

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number served	33	42	54	52	54	56
Average daily attendance	11	17	18	16	24	24
Average monthly census	20	30	32	33	34	35
Utilization rate (client days attended/capacity)	92%	94%	75%	67%	100%	100%
Compliance with state licensing requirements: Length of license received/maximum length possible	3/3	3/3	2/3	2/3	3/3	3/3
Adherence to activity requirements	100%	100%	100%	N/A	93%	94%

- The number of unduplicated clients served increased in FY 2024, likely due to the program increasing the average daily attendance from the prior year and overscheduling to account for participant no-shows. In FY 2025, the program fell four percent short of its goal to serve 56 individuals, reaching 52. Admissions were suspended in the last three months due to two early staff retirements, and the program averaged two new participants per month throughout the year.
- Average daily attendance, monthly census, and utilization rates are impacted by clients with high acuities who miss days more frequently due to illness, hospitalizations, medical appointments, and inclement weather.
- For average daily attendance in FY 2022, social distancing limited how many people the program could serve each day. These restrictions also affected the average monthly census. In FY 2023 and FY 2024, the average daily attendance increased due to a return to full operational status and concluding social distancing restrictions.
- The utilization rate in FY 2022 represented the program operating at 50 percent capacity once the program reopened. The program site was closed due to the COVID-19 pandemic from

March 16, 2020, to June 28, 2021. The utilization rate decreased in FY 2024 due to an increase in participant no shows; the no-show rate rose to 20 percent. In FY 2025, the program experienced more extended participant absences than prior years due to hospitalizations, rehabilitation stays, and respites. These situations are not unusual and significantly impacted both daily averages and utilization rates.

- Utilization rates dropped to 67 percent in FY 2025, but the average daily scheduled was 88 percent. There were several people on extended absence due to hospitalization and travel. Despite the low numbers, AADP's revenue was 22 percent higher than the last two fiscal years. This demonstrates that despite missing scheduled days, caregivers are willing to pay for absences rather than lose their spot, thus representing the true need for the program, services, and respite.
- A two-year license was issued in late December 2024. Although there were no violations in FY 2024, there were three violations found by one of three state auditors in FY 2023 that affected the licensure. The data above has been updated to address the newly issued license.
- Adherence to activities was not measured in FY 2025 because AADP was transitioning the activity assessment process to the ADSD QA team. FY 2025 was spent collaborating to develop a new process to evaluate therapeutic activities. Activity assessments will resume in FY 2026.
- This program has a performance measurement plan. The data above aligns with this plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

PROGRAM MISSION

In FY 2023 the Senior Adult Mental Health Services Program merged with the Developmental Disability Services Bureau to create the Clinical and Developmental Services Bureau. The goal of the Clinical and Developmental Services Bureau is to safeguard and protect children and adults with intellectual and developmental disabilities while optimizing their functioning and independence and to promote the independent living of individuals ages 60 and older with a serious mental illness and individuals 18 and older with an intellectual or developmental disability and mental health needs.

Support Coordination

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

Supported Employment and Habilitation

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

Transportation

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

Residential Services

- Provides intensive residential services in group homes, including training and assistance in basic daily living skills.
- Provides residential services for those living in private homes and apartments.
- Provides respite care to relieve primary caregivers.
- Provide assisted living housing and services for low-income older adults age 55+ with serious mental illness and disabilities at Mary Marshall Assisted Living Residence. Mary Marshall is operated in partnership with Volunteers of America (VOA) and is funded by a combination of client private payments, Auxiliary Grants, and Housing Choice Vouchers.

Senior Adult Mental Health Program

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

PERFORMANCE MEASURES

Support Coordination

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of individuals in competitive, integrated employment	41%	44%	44%	39%	45%	46%
Percent of individuals maintained in non-institutional community settings	96%	97%	97%	95%	95%	95%
Percent of individuals who had an annual conversation regarding community-based employment	99%	99%	100%	100%	98%	100%
Face-to-Face contacts for individuals receiving Active Support Coordination - 30-day contacts	91%	84%	86%	90%	90%	92%
Face-to-Face contacts for individuals receiving Active Support Coordination - 90-day contacts	89%	91%	95%	97%	90%	92%

- FY 2022 - FY 2025 actuals reflect the program's efforts to move toward the state standard of 50 percent for individuals with developmental disabilities who want to work being employed in competitive and integrated employment settings. In recent years, the addition of a tracking sub-unit targeting individuals without paid job support has yielded better tracking. Previously, only individuals receiving paid job support (i.e., job coaching) were tracked. Additionally, staff completed the State's customized employment training resulting in tailored efforts toward integrated employment and more clients choosing an employment option. Support Coordinators continue to receive annual training on conducting employment conversations with individuals with developmental disability (DD) diagnoses and their guardians or other caregivers.
- The individuals maintained in the community metric is dependent on the individuals discharged from the Southeastern Virginia Training Center and more Arlington clients returning to the community. In FY 2025, the program began including individuals from the Mary Marshall Assisted Living Residence (MMALR) in this measure.
- The measures for timely completion of face-to-face contacts for individuals receiving Active Support Coordination – 30-day face-to-face contacts under Enhanced Case Management (ECM) and 90-day face-to-face contacts under Active Support Coordination: In FY 2022 and FY 2023, there were some 90-day visits that did not occur due to an individual having the COVID-19 virus or being recently exposed to the virus. Other visits were not completed on-time due to individuals and families not being responsive to Support Coordinators' requests for visits, individuals being hospitalized, or cancellations from individuals/families. Results continued to improve in FY 2024 due to the Developmental Services program managers prioritizing this goal during monthly program meetings with staff. Program managers were aided by monthly reporting metrics supported by the Community Services Board (CSB) Quality Assurance (QA) team and the Developmental Services (DS) Clinical and Information data manager. In FY 2024, there was a decline that fell below the targeted goal of 90 percent for the 30-day contacts. Bureau management identified barriers with staff and the FY 2025

actuals reflect those improvements. The program managers continue to closely target this measure and provide ongoing guidance support coordinators.

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of individuals served	552	632	644	687	722	757
Total number of individuals receiving active or enhanced Support Coordination	277	291	298	319	335	351
Adults	234	267	279	292	307	322
Children	43	24	19	27	28	29
Subset: Number of monitored individuals:	275	341	346	368	387	406
Adults	90	132	125	134	141	148
Children	185	209	221	234	246	258
Subset: Number of Arlington-based individuals residing in state institutions	2	2	2	2	2	2
Number and percent of family members responding to a survey who expressed satisfaction with support coordination services	70/97%	51/96%	51/93%	63/94%	65/90%	70/93%
Number of assessments and evaluations	91	84	98	89	93	98

- The increase in the number of individuals served is based on the premise that nearly 75 percent of all applicants referred to Developmental Services will be determined eligible and begin receiving services or placed in the Monitoring unit while they are tracked annually on the Developmental Disability Medicaid Waiver waitlist. CSBs continue to function as the front door for all individuals with developmental disabilities and not just Intellectual Disabilities (ID). The FY 2023 to FY 2025 actuals and the FY 2026 to FY 2027 estimates reflect increases in the numbers of individuals being referred to Arlington from other CSBs, as well as individuals moving to Arlington from other states. Due to higher caseload volumes experienced across the state and especially in the Northern Virginia region, CSBs can no longer absorb providing case management for individuals who do not reside in its immediate catchment area. As a result, in FY 2024 and FY 2025, Arlington's Developmental Services experienced increased referrals from Fairfax County CSB for individuals who were living in Arlington, but case managed by that CSB. Additionally, several individuals transitioned from Monitored to Active Support Coordination, signaling more complex needs requiring intensive support. This trend is expected to continue into FY 2026 and FY 2027.
- The number of assessments and evaluations from FY 2023 to FY 2025 reflects a higher rate of community referrals. The FY 2026 estimates reflect the current volume of referrals received.
- There have been two individuals residing in the Southeastern Virginia Training Center for the past five years and this is anticipated to continue. These two individuals previously resided in the Central Virginia Training Center (CVTC) since childhood. The CVTC was the last of four Training Centers to close in March of 2020 as part of the Department of Justice (DOJ) Settlement Agreement.

- To eliminate or significantly reduce the number of individuals in "Priority 1" status on the DD Medicaid Waiver waitlist, the Governor and General Assembly added 3,400 new waivers across FY 2025 and FY 2026. This will add 68 new waiver slots. As a result, Developmental Services anticipates a higher rate of growth for individuals served across FY 2026 to FY 2027 compared to smaller increases in prior fiscal years.
- This program has a performance measurement plan for which the above data aligns. You can read this program's complete FY 2025 plan here:
  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

Supported Employment and Habilitation

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Average hourly earnings: Supported employment group models	$12.62	$13.12	$15.15	$16.30	$16.95	$17.62
Average hourly earnings: Supported employment individual models	$13.72	$13.97	$14.57	$13.71	$14.26	$14.83

- Hourly earning rates can vary for group and individual models from year to year. This is attributed to individuals being new to their jobs, types of jobs obtained, and overall years of work experience.
- The FY 2024 and FY 2025 actuals, as well as FY 2026 and FY 2027 estimates, are based on more individuals moving into new employment opportunities.

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Clients served: Habilitation services	109	133	124	131	151	171
Clients served: Supported employment group	20	24	24	23	25	27
Clients Served: Supported employment individual	29	10	8	8	10	12
Percent of clients responding to a survey who rated habilitation and supported employment services received as satisfactory or better	89%	77%	86%	89%	90%	90%
Percent responding to a survey rating transportation service received as satisfactory or better	90%	76%	78%	71%	80%	80%

- Actuals for FY 2024 were updated due to revised data collection. Actuals for FY 2024 habilitation services have been revised due to a switch in data sources that validated information submitted by contractors. Estimates for FY 2026 and FY 2027 are attributed to students aging out of Arlington Public Schools services and seeking habilitation services at a slightly higher rate than employment services.
- The transportation service satisfaction rate decreased from FY 2022 to FY 2023 due to some participants' parents or legal guardians' dissatisfaction with the plan to transition individuals

with a DD Medicaid Waiver from local funded transportation to ModivCare, which is funded by Medicaid. Additionally, as ModivCare resumed to full operational status post-pandemic, with the re-opening of Group Day programs, there were fewer transportation providers as several smaller providers were unable to sustain operations during the height of the COVID-19 pandemic. This resulted in some participants experiencing transition issues after the pandemic. Support coordinators supported individuals and their families in addressing problems as they arose. The program set an annual target metric of 80 percent satisfaction. Developmental Services tracked reported problems with ModivCare since the transition from local funding to ModivCare.

- In FY 2024, Developmental Services shifted away from a fixed route contracted transportation service to STAR, Metro Access, and family transport, providing family caregivers with a small stipend to absorb the costs of transportation to and from Group Day programs in and outside of the county. As family caregivers adjust to the change in transportation services and additional individuals and families are onboarded for Group Day, it is anticipated that satisfaction with transportation services will stabilize and slightly improve.
- Developmental Services experienced an increase in the number of individuals receiving DD Medicaid Waiver services in FY 2025; this will extend into FY 2026 due to the increased number of new waiver slots. A leading waiver service for adults with developmental disabilities is Group Day (i.e., day support). In FY 2022, DHS anticipated the need to expand Group Day services in Arlington based on the increasing demand for students aging out of Arlington Public Schools (APS). In response, DHS launched short- and long-term planning efforts to expand Group Day opportunities in the County. The short-term planning included development of the Employment Access program, which opened in the fall of FY 2024, and accommodates 20 participants as well as adds 15 community-based day support slots to the existing 55 centered-based slots at the Community Integration Center (i.e., Woodmont CIC) and five new slots at the ArlingtonWeaves, Etc. day support program. Long-term planning efforts include the addition of two center-based satellite sites for the Woodmont CIC. At the time of its FY 2022 long-range planning discussions, DHS could not have anticipated the surplus of new waivers across FY 2025 and FY 2026, which increased the demand for new Group Day services in the County even further and sooner than anticipated.
- Since the launch of Employment Access in January 2024, Developmental Services supported the transition of a few individuals from the program to employment opportunities. Support coordinators consistently had employment conversations with individuals and their families about options. As a result, there are more individuals and their guardians expressing an interest in employment. Additionally, Developmental Services has a Community and Workforce Development Specialist position dedicated to improving and increasing connections between businesses in the community and individuals interested in employment by educating the business community about the benefits of employing individuals with developmental disabilities.

Residential Services

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Clients served: Intensive congregate	77	83	92	86	63	67
Clients served: In-home supports	33	39	46	56	56	60
Clients served: Respite care	2	2	0	1	5	5
Clients served: Supervised congregate	20	15	11	16	12	12

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of consumers/advocates surveyed rating services as satisfactory or better	97%	95%	83%	90%	91%	92%

- The FY 2022 – FY 2024 decrease in clients receiving supervised congregate care was due to a provider changing how their programs were licensed.
- Starting in FY 2026, Intermediate Care Facilities (ICFs/DD) will no longer be monitored by Arlington County Support Coordination and thus will not be included in the Intensive Congregate numbers, which is why a decrease in clients served is projected for that metric.
- In March 2025 a non-profit partner ceased operations for its five-bed group home, impacting the overall clients served. Two residents filled vacancies in Arlington while the other three individuals found new group home placements outside of Arlington County.
- DBHDS is increasingly assigning Arlington additional Family & Individual Support (FIS) waiver slots to help reduce the DD waiver waitlist. Recipients typically use these slots for in-home support, personal assistance, or respite services, reducing financial reliance on the program.
- The FY 2027 estimates for respite care include the expansion of group home beds in Arlington with the completion of the Reeve's Farmhouse renovation project, a collaboration between Habitat for Humanity DC-NOVA, HomeAid National Capital Region, and L'Arche Greater Washington, D.C. The home will add four accessible group home respite beds for Arlingtonians with developmental disabilities.

Senior Adult Mental Health Program (SAMH)

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total number of adults served	349	384	366	305	320	336
Total new clients	134	102	94	73	98	109
Subsets new clients:						
BHD Transfers	25	11	46	22	40	40
Piedmont Admissions	9	13	5	5	5	5
DD psychopharmacology	7	11	9	12	13	14
SDA Admissions	17	23	34	34	40	50
Percent of older adults remaining in the community	98%	94%	92%	94%	99%	99%

- Overall, fewer clients were served in years FY 2022 and FY 2025. Particularly in FY 2022, the program's discharge process was revamped to improve monitoring of disengaged clients. Additionally, the program moved to telehealth video-only services where some clients preferred phone only. Fewer clients were served for mental health only due to discharges and the transition of clients to higher levels of care.
- The increase in FY 2023 is related to the expansion of in-person services and efforts to engage underserved populations in mental healthcare. Beginning in FY 2024, the data for total number of clients served did not factor in individuals who were assessed by Same Day Access

(SDA) and were found to be ineligible for SAMH services (i.e., not opened to SAMH outpatient services).

- Prior to FY 2024, the "total number of adults served" data included individuals assessed by SDA, whether they were found to be eligible or ineligible for SAMH outpatient services. The change to this measure led to a five percent decrease for FY 2024.
- In FY 2025, this measure underwent further changes. Clients who only received psychiatry services but did not receive therapy, case management, or client monitoring from the SAMH team were excluded from the report, which reflected a 17 percent decrease. However, analysis suggests that a similar number of therapy and case management clients were served, similar to prior years.
- Data for "total new clients" was updated to reflect the sum of "subsets new clients" in the table for FY 2024 and FY 2025. Prior years included new clients who were admitted directly to the program and not through one of the subsets. Furthermore, the subset "new clients SDA" was removed and replaced with "SDA Admissions" as this measure did not reflect admitted clients to SAMH.
- In FY 2022, the process for receiving and accepting referrals from the BHD was streamlined in the new Electronic Health Records system. In FY 2023, fewer transfers occurred due to SAMH staff vacancies. In FY 2024, the goal was to transfer 50 individuals from the BHD to SAMH. This goal was met in early FY 2025 following the addition of a new case manager position dedicated to providing intensive case management services to older adults. During FY 2025, the rate of transfers between the two divisions returned to pre-FY 2024 levels and significantly decreased, from 46 to 22 transfers. This outcome was expected. However, the number of BHD transfers to SAMH is expected to increase, as clients continue to age out of BHD services (i.e., 60 years and over) and require specialized geriatric treatment.
- SDA evaluations transitioned from SAMH to BHD during the winter of FY 2024. Since transitioning SDA duties, the number of clients referred to SAMH services increased significantly, compared to prior years. From FY 2024 and FY 2025, the total of SDA admissions remained unchanged (i.e., 34). This number is expected to increase as individuals in the community continue to age and require geriatric treatment services.
- Census data for clients admitted to Piedmont Geriatric (PGH) for SAMH discharge planning services remained unchanged from FY 2024 and FY 2025, which was significantly reduced from prior years. In prior years, SAMH and BHD Forensic Services were opening cases to their respective teams, whenever an adult 60+ years was admitted to PGH, which represented a duplication of services. However, following discussions between the teams, the SAMH program agreed to only provide discharge planning services to older adults at PGH under civil status; the BHD Forensic team agreed to continue providing services to clients under forensic status of all ages.
- As awareness increases that clients with developmental disabilities are subject to the full range of DSM-5 disorders, those with psychopharmacological needs will continue to increase and require psychiatric services. Data from FY 2022 through FY 2025 remained consistent, which is reflected in the FY 2026 and FY 2027 estimates.
- Clients maintained in the community is defined as SAMH clients who remained open to the program (including those requiring short-term psychiatric hospitalizations) and individuals who were discharged to the community after mental health symptoms stabilized. Totals for clients maintained in the community have fluctuated (ranging from 98 percent in FY 2022 to 92 percent in FY 2024), as more clients continue to age and present with increasingly complex medical and care needs. The SAMH program assisted clients in being referred to higher levels of care (i.e., nursing homes) in order to access needed care and reduce the risks of not being maintained safely in the community. FY 2026 and FY 2027 estimates are based on the target percentage for the performance measurement plan.

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Number of home visits per year	60	231	370	534	500	500
Percent of charts that meet quality documentation requirements	64%	49%	45%	29%	60%	65%
Percent of client's meeting improvement in level of functioning	63%	47%	53%	54%	65%	65%
Percent of progress notes that are entered within one business day	92%	95%	88%	94%	95%	95%

- Data measuring home visits was changed based on improved data capture for all fiscal years. Home visits resumed in FY 2022, with restrictions, given the COVID-19 pandemic. In FY 2022, the majority of clients preferred telehealth video or phone consultations. In FY 2023, a dedicated effort to see clients in the community resulted in increased home visits. Home visits continued to increase in FY 2024 (370) and FY 2025 (534). In FY 2025, the program experienced a notable increase in home visits compared to prior years (44 percent), accompanied by a decline in telehealth services. This shift may be attributed to several factors. During this period, the program onboarded a new case manager whose role primarily focuses on intensive, in-person case management. This addition likely contributed to the rise in home-based services. Furthermore, the overall trend indicates that the team has prioritized delivering more in-home support, reflecting a strategic emphasis on direct client engagement. Estimates for FY 2026 and FY 2027 are based on the average home visitations of the past three fiscal years.
- The percentage of charts meeting quality documentation standards decreased significantly in FY 2025. DHS considers 90 percent quality documentation as the benchmark.
- The SAMH program underwent several changes during FY 2025 that may have contributed to staff's documentation challenges, including having to manage increased caseloads following the departure of a long-time staff member and undergoing two staff recruitment processes.
- The SAMH Program Manager and ADSD Clinical Information and Data Manager collaborated to provide quarterly feedback on common chart audit citations during team meetings. It is anticipated that this effort will ultimately result in improvements in overall team scores. Additionally, the SAMH Program Manager provided individualized feedback and training during staff supervision meetings, as well as had members of the QA team provide feedback and training to team members during team meetings.
- The improvement in level of functioning measure is based on the Daily Living Activities (DLA-20) assessment as required by the state. In FY 2023 the assessment was administered to an audience more reflective of the aging community with significant needs due to social isolation and physical decline, resulting in a lower percentage of clients reporting an improved level of functioning. Improvements in FY 2024 and FY 2025 may be related to an increase in face-to-face contacts. The FY 2026 and FY 2027 estimates are based on the target percentage for the performance measurement plan.
- In FY 2025, staff continued to exceed timeliness expectations for progress notes.
- This program has a performance measurement plan. The data above align with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

REGIONAL OLDER ADULT FACILITIES MENTAL HEALTH SUPPORT TEAM (RAFT)

PROGRAM MISSION

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

Regional Older Adult Facilities Mental Health Support Team (RAFT)

- Reduce state hospitalizations for residents of Northern Virginia aged 65 years and older who have serious mental illness and/or dementia with behavioral problems.
- Provide intensive mental health treatment in long-term care facilities.
- Provide training and consultation to community partners and long-term care facilities to strengthen knowledge, skills and abilities of their staff.

PERFORMANCE MEASURES

Regional Older Adult Facilities Mental Health Support Team (RAFT)

Critical Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Percent of clients maintained in the community without admission or readmission to a state psychiatric institution.	99%	99%	98%	100%	99%	99%

Supporting Measures	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Estimate	FY 2027 Estimate
Total RAFT clinical clients served during fiscal year	73	67	63	71	80	85
Client census at end of fiscal year	52	53	52	59	65	68
Client RAFT census at end of fiscal year by type:						
Nursing Home	23	21	16	17	20	21
Assisted Living Facility	26	25	28	32	35	36
Monitoring	3	7	8	10	10	11
Customer satisfaction	100%	90%	95%	91%	90%	91%
Timeliness progress note documentation	98%	94%	91%	91%	90%	92%
Effectiveness of training: Percent of professionals trained who report improved ability to work with behavioral challenges	100%	100%	98%	99%	90%	90%
Utilization by Region (Referrals):						
Alexandria	38%	22%	10%	18%	6%	6%
Arlington	5%	11%	10%	23%	9%	9%
Fairfax	33%	39%	20%	23%	54%	54%
Loudoun	5%	11%	10%	27%	14%	14%
Prince William	19%	17%	50%	9%	17%	17%

REGIONAL OLDER ADULT FACILITIES MENTAL HEALTH SUPPORT TEAM (RAFT)

- DHS considers the target percentage of clients maintained in the community to be 98 percent. Potential impacts that could affect diversion are long-term hospitalizations at a state facility or a private hospital and available funding for community referrals.
- The Number of Clients Served measure was updated for FY 2023 and FY 2024 to mirror the measure as it is recorded in the performance measurement plan (PMP), as Total Clients Served During Fiscal Year for the RAFT clinical program. RAFT dementia support program clients have been excluded from the reported figures. Starting in FY 2026, RAFT Dementia Support will have its own PMP and will be included in future budget measures.
- The program experiences frequent client turnover for reasons such as client death and moving to facilities not served by RAFT. Individuals served include those in placement, and those on the referral list. RAFT anticipates a continued need for services with more individuals being discharged from state psychiatric facilities. The year over year consistency from FY 2022 to FY 2025 is due to natural aging.
- Customer satisfaction remained high in FY 2025, with 91 percent of respondents selecting that they either Agreed or Strongly Agreed that they are satisfied with RAFT services. While this was a slight decrease from FY 2024, it was in line with prior years and only four percent of survey participants gave a negative response.
- Starting in FY 2023, progress note timeliness data collection was changed to deduplicate notes that had multiple providers and group notes. In FY 2025, the percentage of timeliness progress note documentation was 91 percent, which was above the target and consistent with the prior year.
- From FY 2022 to FY 2025, almost all training respondents have agreed that the RAFT trainings were effective. Both in-person and virtual trainings received positive responses.
- The Utilization by Region measure is dependent on several factors including availability of clients assessed as ready for community placement, regional referrals, client preference, and the community setting that best fits the clients' needs.
- The utilization rates by each jurisdiction will fluctuate from year to year. Specifics by jurisdiction are as follows:
  - Alexandria historically has high utilization of the RAFT program due to an understanding of the program and a successful track record. In FY 2023, Alexandria had a decrease due to the number of clients from Alexandria ready for discharge to the community. In FY 2024, Alexandria referrals dropped to 10 percent, aligning closer to its population share of six percent. In FY 2025, Alexandria referrals increased to 18 percent.
  - Arlington's FY 2023 utilization experienced an increase in referrals and utilization proportionate to its percentage of population. In FY 2025 Arlington referrals rose to 23 percent.
  - Fairfax County represented the highest rate of referrals in Region 2 in FY 2023 at 39 percent but remained under-represented in comparison to its proportion of the target population. Fairfax County will most likely remain the highest level of referrals due to its population size. For FY 2024, Fairfax County's referral decrease led to a gap between its population share and the referral percentage. This decrease was likely due to a decrease in RAFT partner facilities in Fairfax as well as a decrease in the number of residents entering Piedmont State Hospital to be referred to the program. Individuals entering Piedmont State Hospital are a primary source of RAFT referrals. In FY 2025, the Fairfax referrals were slightly higher than the previous year.
  - Loudoun County historically does not have many hospitalizations at Piedmont State Hospital, and of the clients hospitalized there, Loudoun often finds close to home/or at home placements. However, in FY 2025, the number of referrals to Loudon County significantly increased.

- Prince William often places individuals in long-term care settings in other parts of the state that are less expensive and have greater availability of beds. In FY 2024, the utilization by Prince William County experienced a sharp increase in referrals, leading to a substantial overrepresentation compared to its population share. This sharp increase in Prince William referrals was due to the county having more clients planning for discharge from Piedmont State Hospital. In FY 2025, the referrals sharply declined as referrals from other jurisdictions increased.

- This program has a performance measurement plan. The data above aligns with that plan. You can read this program's complete FY 2025 plan here:

  https://www.arlingtonva.us/Government/Departments/DHS/DHS-Performance-Measurement-Program

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

$ in 000s	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual *	FY 2023 Actual	FY 2024 Actual	FY 2025 Actual	FY 2026 Adopted Budget	FY 2027 Proposed Budget
EXP	$136,105	$135,257	$140,083	$143,077	$208,011	$170,966	$186,671	$197,968	$205,780	$212,857
REV	$42,322	$41,857	$41,840	$44,797	$99,861	$51,359	$54,690	$59,271	$55,856	$57,683
NTS	$93,783	$93,400	$98,243	$98,280	$108,150	$119,607	$131,981	$138,697	$149,924	$155,174
FTEs	709.02	702.62	710.22	714.62	764.67	785.17	806.52	816.97	819.72	817.22

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

Fiscal Year	Description	FTEs
FY 2018	▪ The County Board added 2.20 Developmental Disability Specialists ($230,302) to manage higher caseload levels due to recent state action to eliminate the Medicaid waitlist and settle those individuals on the list in their home community. Most of the position costs are reimbursed by Medicaid. Medicaid reimbursements increased by $219,408.	2.20
	▪ The County Board added on-going funding for Doorways ($129,000) and one-time funding the Arlington Food Assistance Center ($50,000).	
	▪ Added one Psychiatrist ($236,000) through a reallocation of contractual services funds. Most DHS psychiatrists are currently contractors. These conversions are part of a multi-year effort to move from contractors to permanent staff in this area to address retention, care quality, and standardization of services.	
	▪ Added a School Nurse ($100,413) to restore the staffing ratio of one nurse to every two schools. The School Nurse is funded from savings generated from reducing the Crystal City, Potomac Yard, and Crystal City Tax Increment Financing Area (TIF) from 33 percent to 30 percent.	1.00
	▪ Decreased housing grant funding by $524,000. Total funding for housing grants is $9,153,755, consisting of $7,553,755 in ongoing funding and $1,600,000 in one-time funding. This budget includes $1,000,000 in additional ongoing funding for housing grants, funded through a reallocation within DHS.	
	▪ Added ongoing funding for increased rent ($288,142) and contracted services ($40,493) associated with the Sequoia Plaza Complex.	
	▪ Non-personnel funding reduced in Auxiliary Grants ($11,560), Children Services Act (CSA) funding ($1,383,000) to align budget with actuals with no service impact, Parent Infant Education (PIE) Grant ($305,422), conclusion of Substance Abuse and Mental Health Services Administration (SAMHSA) Grant ($69,745) and Refugee Resettlement ($13,875). These decreases were partially offset by increases for operating and contractual services ($158,003), Project Planning Grant ($72,200), Crisis Intervention Team (CIT) security budget ($12,531), Mobile Children's Crisis Stabilization Allocation ($208,929), Title IV-E Adoption Assistance ($35,934), and Title IV-E Foster Care Assistance ($296,037).	
	▪ Fee revenue increased for new Substance Abuse Case Management and Office Based Opioid Treatment fees ($66,000), increased Agency on Aging revenue ($104,772).	
	▪ Grant revenue increased for Mobile Children's Crisis Stabilization Allocation Program ($208,929), CIT Security ($12,531), Virginia Department of Social Services (VDSS) Programs ($396,597), Project Planning Grant ($72,200), Medicaid Waiver Design ($54,157), Title IV-E Adoption Assistance ($35,934), Title IV-E Foster Care Assistance ($296,037), and Auxiliary Grants funding ($11,560).	

Fiscal Year	Description	FTEs
	▪ 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).	
	▪ *The County Board took action after the FY 2018 budget was adopted to approve the addition of an Administrative Assistant IV position ($3,800, 0.05 FTE) in FY 2017 closeout.*	*0.05*
	▪ *The County Board took action after the FY 2018 budget was adopted to approve the addition of a temporary grant funded Management Specialist through the conversion on non-personnel funds ($37,240, 0.50 temporary FTE) which was approved by the County Board in FY 2017 closeout.*	*0.50*
	▪ *The County Board took action after the FY 2018 budget was adopted to approve the conversion of non-personnel grant funds into a Mental Health Therapist III position ($46,000, 1.0 temporary FTE) which were approved by the County Board in FY 2017 closeout.*	*1.00*
	▪ *The County Board took action after the FY 2018 budget was adopted to approve a Mental Health Therapist II position ($102,061, 1.0 FTE) and an Administrative Specialist position ($43,686, 0.50 FTE) for the RAFT Program which were approved in October 2017.*	*1.50*
FY 2019	▪ The County Board added $184,000 in one-time funding to fund a Youth Mental Health Therapist for two years ($184,000).	1.00
	▪ Added a grant-funded Nurse Practitioner for the Office Based Opioid Treatment Program through the reallocation of existing non-personnel funds ($70,000).	0.50
	▪ Added a psychiatrist position ($207,042) through a reallocation of contractual services funds. Most DHS psychiatrists are currently contractors. These conversions are part of a multi-year effort to move from contractors to permanent staff in this area to address retention, care quality, and standardization of services.	1.00
	▪ Added an Administrative Technician I ($50,484) that was transferred from the Housing Choice Voucher Program to the Economic Independence Division's Management & Administration.	0.75
	▪ Eliminated non-essential contingency funding for Behavioral Health Division contracts ($80,000).	
	▪ Reduced funding for the residential program that provides adults with developmental disabilities with independent living options, supervised apartments, and group homes ($300,000).	
	▪ Eliminated an unfunded Volunteer Services Program Coordinator temporarily transferred to the Community Planning & Housing Development Fund for the One-Stop Arlington Permitting Initiative.	(1.00)
	▪ Eliminated a filled Administrative Technician responsible for tracking, retrieving and delivering archived records ($81,017). DHS will enlist a	(1.00)

Fiscal Year	Description	FTEs
	County contractor for approximately $12,000 per year to deliver and pick up files from offsite storage as needed. The net reduction is $69,017.	
	▪ Eliminated a vacant Eligibility Worker ($105,493) that evaluates whether clients qualify for a variety of public assistance programs.	(1.00)
	▪ Eliminated six positions ($653,683) and a reduction in funding to the REEP program ($171,901). The positions to be eliminated include a filled Management Specialist ($104,402, 1.0 FTE), a filled Administrative Program Manager ($163,121, 1.0 FTE), a filled Employment Services Supervisor ($116,680, 1.0 FTE), and three Employment Services Specialist (two filled and one vacant) ($269,480, 3.0 FTEs) at the Arlington Employment Center (AEC). The reduction in the level of funding to REEP, the English as a Second Language Program operated by Arlington Public Schools totals $171,901.	(6.00)
	▪ Eliminated a filled Office Supervisor position in the Financial and Administrative Support Services ($95,603).	(1.00)
	▪ Eliminated a vacant Administrative Technician that manages all the medication orders for clients with Latent TB Infection (LTBI) and for clients with Active TB Disease (TB) ($80,121).	(1.00)
	▪ Eliminated a vacant Management Specialist ($105,727) which serves as the Clinic Practice Manager for all Public Health clinics including: family planning, maternity care, immunization, and sexually transmitted infections.	(1.00)
	▪ Eliminated the Laboratory Services Program. Of the six current positions, four have been eliminated ($449,359) and the two remaining positions and contracted services funding ($83,238) have been transferred to other lines of business.	(4.00)
	▪ Eliminated a vacant Administrative Technician that provides pharmacy services to BHD clients including managing the sample medication program, as well as stocking medication orders and applications for the Patient Assistance Programs (PAP) ($79,032). This action includes a reduction in funds for a contract Pharmacist ($17,200).	(1.00)
	▪ Non-personnel decreased primarily due to the removal of FY 2018 one-time funding for the Housing Grants Program ($1,600,000) and Arlington Food Assistance Center ($50,000). Reductions in Fostering Futures ($72,533), Special Needs Adoption ($135,889), Auxiliary Grants ($65,158), the Workforce Innovation and Opportunity Act (WIOA) Grant ($147,462), and the homemaker program allocation in the Agency on Agency Area Plan ($129,008).	
	▪ Decreased non-personnel expenses were partially offset by increased cost for: Contracted Services ($48,442); Sequoia Plaza rent ($160,643); Children Services Act (CSA) ($102,551); a three-year grant from the Virginia Foundation for Healthy Youth ($149,999); IV-E Adoption ($204,181); Fostering Futures ($72,533); the addition of a pre-employment physicals budget ($176,269); additional funding for the RAFT Program for Discharge Planning ($373,443); and the addition of $446,465 in ongoing funding and $707,109 in one-time funding for housing grants.	

Fiscal Year	Description	FTEs
	▪ Fee revenue increased due to new client fees for sexually transmitted infections testing, pharmaceuticals and clinic visits ($12,000).	
	▪ Grant revenue increased due to additional funding for: RAFT Program for Discharge Assistance Planning ($500,000); the WIC Breastfeeding Peer Counselor grant ($9,060); a Virginia Department of Health Cooperative award ($41,736); Child Welfare Substance Abuse ($18,671); a three-year grant from Virginia Foundation for Healthy Youth ($149,999); Title IV-E Adoption Assistance ($102,091); adjustments to the projected amounts for the Agency on Aging Area Plan ($56,298); Medicaid Prescreening ($10,000); and Virginia Department of Social Services (VDSS) Programs ($568,739).	
	▪ Increased revenues were partially offset by reductions to the: Emergency and Preparedness Program grant ($17,594); Parent-Infant Education Grant ($18,438); Tuberculosis Grant ($2,000); Customer Service Center from the Agency on Aging Area Plan ($76,481); Refugee Resettlement ($16,125); Title IV-E Foster Care Assistance ($38,571); Special Needs Adoption ($135,889); Community living home based care program ($41,657) as part of the Agency on Aging Area Plan; Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation ($49,623); and the conclusion of the Childcare Quality Initiative Grant ($20,914).	
	▪ *The County Board took action after the FY 2019 budget was adopted to accept and appropriate grant funds from the Virginia Department of Social Services to partially fund Medicaid eligibility determination ($277,057) and to approve the addition of six positions for Medicaid expansion in September 2018, including four Eligibility Workers ($366,432), one Administrative Technician I ($76,296), and one Eligibility Supervisor ($110,850).*	*6.00*
FY 2020	▪ The County Board added one-time funding to the Arlington Food Assistance Center ($37,500) for total funding of $515,425, or 98 percent of their request.	
	▪ The County Board increased funding to Doorways by $46,000 for the Domestic and Sexual Violence Hotline ($16,172 in one-time and $29,828 in ongoing).	
	▪ The County Board approved the creation of 1.50 FTEs that the Community Services Board requested ($162,172). It will be at their discretion working with DHS on which positions will be filled.	1.50
	▪ Added a Public Health Nurse ($100,113) and Clinic Aide positions ($96,129) in Public Health Division's School Health line of business for two new schools scheduled to open in the fall of 2019.	2.55
	▪ Reduced wireless service charges as part of a County-wide review of wireless service providers ($30,856).	
	▪ Eliminated an unfunded Human Services Clinician II ($98,991) and a Human Services Specialist ($97,245) in Economic Independence Division's Community Assistance line of business.	(2.00)

Fiscal Year	Description	FTEs
	▪ Added a grant funded Management Specialist ($66,150) transferred from the Housing Choice Voucher Program to the Economic Independence Division's Housing Assistance and Homeless line of business.	0.75
	▪ Eliminated an Employment Services Supervisor ($116,680, 1.0 FTE) and two Employment Services Specialists ($150,575, 2.0 FTEs), partially offset by the increase of an Employment Services Specialist ($93,232, 1.0 FTE) and an Employment Services Administrator ($196,579, 1.0 FTE) in Economic Independence Division's Employment Services line of business, which was approved by the County Board in the FY 2019 adopted budget.	(1.00)
	▪ Added a Mental Health Therapist III ($86,849) and a Nurse Practioner ($140,000) through reallocations of non-personnel funds in Behavioral Health Division's Psychiatric Services line of business.	2.00
	▪ Added a Mental Health Therapist III ($86,000, 1.0 FTE) through a reallocation of overtime funds previously budgeted for temporary staff, a technical correction to increase a Management Analyst ($27,795, 0.25 FTE), partially offset by the decrease of an unfunded Mental Health Therapist (0.50 FTE) in Behavioral Health Division's Client Services Entry.	0.75
	▪ Added a grant funded Human Services Aide ($35,467) through a conversion of a temporary position in Aging and Disability Division's Agency on Aging line of business.	0.50
	▪ Eliminated an unfunded Management Specialist in Child and Family Services Division's Planning and Support Services line of business.	(0.75)
	▪ Eliminated a vacant Human Resources/OD Specialist ($29,478).	(0.25)
	▪ Re-aligned the Arlington Employment Center from a bureau to a program. Eliminated the following positions: ▪ Two filled Employment Services Specialist ($190,167) ▪ A filled Employment Development Specialist ($94,418) ▪ A vacant Employment Center Director position ($196,579) ▪ A filled Management Specialist position ($118,364)	(5.00)
	▪ Eliminated a vacant Human Services Aide position ($39,387) who provides clinical and administrative support to Clarendon House's nursing and clinic staff.	(0.50)
	▪ Reduced the Director's Office training budget by $50,000.	
	▪ Reduced the Sequoia Plaza Common Area Maintenance budget by $100,000.	
	▪ Reduced the Adult Services program in Aging and Disability Services Division by $30,000.	
	▪ Eliminated the $10,000 local portion of the Developmental Disability Services Residential Program.	
	▪ Increased funding for the Housing Grant Program ($621,264), including support for raising the maximum allowable rent limits which have not changed since 2010, and replaces the share of one-time dollars with ongoing funding.	
	▪ Increased the projection for the Children's Services Act funds ($176,047).	

Fiscal Year	Description	FTEs
	▪ Increased Sequoia Plaza rent ($259,574).	
	▪ Increased revenues due to: Community Services Board ($49,379) for increases in Medicaid and client fees for mental health services, Agency on Aging Area Plan ($39,519), Virginia Department of Social Services (VDSS) Programs ($90,216), Medicaid Prescreening ($15,000), RAFT Program for Discharge Assistance Planning ($225,652) due to additional funding, Virginia Department of Behavioral Health and Developmental Services (VDBHDS) allocation ($30,741), the Virginia Homeless Solutions Program VHSP Grant ($67,709), Department of Behavioral Health and Developmental Services DBHDS Grant ($696,930), Auxiliary Grants Program ($22,490), PIE Medicaid ($48,312), PIE Medicaid/Part C Clinic Option ($42,283), and Vital statistics revenue ($63,836). These increases were offset by decreases in: the Community Services Board Mental Health Outpatient Grant ($12,753); the three-year grant from Virginia Foundation for Healthy Youth ($149,999); Refugee Resettlement Program ($10,000); Women, Infant, and Children grant award ($93,144); and PIE Medicaid/Part C State Plan Option ($46,620).	
	▪ *The County Board took action after the FY 2020 budget was adopted to approve the addition of two grant-funded Clinic Aides ($74,588, 2.0 FTE) for STEP-VA implementation and two grant-funded Mental Health Therapists ($224,250, 2.0 FTE) in the Behavioral Health Division; a grant-funded Human Services Clinician (1.0 FTE) and temporary Management Specialist (0.1 FTE) for the Child Advocacy Center in the Child and Family Services Division ($118,674); and a reallocation of grant-funded non-personnel funds to create an Administrative Technician ($65,423, 1.0 FTE) position in the Behavioral Health Division and to increase the hours of a Facilities Maintenance Mechanic ($13,317, 0.25 FTE) in the Director's Office; authorized the transfer of a Human Services Specialist ($98,288, 1.0 FTE) from the Circuit Court Judiciary to the Behavioral Health Division; and added a grant-funded Management Specialist ($115,000, 1.0 FTE) for medical reserve corps coordination in the Public Health Division.*	*8.35*
	▪ *The County Board took action after the FY 2020 budget was adopted to approve the following technical adjustments to align the department's FTE authorization count with the Human Resources Department and the Department of Management and Finance: a grant-funded Mental Health Therapist (1.0 FTE) for Diversion First in the Behavioral Health Division, a grant-funded Management Specialist (0.25 FTE) for VICAP in the Aging and Disability Services Division, a re-classification and increase of a Human Services Clinician II position to a Management Specialist (0.25 FTE) through the conversion of non-personnel funds for Project Peace in the Director's Office, and eliminated a temporary FTE (0.50 FTE) in the Economic Independence Division's Management and Administration line of business. All positions were budgeted through prior board action.*	*1.00*
FY 2021	▪ Added a Management Analyst position (housing locator) ($105,618) and a Management Specialist position (case manager) ($91,923) to the Permanent Supportive Housing program in the Economic Independence Division's Housing Assistance line of business.	2.00

Fiscal Year	Description	FTEs
	▪ Added a Developmental Disability Specialist position ($92,484, $80,000 revenue) for support coordination in the Aging and Disability Division's Developmental Disability Services line of business.	1.00
	▪ Added a Mental Health Therapist II ($111,362) for the Behavioral Health Court Docket in the Behavioral Health Division's Specialized and Residential Services lines of business.	1.00
	▪ Re-allocated non-personnel funds for the addition of an Administrative Assistant ($12,203) in the Behavioral Health Division's Psychiatric Services line of business.	0.25
	▪ Re-allocated non-personnel funds for the addition of a temporary staff person ($6,000) at the Adult Day Program in the Aging and Disability Division's Community Supports and Coordination line of business.	0.15
	▪ Increased funding for the Housing Grant Program ($801,781), including $64,158 to fund the increase in Maximum Allowable Rent and $737,623 to fund the annual ongoing increase.	
	▪ Increased funding for the Permanent Supportive Housing Program ($412,554).	
	▪ Increased Sequoia Plaza rent ($243,995).	
	▪ Increased the projection for the Children's Services Act funds ($184,848).	
	▪ Increased the Homeless Services Center Contract ($130,034).	
	▪ Increased revenues due to: Virginia Department of Social Services (VDSS) Programs ($244,249), Virginia Department of Behavioral Health and Developmental Services (VDBHDS) unrestricted state funding for mental health allocation ($817,584), Virginia Homeless Solutions Program (VHSP) Grant ($33,504), Department of Behavioral Health and Developmental Services (DBHDS) Grants (Pharmacy Grant $100,000, STEP-VA $54,736, STEP-VA Primary Care $164,095, STEP-VA Outpatient $224,250), Virginia Quality Childcare Grant ($24,000), Auxiliary Grants Program ($40,000), Virginia Department of Health Cooperative Award for mandated programs ($62,047), VOCA Grant ($116,674), workforce development services ($26,050), and vital statistics ($3,600) due to new fees. These increases were offset by decreased in: Workforce Innovation and Opportunity Act (WIOA) Grant ($49,218), One-Stop Center Cost Allocation Plan as a result of Employment Services reorganization ($41,592), Crisis Stabilization Grant ($273,852), and PIE Medicaid/Part C Clinic Option ($64,483)	
	▪ *The County Board took action after the FY 2021 budget was adopted to increase personnel funding due to salary adjustments resulting from job family studies ($1,418,592) and approved the following positions:*	
	<u>Economic Independence Division</u>: added grant-funded Management Specialist positions ($124,433, 1.25 FTE) and grant-funded Eligibility Worker position ($44,070, 0.50 FTE) for the expansion of the Permanent Supportive Housing Program; added a Food Security Position ($100,050, 1.0 FTE).	2.75
	<u>Behavioral Health Division</u>: added a grant-funded Human Services Specialist ($89,587, 1.0 temporary FTE) for the Behavioral Health Docket; added a grant-funded Behavioral Health Specialist ($104,000,	5.75

Fiscal Year	Description	FTEs
	1.0 FTE) for the Permanent Supportive Housing expansion; added a grant-funded Behavioral Health Specialist ($89,000, 1.0 FTE) and a Psychiatrist ($89,000, 0.25 FTE) for Forensic Discharge Grant expansion; added a grant-funded Human Services Specialist ($43,832, 0.50 FTE) for the Medication Assisted Treatment Program; added a three-year term grant-funded Behavioral Health Therapist ($320,398, 1.0 FTE) and Behavioral Health Specialist ($292,077, 1.0 FTE) for opioid prevention case management.	
	Child and Family Services Division: added a grant-funded Management Specialist ($78,000).	1.00
	Aging and Disability Services Division: added a grant-funded Management Specialist position ($79,945) for VICAP data coordination.	1.00
FY 2022	▪ The County Board added funding for a one percent merit pay adjustment, a five percent increase in the range, and an increase to the one-time bonus for staff from $500 to approximately $900.	
	▪ The County Board restored funding for a previously frozen Administrative Specialist in the Child and Family Services Division ($88,958 expense; $33,804 revenue; $55,154 net tax support).	
	▪ The County Board added funding for the Housing Grants Program ($1,524,225) to continue implementing alternative COVID-related procedures ($1,036,512 ongoing) and for reducing client income requirements from 40 percent to 30 percent ($47,713 one-time; $440,000 ongoing). The total funding for the Housing Grant Program is $14,208,262, including an additional $2,492,331 to fund the annual ongoing increase ($1,180,784 is one-time funding) and $61,332 to fund the increase in Maximum Allowable Rent.	
	▪ Added a Public Health Nurse ($55,967, 0.50 FTE) and Clinic Aide ($55,352, 0.75 FTE) for the new schools.	1.25
	▪ Added a Physician Assistant ($140,946, 1.00 FTE), Psychiatric Nurse ($112,901, 1.00 FTE), and an Emergency Services Clinician ($125,393, 1.00 FTE) for the behavioral health crisis care system.	3.00
	▪ Added a grant-funded Human Services Clinician II ($107,727) for foster care prevention.	1.00
	▪ Made technical adjustments to temporary FTEs in the Behavioral Health Division (added 4.25 FTEs) and the Public Health Division (removed 1.10 FTEs).	3.15
	▪ Transferred a part-time Administrative Technician ($32,436) to the Housing Choice Voucher Fund.	(0.40)
	▪ Eliminated a vacant Human Services Specialist ($95,999) in the Clarendon House Program.	(1.00)
	▪ Reduced the information technology consultant budget ($36,235) in the Director's Office.	
	▪ Eliminated three vehicles from the department's fleet ($13,931).	

Fiscal Year	Description	FTEs
	▪ Reduced the consultant budget ($46,013) in the Economic Independence Division. ▪ Reduced the Emergency Lodging Program's budget ($11,000). ▪ Reduced the grant to the Shirlington Employment and Education Center (SEEC) ($25,000). ▪ Transferred Title IV-E trust and agency funds to the department's General Fund ($468,429). ▪ Reduced the Children Service's Act (CSA) budget ($448,500). ▪ Eliminated the contract with Capital Caring budgeted in Non-Departmental ($14,051). ▪ Increased State Opioid Response grant revenue and associated non-personnel expenditures ($50,000). ▪ Increased Children's Regional Crisis Response grant revenue ($1,281,610) and associated non-personnel expenditures ($1,203,610). ▪ Increased federally funded Kinship Navigator grant revenue and associated non-personnel expenditures ($70,000). ▪ Increased Virginia Tobacco Settlement Fund grant revenue and associated non-personnel expenditures ($150,000). ▪ Increased federally funded Title IV-E Adoption grant revenue and associated non-personnel expenditures ($98,449). ▪ Increased contractual services for an enhanced withdrawal management program ($1,487,747) and increased a revenue cost sharing agreement with Alexandria ($434,424). ▪ Decreased Title IV-E Foster Care grant revenue and associated non-personnel expenditures ($85,152). ▪ Decreased Virginia Homeless Solutions Program (VHSP) grant revenue and associated non-personnel expenditures ($122,266). ▪ Decreased Parent Infant Education (PIE) grant-revenue and associated non-personnel expenditures ($211,995). ▪ Other non-personnel expenses increased due to: Sequoia Plaza rent and operating expenses ($307,321), various Department of Behavioral Health and Developmental Services (DBHDS) state grants ($166,217), the Auxiliary Grants Program ($35,000), contractual services ($112,047), grant-funded Same Day Access ($49,980), contractual increases resulting from the living wage increase from $15 to $17 per hour ($290,126), enhanced behavioral health crisis care system ($104,799 ongoing and $90,000 one-time), and contractual increases for residential mental health group homes ($314,090 ongoing and $166,120 one-time). ▪ Increased revenues due to: Virginia Department of Behavioral Health and Developmental Services (VDBHDS) unrestricted state funding for mental health allocation ($723,809), Auxiliary Grants Program ($28,000), High Intensity Drug Trafficking Areas (HIDTA) allocation for residential treatment of substance use disorders ($41,550), and transfer in from Title IV-E Adoption and Foster Care funds held in a trust and agency account ($468,429). These increases are partially offset by decreases in: Virginia Department of Social Services (VDSS) Programs ($76,408), PIE-Medicaid	

Fiscal Year	Description	FTEs
	($35,000), Workforce Innovation and Opportunity Act (WIOA) Grant ($74,927), Vital Statistics ($25,908), Swimming Pools revenue ($35,455), and RAFT for DAP Funds ($164,256).	
	▪ *In FY 2021 closeout, funding was added for a one percent merit pay adjustment ($370,868), a one-time bonus for staff of $450 ($389,600), and one-time retention bonuses ($140,000).*	
	▪ *The County Board took action after the FY 2022 budget was adopted to add the following positions:*	
	Departmental Management and Leadership Division: Re-allocated one-time grant funds to establish a limited-term grant-funded Management Analyst for improving data-driven service integration efforts.	*1.00*
	Economic Independence Division: Added a grant-funded Senior Management Analyst ($140,820, 1.00 FTE), grant-funded Eligibility Worker ($25,518, 0.25 FTE), grant-funded Human Services Specialist ($104,276, 1.00 FTE) for expanding the Permanent Supportive Housing Program in the Housing Assistance and Homeless Programs Bureau; re-allocated $57,613 in operating grant funds to establish a grant-funded Eligibility Worker (0.80 FTE) for the Energy Assistance Program in the Public Assistance Bureau; and added a limited-term grant-funded Employment Services Specialist (1.00 FTE) for the Workforce Development Program in the Employment Services Bureau.	*4.05*
	Public Health Division: Re-allocated $113,222 in operating grant funds to establish an Infant Development Specialist (1.00 FTE) for the Parent Infant Education Program in the School Health line of business.	*1.00*
	Behavioral Health Care Division: Added a grant-funded Behavioral Health Specialist ($129,919, 1.00 FTE) for STEP-VA veteran programs in the Management and Administration line of business; added two positions in the Psychiatric Services Bureau: a limited-term grant-funded Psychiatrist (0.188 FTE) for the First Episode Psychosis Program and a limited-term grant-funded Psychiatrist ($20,120, 0.063 FTE) for outpatient mental health services; added several positions in the Outpatient Bureau: a grant-funded Behavioral Health Specialist ($91,529, 1.00 FTE) for the expansion of the Permanent Supportive Housing Program, a grant-funded Behavioral Therapist III ($125,741, 1.00 FTE) for outpatient mental health services, a grant-funded Peer Recovery Specialist ($46,076, 0.5 FTE) for outpatient mental health services, a limited-term grant-funded Behavioral Therapist II (1.00 FTE) for the First Episode Psychosis Program; added a grant-funded Behavioral Health Therapist (Licensed) ($36,006, 0.25 FTE) for the Forensic Case Management program in the Residential and Specialized Clinical Services Bureau; and transferred a clinic aide (1.00 FTE) to the Aging and Disability Division.	*4.00*
	Child and Family Services Division: added a grant-funded Peer Recovery Specialist ($77,000, 1.00 FTE) for the STEP-VA program in the Behavioral Healthcare Bureau.	*1.00*
	Aging and Disability Services Division: added a grant-funded Human Services Clinician ($55,193, 0.50 FTE) for the Arlington Adult Day Program in the Community Support and Coordination Bureau;	*1.50*

Fiscal Year	Description	FTEs
	transferred a Clinic Aide (1.00 FTE) from Behavioral Health Division's Psychiatric Services line of business and reclassed to a Public Health Nurse in the Senior Adult Mental Health line of business.	
	▪ *As a part of FY 2021 close-out, the County Board approved ARPA funding for the Back2Work Program ($130,000), Crisis Intervention Center ($717,121, 16.00 FTEs), homeless services equity and engagement ($70,730, 1.00 FTE), Marcus Alert Program coordinator ($36,973, 1.00 FTE), and a human services emergency management position ($35,129 budgeted in Non-Departmental, 1.00 FTE).*	*19.00*
FY 2023	▪ The County Board added funding for an additional one percent merit pay adjustment for a total increase of 5.25 percent, increased the pay-for-performance budget by an additional 0.5 percent, increased the pay range movement to five percent, and approved the additional changes: a one-time increase in shift differential pay from $0.75 to $1.00 per hour for the B shift and from $1.00 to $1.30 per hour for the C shift ($2,866), a one-time increase in language premium from $0.69 to $0.92 per hour ($71,529), an optional one-time cash-out of 40 hours of compensation time for those with balances of 80 or more ($66,970), and a one-time bonus for clinical service employees ($828,640).	
	▪ The County Board added one-time funding for frontline human service non-profits ($650,000), one-time day programming support for CSB clients with developmental disabilities ($250,000), a one-time inflationary increase for electricity ($140,905), and one-time contractual increases due to inflation ($93,606).	
	▪ Added an Emergency Services Behavioral Therapist in the Behavioral Health Division's Client Services Entry Bureau by reallocating $128,792 in existing operating funds.	1.00
	▪ Added a Behavioral Health Therapist in the Child and Family Services Division's Behavioral Healthcare Bureau by reallocating $128,791 in existing operating funds.	1.00
	▪ Added a Human Services Clinician ($119,721) for the Adult Protective Services Program in the Aging and Disability Services Division's Community Support and Coordination Bureau.	1.00
	▪ Added a Virginia Department of Behavioral Health and Developmental Services opioid response grant ($150,398) which funds a limited-term Peer Recovery Specialist ($85,203) and non-personnel ($65,195).	1.00
	▪ Technical adjustment to re-align the ARPA funded Crisis Intervention Center FTE count from 16.00 FTEs to 15.00 FTEs (-$141,975).	(1.00)
	▪ Added one-time funding for the Housing Grant Program ($2,352,509), including $14,328 to fund the increase in Maximum Allowable Rent.	
	▪ Added ongoing funding for the Permanent Supportive Housing Program ($588,046). The total local budget is $3,657,065.	
	▪ Added Virginia Department of Health Epidemiology and Laboratory Capacity for Infectious Disease grant revenue and associated non-personnel expenditures ($1,551,035).	

Fiscal Year	Description	FTEs

- Added Children's Regional Crisis Response grant revenue and associated non-personnel expenditures ($1,531,867).
- Increased Title IV-E Prevention grant revenue and associated non-personnel expenditures ($110,919).
- Increased Workforce Innovation & Opportunity Act grant revenue and associated non-personnel expenditures ($296,826).
- Other non-personnel increases due to: Sequoia Plaza rent and operating expenses ($321,867), contractual increases ($733,432), Culpepper Garden Senior Living Facility ($70,152), the Auxiliary Grants Program ($140,097), Mental Health Unrestricted Funds ($236,204), state funding for the Permanent Supportive Housing Program ($300,945), and changes in the Children's Services Act vendor rate ($145,341).
- Other revenue changes included increases to: STEP-VA Outpatient Funds unrestricted state funding for mental health services ($203,959), state allocation for case management and residential and habitation for Developmental Disabilities Services ($59,184), Urban Areas Security Initiative (UASI) grant ($115,000), Family Planning Grant ($72,442), Virginia Department of Health Cooperative Agreement ($111,537), Department of Behavioral Health and Disability Services (DBHDS) grant ($598,028), High Intensity Drug Trafficking Areas (HIDTA) allocation for residential treatment of substance use disorders ($41,550), and Auxiliary Grants Program ($112,078). These increases were partially offset by decreases to: Virginia Homeless Solutions Program (VHSP) Grant ($67,415), Workforce Innovation and Opportunity Act (WIOA) Grant ($74,927), Virginia Department of Social Services Federal Adoption Assistance Allocation ($47,762), and vital statistics ($96,156).
- As a part of FY 2021 close-out, the County Board approved additional allocations of the remaining ARPA funding for programs based on the Guiding Principles presented by the County Manager in September; the Board directed the County Manager to include funding for these programs in the FY 2023 adopted budget including:
  - Crisis Intervention Center Expansion ($1,721,086 total, 16.00 FTEs, $1,625,199 personnel, $95,887 non-personnel) in the Behavioral Health Division's Client Services Entry line of business. Note: The FY 2023 adopted budget reflects one fewer position ($141,975, 1.00 FTE) for the CIC after DHS staff later determined that appropriate staffing levels could be established with an adjustment to position types.
  - Homeless Services Equity and Engagement Program ($196,918 total, 1.00 FTE, $110,918 personnel, $86,000 non-personnel) in the Economic Independence Division's Housing Assistance and Homeless Programs line of business.
  - Marcus Alert Coordinator ($110,919, 1.00 FTE) in the Behavioral Health Division's Residential and Specialized Clinical Services line of business.
  - Human Services Emergency Management ($105,388 budgeted in Non-Departmental, 1.00 FTE) in the Departmental Management and Leadership Division.

Fiscal Year	Description	FTEs
	▪ Back2Work ($385,000 one-time) in the Economic Independence Division's Employment Services line of business. ▪ Additional ARPA funding for DHS programs are budgeted in Non-Departmental include Eviction Prevention ($1,385,432 one-time) and Customer Service Center ($164,486 one-time).	
	▪ *The County Board took action after the FY 2023 budget was adopted to add the following positions:*	
	<u>Departmental Management and Leadership Division</u>: Added a Security Coordinator ($121,475) for managing security protocols. Reclassified a 1.00 FTE Physician to two full-time positions (Communications Specialist, Contract Specialist). Added a grant-funded Management Specialist (0.50 FTE).	*2.50*
	<u>Public Health Division</u>: Transferred a 1.00 FTE Physician to Departmental Management and Leadership Division	
	<u>Economic Independence Division</u>: Re-allocated $102,416 in non-personnel grant funds to create a grant-funded Human Services Specialist for case management support	*1.00*
	<u>Behavioral Health Care Division:</u> ▪ *Re-allocated $52,798 in non-personnel funds to create a Behavioral Health Specialist (Licensed) (0.50 FTE) to support substance use disorder services.* ▪ *Re-allocated $97,762 in non-personnel funds to create a Peer Recovery Specialist (1.00 FTE) to support the Assertive Community Treatment program.* ▪ *Reallocated non-personnel grant funds to create two-year limited-term Behavioral Health Therapist (Licensed) (1.00 FTE) funded through Virginia Department of Behavioral Health and Developmental Services - STEP-VA (DBHDS) carryover to support the intake process.* ▪ *Grant-funded Management Specialist (1.00 FTE, $98,475) to support data analytics funded through DBHDS STEP-VA Ancillary Services.* ▪ *Grant-funded Behavioral Health Specialist (1.00 FTE, $121,863) to support the Arlington Behavioral Health Docket Diversion program funded by DBHDS.* ▪ *Reclassified a temporary Human Services Specialist (1.00 FTE, $68,869) to a permanent position to support the Behavioral Health Docket Diversion Program funded by DBHDS.* ▪ *Limited-term grant-funded Peer Recovery Specialist (1.00 FTE) to support the Mobile Support Team (MoST) funded by Substance Abuse and Mental Health Services Administration (SAMHSA).* ▪ *Limited-term grant-funded Behavioral Health Clinician (1.00 FTE) to support the Mobile Support Team (MoST) funded by Substance Abuse and Mental Health Services Administration (SAMHSA).*	*8.50*

Fiscal Year	Description	FTEs
	▪ *Reclassified and increased a grant-funded 0.25 FTE Psychiatrist to a 1.00 FTE Behavioral Health Therapist for the forensic discharge planning program (net increase of 0.75 FTE).*	
	▪ *Increased an existing grant-funded Behavioral Health Therapist (0.25 FTE) for the Drug Court Program.*	
	▪ *Grant-funded Human Resources Specialist (1.00 FTE, $118,679) for recruiting and human resource functions for Community Services Board programs funded by DBHDS.*	
	Aging and Disability Services Division:	*5.50*
	▪ *Limited-term DBHDS grant-funded positions to enhance dementia services offered by the Regional Older Adult Facilities Mental Health Support Tear (RAFT) Program: Management Specialist (2.00 FTE, $220,760), Human Services Specialists (3.00 FTE, $331,140).*	
	▪ *Added a Management Specialist (0.50 FTE, $55,190) for the Developmental Disability Services Vocational and Habilitation Program.*	
	▪ A technical adjustment was approved by the County Board in April 2023 to appropriate funding from Non-Departmental to Departments to allocate the budget for bonuses funded in the adopted budget. The funding added to the Department of Human Services was $1,577,933.	
FY 2024	▪ The County Board added additional one-time funding for eviction prevention ($1,000,000), resulting in a total of $4,000,000 one-time funding in the FY 2024 adopted budget for eviction prevention.	
	▪ The County Board added one-time funding for Public Assistance Bureau VDSS recertification ($500,000).	
	▪ The County Board added Behavioral Health Therapists for youth ($520,000).	4.00
	▪ The County Board added funding for residential medical withdrawal and substance abuse treatment for adolescents and adults ($180,000).	
	▪ The County Board added funding for a support position to facilitate cross-departmental initiatives ($180,000).	1.00
	▪ The County Board added funding for Culpeper Gardens ($145,908).	
	▪ The County Board added half-year funding for a probation and parole position ($47,500).	1.00
	▪ Added one-time funding for $2,000 (gross) employee bonus ($1,934,456).	
	▪ Added one-time funding for food security grants ($150,000).	
	▪ Added one-time funding for Housing Grants ($2,481,350).	
	▪ Added funding from the opioid settlement to establish a Behavioral Health Therapist ($128,345) for opioid treatment and consultant funding ($45,000). The total budget is $173,345.	1.00
	▪ Reallocated non-personnel funds to increase an existing Human Services Specialist position from 0.80 FTE to 1.00 FTE to support the Aging and Disability Resource Center.	0.20

Fiscal Year	Description	FTEs
	▪ Added a grant-funded Human Services Clinician ($59,602) for the Adult Day Care program.	0.50
	▪ Added a Management Analyst (0.40 FTE) to support the Permanent Supportive Housing program.	0.40
	▪ Added a Management Analyst ($114,090) for quality assurance and data analysis in the Community Assistance Bureau of Economic Independence Division.	1.00
	▪ Added a Child Care Specialist ($102,414) to assist with state mandated inspections.	1.00
	▪ Added funding for the administrative, accounting and finance, and legal and judicial job family studies ($314,256) and compression studies ($661,464).	
	▪ Added funding for contractual increases ($426,789), the first full year implementation of a new security services contract including special conservators of the peace for the Crisis Intervention Center ($941,293), the expansion of developmental disability programs at Sequoia Plaza ($125,000), developmental disability residential services DMAS match (Virginia Department of Medical Assistance Services) ($412,245), operational costs for a recently redeveloped group home ($200,000), and Permanent Supportive Housing unit inspections ($100,000).	
	▪ Decreased funding for lease rates at Sequoia Plaza ($749,937), electricity ($140,905), a further adjustment in the electricity budget to reflect electricity bill credits resulting from the Maplewood Solar project ($332,252), and a reduction in the Job Avenue program ($195,885 expense, $3,000 revenue, $192,885 net tax support).	
	▪ Increased revenues due to: Virginia Department of Social Services Administration ($1,159,047); DDS case management, residential, and habilitation state revenue ($111,874); RAFT (Regional Older Adult Facilities Mental Health Support Team) ($868,696); Behavioral Health Docket ($208,427); Virginia Department of Health COOP ($108,569); and Central Services Cost Allocation ($363,543). These increases are partially offset by decreases to: the removal of one-time grants Virginia Supreme Court grant and Opioid and Recovery grant ($66,195), UASI Grant ($115,000), reduction in revenue for vital statistics ($54,621), Virginia Department of Health Epidemiology and Laboratory Capacity of Infectious Disease funding ($1,551,035), and Virginia Department of Services Title IV-E foster care allocation ($91,742).	
	▪ *The County Board took action after the FY 2024 budget was adopted to add the following positions:*	
	Aging and Disability Services Division:	*1.00*
	▪ *Grant-funded permanent Human Services Clinician III ($130,322, 1.00 FTE) to provide housing-focused case management.*	
	Behavioral Health Care Division:	*8.00*
	▪ *Grant-funded Behavioral Health Therapist (Licensed) ($63,959, 0.50 FTE) to assess clients' ongoing medical needs and complete authorizations.*	

Fiscal Year	Description	FTEs
	▪ *Grant-funded permanent Human Services Clinician III ($114,758,* 1.00 FTE) *to serve as the Intensive Care Coordinator.* ▪ *Grant-funded Behavioral Health Therapist (Licensed) ($60,008, 0.50 FTE) to support persons in the Permanent Supportive Housing program with serious mental illness.* ▪ *Reallocated existing grant funding to create a two-year limited-term Behavioral Health Therapist (Licensed) (1.00 FTE) to support jail-based services.* ▪ *Grant-funded Limited Term Behavioral Health Specialists ($279,897, 2.00 FTEs) to support the services offered to Spanish-speaking young adults by DHS' First Episode Psychosis (FEP) Program.* ▪ *Grant-funded Behavioral Health Therapist (Licensed) ($159,887, 1.00 FTE) to support the Mobile Outreach Support Team (MOST) for the Marcus Alert program.* ▪ *Grant-funded Behavioral Health Supervisor ($191,781, 1.00 FTE) to support the Mobile Outreach Support Team (MOST) for the Marcus Alert program.* ▪ *Grant-funded Behavioral Health Specialist ($139,695, 1.00 FTE) to support the Mobile Outreach Support Team (MOST) for the Marcus Alert program.*	
	Child and Family Services Division: ▪ *Grant-funded Management Specialist ($107,620, 1.00 FTE) to support the Virginia Quality Birth-5 program.*	*1.00*
	Economic Independence Division: ▪ *Grant-funded limited-term IT Support Specialist ($291,773, 1.00 FTE) to support the Homeless Management Information System.* ▪ *Grant-funded increase of a current Eligibility Worker ($25,348, 0.25 FTE) to fulltime to support the Permanent Supportive Housing program.*	*1.25*
	Departmental Management and Leadership Division: ▪ *Grant-funded Management Specialist ($77,188, 0.50 FTE) to support Quality Assurance to identify and correct data quality errors in Welligent electronic health record.*	*0.50*
FY 2025	▪ The County Board added funding for retention bonuses for 24/7 staff ($137,000 one-time), increasing hiring bonuses for frontline behavioral health staff from $3,000 to $5,000 ($230,000 one-time), an additional vehicle for the Mobile Outreach Support Team (MOST) ($72,000 one-time), a study of evidence-based programs and plan transition for the reduction to the Behavioral Intervention Services program ($75,000 one-time), Neighborhood Health ($90,000), food security mini-grants ($150,000 one-time), marketing existing sexual/reproductive health services ($25,000 one-time), and transfers from Non-Departmental budget to fund the Teen Coordinator position ($60,000 one-time) and teen prevention buffering risks of Adverse Childhood Experiences (ACES) ($80,000).	

Fiscal Year	Description	FTEs
	▪ The County Board added funding for eviction prevention ($1,000,000 one-time; $950,000 ongoing), resulting in a total of $4,276,442 in the FY 2025 adopted budget for eviction prevention.	
	▪ The County Board added a Developmental Disability Coordinator ($110,000) in the Aging and Disability Division.	1.00
	▪ Re-allocated grant-funded non-personnel funds to create an Employment Services Specialist ($107,038) to support Ticket To Work in the Economic Independence Division.	1.00
	▪ Eliminated a filled Employment Services Specialist ($102,173) in the Employment Center of the Economic Independence Division.	(1.00)
	▪ Added two grant-funded out stationed Eligibility Workers ($214,102) in the Economic Independence Division.	2.00
	▪ Transferred an Administrative Technician ($43,020) from the Housing Choice Voucher Fund to support the Continuum of Care program in the Economic Independence Division.	0.50
	▪ Added two partially grant-funded Human Service Specialists for the Eviction Prevention Program ($250,878 expense; $132,965 revenue) in the Economic Independence Division.	2.00
	▪ Added two Eligibility Workers to support the Housing Grants Program ($233,517) in the Economic Independence Division.	2.00
	▪ Eliminated two filled positions in Behavioral Intervention Services (BIS) ($277,093 net reduction) in the Child and Family Services Division.	(2.00)
	▪ Eliminated a vacant Teen Network Board (TNB) Coordinator ($136,011) in the Child and Family Services Division.	(1.00)
	▪ Added a coordinator for the youth substance abuse prevention program ($60,000) in the Child and Family Services Division.	0.50
	▪ Eliminated a filled Tuberculosis (TB) Outreach Worker ($102,281) in the Public Health Division.	(1.00)
	▪ Eliminated a filled Public Health Planning and Education Supervisor ($192,274) in the Public Health Division.	(1.00)
	▪ Eliminated the dental program ($165,581 net reduction) in the Public Health Division.	(1.00)
	▪ Added funding for adjustments to salaries resulting from the accounting and financial job study ($183,729), judicial and legal services job study ($17,293), and the human resources and safety job study ($31,031).	
	▪ Added funding for contractual increases ($2,490,446), eviction prevention ($1,402,838), electricity adjustments ($473,157), state substance abuse disorder allocation ($195,597), Sequoia Plaza rent expenses ($74,718), state allocation for mental health ($33,727), Sequoia Plaza operating expenses ($22,575), and one-time funding for electric vehicles ($13,021).	
	▪ Added funding for a new housing grants category for youth aging out of foster care ($101,232). The total rental subsidy funding for the Housing Grant Program in the FY 2025 adopted budget is $15,077,676, including the new youth housing category.	

Fiscal Year	Description	FTEs
	▪ Increased revenues due to Virginia Department of Social Services Administration Revenue ($174,821), Agency on Aging funding ($43,979), DDS state revenue ($36,250), Refugee Resettlement Program ($78,660), Virginia Department of Health COOP (Continuity of Operations Planning) ($182,789), Permanent Supportive Housing grant funds from the Virginia Department of Behavioral Health and Developmental Services ($480,324).	
	▪ *The County Board took action after the FY 2025 budget was adopted to add the following positions:*	
	Aging and Disability Services Division:	*1.75*
	▪ *Re-allocated non-personnel funds to create a Human Services Clinician II ($142,249, 1.00 FTE) to provide support to the Adult Services Program guardianship efforts*	
	▪ *Re-allocated non-personnel funds to create a Behavioral Health Therapist (Licensed) ($81,424, 0.50 FTE) to support Senior Adult Mental Health program.*	
	▪ *Re-allocated non-personnel grant funds to create an Administrative Specialist ($24,858, 0.25 FTE) to support the Regional Older Adult Facilities Mental Health Support Team (RAFT) program.*	
	Behavioral Health Care Division:	*0.70*
	▪ *Grant-funded Behavioral Health Specialist ($71,124.50, 0.50 FTE) to support outpatient therapy.*	
	▪ *Grant-funded Behavioral Health Emergency Services Clinician ($162,849, 1.00 FTE) to help the Division meet the administrative and personnel needs of Community Service Board programs.*	
	▪ *Grant-funded Psychiatrist to segment current part-time position to provide critical psychiatric consultation, evaluation and medication management services to individuals how have Intellectual and/or Development Disabilities. ($81,810, 0.20 FTE).*	
	▪ *Eliminated grant-funded Behavioral Health (Resident/Supervisee) ($138,220, 1.00 FTE) due to grant expiring.*	
	Economic Independence Division:	*4.00*
	▪ *Grant-funded Senior Housing Assistance Program Specialist ($136,036, 1.00 FTE) to support the Permanent Supportive Housing Program.*	
	▪ *Grant-funded Human Services Specialist ($124,479, 1.00 FTE) to support the Permanent Supportive Housing Program.*	
	▪ *Grant-funded Administrative Specialist ($113,975, 1.00 FTE) to support the Permanent Supportive Housing Program.*	
	▪ *Grant-funded Peer Recovery Specialist ($113,975, 1.00 FTE) to support the Permanent Supportive Housing Program.*	
	Departmental Management and Leadership Division:	*1.00*
	▪ *Grant-funded Management Analyst to the Quality Assurance and Administration Division ($130,468, 1.00 FTE).*	

Fiscal Year	Description	FTEs
FY 2026	▪ The County Board added one-time funding for food security grants ($150,000).	
	▪ The County Board added one-time funding for temporary local child care subsidy for families on state waitlist ($300,000).	
	▪ The County Board added $1,000,000 one-time funding for homeless services and Project PEACE contractual increases which is in addition to the $2,553,586 ongoing funding added at the proposed budget.	
	▪ The County Board added $144,000 in ongoing funding for housing grants. This is in addition to the $2,474,863 ongoing funding added at the proposed budget for a total increase in ongoing funding for housing grants of $2,618,863.	
	▪ Added funding for contractual increases ($312,144).	
	▪ Added funding for Arlington Food Assistance Center (AFAC) ($279,963).	
	▪ Added funding for Meal on Wheels ($105,000).	
	▪ Added funding for classroom observations for Virginia Quality Birth to Five (VQB5) initiative ($123,838).	
	▪ Added funding for annual maintenance and support for child care licensing system ($358,276).	
	▪ Added funding for homeless shelter contracts ($2,553,586).	
	▪ Added funding for Sequoia Plaza rent expenses ($258,606).	
	▪ Increased annual expenses for maintenance and replacement of county vehicles ($38,946).	
	▪ Added funding for Culpepper Garden Assisted Living Facility (ALF) subsidy ($350,000 one-time).	
	▪ Increased mental health and substance use disorder state allocation ($732,976).	
	▪ Decreased funding for malpractice insurance claims ($13,000).	
	▪ Decreased funding for operating and service expenses Aging and Disability Services Division and Child and Family Services Division ($42,000).	
	▪ Reduced the transportation services budget in Aging and Disability Services Division by $300,000.	
	▪ Reduced the Eviction Prevention Program budget in the Economic Independence Division by $1,145,982 and added additional eligibility requirement that leases be older than six months.	
	▪ Decreased grant funding for the Tobacco Settlement Fund ($159,000).	
	▪ Added a Housing Grants Navigator for six months in FY 2026 ($57,761).	1.00
	▪ Added a Developmental Specialist II ($127,525).	1.00
	▪ Converted three overstrength Benefits Program Specialists ($339,753) and one Benefits Program Supervisor ($144,289) to permanent positions.	4.00
	▪ Added a Management Analyst for the Virginia Quality Birth to Five childcare improvement initiative ($118,935).	1.00

Fiscal Year	Description	FTEs
	▪ Eliminated a filled Employment Development Specialist ($141,518).	(1.00)
	▪ Eliminated a filled Employment Services Specialist ($55,461 net reduction).	(1.00)
	▪ Removed a vacant dentist position in Public Health that was funded with one-time in FY 2025.	(1.00)
	▪ Eliminated a filled Community Health Protection Bureau Director position ($189,811 ongoing). The position is backfilled with one-time funding ($189,811) until incumbent's retirement in FY 2026 and will be eliminated in FY 2027 budget.	
	▪ Eliminated a filled Risk Communications Epidemiologist ($135,572).	(1.00)
	▪ Increased revenues due to Virginia Department of Social Services Administration Revenue ($125,967); Agency on Aging funding ($52,944), DDS state revenue ($439,070), Refugee Resettlement Program ($30,132), Virginia Department of Health COOP (Continuity of Operations Planning) ($73,803), mental health and substance use disorder state allocation ($732,976), Child Services Act ($297,166). These increases are partially offset by decreases to the Virginia Tobacco Settlement Fund ($159,000), Withdrawal Management Reimbursements ($84,424), and RDAP grant ($204,252).	
	The County Board took action after the FY 2026 budget was adopted to add the following positions:	
	▪ *Child and Family Services Division:*	*1.00*
	▪ *Grant-funded Human Services Specialist ($125.748, 1.00 FTE) to support kinship navigation.*	
	Behavioral Health Care Division:	*1.00*
	▪ *Opioid Settlement Reserve funded Epidemiologist ($150,379, 1.00 FTE) to support the continued growth of the Arlington Addiction Recovery Initiative (AARI).*	

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