

# VA Annual State Performance Report

## Victim Assistance Formula Grant Program

Reporting Period: [Oct 1, 2020 to Sept 30, 2021]

*This aggregated data is self-reported by the grantees and subgrantees in each state/territory.*

OVC VOCA Assistance Funds				
	2018-V2-GX-0011	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI
<b>Federal Award Amount</b>	\$85,366,389.00	\$57,815,818.00	\$42,711,960.00	\$26,655,243.00
<b>Total Amount of Subawards</b>	\$81,025,640.00	\$53,486,497.00	\$31,172,674.00	\$0.00
<b>Total Number of Subawards</b>	427	280	103	0
<b>Administrative Funds Amount</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Training Funds Amount</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Balance Remaining</b>	\$4,340,749.00	\$4,329,321.00	\$11,539,286.00	\$26,655,243.00

Subgrantee Organization Type					
<small>The total number of subgrants represents all subgrants funded across all federal awards active during the reporting period. The number is not unique as there are subgrantee organizations that are continuously funded from each federal award.</small>					
Type of Organization	2018-V2-GX-0011	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	
<b>Government Agencies Only</b>	<b>191</b>	<b>137</b>	<b>11</b>	<b>0</b>	
Corrections	0	0	0	0	0
Courts	97	69	0	0	0
Juvenile Justice	0	0	0	0	0
Law Enforcement	9	7	1	0	0
Prosecutor	59	42	1	0	0
Other	26	19	9	0	0
<b>Nonprofit Organization Only</b>	<b>233</b>	<b>142</b>	<b>91</b>	<b>0</b>	
Child Abuse Service organization (e.g., child advocacy center)	27	32	5	0	0
Coalition (e.g., state domestic violence or sexual assault coalition)	3	2	2	0	0
Domestic and Family Violence Organization	46	21	23	0	0
Faith-based Organization	2	0	0	0	0
Organization Provides Domestic and Family Violence and Sexual Assault Services	68	37	35	0	0
Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)	0	5	5	0	0
Sexual Assault Services organization (e.g., rape crisis center)	17	8	8	0	0
Multiservice agency	16	4	5	0	0
Other	54	33	8	0	0
<b>Federally Recognized Tribal Governments, Agencies, and Organizations Only</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Child Abuse Service organization (e.g., child advocacy center)	0	0	0	0	0
Court	0	0	0	0	0
Domestic and Family Violence organization	0	0	0	0	0
Faith-based organization	0	0	0	0	0
Juvenile justice	0	0	0	0	0
Law Enforcement	0	0	0	0	0
Organization provides domestic and family violence and sexual assault services	0	0	0	0	0
Prosecutor	0	0	0	0	0
Sexual Assault Services organization (e.g., rape crisis center)	0	0	0	0	0
Other justice-based agency	0	0	0	0	0
Other agency that is NOT justice-based (e.g., human services, health, education)	0	0	0	0	0
Organization by and/or for a specific traditionally underserved community	0	0	0	0	0
Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)	0	0	0	0	0
Other	0	0	0	0	0

# Office for Victims of Crime - Performance Measurement Tool ( PMT )

<b>Campus Organizations Only</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>
Campus-based victims services	2	1	1	0
Law enforcement	0	0	0	0
Physical or mental health service program	1	0	0	0
Other	0	0	0	0
<b>Total Number of Subawards</b>	<b>427</b>	<b>280</b>	<b>103</b>	<b>0</b>

\*This number is not unique across fiscal years as there are subgrantee organizations that are funded from multiple federal awards.

<b>Subaward Purpose</b>				
A single SAR can select multiple purposes. Numbers are not unique				
	<b>2018-V2-GX-0011</b>	<b>2019-V2-GX-0054</b>	<b>2020-V2-GX-0048</b>	<b>2021-15POVC-21-GG-00602-ASSI</b>
A. Continue a VOCA-funded victim project funded in a previous year	416	264	87	0
B. Expand or enhance an existing project not funded by VOCA in the previous year	4	9	9	0
C. Start up a new victim services project	9	7	7	0
D. Start up a new <b>Native American</b> victim services project	0	0	0	0
E. Expand or enhance an existing <b>Native American</b> project	0	0	0	0

<b>VOCA and Match Funds</b>				
A single SAR can select multiple service types. Numbers are not unique				
	<b>2018-V2-GX-0011</b>	<b>2019-V2-GX-0054</b>	<b>2020-V2-GX-0048</b>	<b>2021-15POVC-21-GG-00602-ASSI</b>
A.INFORMATION & REFERRAL	356	159	98	0
B.PERSONAL ADVOCACY/ACCOMPANIMENT	391	185	93	0
C.EMOTIONAL SUPPORT OR SAFETY SERVICES	351	154	96	0
D.SHELTER/HOUSING SERVICES	286	127	71	0
E.CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE	384	180	91	0
F. ASSISTANCE IN FILING COMPENSATION CLAIMS	425	186	103	0

<b>Priority and Underserved Requirements</b>				
<b>Priority Area</b>	<b>2018-V2-GX-0011</b>	<b>2019-V2-GX-0054</b>	<b>2020-V2-GX-0048</b>	<b>2021-15POVC-21-GG-00602-ASSI</b>
<b>Child Abuse</b>				
Total Amount	\$16,193,667.00	\$16,555,798.00	\$4,520,812.00	\$0.00
% of Total Federal Award	19.00 %	29.00 %	11.00 %	
<b>Domestic and Family Violence</b>				
Total Amount	\$29,555,575.00	\$13,571,316.00	\$11,761,765.00	\$0.00
% of Total Federal Award	35.00 %	23.00 %	28.00 %	
<b>Sexual Assault</b>				
Total Amount	\$15,066,777.00	\$9,820,333.00	\$6,966,997.00	\$0.00
% of Total Federal Award	18.00 %	17.00 %	16.00 %	
<b>Underserved</b>				
Total Amount	\$8,892,679.00	\$12,626,992.00	\$7,335,005.00	\$0.00
% of Total Federal Award	10.00 %	22.00 %	17.00 %	

<b>Budget and Staffing</b>				
<b>Staffing Information</b>	<b>2018-V2-GX-0011</b>	<b>2019-V2-GX-0054</b>	<b>2020-V2-GX-0048</b>	<b>2021-15POVC-21-GG-00602-ASSI</b>
Total number of paid staff for all subgrantee victimization program and/or services	3277	2093	1336	
Number of staff hours funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services	3756097	3354687	2570828	
Total number of volunteer staff supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	9833	2826	2550	
Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	624910	335662	199595	

## AGGREGATED SUBGRANTEE PERFORMANCE MEASURE DATA

# Office for Victims of Crime - Performance Measurement Tool (PMT)

Victimization Type	Number of Subgrantees Indicating Intent to Serve This Victim Type	Number of Individuals Who Actually Received Services Based on a Presenting Victimization				
		Quarter 1 Total	Quarter 2 Total	Quarter 3 Total	Quarter 4 Total	Per Quarter Average
Adult Physical Assault (includes Aggravated and Simple Assault)	364	7284	7238	7788	8520	7707
Adult Sexual Assault	391	3547	3594	3855	3903	3724
Adults Sexually Abused/Assaulted as Children	388	1138	1184	1266	903	1122
Arson	265	86	62	78	89	78
Bullying (Verbal, Cyber or Physical)	354	3116	2902	2294	2451	2690
Burglary	268	604	535	578	626	585
Child Physical Abuse or Neglect	461	4875	4851	5386	4579	4922
Child Pornography	347	144	181	212	236	193
Child Sexual Abuse/Assault	479	4855	5414	5700	5548	5379
Domestic and/or Family Violence	436	19076	19119	21270	20427	19973
DUI/DWI Incidents	261	191	207	241	239	219
Elder Abuse or Neglect	328	140	159	181	116	149
Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other (Explanation Required)	287	39	36	38	32	36
Human Trafficking: Labor	301	74	82	66	116	84
Human Trafficking: Sex	384	262	190	185	208	211
Identity Theft/Fraud/Financial Crime	279	747	773	790	872	795
Kidnapping (non-custodial)	290	191	212	283	242	232
Kidnapping (custodial)	297	54	61	65	52	58
Mass Violence (Domestic/International)	261	43	21	21	23	27
Other Vehicular Victimization (e.g., Hit and Run)	261	613	656	671	736	669
Robbery	272	1932	1974	1887	2241	2008
Stalking/Harassment	400	2067	2075	2265	2313	2180
Survivors of Homicide Victims	301	714	787	833	725	764
Teen Dating Victimization	393	470	635	116	85	326
Terrorism (Domestic/International)	250	11	72	51	22	39
Other	10	5455	4523	6150	6475	5650

Special Classifications of Individuals					
Special Classifications of Individuals	Number of Individuals Self Reporting a Special Classification				
	Quarter 1 Total	Quarter 2 Total	Quarter 3 Total	Quarter 4 Total	Per Quarter Average
Deaf/Hard of Hearing	100	98	107	85	735
Homeless	1408	1105	1275	1563	11522
Immigrants/Refugees/Asylum Seekers	2030	2068	3199	3604	12189
LGBTQ	385	451	448	445	2611
Veterans	156	152	144	145	1200
Victims with Disabilities: Cognitive/ Physical /Mental	1682	1598	1877	1996	11883
Victims with Limited English Proficiency	2119	2181	3214	2078	12087
Other	3456	3226	3582	3363	21019

General Award Information				
Activities Conducted at the Subgrantee Level			Number	Percent
Total number of individuals who received services during the Fiscal Year.			152349	
Total number of anonymous contacts who received services during the Fiscal Year			53528	
Number of new individuals who received services from your state for the first time during the Fiscal Year.			117928	77.41 %
Of the clients who received services, how many presented with more than one type of victimization during the Fiscal Year?			17965	11.79 %
Number of individuals assisted with a victim compensation application during the Fiscal Year.			18963	

Demographics			
Demographic Characteristic of New Individuals Served		Number	Percent
<b>Race/Ethnicity</b>			
American Indian or Alaska Native		220	0.19 %

# Office for Victims of Crime - Performance Measurement Tool ( PMT )

Asian	1579	1.34 %
Black or African American	32710	27.74 %
Hispanic or Latino	11169	9.47 %
Native Hawaiian or Other Pacific Islander	103	0.09 %
White Non-Latino or Caucasian	58280	49.42 %
Some Other Race	1615	1.37 %
Multiple Races	1917	1.63 %
Not Reported	3958	3.36 %
Not Tracked	6377	5.41 %
<b>Race/Ethnicity Total</b>	<b>117928</b>	
<b>Gender Identity</b>		
Male	34778	29.49 %
Female	76123	64.55 %
Other	119	0.10 %
Not Reported	1709	1.45 %
Not Tracked	5199	4.41 %
<b>Gender Total</b>	<b>117928</b>	
<b>Age</b>		
Age 0- 12	14786	12.54 %
Age 13- 17	8323	7.06 %
Age 18- 24	14612	12.39 %
Age 25- 59	57802	49.01 %
Age 60 and Older	9392	7.96 %
Not Reported	3149	2.67 %
Not Tracked	9864	8.36 %
<b>Age Total</b>	<b>117928</b>	

Direct Services				
Service Area	# of Subgrantees That Provided Services in This Category	# of Individuals/Contacts Receiving Services	Specific Service	Frequency of Service
A. Information & Referral	239	165849	Enter the number of times services were provided in each subcategory.	0
			A1. Information about the criminal justice process	194036
			A2. Information about victim rights, how to obtain notifications, etc.	263957
			A3. Referral to other victim service programs	29908
			A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)	389460
B. Personal Advocacy/ Accompaniment	246	89065	Enter the number of times services were provided in each subcategory.	0
			B1. Victim advocacy/accompaniment to emergency medical care	1710
			B2. Victim advocacy/accompaniment to medical forensic exam	2446
			B3. Law enforcement interview advocacy/accompaniment	16704
			B4. Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)	631049
			B5. Performance of medical or nonmedical forensic exam or interview or medical evidence collection	6649
			B6. Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)	3158
			B7. Intervention with employer, creditor, landlord, or academic institution	15473
			B8. Child or dependent care assistance (includes coordination of services)	12185
			B9. Transportation assistance (includes coordination of services)	17359
B10. Interpreter services	19492			
C. Emotional Support or	233	108726	Enter the number of times services were provided in each subcategory.	0
			C1. Crisis intervention (in-person, includes safety planning, etc.)	178104
			C2. Hotline/crisis line counseling	81715
			C3. On-scene crisis response (e.g., community crisis response)	3973

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Safety Services			C4. Individual counseling	208761
			C5. Support groups (facilitated or peer)	11506
			C6. Other Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)	21002
			C7. Emergency financial assistance	21440
D. Shelter/ Housing Services	122	16005	Enter the number of times services were provided in each subcategory.	0
			D1. Emergency shelter or safe house	19679
			D2. Transitional housing	2184
			D3. Relocation assistance (includes assistance with obtaining housing)	24273
E. Criminal/ Civil Justice System Assistance	245	91676	Enter the number of times services were provided in each subcategory.	0
			E1. Notification of criminal justice events	146377
			E2. Victim impact statement assistance	7286
			E3. Assistance with restitution	26104
			E4. Civil legal assistance in obtaining protection or restraining order	36618
			E5. Civil legal assistance with family law issues	17553
			E6. Other emergency justice-related assistance	7797
			E7. Immigration assistance	2274
			E8. Prosecution interview advocacy/accompaniment	23543
			E9. Law enforcement interview advocacy/accompaniment	3163
			E10. Criminal advocacy/accompaniment	148404
E11. Other legal advice and/or counsel	15390			

**ANNUAL QUESTIONS**

Grantee Annually Reported Questions	
Question/Option	Count
<b>Were any administrative and training funds used during the reporting period?</b>	
Yes	1
No	0
<b>Did the administrative funds support any education activities during the reporting period?</b>	
Yes	1
No	0
Number of requests received for education activities during the reporting period.	0
Number of people trained or attending education events during the reporting period.	8324
Number of events conducted during the reporting period.	66
<b>Did the grant support any coordination activities (e.g., with other service providers, law enforcement agencies) during the reporting period?</b>	
Yes	1
No	0
<b>Describe any program or educational materials developed during the reporting period.</b>	
<p>During this reporting period, DCJS produced a number of educational materials including newsletters, fact sheets, resource sheets, and instructional videos. The Victims Services News is a quarterly DCJS publication with articles highlighting the work of our subgrantees, helpful resources, grant program updates, best practices, and emerging trends in victims services. In observance of victim-related awareness months, DCJS developed printable fact sheets and animated videos with facts, statistics, and resources about sexual assault, domestic violence, and crime victims rights. Each training event summarized in Question 7 involved the development of appropriate training materials and resources, including web announcements and registration materials, training aids such as PowerPoint presentations, and other materials. DCJS staff also developed resources to assist subgrantees in managing their DCJS grant funding. A series of trainings and related handouts were developed to orient subgrantees to the start of the new fiscal year and Victims Services Grant Program (VSGP) award period. Recordings of these trainings and slides were posted on the DCJS website and also provided links to additional references and resources. More information about some specific materials developed are described below: Victims Services Quarterly Newsletter - The Victims Services quarterly newsletter, VS News, is disseminated electronically each quarter to Victims Services sub-grantees and state agency partners. The multi-page document provides information on DCJS updates, notices of Victims Services trainings and events, sub-grantee service highlights, insight on best practices, and DCJS staffing updates. Quarterly Conversations - This Victims Services webinar is conducted quarterly by the Victims Services Manager to provide sub-grantees with information on DCJS events, Victims Services solicitation notices, staffing changes, monitoring practices, and federal compliance updates. The forum also allows the opportunity for subgrantees to engage in Question and Answer sessions with Victims Services staff. Areas of inquiry typically include reporting due dates, budget modification procedures, interpretation of the VOCA Rule, and insight on upcoming DCJS trainings and events. Victims Services Webpages <a href="https://www.dcjs.virginia.gov/victims-services">https://www.dcjs.virginia.gov/victims-services</a> <a href="https://www.dcjs.virginia.gov/victims-services/grants/voca">https://www.dcjs.virginia.gov/victims-services/grants/voca</a> <a href="https://www.dcjs.virginia.gov/victims-services/programs/sexual-domestic-violence-program-professional-standards">https://www.dcjs.virginia.gov/victims-services/programs/sexual-domestic-violence-program-professional-standards</a> These webpages are developed and managed by DCJS Victims Services staff. The various links provide public information on DCJS Victims Services practices, events, grant programs, and DCJS contacts. There are also a wealth of resources available for sub-grantees to access including: reporting forms, grant guidelines, policy resource guides, recorded DCJS webinars, PowerPoint presentations, FAQ documents, and federal guidelines, including the VOCA Rule. The public may also access Professional Standards Meeting Minutes, sexual and domestic violence accreditation documents and resources, as well as easily submit questions for assistance to DCJS staff.</p>	
<b>Describe any planning or training events held during the reporting period.</b>	

Coordinated Community Response to Non-Fatal Strangulation; 10/1/2020 Victims Services Roundtable Discussion: Redefining We: Building Beloved Communities; 10/13/2020 Strengthening the Response: Collaborations at the Intersections; 10/22/2020 Providing Socially Conscious Victims Services: It Begins With Us; 10/29/2020 Beyond Cultural Competency: Cultural Humility Victim Service Providers; 11/5/2020 Beyond Cultural Competency: Cultural Humility for Victims Service Providers; 11/5/2020 Beyond Language Access: Language Justice for Victim Service Providers; 11/12/2020 Beyond Language Access: Language Justice for Victim Service Providers; 11/12/2020 Healing the Harm: Victim-Center Restorative Justice Practice Part 1; 11/19/2020 76 The Internet and Human Trafficking: The Fight to Stop Backpage.com; 12/3/2020 Sexual Violence in Tribal Communities; 12/8/2020 Healing the Harm: Victim-Center Restorative Justice Practice Part 2; 12/10/2020 Sexual Misconduct Among Individuals Ages 18-24; 1/14/2021 Evidenced Based Domestic Violence Investigations and Prosecutions; 1/22/2021 SART Discussion Forum; 1/26/2021 Succession Planning for Domestic Violence and Sexual Assault Organizations Part 1; 1/28/2021 Succession Planning for Domestic Violence and Sexual Assault Organizations Part 2; 2/4/2021 Succession Planning for Domestic Violence and Sexual Assault Organizations Part 3; 2/11/2021 Fraud Awareness for VOCA Sub grantees; 2/19/2021 Successful Collaborations between Victim-Serving Agencies and Faith-Based Communities Part 1; 2/23/2021 Successful Collaborations between Victim-Serving Agencies and Faith-Based Communities Part 2; 3/2/2021 Trauma-Responsive Teams: Keeping the Victims Engaged throughout the Sexual Assault Case; 3/16/2021 Investigation Strategies: Corroborating Sexual Assault Investigations; 3/23/2021 Successfully Investigating Alcohol-facilitated Sexual Assault; 3/30/2021 Overcoming bias in the Investigation and Prosecution of Sexual Assault; 4/15/2021 Privacy, Protection, and Fairness: Why Victims' Rights Matter to Victims of Violence Crime; 4/20/2021 Collaboration on Sexual Assault Response Teams; 4/21/2021 Developing Culturally Responsive, Trauma-Informed Legal Advocacy Services and Responses; 4/22/2021 Expert Testimony in Sexual Assault Cases; 4/27/2021 Lessons from the SADI; 4/28/2021 Trauma-Informed Justice System; 5/10/2021 After the Crime: Ensuring Trauma-Informed Victim Services; 5/10/2021 First Do No Harm: Trauma-informed Interviewing During the COVID-19 Pandemic; 5/10/2021 Using a Trauma-Informed Approach to Support Victims Through the Criminal Justice Process; 5/11/2021 Recognizing and Addressing Trauma; 5/11/2021 Exploring Dissociative Identify Disorder: What It Means for Your Work; 5/11/2021 We Will Not Be Reduced: Healing from Racial Trauma; 5/11/2021 Meeting the Movement: Moving to Transformative Action in Our Community; 5/11/2021 Intergenerational Cycles of Trauma: An Attachment Perspective; 5/11/2021 Trauma-Informed Leadership; 5/11/2021 Translating Trauma-Informed Care; 5/12/2021 Trauma-Informed Communication for Law Enforcement and Prosecutors 5/12/2021 Healing Neen: From Trauma and Addiction to Salvation; 5/12/2021 Resilience After Trauma :Understanding Key Factors that Promote Thriving After Adversity; 5/13/2021 Measuring Trauma-informed Care Across Sectors; 5/13/2021 Getting Unstuck with Traumatized People: Using a New Compass for Guiding Change; 5/13/2021 Improving the Response to Girls' Trauma by Disrupting the Abuse to Prison Pipeline; 5/13/2021 Responding to Crimes with Children on the Scene; 5/14/2021 The Aftermath of Trafficking: What Criminal Justice Professionals Should Know; 5/14/2021 Practical Tips for Implementing and Sustaining Trauma-Informed Care; 5/14/2021 Learning from the Voices and Experience of Adult Children Exposed to Domestic Violence; 5/14/2021 SART Discussion Forum; 5/25/2021 Working Together: Victims Services Collaborations; 6/8/2021 Funding for Victims Services: Resources and Grant Development; 6/8/2021 Helping Survivors Survives substance Impaired Driving, child Endangerment, and Intimate Partner Violence; 6/10/2021 The Intentional Victims Service Organization: Leading with Vision, Focus, and Intentionality; 6/15/2021 Trauma-Responsive Investigations and Sexual Assault Victim Interviews (3-day training); 6/22/2021 Grief, Secondary Losses and Advocacy; 7/26/2021 Trauma-Responsive Investigations and Sexual Assault Victim Interviews (3-day training); 7/27/2021 Reproductive Coercion: An Intimate Form of Abuse; 8/12/2021 Trauma-Responsive Investigations and Sexual Assault Victim Interviews (3-day training); 8/16/2021 Revisiting One Size Does Not Fit All; 8/17/2021 SART Discussion Forum; 8/24/2021 Neurobiology, Trauma and Sexual Assault; 8/31/2021 Neurobiology, Trauma and Trafficking; 9/13/2021 Understanding the Impact of Implicit Bias on Victim-Advocated Relationship; 9/17/2021

#### **Describe any program policies changed during the reporting period.**

In order to continue to respond to subgrantee needs during the coronavirus pandemic, DCJS implemented several key policy changes. The VOCA Fix Act codified a state's ability to approve match waivers and allowed a pandemic-specific match waiver. This enabled DCJS to draft and implement a streamlined Pandemic Match Waiver addendum to the existing Emergency Match Waiver Request Policy for subgrantees. In accordance with this policy, unexpended local match is waived for open VOCA-funded awards. Many subgrantees reported pandemic-related challenges with meeting match, due to reduced volunteer time and donations. Being able to approve match waiver requests significantly reduced apprehension and the burden of match at the subgrantee level. The current reporting period saw the introduction and implementation of the new DCJS Online Grant Management System (OGMS). OGMS represents a more streamlined and efficient approach to grant management; however, the system implementation did result in some changes in policy and practice. DCJS provided support as subgrantees learned new system nomenclature, processes, and policies. One example of an OGMS-prompted change in policy and practice is the process and expectations for subgrantees notifying DCJS of changes in grant funded staff. OGMS enabled DCJS to implement a process that is much more efficient than the previous paper-based practice. Due to the ongoing COVID pandemic, subrecipients have continued to implement changes in policy at the local program level ensuring that effective services are provided. Local CASA programs continued to shift program operating policies in order to deliver services to child abuse victims. These included implementation of Continuity of Operations Plans, telework and office reopening plans, policies for child visits, and navigating legal and human resource management requirements related to COVID. All of these policies required continued evaluation and updating as the pandemic shifts and operations are impacted. Child Advocacy Centers (CACs) remained open and provided in-person forensic interviews and some advocacy services while adhering to COVID safety protocols. However, programs expanded telehealth services, and virtual training continued in order to maintain safety. Staff primarily teleworked and mental health counseling and group services were conducted virtually. Sexual and Domestic Violence programs also have continued to rely heavily on virtual counseling and mental health services. The shift to virtual counseling/group services has been very successful as previous challenges such as transportation and childcare were reduced for families receiving services. Therapists could also view the home environment. Virtual Multidisciplinary Team (MDT) meetings resulted in increased participation. Secure sharing of documents in preparation for virtual meetings was also helpful to increase MDT member availability and their competency to respond. As subgrantees return to more in-person services, the telehealth component will continue as indicated and with some modifications as appropriate. There are some challenges with virtual service provision. A primary challenge is service provision in rural areas with limited/unstable/unavailable bandwidth. A lack of privacy in the home environment is another concern, for example children/family members fearing that someone would be angered by information that was shared or overheard. Grant funded staff will continue to identify and implement strategies to mitigate these issues for services that continue online.

#### **Describe any earned media coverage events/episodes during the reporting period.**

Local VOCA-funded programs receive media coverage for program services and activities throughout the year. One program that has received a lot of media coverage during the reporting period is Latinos in Virginia Empowerment Center (LIVE). LIVE is Virginia's first and only agency that provides culturally specific advocacy for Hispanic/Latino families affected by violence and injustice that can guarantee its services are always delivered by bilingual and bicultural trained advocates. LIVE provides services to more than 500 individuals. With the support of VOCA funding, they have gone from having a helpline that only operated during business hours, if volunteers were available, to having a full staff operation, an interpreter bank, and a 24/7 hotline to serve the whole state. Examples of earned media coverage regarding this program are below: Link about the launch of the 24/7 hotline in Spanish: <https://www.nbc12.com/2020/12/29/hour-hotline-spanish-speaking-victims-violence-injustice-launches/> Link about the launch of the interpreter bank: [https://richmond.com/news/local/in-va-language-is-a-barrier-for-latino-victims-of-violence-seeking-help-a-richmond/article\\_dabe1c8c-40cc-5e0a-844e-18b6f5f61543.html](https://richmond.com/news/local/in-va-language-is-a-barrier-for-latino-victims-of-violence-seeking-help-a-richmond/article_dabe1c8c-40cc-5e0a-844e-18b6f5f61543.html) Another program that has received media coverage is the new hospital-based violence intervention program (HVIP) and Children's Hospital of the King's Daughters (CHKD) in Norfolk, VA. CHKD was added as a new hospital site this year, specially serving pediatric victims of community violence. This is particularly important because CHKD is a partner site to Sentara Norfolk General, a hospital already implementing the HVIP model. Previously, children of adults seen through the Sentara Norfolk General HVIP had no resources available for their own victimization. With the addition of the CHKD site, family members can now be seen on the same campus. <https://www.wtkr.com/news/chkd-to-work-to-curb-gun-violence-in-children-their-communities-with-help-of-new-grant>

#### **Describe any coordinated responses/services for assisting crime victims during the reporting period.**

Several subgrantees provided coordinated responses to victims of crime in the reporting period. The Newport News Victim Services Unit has worked with community partners to provide a coordinated response to victims of elder abuse. This subgrantee participates in the Peninsula Elder Abuse Forensic Committee (PEAFC) as well as an Elder Multi-Disciplinary Team. The PEAFC has been meeting monthly via Zoom to address complex elder abuse/exploitation cases and to develop plans of action using an evidence-based decision making model. The team members have been particularly vigilant during the pandemic in working to identify individuals who are most vulnerable and in need of services. In addition, the Newport News Victim Services Unit has a position dedicated to this traditionally underserved population. This position works to coordinate with stakeholders and service providers in the community to ensure that victims of elder abuse receive a coordinated response. In addition to tracking all senior care cases, the Elder Victim Advocate ensures that elder victims are aware of a defendant's custody status and receive notification as soon as an arrest occurs. Elder victims receive notice of all scheduled court dates and dispositions. Elder victims are provided with other services, including intercession with creditors, relocation/housing assistance, medical care, mental health services, and assistance with emergency medical and food costs. Seniors are accompanied to and from court, and receive door-to-door services when transportation is needed, or when they are alone or afraid. Seniors receive assistance whether or not a defendant has been arrested. Seniors are assisted from pre-trial to post-trial, and all police reports that involve senior related crimes are tracked. Community partnerships are essential to these coordinated care linkages. Another example of subgrantees working together to coordinate services to victims occurred as the result of a vacancy in the Director position of the Cumberland County Victim Witness Program. The Victim Witness program from a neighboring county, Mecklenburg, the Virginia Victim Assistance Network, and DCJS-deployed crisis responders came together to provide services and support to a couple who survived the murder of their son. These victim advocates went above the normal line of duty to coordinate services and respond to a specific victim need. The victims indicated that they felt supported and informed every step of the way in the courts process. This level of service provision would not have been possible without dedicated cooperation at the state and local levels. Subgrantees throughout Virginia continue to participate in Multidisciplinary Teams (MDTs). Many CACs and Sexual and Domestic Violence programs participate in or facilitate MDTs in their communities. MDTs have continued to meet virtually during the pandemic. Representatives included law enforcement, Victim Witness programs, local Departments of Social Services, medical, and mental health providers. Sites report that case managers continued to receive and coordinate referrals, staff cases with emergent needs, and compile waitlists for future cases that could wait for in-person contact. Forensic interviewers continue to provide in-person interviewing services (for emergent cases primarily) in accordance with safety precautions mandated by the pandemic. CASA programs routinely coordinate with local juvenile and domestic relations courts, local attorneys (guardians ad litem, parents attorneys, and department of social services attorneys), departments of social services agencies, schools, medical professionals, mental health professionals, and other service providers in providing quality advocacy for child victims of abuse and neglect. Many CASA programs are included in Best Practices Court teams and participate on Trauma Informed Care Networks, Family Assessment and Planning Teams, and Multi-Disciplinary Teams. In addition, inherent in CAC

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services is the coordination of responses and services for assisting crime victims. CACs routinely coordinate/convene providers to ensure victim/family needs are met from entry into the CAC, during safety planning, investigation, and prosecution (if applicable), and for follow-up therapeutic counseling and/or referral to other community-based resources as appropriate. CACs routinely coordinate with the following individuals/entities: victim advocates (in-house and community-based), Victim Witness Programs, mental health therapists, trauma specialists, court services units, schools systems, CPS, law enforcement, Commonwealth's Attorneys, Special Victims Units, MDT team members, local Community Service Boards, DSS for assistance with housing food security, etc., hospitals and other community providers.

### **Please discuss the major issues in your state that either assist or prevent victims from receiving assistance during the reporting period.**

As the pandemic continues into a second year, programs continue to face unprecedented challenges in providing services to victims. At the same time, VOCA-funded subrecipients remain flexible, dedicated, and creative as they work to mitigate these challenges. Subgrantees have had to quickly redevelop service models in order to both meet client needs and maintain client/staff safety. Further programs have had to continually reassess their service models and choices as the pandemic continues. Many programs have pivoted to telehealth models or virtual services. In some cases, these new models of service provision have been very successful at meeting clients needs. However, barriers exist for some client populations. Internet connectivity and technology access are challenges that many victims face, especially in some rural parts of the state. In addition, some client populations, such as older and/or vulnerable adults, are unfamiliar or uncomfortable with technology and these service models. Subgrantees also report new or different types of client needs. There have been an increase in requests for computers or smart phones, so that clients have the ability to access services. There have also been increased needs for emergency food and shelter. At the same time, many shelters have had to close or significantly limit client access. This has led to more and more programs utilizing alternative forms of shelter, like hotels. There continues to be a lack of mental health and substance abuse services. This has been even more of a problem during COVID-19 as programs report seeing increases in mental health and substance abuse issues. One unanticipated issue impacting service provision is the result of a change in jury trial law. On July 1, 2021, a law went into effect enabling defendants to choose if they would like their penalty to come from a judge or a jury. As a result, there has been an increase in defendants requesting jury trials. This has happened at a time when courts are still working through their backlog of cases from COVID-related closures last year. This has increased waiting time and delays. In addition, many service providers report that jury trials are exhausting and demoralizing for victims. Law enforcement and court staff are often unsupportive and not victim centered, resulting in re-traumatization for victims. Victim advocates report that is challenging to help victims maintain faith in the judicial system and dedication to seeing the trial through in these circumstances. Subgrantees also report a marked increase in victims who are either unwilling to cooperate with law enforcement or accept services. Further, programs report an increase in victims who are withdrawing from services or cooperation with law enforcement seemingly in the middle of service provision, for example requesting that a protective order is withdrawn. The delays in the courts system described above have impacted this, as has pandemic related economic instability. Many victims feel much less able to leave their homes or jeopardize employment; many also feel unsafe receiving services in shelter settings, for example. In this way, the pandemic continues to increase danger for victims of crime. Access to victims of child abuse has continued to be a challenge. Now that many children are back at school full time, an increase in reports and services provided has been reported. Children continue to report serious symptoms of depression and anxiety associated with isolation, on-line stress, and hopelessness. The limited option to attend in-person school has been helpful for some, but more stressful for others. Many CAC clients have not resumed in-person participation, in some cases due to the ongoing health risks in their households as well as sibling childcare needs. CASA volunteers continued to assist child abuse victims using a variety of innovative practices. They maintained consistent contact with the children assigned, using Zoom, Skype, Duo, Facetime, and other platforms. Even the volunteers serving infants found ways to engage and build rapport. Volunteers assigned to teens found that population to be more at ease using the virtual platforms. The use of virtual platforms for court hearings allowed access to interested parties who have previously been left out of the court process. CASA volunteers are able to access national level training using virtual means and are finding they are more at ease with technology as a by-product of the pandemic. Courts have also upgraded their use of electronic and technological capabilities.

### **Please describe ways that your agency promoted the coordination of public and private efforts within the community to help crime victims during the reporting period.**

In order to effectively meet the needs of victims of crime, subgrantees worked to promote the coordination of public and private efforts within their communities. The coordination that subgrantees have worked towards in the past has become even more essential as the COVID-19 pandemic continues. Many subgrantees who are non-profit organizations have strong relationships with local law enforcement and Commonwealth's Attorney Offices. Programs also partner with private services providers, such as private mental health counselors, to ensure that service provision occurs. Each program works with their community partners and stakeholders to coordinate services and resources on behalf of victims of crime. Many domestic and sexual violence programs have strong partnerships with local landlords/apartment complexes and/or hotels. This enables programs to provide COVID-safe shelter for victims, as well as providing shelter options should a victim be exposed to COVID. Both CASA and CAC programs promote public and private sector coordination. CASA programs are primarily private, non-profit organizations. Each reaches out within their respective communities to coordinate services and resources on behalf of child victims of abuse and neglect. CACs continually promote the coordination of public and private efforts within the community to help crime victims. The multidisciplinary team (MDT) component is an integral component of the CAC model and coordination of team members efforts is inherent in the CAC process. Some examples include: Collaboration with community partners/local & state health departments for COVID protocols Preparation for court processes and supporting child witnesses (Commonwealth's Attorneys, CPS, law enforcement/SVU) Safety planning and services (CPS, DSS, community agencies) Homeland Security, detention centers (for federal victims of crime/military) Clinical assessments and service plans (local medical providers, mental health professionals, Community Service Boards) Victim Witness Programs (assist victims in accessing compensation) Local hospitals/health care providers (referrals to CACs/SANE exams/medical care as needed, clinical assessments as needed) HVIPs also works to support the coordination of public and private services. The Virginia Hospital and Healthcare Association Foundation uses VOCA funds to support HVIP programs in high risk communities around the state. Housed in hospitals, HVIPs provide intervention and wrap around services to victims of community violence, who otherwise would not have access to services. HVIP staff work closely with community partners, including non-profit service providers, local businesses, government entities, and law enforcement to provide effective supports for victims of violence and they work to rebuild their lives. Victim Witness programs leverage their place in local government to promote coordination and community partnerships. For example, the Hampton Victim Services Unit is dedicated to developing and maintaining these partnerships and coordination of effort. This unit works closely with Faith Walk-Hampton, a group that consists of Hampton Pastors and Faith Leaders from various denominations and ethnic backgrounds. They meet weekly to work on issues of racial inequity, youth violence prevention and trauma. The Hampton Victim Services Unit receives assistance from Faith Walk Leaders to provide pastoral counseling services to crime victims in need of faith based care and they recently provided the Victim Witness office with 50 books of What to Do When the Police Leave to give to families of Homicide Victims. They have also provided dinner to the participants of the local Homicide Support Group and have established a monthly on call list of Pastors available to talk to victims of crime upon their request.

### **Please describe any notable activities at the grantee level during the reporting period that improved delivery of victim services.**

Virginia's VOCA Assistance award continues to support improvements in the delivery of victim services throughout the Commonwealth. Specifically, in the current reporting period, the Criminal Justice Services Board (DCJS's governing body) awarded over \$45 million for the next 12 months to maintain and expand core victim services through VOCA-funded projects including victim/witness programs, domestic violence shelters, sexual assault crisis centers, and child abuse programs. In total, 152,349 crime victims were served by VOCA-supported projects with 2,595,672 instances of direct service delivery contacts and over 5,435 paid staff positions supported by VOCA funding. Below are summaries of VOCA grant funded programs and activities. Sexual Assault Response Teams: Sexual Assault Response Teams (SART) in Virginia have increased collaborative efforts with VOCA funded sexual assault crisis centers and victim witness assistance programs advocates. The core membership of a SART includes law enforcement, medical providers, and community-based victim advocates. Additional essential members include prosecutors, systems-based victim advocates, and other allied professionals. The fundamental goal of a SART is to develop, expect, and obtain a consistent and trauma-informed response to a victim of sexual assault, regardless of the time of day or who is responding. In other words, a victim who reports a sexual assault to a victim advocate at noon, and a victim who reports a sexual assault to a hospital emergency department at midnight, should have similar experiences, assistance, and support. A SART strives to create a comprehensive response to a victim of sexual assault everywhere a victim might report the assault. In Virginia, sexual assault teams are mandated in the Code of Virginia. Many localities exceed the minimum requirement of one SART meeting a year, and victims of sexual assault are benefiting from specialized partnerships aimed toward improving responses. Victim/Witness Programs: In Virginia, Victim Witness programs are statutorily mandated and ensure that victims of crime are heard at all stages of the criminal justice process. There are currently 110 local Victim/Witness Programs and three statewide projects focused on the delivery of services required under Virginia's Crime Victims Bill of Rights. The current reporting period also saw the initiation of a new Victim Witness program in one of the few remaining localities not supported by a program. This will bring the total number of local Victim Witness programs to 111. At least one full-time position is supported in each Victim Witness Program, with many localities supporting multiple positions. In Virginia, 294 full-time equivalent positions are supported with VOCA funds in Victim/Witness Programs and more than \$14 million in grant funds are devoted to assisting victims through local, regional, and statewide Victim/Witness Program grants. Victims Services Grant Program: The Victims Services Grant Program (VSGP) is a new grant program that was established by DCJS in 2019 as a funding source for various direct service victim assistance programs across the Commonwealth. Stakeholders and practitioners in the field have expressed administrative challenges with receiving multiple DCJS funded grants, many of which were supported by VOCA. In an effort to respond to this identified burden, VSGP combined the VOCA New Initiatives and Sexual and Domestic Violence Grant Program into one grant narrative and one reporting timeline for sub-grantees. In an effort to support the continuity of services, VSGP funding was divided into categories that were non-competitive and supportive of core services, and competitive, giving applicants the flexibility to develop programing best suited to the needs of victims in individual communities. Further, the competitive funding portion included specific allocations for services to victims of child abuse and community specific projects targeting underserved populations. The victim assistance programs that receive VSGP funding provide a variety of direct services to victims of crime including crisis intervention, emergency assistance, assistance with crime victim compensation claims, information and referrals to other needed services, personal advocacy, and criminal justice support and advocacy. 24-month awards were made, in response to subgrantees repeated calls for a streamlining of grants processes. This results in one budget and one application for the two year award period. For the 24-month award period, approximately \$51.5 million was awarded through the VSGP program, including over \$33.3 million supporting core services in 57 Sexual Assault/Domestic Violence Response programs. VOCA funding was also used to support a Hospital-based Violence Intervention Project (HVIP) implemented by the Virginia Hospital Research & Education Foundation and resulting in the creation and implementation of the Virginia Hospital-Based Violence

### **Please discuss each priority (i.e., child abuse, domestic assault, sexual assault, and underserved) in which VOCA funds have been used to assist crime victims during the reporting period**

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See attached case studies.

## **Please briefly describe efforts taken to serve Victims of Federal crime during the reporting period.**

The Hampton Roads Human Trafficking Task Force is an example of multiple agencies working together to assist federal crime victims. While some human trafficking cases can be prosecuted locally, the assistance of federal agencies and Homeland Security is vital to serving human trafficking victims. An example of this is the continued work of Samaritan House to coordinate with Virginia State Police, the U.S. Attorney General, the Commonwealth's Attorney General, and six local police departments to address human trafficking. The Samaritan House devotes considerable resources to addressing human trafficking and participates in the Hampton Roads Human Trafficking Task Force. They have made significant efforts in improving public awareness regarding human trafficking and coordinating to provide services to survivors of this devastating crime. In addition, youth serving agencies partner with federal agents to ensure that federal investigations are conducted in a trauma-informed and child-centered manner. For example, the Child Advocacy Center at the Children's Hospital of the King's Daughters in Norfolk, VA continues to partner with the FBI, who uses their child-friendly facility to conduct interviews with oversight and consultation from their forensic interview team. Homeland Security also brings children and youth from their cases to the CAC for forensic interviews performed by staff and follow-up services.

## **Please identify any emerging issues or notable trends affecting crime victim services in your state during the reporting period.**

As stated in a previous question, the coronavirus pandemic continued to have a significant impact on service delivery during the reporting period. Subgrantees have reported several emerging issues or notable trends impacting service delivery as a result of the pandemic. Many domestic violence programs have noted that there have been decreases in reports of violence and challenges with reaching clients. However, this has corresponded with an increase in the severity of cases, and in particular, an increase in serious strangulation cases has been noted. At the same time, many services providers have noted a marked decrease in victims who are willing to accept services and participate in services. Many victims feel much less able to leave their homes or jeopardize employment; many also feel unsafe receiving services in shelter settings, for example. There is increasing concern that victims are remaining in unsafe situations for longer periods of time, resulting in more dangerous and lethal situations. There have also been concerning trends in challenges of service provision during a pandemic. Subgrantees report that health concerns and the state shutdown have resulted in many victims unwilling or unable to leave their homes to access services. In addition, many allied partners that subgrantees work with have been shut down or have had limited availability. In response to these issues, different trends in service delivery have emerged. Many programs have been able to pivot their services using remote or virtual models. The use of technology has been very impactful in the ability of programs to provide ongoing services. There have also been trends related to multi-site housing, such as hotels. Shelters have been operating with limited capacity and in some instances have closed operations entirely due to safety concerns. This has led to programs being creative with other ways to house victims. Many programs have leveraged community partnerships or grant funding in order to find safe ways to provide shelter. Even with these valuable partnerships, a lack of access to affordable and safe housing continues to be a troubling trend. Many intimate partner violence-based programs are at capacity and do not have the staff to support an increase in residential services. Further, victims of community violence or victims struggling with complex trauma often have no safe housing options, impeding access to services and recovery. This is exacerbated when substance abuse or mental health issues are present. The COVID crisis has been a serious concern for child abuse victims. Child abuse reports significantly declined during the beginning of the COVID crisis. Reports are increasing but are still reduced compared to previous years. Courts are also experiencing a reduction in abuse and neglect petition filings. CASA programs report the cases that are coming to court have increased levels of complexity, abuse and trauma. There were several emerging issues and trends noted throughout the year within CAC direct service delivery. There was an increase in referrals for forensic interviews for children who experienced the following: witness to violent crimes, witness to homicide, and physical abuse. There were several cases throughout the year where investigators requested additional interviews with siblings of identified victims. Siblings were referred to CAC locations to further investigate their experiences as potential victims and/or witnesses to abuse. In addition, Child and Family Advocates experienced ongoing requests from caregivers regarding interest in connecting their child/ren to mental health services. There was also a slight increase in caregivers reporting their own trauma histories during advocacy appointments and inquiries about treatment options for themselves. This is at a time when available mental health services are unable to address the need in communities. A lack of access to mental health and substance abuse services has been a present issue for many years, but it is even more pressing during the increased need for services as a result of the pandemic. There has been an increase in Trauma-Focused Treatment (TFT) services intake appointments and more follow-up from caregivers concerning scheduling an initial appointment following the intake. There was also a gradual trend in caregivers seeking in-person therapy services for their child(ren). TFT Clinicians noted trends of increased struggles with symptoms of depression, anxiety and loneliness in clients of all ages as the children and teens navigated challenges related to the pandemic. Many children continued in therapy services for longer periods of time as they experienced transitions within their homes and schools. In an effort to enhance supports for these children, TFT Clinicians provided additional sessions for many caregivers, assisted with research of summer programs, and discussed anticipated changes along with coping strategies regarding the upcoming

## **Please briefly outline any staffing retention issues that your victim assistance program has and why these issues may occur during the reporting period.**

The coronavirus pandemic has also resulted in organizational challenges for subgrantees, including staffing retention issues. Some programs have reported scheduling challenges or losing staff as a result of illness and/or childcare issues resulting from school closures. In addition, burnout has played a considerable part in difficulty with staff retention. As the pandemic continues, the vicarious trauma and stressors that direct service staff are normally under has increased exponentially. Staff report feeling like there is no end in sight. In addition, subgrantees have historically reported that not having funding adequate to provide reasonable and equitable salaries and benefits for employees has contributed to staff retention and recruitment issues. Subgrantees report challenges with attracting and hiring qualified staff to fill grant funded positions. The increased level of VOCA funding available has afforded applicant agencies with opportunities to increase compensation and benefit levels in order to attempt address recruitment and retention issues. However, hiring challenges persist and some programs continue to report staff turnover. This is exacerbated by sustainability concerns. It remains challenging for programs to diversify their programming in such a way that enable them to support current staffing levels should significant VOCA allocation decreases occur. Programs also report challenges with recruiting and retaining non-English speaking staff, especially for licensed clinical positions.

## **Please explain your state process to publicize its victim assistance funding for services to victims of crime during the reporting period.**

DCJS posts all grant opportunities on a dedicated agency webpage, and sends information to partner agencies, membership organizations, and others who have signed up to receive agency notices. Information is also shared through Victims Services Quarterly Conversations webinars and the regularly published Victims Services Newsletter. Current grant recipients also receive notices of applicable funding announcements. DCJS also conducts in-person, webinar, and teleconference trainings related to grant application development. DCJS also works with appropriate professional membership organizations to ensure that interested professional groups and the public are informed of the availability of victim assistance funding.

## **Please explain how your state is able to direct funding to new/underserved populations during the reporting period.**

DCJS is continuously working to ensure that funding is directed to new and underserved populations. Stakeholder input and research revealed that many crime victims in Virginia may not receive services and support that adequately meet their needs after victimization. In 2019, in response to requests from the field for streamlined administrative processes, DCJS combined the VOCA New Initiatives and Sexual and Domestic Violence Grant Program into one grant narrative and one reporting timeline for sub-grantees, the Victims Services Grant Program (VSGP). In an effort to support the continuity of services, VSGP funding was divided into categories that were non-competitive and supportive of core services and competitive, giving applicants the flexibility to develop programing best suited to the needs of victims in individual communities. The initial round of VSGP resulted in two-year awards to victims services agencies across Virginia. In the current reporting period, staff developed and released the solicitation for the next VSGP 24-month grant cycle. Funding services for community based agencies serving underserved populations was a focus of this solicitation, with a portion of the available funds set aside specifically for these projects. In addition, the scoring was structured with the intention of prioritizing non-traditional community based service providers. The resultant review process continued to prioritize the needs of underserved populations. Twenty subgrantees were selected to receive this set aside portion of funds, many of which are non-traditional agencies that are new to DCJS funding. These programs received additional training and technical assistance to ensure success as they administer grant funding. As a result of this grant opportunity, grant funds are used to provide culturally specific services to a variety of underserved populations, including Ethiopian refugee communities, non-English speaking and/or immigrant communities, LGBTQ, individuals who are rural/geographically isolated and living below the poverty line, and faith based communities. One such program is Latinos in Virginia Empowerment Center (LIVE), Virginia's first and only agency that provides culturally specific advocacy for Hispanic/Latino families affected by violence and injustice that can guarantee its services are always delivered by bilingual, bicultural, and trained advocates. Before receiving VSGP funding, LIVE was operating solely with volunteers and only able to serve 20 families a year. Today, LIVE is providing services to more than 500 individuals. With the support of VOCA funding, they have gone from having a helpline that only operated during business hours, if volunteers were available, to having a full staff operation and a 24/7 hotline to serve the whole state. No matter where in Virginia a Spanish-speaking victim of crime is located, this person has access to phone services provided by a bilingual, bicultural, and trained victim advocate. Additionally, the Latinos in Virginia Empowerment Center was able to launch a Spanish/English interpreter bank to assist English-speaking service providers so that they can provide services to Spanish-speaking victims of violence. Their interpreters provide free interpretation services to 29 agencies including DV/SV programs, Victim Witness Programs, and Child Advocacy Centers. Another recipient of this target funding, the Ethiopian Community Development Council (ECDC) has been able to expand services to victims of crime in refugee communities. In addition, staff of the program have strengthened a partnership with another VOCA-funded subgrantee, the City of Alexandria Sexual and Domestic Violence Program Division. During this reporting period, VOCA funds also continued to expand services provided through Child Advocacy Centers (CACs). This funding is enabling local CAC programs to expand their services to new localities, as well as underserved populations such as child trafficking and non-English speaking abuse victims. Many sexual and domestic violence programs continue to increase their knowledge base and capacity to respond to victims from underserved communities. Several programs participate in community level committees examining how bias shows up in our work and may affect co-workers, but most importantly clients/community members seeking services. In the City of Alexandria, the VOCA-funded victim specialist continues to attend monthly training on social equity issues identified in the city. In addition, various departments are tasked with examining if and where biases show up in policies and developing plans to examine ways to make effective changes.

## **Please explain how your program is able to respond to gaps in services during the reporting period.**



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DCJS continues to work to respond to gaps created by the COVID-19 pandemic. Balancing safety with service needs has been a continuous objective throughout the year. DCJS staff has been teleworking since March 2020. As a result, the agency was able to quickly implement an Enhanced Desk Review virtual monitoring process to ensure that programs still receive monitoring for both fiscal and programmatic compliance. The Enhanced Desk Review process involves a comprehensive review of fiscal and programmatic compliance by requesting the sub-recipient complete a template and return expenditure documentation, as well as relevant programmatic compliance and organizational documents. In addition, programmatic compliance is evaluated through staff interviews conducted virtually. This allows the monitor performing the Enhanced Desk Review to receive an overview/update on how services are being provided and if adaptations have been made due to the pandemic. In addition to the Enhanced Desk Reviews, grant monitors and program coordinators continue to perform regular monitoring activities and remain in contact with subgrantees. As the pandemic has progressed, grant monitors have begun to perform COVID-aware in-person site visits and safely travel. Given the uncertainty of the pandemic, having both in-person and virtual options for compliance monitoring has ensured that DCJS has the flexibility to prioritize safety while maintaining fiscal and programmatic oversight of subgrantees. Victims Services leadership instituted regular meetings with the Virginia Department of Social Services and the state coalition, the Virginia Sexual and Domestic Violence Action Alliance. The meetings are intended to ensure that lines of communication remain open, which is especially important in the pandemic. Further, these meetings are used to identify gaps and needs experienced by programs across funding streams and allow state funders to develop cohesive responses to identified needs. As noted earlier, programs have had to pivot their programming in order to meet the gaps in service and related challenges created by the coronavirus pandemic. Virginia's subgrantees have risen to this challenge and continue to meet services gaps while prioritizing client and staff safety. Some programs utilized Gruevo, a VAWA compliant, confidential online video conferencing service which is extremely user friendly for both staff and clients. This has required more in-depth communication with clients to let them know the risks associated with telehealth services and to ensure that the clients were able to utilize at home counseling in a safe and supportive manner. This software, and others like it, have allowed subgrantees to continue to provide the same level of service to clients as they did while working in offices. As the pandemic has continued many programs report that programmatic adaptations that they've made have become routine. Many shelter programs have been stretched beyond the capacity of what they could provide while still adhering to health and safety protocols. In order to address this gap, programs utilized grant funds and community partnerships to provide ongoing alternative temporary housing at local hotels. While not VOCA-funded, American Rescue Plan Act (ARPA) funds made available to programs played another important role in meeting the gaps in services and needs as a result of the pandemic. The Hospital Based Violence Intervention Program (HVIP), spearheaded by the Virginia Hospital and Healthcare Association Foundation, has been able to meet the gap in needs of high risk victims of violence. Hospital staff report seeing victims of violent crime with more severe injuries reporting to emergency departments. Due to the coronavirus pandemic, these patients often have limited service options in their communities. HVIP sites are able to provide essential intervention and follow-up to these individuals, who in many cases might not receive services otherwise. As described elsewhere in this report, Domestic and Sexual Violence agencies are increasingly seeing high danger domestic violence cases. Due to the severity of these cases, there is often a gap in available services. In many of these cases, law enforcement does not charge in cases where strangulation occurred, struggles to identify predominant aggressors, or makes no arrest when an assault is reported. If reported and arrested, prosecutors can be reluctant to prosecute the case or recommend bond for perpetrators facing violent felony charges. Prosecutors also do not prosecute cases when the victim recants, even when there is other strong evidence to use and case law allowing victimless prosecution.

### **Please list and explain any outcome measure(s) that are reported to the governor, legislature, or other state entity during the reporting period.**

All Virginia state government agencies develop and implement strategic plans for their agency and for relevant programs and service areas. Agencies also identify performance measures to track their performance on achieving their strategic plan objectives. DCJS measures include: Percentage of criminal justice practitioners and professionals that rated the value of the agency delivered training and education as satisfactory or above. Number of participants trained. Percentage of sub-grant recipients that received a site visit per year. Number of desk reviews conducted per year. DCJS drafts a report on Victim/Witness Assistance Programs, to include their services and funding. This report is provided annually to the Virginia General Assembly. DCJS also collects data from Lethality Assessment Programs (LAP) on a bi-annual basis and produces a biannual and annual report showing the progress of the program in the state. DCJS also reports information periodically to the Department of Planning and Budget and to the Governor.