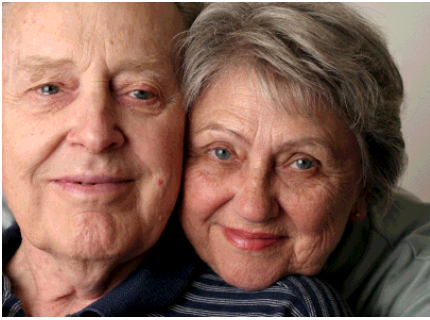


2006 ANNUAL REPORT



ARLINGTON COUNTY COMMUNITY SERVICES BOARD FISCAL YEAR 2006 ANNUAL REPORT

ABOUT US

The Arlington County Community Services Board (CSB) exists to ensure services are provided to efficiently and effectively improve the quality of life for persons with mental illness, mental retardation/developmental disabilities, and substance abuse problems. Our goal is to help people live and succeed in the community.

The CSB consists of eighteen volunteer members appointed by the elected Arlington County Board to establish policy, provide administrative and financial oversight, and evaluate the County's publicly funded or operated mental health, mental retardation/developmental disabilities, and substance abuse services.

The Arlington CSB is the principal forum for residents and consumers to review and comment on these services. The CSB also acts as an:

- Advocate for the development and expansion of community services.
- Educator to help the community understand the needs of individuals receiving services.
- Coordinator of services with other public and private human services agencies.
- Planner to meet the identified needs of persons served in the future.

DIRECTORY OF SERVICES

24-hour Emergency Services	703-228-5160
Behavioral Healthcare Front Desk	703-228-5150
Adult Mental Health	703-228-4864
Senior Adult Mental Health	703-228-1700
Mental Retardation/ Developmental Disability	703-228-1700
Substance Abuse	703-228-4900
Child and Family	703-228-1550
General Information	703-228-4871
TTY	703-228-5242
Website	www.arlingtonva.us/csb

FY 2006 COMMUNITY SERVICES BOARD MEMBERS

Patrick Alan Hope, *Chairman*

Jane W. Adams	James Phippard
Dean Bonney	Major Mike Pinson
Danielle M. Denenny	Emilia Richichi
Kathleen L. Donovan	Carol Skelly
Robin France	Jocelyn Ann Starzak
Anne Marie C. Hermann	Naomi Verdugo
Rick Hodges	Mary T. Zdanowicz
Kate D. Malliarakis	Sarah M. Zevin
Jenette O'Keefe	

A MESSAGE FROM THE CSB CHAIR AND THE EXECUTIVE DIRECTOR

We are pleased to share with you the activities of the Arlington Community Services Board (CSB) for Fiscal Year 2006 (FY 06). Much has been accomplished during the year, including receiving additional resources from the County and State to support critical programs in FY 2007. In FY06, we increased our funding to our residential providers and added a new youth transition case manager to focus on young adults leaving the school system. Through our multi-agency Mental Health Criminal Justice Review Committee, we received funding for two staff to provide services to divert seriously mentally ill people from our jail. However, the CSB was also hit by a significant loss of federal funding from Local Public Assistance Cost Allocation Plan (LPACAP) revenue, which will impact many programs, services and staff in FY 07.

The following pages of this report highlight the importance of the programs that we offer to the residents of Arlington and give a snapshot of the kind of work that we do. We also share with you an overview of our fiscal information.

We are thankful for the support of the Department of Human Services Director, the County Manager and the County Board, who truly understand the need for CSB services. We are also proud and grateful for the dedication and commitment of the staff, who work every day to improve the lives of our consumers.

We hope that by sharing this report with the community, the importance of providing mental health, mental retardation and substance abuse services to Arlington residents will be recognized and supported.

Patrick Hope, *CSB Chair*
Cynthia Kemp, *CSB Executive Director*



PROGRAM HIGHLIGHTS: MENTAL HEALTH SERVICES

Mental Health Committee Co-chairs: Kathy Donovan and Danielle Denenny

Adult Mental Health

Arlington's Mental Health (MH) Services provides or arranges comprehensive, community-based, mental health services to the adult mentally ill residents of Arlington County. The major goals are to prevent psychiatric hospitalization and to promote mental and emotional stability, recovery and optimum independent living. A wide-range of mental health services is provided through the following clinical programs: Community Support Teams, Program of Assertive Community Treatment, Clarendon Clubhouse, Crisis Stabilization Program, Job Avenue Employment Services, Emergency Services, Transitional Case Management, Discharge Planning and Residential Services.

Highlights of FY 2006:

During FY 06, Mental Health Services admitted 261 new consumers and served 1077 different people, an increase of 3% compared to the previous year. The year was highlighted by the continued development of new, innovative and evidence-based services. These initiatives were:

- *Supported Housing:* Many consumers are unable to live on their own due to the absence of affordable housing and the needed assistance. Staff referred consumers to and actively supported consumers in the Permanent Supportive Housing Program, which provides subsidized, independent housing. By the end of the year, there were twenty-six Division consumers in supported housing. A focus group of consumers highlighted how pleased they were about their own home and the independence this allowed.
- *Integrated Dual Diagnosis Treatment:* A joint mental health and substance abuse planning group continued to promote the necessary procedural changes and staff training to develop the capability of all programs to serve people with co-occurring mental health and substance abuse problems. This evidence-based approach is called "integrated dual diagnosis treatment". Achievements included completion of specialized staff training, improved intake assessments, and more active consumer identification and engagement in needed services. In addition, the fidelity to best-practice standards continued to be monitored.
- *Cognitive Behavior Therapy:* A group of MH staff completed training in cognitive therapy at the prestigious Beck Institute. Trained staff presented a series of workshops about this much-researched and proven approach to treatment, began using cognitive therapy with appropriate consumers, and started a peer resource group.
- *Wellness Management:* The Recovery Advocate continued the operation of recovery groups at Clarendon House and Drewry and provided two wellness management groups during the year.
- *Supported Employment:* Supported Employment is a well-defined approach to helping people with mental illnesses find and keep competitive employment within their communities. To further expand this service model, consumers wanting to work were identified, funding for additional employment services staff was obtained, referrals for supported employment were increased, regular meetings of employment specialists with mental health programs were initiated, and fidelity to supported employment best-practice standards was monitored.
- *Youth Transition:* A number of actions occurred to develop services specifically targeting young adults with a serious mental health problem. Based on a detailed program implementation plan, the following was achieved: a youth transition case manager was hired; a transition network committee was started; training and consultation workshops with a national expert were arranged; and outreach to the schools and other major referral sources (Foster Care, Child and Family Mental Health Services, Detention Center, etc.) began. Outreach and specialized case management resulted in the identification and/or enrollment of 35 young people. Further, a Housing Commission grant was obtained and additional County funds were budgeted in FY 07 for these services. These will allow the hiring of a support service person and a half-time supported employment specialist to work with young people.
- *Homeless Case Management (HCM)/Treatment on Wheels (TOW):* TOW is a HUD funded program which seeks to efficiently assess and link homeless, seriously mentally ill and substance abusing adults to appropriate mental health and substance abuse services as well as appropriate housing resources. TOW is a new program in the Behavioral Healthcare Division (BHD) which began operation on July 1, 2005. The team was complete by November 2005. TOW and HCM Services are provided by CSB staff to individuals with substance abuse disorders and/or mental illness who are living in shelters or on the streets in Arlington. During FY 06, this program served thirty-six persons.
- *Customer Service Center:* A new front door service was established in FY06 to provide a more efficient and timely entry to adult MH services. This new service has significantly reduced the wait time for access to services. Consumers can now be assured of linkage within seven to ten days of their initial contact with the Division. A position was targeted to provide leadership

PROGRAM HIGHLIGHTS: MENTAL HEALTH SERVICES

Continued

and direction to staff providing entry services. This reallocation of resources has resulted in a more comprehensive and integrated access to services.

Senior Adult Mental Health

The program continues to provide high quality specialized out-patient mental health services to Arlington citizens over the age of 65, or over the age of 18 with mental retardation/developmental disabilities. The Program is staffed by four direct service clinicians, one program supervisor and one clinic aide. A psychiatrist provides eighteen hours of service per week to 250 persons per year.

Highlights of FY 2006:

An important highlight is the Regional Geriatric Mental Health Services Pilot for which a bill was introduced in the 2006 legislative session. Although funding was not appropriated this year, significant support was gained for the proposal. Program staff has been instrumental in developing the proposal and in obtaining support.

Mental Health Services Success Stories

Adult Mental Health: A Katrina survivor with a long history of mental illness, borderline mental retardation and medical issues was rescued from her flooded apartment and brought to Arlington by a family member. Behavioral Healthcare Division staff worked together to welcome this consumer and get her connected with a variety of essential services, including a case manager, an apartment and intensive support services to help her adjust to the area. Another clinician provided therapy for her Post Traumatic Stress Disorder and she was welcomed into the Clubhouse program. A Clubhouse case manager and advocate are now providing her case management services. The doctor who provides psychiatric services and advocates for better physical health noticed some physical problems. The team got her to the hospital where her problems were addressed. This individual has now moved into an Assisted Living facility, which has an elevator that will help her remain independent. The case manager has set up intensive support services and the consumers advocate sets up Logisticare rides so the consumer can attend the Clubhouse program five times per week. The consumer reports that she is doing well and happy with the help that has been provided.

Senior Adult Mental Health: Mrs. H is an 88 year old widow who lives in her own home. She cares for her 60 year old mentally ill and disabled son who lives with her. Over the past year a concerned neighbor noticed a rapid decline in Mrs. H's mental status. Mrs. H. became "jittery", unable to sleep and unable to function with the day- to-day tasks she always accomplished. Mrs. H has the same Bi-polar mental illness that her son has, and she was very fearful that she might need to go to the hospital. She also worried that if she went to the hospital no one would care for her son. Her symptoms were those of severe agitated depression. Without urgent intervention she would need to be hospitalized which would also result in a crisis for her marginally functioning son. The Senior Adult Mental Health Homebound Program psychiatrist and mental health therapist visited Mrs. H and her son at home, and initiated treatment for her agitated depression right away. Services provided were prescription of psychiatric medications, case coordination, psychotherapy and monitoring. Progress was closely monitored by making weekly home visits and by providing education and counseling to the neighbor who remained involved. Mrs. H. stabilized and regained her ability to function. She is now calm, happy, involved with her church and continues to care for her son. Hospitalization was avoided.

PROGRAM HIGHLIGHTS: PSYCHIATRIC SERVICES

The goal of this service is to support the delivery of quality healthcare that empowers independent living in the community. This holistic support, integrated within all division clinical programs, is designed to provide seamless service delivery at all service sites in adherence with best healthcare and medical practice standards.

Highlights of FY 2006:

During FY06, Psychiatric Services provided new evaluations for 321 individuals and served 1,278 different consumers in the MH, SA, DD and Geriatric programs. The year was highlighted by the continued development of new, innovative and evidence-based services. These initiatives were:

- *Hospital Liaison Pilot:* With a goal of reducing re-hospitalization rates for Psychiatric consumers and to provide a seamless transition from the hospital to BHD services, a Hospital Liaison Pilot Program was conducted between October 2005 and October 2006 to coordinate with BHD services before an individual's discharge. By establishing a partnership with Virginia Hospital Center (VHC) psychiatric staff and Client Services Entry, a Nurse Liaison role was developed to participate in Psychiatric Treatment Planning biweekly at the hospital and retrieve pertinent information about individuals who were already registered to BHD services. There were ninety-seven individuals who received liaison services. The wait for services was reduced from weeks to days and the sixty day readmission rate before the pilot in FY 05 was 16% while the rate in FY 06 during the pilot was 6%.
- *PCQIC Newsletter:* Now in its fourth year, the newsletter developed by the Pharmacy Continuous Quality Improvement Committee (PCQIC) was upgraded during FY 06 to incorporate more information about health promotion and wellness. Newsletter inserts focus on the care of physical conditions that are common in people with mental illness and substance abuse disorders.
- *Holistic Health Care Services:* Psychiatric and public health nurses implemented bimonthly health and wellness in-services for clinicians to attend. In October 2005, Psychiatric Services staff hosted the first CSB Health Fair for individuals as part of Mental Illness Awareness Week (MIAW). The Health Fair was well received and is now an annual event.
- *Medication Safety Monitoring:* The Metabolic Syndrome Monitor, first implemented in 2004, was upgraded in FY 06 to provide better direction for individuals with this syndrome. Psychiatric Services completed the drug interaction monitoring pilot and began planning more user-friendly drug interaction monitoring protocols for staff.

Psychiatric Services Success Stories

Mr. X was referred to the nurse-of-the-day because his therapist was concerned about how he was managing his diabetes. The nurse discovered that Mr. X had a very high blood sugar and was relatively uninformed about how to utilize his diabetic equipment effectively. The nurse provided extensive educational support/diabetic teaching to Mr. X who later was referred to a nutritionist. By providing these services the risk of Mr. X developing diabetic complications was significantly reduced.

Mr. Y reported symptoms of depression for which he was seeking treatment. As part of the psychiatric evaluation, Mr. Y agreed to a health screen which uncovered a blood pressure reading that was so high that he was immediately referred to the emergency room for treatment. High blood pressure is well known as a 'silent killer' and Mr. Y's risks of sudden stroke and heart attack were significantly reduced as a result of this holistic intervention.

PROGRAM HIGHLIGHTS: CHILD AND YOUTH SERVICES

Child and Youth Committee Chair: Major Mike Pinson

The Child and Family Services Division is the home of a variety of CSB services including, outpatient mental health and substance abuse, school-based mental health, juvenile detention-based mental health, Behavior Intervention Services (BIS), substance abuse prevention services, children's mental retardation/developmental disabilities case management, and violence intervention programs, including the batterers' intervention program.

Highlights of FY 2006:

- *New Centralized Intake Unit:* Development of a new Centralized Intake Unit to streamline access to services including CSB services provided by the Child and Family Services Division.
- *Students Served:* Major increases in the number of students served by the school-based mental health program.
- *Flat Fee for BIS:* Implementation of a flat fee for Behavior Intervention Services (BIS) services, which made the admission process much simpler for families and resulted in increased revenues.
- *Educational Seminar:* Mental Health and Substance Abuse (MHSA) Treatment Services expanded their Family and Friends Education and Support Seminar to the community at large. This seminar is targeted to parents, family and community members who have concerns about a teen's troubling behaviors. It

provides education and support to help identify the type of problem that may be occurring and the resources available to help. It also prepares families for partnering with providers and creating a network of support for their teen.

- *NAMI Course:* Child and Family MHSA Treatment Services participated in NAMI's Provider Education Course, a course designed to be on the cutting edge of treatment by incorporating the recovery model and the building of family partnerships to effectively treat mental illness. The program is designed for professionals and aims to build healthy partnerships between consumers, family members and healthcare providers. Child and Family Therapist, Rachel Soifer, was part of the five person teaching team along with consumers and family members.
- *Workshops for at-risk teens:* Child and Family MHSA Treatment Services collaborated in the design and implementation of two workshops for at-risk teens and their parents ("Girl Talk" and "Boy Talk"). The workshops were sponsored by Arlington County's Juvenile and Domestic Relations Court and designed to: provide the opportunity for positive communication between parents and youth and to raise awareness of the mental health problems faced by many of our court involved youth and the range of services and supports available to help them.

Child and Youth Services Success Stories

Children's MR services obtained an MR waiver slot for an 8 year old male diagnosed with MR and autism. This child exhibited many challenging behaviors in the home and these behaviors were having a negative impact on the child's two siblings. The family was overwhelmed with the intensity of his needs. Through the MR waiver, personal assistance and respite services were arranged. Respite has provided the family with regular opportunities for a breather, which has helped to reduce the family's stress.

Child and Family MHSA Services was referred an adolescent girl with a history of recent and multiple hospitalizations (within weeks) due to serious suicide attempts and self-mutilating behaviors. She was diagnosed with Major Depression and had experienced traumatic events in her life including an extended separation from her mother and abuse by a family member. Home based services were tried after her hospitalizations but her high risk symptoms continued and acting out behavior escalated. She was referred to Child and Family MHSA for therapy and medication services and matched with a bilingual, bicultural therapist. Resulting from an integrated approach to assessment and treatment, it was determined that she had a co-occurring disorder of alcohol abuse. She was provided with individual and family therapy using a cognitive behavioral approach that comprehensively addressed the depression, the trauma, the substance abuse and the relationship between mother and child. The therapist collaborated intensively with the psychiatrist and support staff within the high school to develop a strong extended team to provide consistent support. Within a few months time, she stabilized significantly. The relationship with her mother has improved and she is functioning well within her regular classroom setting. She has had no subsequent hospital admissions nor suicidal behaviors for the last nine months since treatment began.

PROGRAM HIGHLIGHTS: MENTAL RETARDATION / DEVELOPMENTAL DISABILITY

Mental Retardation/Developmental Disability Committee Chair: Carol Skelly

The goal of the program is to promote maximum independence of eligible Arlington County residents with mental retardation or developmental disabilities, and to assist them and their families in accessing and maintaining appropriate services which will enable them to participate and remain safely in the community.

Highlights of FY 2006:

- *MR/DD Case Management and Family Support:* MR/DD Case Management served 232 individuals in FY 06. Case managers develop a plan of care and coordinate services for eligible consumers. While case managers must conduct, at a minimum, monthly site visits to residential programs serving their consumers, some visits occur more frequently due to consumers' needs. Residential services are provided in twenty-eight different sites in Arlington. Day programs, vocational services and job sites are located throughout DC and Northern Virginia. The goal of Family Support is to provide services, and/or technical supports identified by a family as necessary to maintain their eligible family member in their home. The Family Support Fund provides this reimbursement to families caring for persons of all ages who have MR or DD.
- *MR/DD Vocational/Day Program:* During FY 06, Arlington County provided vocational/day program services for 171 people with intellectual disabilities utilizing twelve non-profit organizations. Eight students had placement options identified upon graduation and were able to move from school to adult day programs and vocational services. St. Coletta of Greater Washington, Inc. was selected to operate the Woodmont Weavers in Ballston Common Mall. During this year we have started vendor tours with the Transition Coordinators from Arlington Public Schools. The tours have expanded to include families, to help them learn about services that are available. We have completed tours with six vendors at a variety of sites in the Metropolitan area where vocational services and day programs are provided. We have also invited vocational vendors to meet regularly with case managers to discuss current services and future needs.
- *MR/DD Transportation Services:* In FY 06, seventy-six individuals received taxi cab or van services which enabled them to participate in vocational/day program services. The results of our consumer satisfaction survey for transportation services indicated 100% satisfaction among those responding.
- *MR/DD Residential Program:* One hundred and thirteen persons received MR/DD residential services in FY 06 from nine non-profit organizations. Seventy-six received services in group homes. Twenty others resided in supervised apartments with daily staff support. Fifteen who live in their own residences, alone or with family members, received hourly drop-in assistance from staff at levels suited to their own needs. Two consumers received respite care. While 2005-06 was a stable year for residential services, much work was accomplished to set the stage for growth and expansion in 2006-07.

MR/DD Services Success Story

Mr. X was referred to MR/DD Services after a fall in the apartment that he shared with his elderly mother. Both were socially isolated. Mr. X met the criteria to qualify for MR Waiver and was placed on the urgent needs waiting list. He began attending a day program with specialized transportation also provided. When a Waiver slot became available, Mr. X was able to receive in-home support services to assist him with learning activities of daily living, and to oversee medication administration. Throughout the following year, Mr. X learned a variety of vocational skills at his day program, as well as making many friends. In the spring of 2006 Mr. X's mother began to decline in health and she was having significant difficulty caring for her son. It became evident that Mr. X's mother might not be able to assist him in the event of a medical emergency. Mr. X's mother agreed to a group home placement, and MR/DD staff was able to facilitate the residential placement within one month. While Mr. X continues to adjust to living apart from his mother, he appears to be happy living in the group home. His health, safety and medical needs are monitored 24 hours a day, while he continues to enjoy regular visits and close relationships with his mother and brother.

PROGRAM HIGHLIGHTS: SUBSTANCE ABUSE SERVICES

Substance Abuse Committee Chair: Kate Malliarakis

The Substance Abuse Services Bureau provides an array of treatment services, including services provided directly and through contract, to people with a substance use disorder and their immediate families. Substance Abuse Services provides treatment services in the least restrictive environment and in a manner that is responsive to the multiple and varied needs of consumers, their families, and the community. Services include assessment and referral, case management, outpatient, jail-based services and residential programs. Specialized services are available for pregnant women, non-English speaking or people with hearing impairment, and people with co-occurring mental illness and substance use disorder.

The level of services provided depends on the nature and severity of the problem as well as the level of functioning of the consumer. A majority of persons that are provided services have multiple problems, including psychiatric, legal, family or limited life skills. Most of the consumers served are indigent, underemployed or do not have health insurance.

Highlights of FY 2006:

The Substance Abuse Services Bureau strives to provide comprehensive, coordinated, recovery-oriented, community-based treatment services for individuals

diagnosed with substance dependence or abuse. The following highlights impact services provided to the community in FY 06.

- **Outcomes:** The jail-based ACT Program's one year outcome after treatment showed a 65% reduction in re-arrest or other criminal activities.
- **Specialized Services:** The SA Bureau utilized target HIV funding to provide specialized education intervention groups for approximately six hundred at risk consumers during FY 06. Approximately two hundred consumers were tested and received pre and post-test counseling.
- **Training:** During Substance Abuse Awareness Week, over sixty professionals, non-professionals and Arlington citizens participated in a community training on the impact of substance abuse on family members.
- **Supportive Housing:** The Substance Abuse Bureau successfully placed two consumers in the Department of Human Services newly established permanent supportive housing project.

The Substance Abuse Services Bureau will continue to work towards increasing best-practice efforts that enhance, maintain and provide the highest quality treatment services for Arlington County residents.

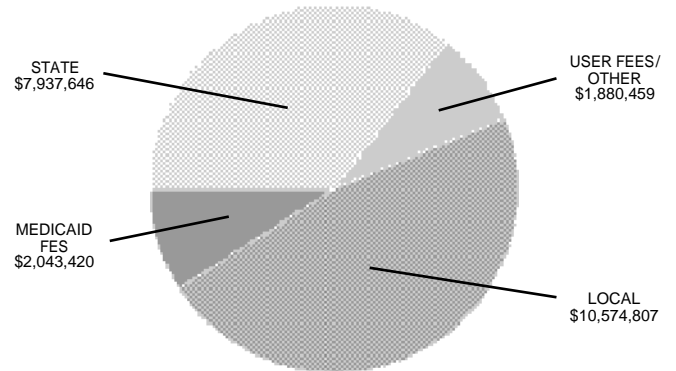
Substance Abuse Services Success Story

JC was homeless as a result of his chronic use of alcohol and his battle to overcome depression. He also has a physical disability. JC worked at one of the region's transportation facilities and kept his position due to his being a long time loyal employee. His binge drinking caused him to eventually lose his residence and he would sleep at his place of employment after it closed at night. Substance Abuse Services Bureau's case management staff engaged this consumer and connected him with medication services that addressed his depression and he was admitted to the Social Detoxification program. JC soon stabilized and was transferred to long-term residential substance abuse counseling and treatment in a therapeutic community. JC eventually completed aftercare and continues to utilize medication and outpatient services and he still resides in his transitional housing program. JC has verbalized on numerous occasions that if the county did not intervene on his behalf, he would probably have been a victim of a potentially fatal mugging.

COMMUNITY FUNDING AND SERVICES

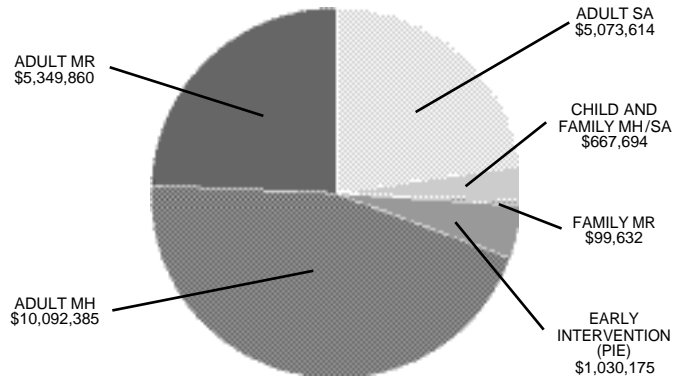
Fiscal Year 2006 Sources of Funds

State	\$ 7,937,646
Local	10,574,807
Medicaid Fees	2,043,420
User Fees/Other	1,880,459
Total	\$22,436,332



Expenditures by Service Areas

Adult Mental Health	\$10,092,385
Adult Mental Retardation	5,349,860
Adult Substance Abuse	5,073,614
Child and Family MH/SA	667,694
Child and Family MR	99,632
Early Intervention (PIE)	1,030,175
Total	\$22,313,360



Program Statistical Summary (Number of People Served)

PROGRAM	ARLINGTON	OTHER	TOTAL
Adult Mental Health	2,198	793	2,991
Adult Mental Retardation	232	0	232
Adult Substance Abuse	935	255	1,190
Child and Family MH/SA	779	106	885
Child and Family MR	46	6	52
Early Intervention (PIE)	402	5	407
Total	4,592	1,165	5,757
Total Unduplicated	4,228	1,071	5,299

452 consumers received services in more than one program area.



ARLINGTON VIRGINIA

ACSB PRINCIPLES AND VALUES

In fulfilling our responsibilities to our consumers for providing guidance and oversight for Arlington's programs for individuals who experience mental illness or mental retardation/developmental disabilities or substance dependence, we, of the Arlington County Community Services Board (ACCSB) advance these principles and values:

Human Rights

We value the dignity of each individual and shall proactively protect his or her human rights. All our programs and services, including those through other public, private or non-profit agencies, shall comply with the human rights mandates of the Code of Virginia.

Individual Choice

The ACCSB will create an environment that allows for full participation by each individual in the development of his or her treatment and service plan. Our goal is to achieve recovery and self-sufficiency to the maximum extent possible.

Community Participation and Independence

We shall provide opportunities for each individual to participate fully in our community, in the most integrated setting and with the maximum degree of independence possible. We consider opportunities to live and work in the community, and to benefit from the natural supports of family and friends, essential to the quality of life of each individual.

Best Practices and Continuum of Services

Our services shall be based on "best practice" – even where this means challenging conventional wisdom – and shall strive to meet the wants and needs of each person served. We shall provide a continuum of services that will offer flexibility and take into account the different levels of functioning of each individual.

ACCSB Populations

We shall serve the populations defined by the ACCSB policies and as defined by the Commonwealth of Virginia.

Family Support

We believe that families are the most important and accessible resource and support for individuals. We shall take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and service planning, delivery, and evaluation. Further, we shall develop linkages for consumers and families to community based resources of work, recreation, education, training and advocacy.

Optimum Use of Resources

Services provided by the ACCSB shall be operated in a cost effective, efficient manner, where the quality/value of the service is high and where there is the highest return on investment. Services shall be accountable to the consumers and the taxpayers of Arlington.



ARLINGTON COUNTY COMMUNITY SERVICES BOARD