

**City of Alexandria, Virginia**  
**FY 2027 Proposed Operating Budget & CIP**  
**Budget Questions & Answers**

**April 13, 2026**

**Question:**

What would it cost to expand The City of Alexandria's Co-Response Program (ACORP) hours? According to the data, what if any hours have unmet needs? Why did the number of calls decrease from 2023 to 2024? What upstream preventive mental or community health resources have resulted and/or could result in decreasing calls for ACORP?

**Response:**

The cost to expand The City of Alexandria's Co-Response Program (ACORP) hours would be \$288,000 for one Full-Time Equivalent (FTE) Mental Health Clinician from the Department of Community and Human Services (DCHS) (\$145,000) and one Full-Time Equivalent (FTE) Police Officer (\$143,000).

The program recently filled a vacant position, enabling it to cover 10:00 am to 9:00 pm seven days a week utilizing two Officer/Clinician pairs with some additional coverage during those hours from a Clinician Supervisor and Officer. The highest volume of calls is received during those hours, but the greatest unmet need is after hours.

The reduction in call volume between 2023 and 2024 is attributable to staffing shortages rather than a decrease in community need:

- In 2024, there were insufficient officers to pair with clinicians
- In 2025, there were insufficient clinicians to pair with officers.

These shortages were driven by retirements, resignations, and the time required to recruit and onboard new staff. Additionally, newly hired clinicians require approximately two months of field training alongside experienced staff, further limiting team availability during onboarding periods.

DCHS has recently implemented a post-crisis outreach program aimed at reducing repeat calls and improving long-term outcomes for individuals in crisis. Continued investment in preventive and follow-up services is expected to help reduce overall demand for crisis response over time. In addition, recruiting additional officers for Crisis Intervention Training (CIT) would enhance behavioral health-trained response in the field. Officers can also bring voluntary clients in the community directly to Mark Center Drive to meet with an Emergency Services (ES) clinician

when ACORP is not in service or is on another call. In addition, officers can reach Emergency Services 24 hours/day to consult with ES clinicians on alternative behavioral health crisis intervention outcomes.