

Department of Human Services

Overview



ARLINGTON
VIRGINIA

Human Services

Civic Association Federation
April 8, 2025 |



DHS Overview

DHS operates 100+ human service programs providing pre-natal to end of life care

820+ staff stationed throughout the community including schools, jails, community centers, hospitals and people's homes

\$204 million proposed FY 2026 general fund budget

Key FY 2024 Data

46,224 Customer Service Center Walk-ins

110,479 Client Phone Calls (89,933 CSC; 20,546 ES)

29,307 Medicaid Recipients

9,715 SNAP Recipients

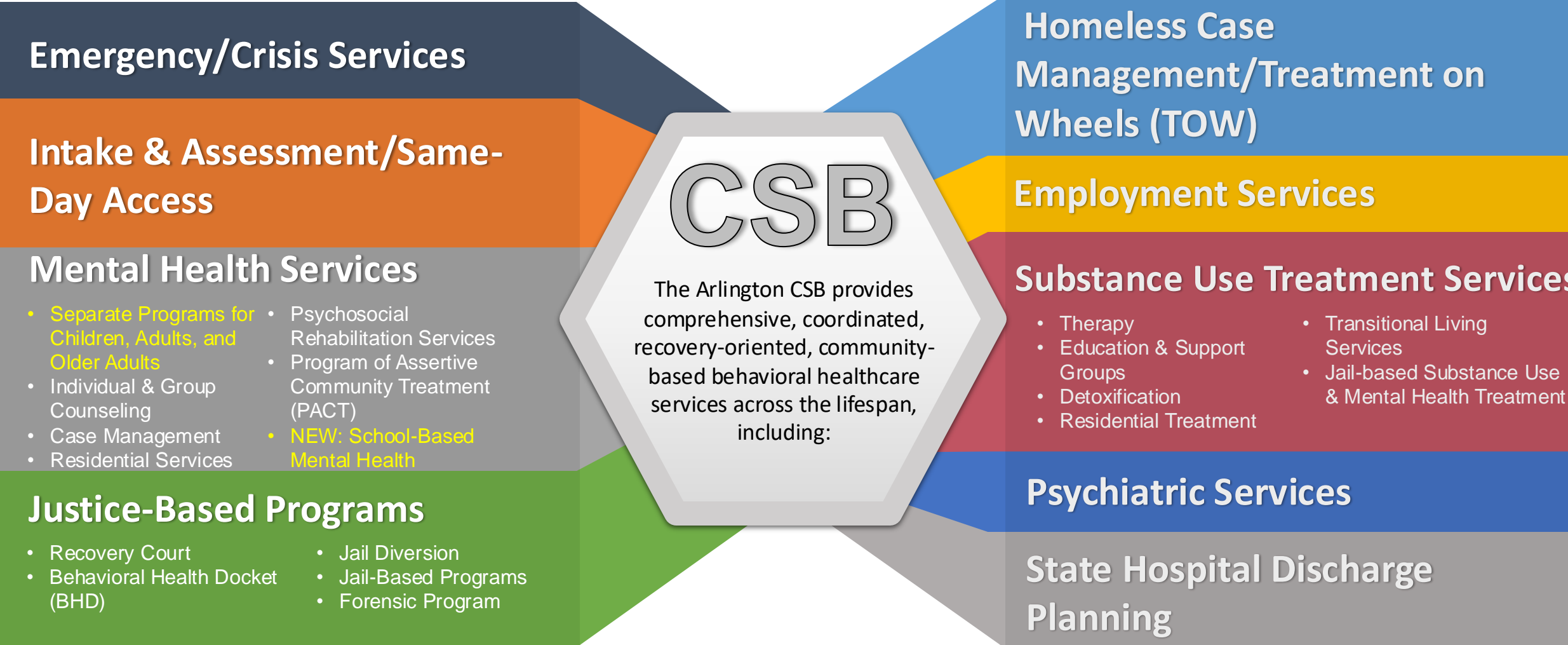
6,622 behavioral health clients served

1,535 Housing Choice Voucher households served

1,568 Housing Grants households served

345 Permanent Supportive Housing households served

Overview



Partnering Law Enforcement Agencies

- Arlington Police
- Arlington Sheriff
- MWAA (Airport Authority)
- Pentagon
- Metro



Arlington's Commitment to Jail Diversion

- Mental Health Criminal Justice Review Committee
 - County wide stakeholders' group that includes criminal justice partners, treatment providers, people with lived experience, family members, and advocates.
 - 20+ years working with focus on the Sequential Intercept Model
 - Promotes Deflection and Diversion programs

Marcus Alert: A Coordinated Crisis Response System

Marcus Alert System Response Levels



01

ROUTINE RESPONSE

Behavioral Health Telephone Response

Call example: Distressed with a possible altered mental state with no safety or medical concerns, and not currently under the influence of substances.

02

MODERATE RESPONSE

Behavioral Health Mobile Response

Call example: Distressed with no homicidal thoughts, intent, or behavior. May present suicidal thoughts with no plan or direct access to lethal weapons. May have minor self-injurious behavior.

03

URGENT CO-RESPONSE

Co-Response Behavioral Health led

Call example: Active verbal aggression with florid psychosis, homicidal thoughts with no active behaviors or intent. May present active self-injurious behavior with concern for medical risk.

04

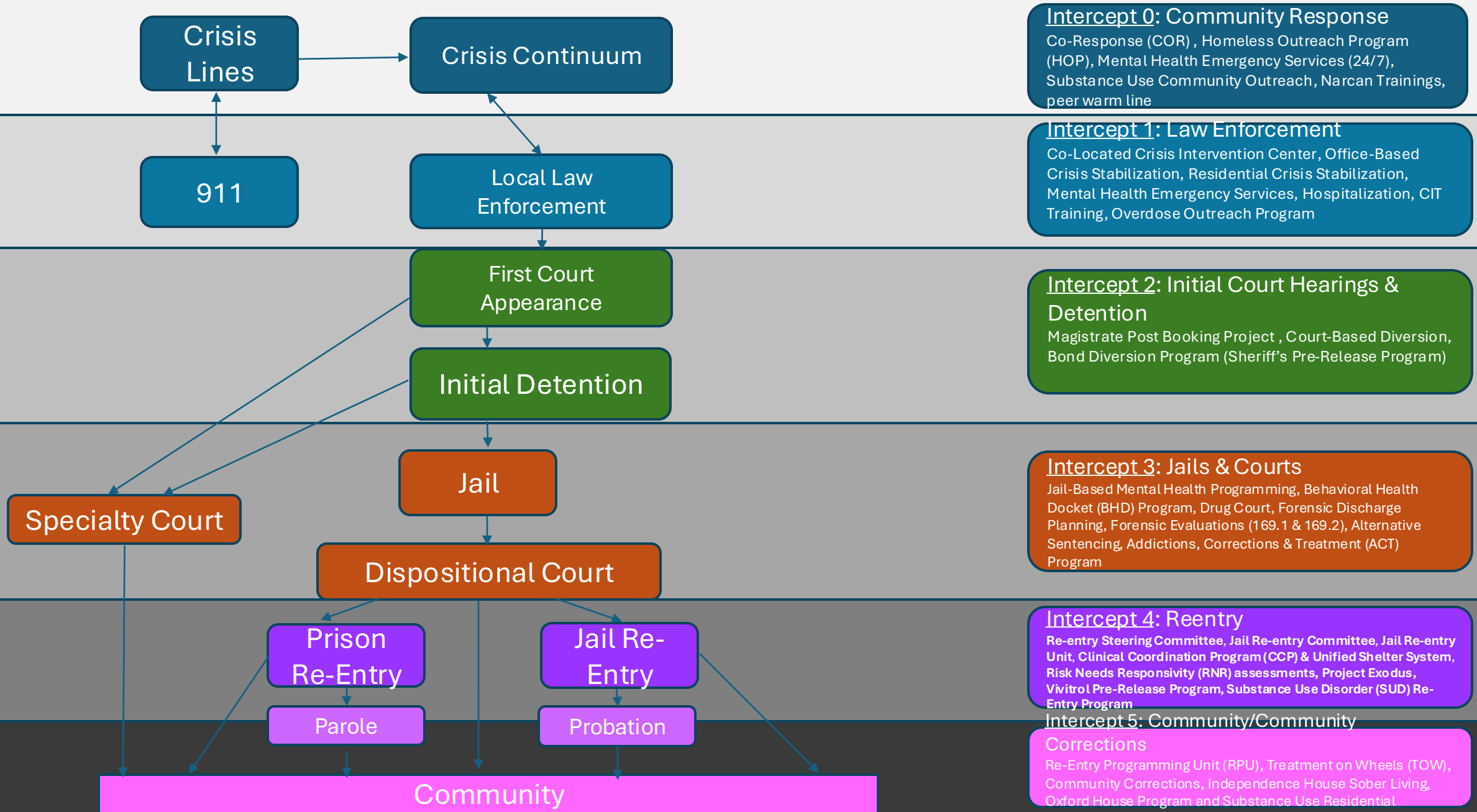
EMERGENT RESPONSE

Law Enforcement led

Call example: Direct, immediate threats to life. Active suicide attempts or assault on others with the ability to cause significant harm. Presence of accessible weapon.

The goal of the Marcus Alert is to provide a behavioral health response to behavioral health emergencies.

Arlington County's Sequential Intercept Map (SIM)



Intercept 0 – Community Response

- ECC Co-Response
- Treatment on Wheels – Homeless Outreach Team
- MOST – Mobile Support Team – team available to respond to BH needs in the community
- Emergency Services – Based at Sequoia – 24/7/365 availability for BH crisis
- Crisis Intervention Center – Can do transfer of custody for detainments, up to 23-hours of crisis management.
- Emergency Communication Center trained to triage BH calls to most appropriate team.
- 988 Crisis Line – National crisis line and referral linkage
- Substance Use Prevention – community education and distribution of harm reduction tools



Intercept 1 : Law Enforcement

CIT Training – 40-hour training for law enforcement to learn about BH needs and management. Police Department and Sheriff’s Office fully support the program and aim to have all staff trained.

Crisis Intervention Center and Emergency Services

Overdose Outreach/Field Induction and Leave Behind Naloxone Program – When a community member overdoses, the Fire Department responds. They have the ability to start them on medications to treat Opioid Dependence and refer to a DHS Peer Recovery Specialist.

Intercept 2: Initial Court Hearings and Detention

- Magistrates' Post-Booking Program – People who are identified by the Magistrate as being divertible are referred to work with a DHS staff to develop a plan in lieu of incarceration.
- Court-based and Bond Diversion Program – A DHS staff goes to court and identifies people who can be diverted from incarceration, develops a plan and coordinates with the attorneys to introduce the plan to the court. Staff works with the client to promote successful transition.
- Project EARLY – Similar to Bond Diversion but working with people who have SU needs to develop diversion plans.
- Sheriff's Pre-release Program - monitoring defendants released from jail custody under court or magistrate orders. Provides individuals with the necessary support and resources to remain in the community.

Intercept 3 : Jails and Courts

- Jail-Based Behavioral Healthcare– Services provided in ACDF for people who need BH services to include crisis management, assessment, Medication Assisted Treatment and care coordination
- Behavioral Health Docket (BHD) Program – Specialty Docket based in General District Court – both pre- and post-plea
- Recovery Court – Specialty Docket based in Circuit Court for people who are high risk/high need who have a SUD.
- Forensic Discharge Planning – 1 staff designated to work with people who were sent to the State Hospital(s) while incarcerated, 2 staff to assist people who are incarcerated that are diagnosed with Serious Mental Illness
- Forensic Evaluations (169.1 & 169.2) or Forensic TDO's (169.6) – Restoration to Competency or emergency MH Treatment in state hospital
- Addictions, Corrections & Treatment (ACT) Program – 9-month SUD treatment program in ACDF
- OAR/CAO Diversion Program - goal of reducing recidivism as well as racial disparities amongst individuals sentenced to diversion programs.

Intercept 4: Re-entry

- **Re-entry Council – Dept of Corrections led council to assist people transitioning back to community**
- **Jail Re-entry Committee – Team that meets to develop re-entry plan for people leaving the jail and make referrals as needed**
- **Community Readiness Unit – Designated unit in the jail that provides services to prepare detainees to re-enter the community**
- **Clinical Coordination Program (CCP) & Unified Shelter System – Shelter system in the County**
- **MAT Program – Program to administer Opioid blocker to people diagnosed with OUD before release with planned follow-up in community**



Intercept 5 : Community/Community Corrections

- Re-Entry Programming Unit (RPU) – Six bed program based at shelter to assist people with Serious Mental Illness to remain in the community
 - Probation and Parole – State and Local provide support so people can succeed in re-entry
 - Independence House – A low intensity substance use treatment program
 - Substance Use Residential Treatment Programs – Treatment programs (up to 90 days) to provide treatment for Substance Dependence
 - BH Outpatient Services – Outpatient treatment for Mental Health or Substance Use needs
 - Intensive Outpatient Program and OBOT – Specialized programs to address a higher treatment need for people with SUDs.
 - Assertive community Treatment Program – Intensive Case Management for people with higher needs who have SMI
-

BH Crisis, Diversion & Jail-Based Services

Mobile Outreach Team (MOST)

Establishing second team with expanded hours (M-F 8AM-9PM); added new specialized van

Piloting DHS/ACPD co-response team; decreasing criminal justice involvement

unduplicated clients served through FY2025 Q3:131

Crisis Intervention Center (CIC)

Operating a Crisis Receiving Center for walk-ins and police drop-offs

2/24/25-present
Transfers of Emergency Custody Orders to Special Conservators of the Peace: 28 (375 police hours saved)

FY2025 Y-T-D
Walk-in clients: 446
Nursing assessments: 42

Jail Diversion Clients Served

Recovery Court
FY 2024: 33
FY 2025 through Q2: 22

Behavioral Health Docket
FY 2024: 62
FY 2025 through Q2: 36

Other Diversion Programs
FY 2024: 95
FY 2025 through Q2: 107

Emergency Services FY 2024

#Face-to-face contacts: 1,248

of Temporary Detention Orders: 463

phone calls received on Emergency Services Line: 20,546

Jail Services FY 2024

Unduplicated clients served: 1027

Clients served by Addictions, Corrections, and Treatment (ACT): 46

Clients served on Mental Health Unit (MHU): 638

CIT Training

Six Trainings held in FY 2024

116 individuals certified

Challenges in Human Services

Behavioral Healthcare

- Increased post-pandemic need: more anxiety, depression, stress
- Hiring/retention challenges
- Shortage of inpatient psych beds
- Uncertain future of federal funding (accounts for ~35% of DHS funding)

Affordable Housing & Homelessness

- Rents are high
- Not enough affordable units
- Rent subsidy programs are strained
- Waiting lists for shelters

Looking forward

- Co-Response pilot with APD
- Diversion and Discharge Planning Meetings: Convening all partner agencies (CA, PD, OAR, and CSB programs related to diversion and re-entry) to ensure individuals are not falling through the cracks
- MOST team expansion to operate M-F 8:00 AM- 9:00 PM
- CIC 23-hour Crisis Stabilization and medical clearance

Accessing Services: How to Get Help

Call 703-228-1300 Monday through Friday, 8 a.m. to 5 p.m. for food and financial assistance, including rent and eviction prevention.

Adult Behavioral Healthcare

Same Day Access/Walk-In:

2120 Washington Blvd.

Mon-Thurs 8 a.m. to 2 p.m. or Fri 8 a.m. to noon

Appointment-based intake:

Call the intake line at 703-228-4864 to request an appointment

Senior Adult Behavioral Healthcare

Same Day Access/Walk-In

2100 Washington Blvd.

Mon-Thurs 9 a.m. to noon

Appointment-based intake:

Call 703-228-1700 Mon-Fri 8 a.m. to 5 p.m.

Child & Youth Behavioral Healthcare

Call 703-228-1560 to schedule same day or next day intake

Emergency Services

For a psychiatric emergency call 702-228-5160

For anyone age 21 and under with an urgent mental health need, contact 844-627-4747.