

VA Annual State Performance Report

Victim Assistance Formula Grant Program

Reporting Period: [Oct 1, 2021 to Sept 30, 2022]

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	2022-15POVC-22-GG-00681-ASSI
Federal Award Amount	\$85,366,389.00	\$57,815,818.00	\$42,711,960.00	\$26,655,243.00	\$36,757,166.00
Total Amount of Subawards	\$81,108,306.00	\$52,696,447.00	\$40,876,447.00	\$5,766,918.00	\$0.00
Total Number of Subawards	427	298	233	33	0
Administrative Funds Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Training Funds Amount	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance Remaining	\$4,258,083.00	\$5,119,371.00	\$1,835,513.00	\$20,888,325.00	\$36,757,166.00

Subgrantee Organization Type					
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.					
Type of Organization	2018-V2-GX-0011	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI
Government Agencies Only	193	145	126	18	0
Corrections	0	0	0	0	0
Courts	106	74	78	7	0
Juvenile Justice	0	0	0	0	0
Law Enforcement	11	9	5	2	0
Prosecutor	50	41	33	4	0
Other	26	21	10	5	0
Nonprofit Organization Only	231	151	106	15	0
Child Abuse Service organization (e.g., child advocacy center)	22	29	2	15	0
Coalition (e.g., state domestic violence or sexual assault coalition)	3	3	1	0	0
Domestic and Family Violence Organization	46	25	22	0	0
Faith-based Organization	2	0	0	0	0
Organization Provides Domestic and Family Violence and Sexual Assault Services	66	39	31	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	10	7	0	0
Multiservice agency	16	6	5	0	0
Other	59	34	33	0	0
Federally Recognized Tribal Governments, Agencies, and Organizations Only	0	0	0	0	0
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

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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
Campus Organizations Only	3	2	1	0	0
Campus-based victims services	2	1	1	0	0
Law enforcement	0	0	0	0	0
Physical or mental health service program	1	1	0	0	0
Other	0	0	0	0	0
Total Number of Subawards	427	298	233	33	0

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

Subaward Purpose					
A single SAR can select multiple purposes. Numbers are not unique					
	2018-V2-GX-0011	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI
A. Continue a VOCA-funded victim project funded in a previous year	416	280	216	33	0
B. Expand or enhance an existing project not funded by VOCA in the previous year	4	11	9	0	0
C. Start up a new victim services project	9	8	8	0	0
D. Start up a new Native American victim services project	0	0	0	0	0
E. Expand or enhance an existing Native American project	0	0	0	0	0

VOCA and Match Funds					
A single SAR can select multiple service types. Numbers are not unique					
	2018-V2-GX-0011	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI
A.INFORMATION & REFERRAL	332	179	202	33	0
B.PERSONAL ADVOCACY/ACCOMPANIMENT	367	204	222	32	0
C.EMOTIONAL SUPPORT OR SAFETY SERVICES	330	171	199	32	0
D.SHELTER/HOUSING SERVICES	267	142	107	15	0
E.CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE	362	197	221	31	0
F. ASSISTANCE IN FILING COMPENSATION CLAIMS	401	205	233	33	0

Priority and Underserved Requirements					
Priority Area	2018-V2-GX-0011	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI
Child Abuse					
Total Amount	\$16,426,939.00	\$15,073,546.00	\$7,779,087.00	\$4,897,193.00	\$0.00
% of Total Federal Award	19.00 %	26.00 %	18.00 %	18.00 %	
Domestic and Family Violence					
Total Amount	\$29,595,018.00	\$10,539,686.00	\$13,206,401.00	\$224,903.00	\$0.00
% of Total Federal Award	35.00 %	18.00 %	31.00 %	1.00 %	
Sexual Assault					
Total Amount	\$15,038,545.00	\$7,887,149.00	\$8,258,055.00	\$224,905.00	\$0.00
% of Total Federal Award	18.00 %	14.00 %	19.00 %	1.00 %	
Underserved					
Total Amount	\$8,804,938.00	\$11,921,813.00	\$9,338,682.00	\$224,904.00	\$0.00
% of Total Federal Award	10.00 %	21.00 %	22.00 %	1.00 %	

Budget and Staffing					
Staffing Information	2018-V2-GX-0011	2019-V2-GX-0054	2020-V2-GX-0048	2021-15POVC-21-GG-00602-ASSI	2022-15POVC-22-GG-00681-ASSI

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Total number of paid staff for all subgrantee victimization program and/or services	3277	2320	1506	253
Number of staff hours funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services	3756097	3723219	2904094	213246
Total number of volunteer staff supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	9833	3248	2603	10977
Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	624910	356351	295209	11459

AGGREGATED SUBGRANTEE PERFORMANCE MEASURE DATA

Victimization Type						
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)	301	7899	7828	8965	8363	8263
Adult Sexual Assault	313	4143	4397	4378	3833	4187
Adults Sexually Abused/Assaulted as Children	308	1105	1201	1188	902	1099
Arson	241	94	143	89	133	114
Bullying (Verbal, Cyber or Physical)	297	2403	2671	2823	2842	2684
Burglary	245	590	639	642	767	659
Child Physical Abuse or Neglect	390	4723	5258	5376	4885	5060
Child Pornography	305	238	267	299	259	265
Child Sexual Abuse/Assault	395	5627	6238	6097	5901	5965
Domestic and/or Family Violence	343	21622	21161	21782	21267	21458
DUI/DWI Incidents	242	218	252	258	281	252
Elder Abuse or Neglect	276	80	106	120	116	105
Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other (Explanation Required)	253	50	37	37	49	43
Human Trafficking: Labor	268	59	54	69	82	66
Human Trafficking: Sex	321	191	200	227	281	224
Identity Theft/Fraud/Financial Crime	254	769	1016	844	900	882
Kidnapping (non-custodial)	264	214	259	281	297	262
Kidnapping (custodial)	267	51	73	83	73	70
Mass Violence (Domestic/International)	245	20	19	31	37	26
Other Vehicular Victimization (e.g., Hit and Run)	244	649	651	757	742	699
Robbery	251	2066	2048	2164	2425	2175
Stalking/Harassment	318	2415	2601	2794	2919	2682
Survivors of Homicide Victims	276	763	863	1091	750	866
Teen Dating Victimization	325	98	79	94	98	92
Terrorism (Domestic/International)	238	15	8	9	29	15
Other	14	5001	5331	6073	5091	5374

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	105	99	112	99	803
Homeless	1742	1414	1334	1329	12571
Immigrants/Refugees/Asylum Seekers	2506	2373	2684	2977	14202
LGBTQ	415	470	508	522	3005
Veterans	179	176	166	157	1313
Victims with Disabilities: Cognitive/ Physical /Mental	1770	1849	1805	1834	13346
Victims with Limited English Proficiency	1929	1944	1947	3208	14242

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Other	2610	2826	3303	2933	23570
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General Award Information		
Activities Conducted at the Subgrantee Level	Number	Percent
Total number of individuals who received services during the Fiscal Year.	161662	
Total number of anonymous contacts who received services during the Fiscal Year	59577	
Number of new individuals who received services from your state for the first time during the Fiscal Year.	128070	79.22 %
Of the clients who received services, how many presented with more than one type of victimization during the Fiscal Year?	16493	10.20 %
Number of individuals assisted with a victim compensation application during the Fiscal Year.	19989	

Demographics		
Demographic Characteristic of New Individuals Served	Number	Percent
Race/Ethnicity		
American Indian or Alaska Native	234	0.18 %
Asian	1637	1.28 %
Black or African American	34846	27.21 %
Hispanic or Latino	13769	10.75 %
Native Hawaiian or Other Pacific Islander	142	0.11 %
White Non-Latino or Caucasian	61210	47.79 %
Some Other Race	1828	1.43 %
Multiple Races	2046	1.60 %
Not Reported	3649	2.85 %
Not Tracked	8709	6.80 %
Race/Ethnicity Total	128070	
Gender Identity		
Male	37951	29.63 %
Female	81879	63.93 %
Other	165	0.13 %
Not Reported	1495	1.17 %
Not Tracked	6580	5.14 %
Gender Total	128070	
Age		
Age 0- 12	15604	12.18 %
Age 13- 17	10101	7.89 %
Age 18- 24	15726	12.28 %
Age 25- 59	61548	48.06 %
Age 60 and Older	9780	7.64 %
Not Reported	2893	2.26 %
Not Tracked	12418	9.70 %
Age Total	128070	

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	225	180787	Enter the number of times services were provided in each subcategory.	0
			A1. Information about the criminal justice process	257226
			A2. Information about victim rights, how to obtain notifications, etc.	283365
			A3. Referral to other victim service programs	37226
			A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)	396017
			Enter the number of times services were provided in each subcategory.	0
			B1. Victim advocacy/accompaniment to emergency medical care	2349
			B2. Victim advocacy/accompaniment to medical forensic exam	2520
			B3. Law enforcement interview advocacy/accompaniment	16839
			B4. Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)	618118

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B. Personal Advocacy/ Accompaniment	247	104623	B5. Performance of medical or nonmedical forensic exam or interview or medical evidence collection	7343
			B6. Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)	1843
			B7. Intervention with employer, creditor, landlord, or academic institution	13589
			B8. Child or dependent care assistance (includes coordination of services)	9537
			B9. Transportation assistance (includes coordination of services)	15851
			B10. Interpreter services	22269
C. Emotional Support or Safety Services	218	120407	Enter the number of times services were provided in each subcategory.	0
			C1. Crisis intervention (in-person, includes safety planning, etc.)	176253
			C2. Hotline/crisis line counseling	81836
			C3. On-scene crisis response (e.g., community crisis response)	4220
			C4. Individual counseling	204771
			C5. Support groups (facilitated or peer)	11509
			C6. Other Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)	15938
			C7. Emergency financial assistance	21394
D. Shelter/ Housing Services	108	16339	Enter the number of times services were provided in each subcategory.	0
			D1. Emergency shelter or safe house	13578
			D2. Transitional housing	780
			D3. Relocation assistance (includes assistance with obtaining housing)	22720
E. Criminal/ Civil Justice System Assistance	234	101270	Enter the number of times services were provided in each subcategory.	0
			E1. Notification of criminal justice events	153587
			E2. Victim impact statement assistance	9225
			E3. Assistance with restitution	28828
			E4. Civil legal assistance in obtaining protection or restraining order	36495
			E5. Civil legal assistance with family law issues	16845
			E6. Other emergency justice-related assistance	7308
			E7. Immigration assistance	1113
			E8. Prosecution interview advocacy/accompaniment	26539
			E9. Law enforcement interview advocacy/accompaniment	3029
			E10. Criminal advocacy/accompaniment	161479
E11. Other legal advice and/or counsel	16132			

ANNUAL QUESTIONS

Grantee Annually Reported Questions	
Question/Option	Count
Were any administrative and training funds used during the reporting period?	
Yes	1
No	0
Did the administrative funds support any education activities during the reporting period?	
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.	6921
Number of events conducted during the reporting period.	74
Did the grant support any coordination activities (e.g., with other service providers, law enforcement agencies) during the reporting period?	
Yes	1
No	0
Describe any program or educational materials developed during the reporting period.	

DCJS produced several educational materials during this reporting period, including newsletters, fact sheets, resource sheets, and instructional videos. The Victims Services Newsletter 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, infographics, and animated videos with facts, statistics, and resources about sexual assault, domestic violence, and crime victims rights. In addition, 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. Also during this period, DCJS developed and distributed a monthly podcast, Dialed In with DCJS Victims Services. Each month, the podcast is sent to over 3,000 victim-serving professionals across the state. The podcast gives listeners a detailed discussion of DCJS Victims Services grant programs, services, and initiatives. Quarterly Conversations are 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 a Question-and-Answer session 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. The following 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 is 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 (sexual and domestic violence accreditation) documents and resources, as well as easily submit questions for assistance to DCJS staff. <https://www.dcjs.virginia.gov/victims-services> <https://www.dcjs.virginia.gov/victims-services/grants/voca> <https://www.dcjs.virginia.gov/victims-services/programs/sexual-domestic-violence-program-professional-standards> Finally, a variety of program-specific materials were developed in order to enhance service provision, including: Brochures developed about the Child Advocacy Center (CAC) process and services Caregiver Handbook for caregivers of children who disclose abuse, and a child-friendly version of the Adverse Childhood Experiences (ACE) questionnaire and the Child PTSD Scale Multi-Disciplinary Team (MDT) Protocols submitted for accreditation and distributed to MDT members to reflect updated practices

Describe any planning or training events held during the reporting period.

Name; Date; Number The Safe Havens for Pets of Domestic Violence Survivors Partnerships; 10/15/22; 72 The Intersections of Firearms, Mass Shootings and Domestic Violence; 10/19/21; 253 Mindful Leadership: Part 1; 10/21/21; 203 Mindful Leadership: Part 2; 10/28/21; 143 Victims Services Quarterly Conversations; 11/16/21; 151 Interpreting for Social Justice-Part 1; 11/18/21; 28 Interpreting for Social Justice-Part 2; 11/19/21; 24 i Collaborative Advocacy; 12/2/21; 104 Diversity, Equity, and Inclusion for Board Development and Leadership; 12/7/21; 91 SART Discussion Forum; 1/11/22; 19 Enhancing Victim Safety and Offender Accountability; 1/19/22; 224 Stalking and Counter Stalking; 1/25/22; 147 NOVA Basic Community Crisis Response; 2/1/22; 27 Victims Services Quarterly Conversations; 2/7/22; 211 Strangulation Part 10; 2/8/22; 300 Strangulation Part 2; 2/10/22; 266 A.R.C. Storytelling-Part 1; 2/11/22; 66 A.R.C. Storytelling-Part 2; 2/18/22; 164 Disability Justice Is Key to Helping Survivors and Victims; 2/21/22; 49 An Introduction to Autistic Culture and Neurodiversity; 2/28/22; 71 SART Discussion Forum; 3/1/22; 26 Trauma-Responsive Investigations and Sexual Assault Victim Interviews (TRI-SAVI) (Fredericksburg); 3/8/22 - 3/11/22; 20 VCART Orientation; 3/31/22; 8 Nonconsensual Pornography: An Overview for Victims Services Personnel; 4/12/22; 254 Victims Services Quarterly Conversations; 4/20/22; 112 VCART Orientation; 4/27/22; 4 Thriving You: The Victim Advocate's Ultimate Guide to Self-Care, Wellbeing, and Vicarious Trauma Prevention; 4/27/22; 237 Strategic Resilience; 4/28/22; 223 Cultural Perspectives Training Series: Introduction to Deaf Culture; 4/29/22; 125 Cultural Perspectives Training Series: Choices and Challenges; 5/6/22; 136 VCART Orientation - Wytheville - Family Resource Center Staff; 5/10/22; 6 Supporting Survivors Through the Exoneration Process; 5/10/22; 105 Cultural Perspectives Training Series: Applications for Serving Deaf Survivors; 5/13/22; 89 VCART Orientation - SAW SART; 5/17/22; 7 Survivor-Center Economic Advocacy Training Series: Expanding Our Approach to Safety; 5/18/22; 101 SART Discussion Forum: Reaching Marginalized Populations; 5/24/22; 14 VCART Orientation - Mighty Oak Christian Academy; 5/27/22; 16 Victims Services Quarterly Conversations; 6/6/22; 112 22 Virginia Campus Safety and Violence Prevention Forum; 6/14/22; 40 Witness Intimidation; 6/16/22; 220 Survivor-Center Economic Advocacy Training Series: How to Build an Economic Safety Plan for Survivors; 6/22/22; 111 Life is a Process Not an Event; 6/27/22; 117 "Resilience: Discovering Your Best Self Through Life's Worst"; 6/27/22; 119 Finding the Superhero Within: From Trauma to Resiliency; 6/27/22; 87 Trauma-Informed Approach to Supporting DV Survivors in the Probation Setting; 6/28/22; 103 Identifying and Responding to Commercial Sexual Exploitation in Males; 6/28/22; 81 Trauma-Informed Approach to Supporting Black Homicide Survivors; 6/28/22; 87 Trauma-Informed Response in Correctional Settings; 6/29/22; 41 Yoga as Trauma Treatment: What Does the Science Tell Us; 6/29/22; 6 Trauma-Informed Death Notification with Children Present; 6/29/22; 59 After the Crime: Assisting Students with Recovery After a Crisis; 6/29/22; 90 Managing Trauma Triggers; 6/30/22; 181 Burnout and Resilience: Supporting Ourselves as We Support Others; 6/30/22; 149 Treating Trauma Survivors with Animal-Assisted Modalities; 6/30/22; 41 From Breakdown to Breakthrough; 6/30/22; 78 Rough Waters: Building Resilience in a Sea of Trauma; 7/1/22; 103 Refugees Welcome: Applying Compassion and Cultural Competency to Work with Refugee Communities; 7/1/22; 32 Intergenerational Trauma; 7/1/22; 126 Trauma-informed Leadership for Criminal Justice Professional; 7/1/22; 108 Survivor-Center Economic Advocacy Training Series: Credit Advocacy and Repair; 7/20/22; 49 Trauma-Responsive Investigations and Sexual Assault Victim Interviews (TRI-SAVI) Winchester; 7/22/22 - 7/25/22; 28 Professional Standards Training Requirements; 7/27/22; 47 Substantial Risk Orders: What to Know // Firearms Restrictions & Protective Orders; 8/9/22; 27 VCART training for Disaster Behavioral Health team & CSB leads; 8/12/22; 18 Survivor-Center Economic Advocacy Training Series: Advocate Self Care When Working with Poverty; 8/17/22; 108 Virginia SART Discussion Forum: Team Structure; 8/23/22; 9 NOVA Basic Community Crisis Response; 8/24-26/22; 32 Organizational Capacity for Accessible Services Part 1; 8/26/22; 67 Expert Testimony Training; 9/9/22; 40 Building Capacity for Accessible Victims Services Part 2; 9/13/22; 69 Victim Services Data Collection User Acceptance Testing; 9/20/22; 74 Ethical Storytelling for Policy Advocates; 9/20/22; 70 Trauma-Responsive Investigations and Sexual Assault Victim Interviews (TRI-SAVI) (Williamsburg); 9/20/22- 9/23/22; 41 Victim Services Data Collection User Acceptance Testing; 9/23/22; 55

Describe any program policies changed during the reporting period.

In the current reporting period, DCJS worked on the development of a new data collection and management system for Victim Witness programs. For many years, Victim Witness programs have been using a Microsoft Access based data system called the Client Information Management System (CIMS). CIMS predates PMT and has some significant data collection limitations. The new data system, the Victims Services Data Collection System (VSDCS), was developed specifically to be compliant with OVC and PMT requirements and to meet the needs of Victim Witness programs as they provide services in accordance with the Code of Virginia and the Virginia Victims Bill of Rights. Victim Witness programs will be able to collect truly accurate service data and the processes for data entry and PMT reporting completion will be streamlined significantly. Roll-out of the VSDCS is anticipated to occur in January 2023. New reporting policies and training for subrecipients are currently under development. VSDCS implementation represents a significant shift for Victim Witness programs as they move towards increased accountability and programmatic clarity. Due to the ongoing COVID pandemic shifts, subrecipients have continued to implement changes in policy at the local program level ensuring that effective services are provided. For example, CASA programs have shifted policies related to operations and practice. Courts have reopened and children are back in school; however, not all practices have returned to business as it was pre-COVID. Many CASA programs have shifted to hybrid models of telework and courts are using many of the electronic tools made available during the pandemic, such as electronic filing of reports and even virtual attendance for some parties. CASA programs are required to navigate the variance in policy and practice in the ever-changing landscape. 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. In addition, therapists could also view the home environment. In some localities, virtual MDT meetings have resulted in increased participation. Secure sharing of documents in preparation for virtual meetings has also been 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. The Hospital Based Violence Intervention Program (HVIP), operating in five hospital sites around the Commonwealth has received significant media coverage for its innovative approach to meeting the needs of victims of violent crime and its community impact. Some examples are listed below: <https://www.pilotonline.com/news/health/vp-hospital-gun-violence-rally-20220603-bb6dcesavfeyboyhgedy15ac4m-story.html>
<https://www.wavy.com/community/taking-back-the-community/community-members-gather-in-orange-outside-sngh-to-honor-gun-violence/>
<https://www.13newsnow.com/article/news/community/rally-against-gun-violence-norfolk-virginia/291-a5cd6653-62fc-4df4-b4f1-7ac56a459b4>
<https://www.wtkr.com/news/people-impacted-by-gun-violence-wearing-orange-this-weekend-to-raise-awareness>
<https://www.vhha.com/communications/patients-come-first-podcast-holly-stevens/>
<https://whro.org/news/local-news/29484-newport-news-social-workers-are-using-hospital-visits-to-break-cycles-of-violence>
<https://www.vhha.com/communications/patients-come-first-podcast-darrell-anderson/> <https://www.pubinfo.vcu.edu/calendar/details.asp?myVal=76829> In addition, VOCA funded subrecipients have received media coverage for their impactful work in communities, including: LIVE: Work to build relationships with local universities to better serve victims of crime https://news.richmond.edu/features/article/-/21993/latinos-in-virginia-empowerment-center.html?utm_source=news&utm_medium=referral&utm_campaign=features-story YWCA of South Hampton Roads and the Norfolk Family Justice Center: Safety classes and community education <https://www.wavy.com/news/local-news/norfolk/ywca-of-south-hampton-roads-hosts-womens-safety-workshop-oct-1/> YWCA of South Hampton Roads and HER Shelter: Domestic Violence Awareness Month activities <https://www.wavy.com/news/local-news/portsmouth/portsmouth-church-to-host-fashion-show-for-domestic-violence-month> YWCA of South Hampton Roads: Candlelight Vigil for Domestic Violence victims <https://www.wtkr.com/news/ywca-of-south-hampton-roads-hosts-candlelight-vigil-for-those-impacted-by-domestic-violence> YWCA Richmond: Use of donated emergency kits https://richmond.com/news/united-way-volunteer-pop-up-helps-nonprofit-produce-11-000-emergency-kits/article_073b2b33-3e59-5bb4-9789-2dbc133c87e7.html YWCA Richmond and VCU Project Empower: Collaborating with law enforcement on serving victims during pandemic <https://www.wtvr.com/news/local-news/rpd-domestic-violence-roundtable> SARA Charlottesville: Collaboration with UVA on sexual assault services used as example in new bill.

<https://www.nbc29.com/2022/09/27/sen-tim-kaine-introduces-bill-support-survivors-sexual-assault-college-campuses/>

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

Several subgrantees provided coordinated responses to victims of crime during the reporting period. Child Advocacy Centers (CACs), by definition and mission, work collaboratively with MDT members and community agencies to address the needs of child abuse victims and non-offending caregivers and family members. Community partners include Child Protective Services, law enforcement, Commonwealth's Attorneys, Courts, Victim Witness, medical (including Sexual Assault Nurse Examiner or SANE-trained providers) and mental health providers, and other professionals as needed to help ensure the best outcome for the child and prevent service duplication. Common themes among the CACs included building team cohesiveness amidst the pandemic and because of staff turnover. CACs are also increasingly involved with issues related to the identification and response to human trafficking. Subgrantees throughout Virginia continue to participate in MDTs. Many CACs and sexual and domestic violence programs participate in or facilitate MDTs in their communities. Representatives included law enforcement, Victim Witness programs, local Department of Social Services, medical, and mental health providers. MDTs have continued to meet virtually during the pandemic. 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 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 attorneys for local departments of social services), local departments of social services, 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 MDTs. Victim Witness programs work together, and with other partners, to coordinate service provision for victims of crime. This is especially important in rural localities, where programs often only have one staff member who must prioritize cases and services. Programs with one staff member have multiple competing priorities, including running the Victim Witness office, escorting a victim to a pretrial interview with law enforcement and/or the assigned prosecutor, and providing court support to direct service victims. Further, judges are often shared by multiple jurisdictions, so it is very common to have Circuit Court in session at the exact same time as lower court. This can result in staff having to choose between spending their time in District Court to be available to crime victims who are just beginning their journey, or escorting and supporting victims in Circuit Court with whom they have spent months building relationships and trust. These challenges are compounded by jury trials when they are expected to support the victim(s), coordinate the appearances of multiple Commonwealth witnesses (both lay and expert), and assist with the separation of those witnesses when there are security concerns. This is a frequent topic of regional Victim Witness coalition meetings, and as a result, neighboring jurisdictions coordinate with and support each other through the demands of jury trials, so that the Victim Witness office can remain staffed and victims can continue to receive vital services. In addition, Victim Witness programs coordinate with community partners. One program describes supporting a victim through an Assault and Battery case and providing safety planning and referral services to community domestic violence resources, to ensure that the victim received services responsive to all of their needs. Hospital based sexual assault crisis services highlight how subgrantees utilize coordinated responses for victim assistance. A Richmond area hospital-based program provided services to a victim who went to the hospital for a Physical Evidence Recovery Kit (PERK) following a sexual assault. The client received support at the hospital from an advocate and was connected with the local sexual and domestic violence agency to access counseling and legal advocacy services for a protective order. In addition, the client was provided with a warm hand off to the local Victim Witness office. These distinct pieces of the service delivery model worked in coordination to ensure that this victim had access to needed services.

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 third 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 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. In addition, as the pandemic and public perception shifts, programs have had to be consistently flexible in reevaluating service models to best serve victims and keep staff safe. For example, when school restarted (in-person) it almost immediately became very challenging to meet the needs of many youth presenting with urgency and requests for after school appointments. The combined impact of increased community needs and staff resignations created a diminished capacity to meet all needs. In addition, school systems lacked the capacity to be available for disclosures or observation of children who presented with potential signs of abuse. Many child abuse-focused agencies have had to work to establish new MDTs and rebuild capacity with school-based staff. Subgrantees also report new or different types of client needs. There continues to be requests for computers or smart phones, so that clients can access virtual services. There have also been increased needs for emergency food and shelter, and increased gas and transportation prices have been a struggle for families. Telehealth services have continued, and overall help to mitigate barriers to services. 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. This can present a challenge for staff who must meet with clients at many varying locations. A lack of affordable housing is another major barrier. Even when there are financial resources for relocation assistance, there are often no affordable housing options in which to place victims. While this is an issue in rural areas of the state, it is especially challenging in urban areas. For example, in Fairfax County, a populous northern Virginia county near Washington D.C., a domestic violence shelter, Doorways, reports that the average rental cost for a two-bedroom apartment in Fairfax is around \$2,000 per month. This is out of reach for clients who are often living below the federal poverty guidelines. This is compounded by challenges with clients being unable to find work that pays a living wage. The factors combine to create enormous barriers to victims of crime restoring security and stability in their lives. There continues to be a lack of adequate mental health and substance abuse services. This has been even more of a challenge during COVID-19 as programs report seeing increases in mental health and substance abuse issues. Untreated mental health conditions and a lack of mental health services are major barriers for victims to engage with services. High staff turnover and increased demand for mental health counselors prevent some clients from receiving care – or they never return for future appointments. DCJS has heard from the field that due to staffing issues, many victims seeking counseling services are placed on waitlists and may not receive services for months. Additionally, counseling options in their service areas are very limited and they are unable to find counselors or therapists who are accepting new clients. Similarly, subgrantees have reported that they are unable to hire staff for open grant funded positions. Applications are minimal in number and applicants often do not show up to interviews or follow-through with the hiring process. Adding to this hiring issue, subgrantees report that current staff are often overwhelmed with a large and insurmountable caseload. This has led to burnout and additional staff turnover. As discussed elsewhere, across Virginia the limited capacity of subgrantees to serve clients who speak Spanish (and/or other languages depending on region) is a major barrier to service access for many vulnerable victims of crime. LIVE and community specific subgrantees, such as the Korean Community Services Center and the Ethiopian Community Development Center, work to provide services that are culturally responsive and which victims can meaningfully access.

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.

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 pandemic continues. Many subgrantees that are non-profit organizations have strong relationships with local law enforcement and prosecutors offices. Programs also partner with private service providers, such as 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. 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 MDT component is an integral part of the CAC model and coordination of team members efforts is inherent in the CAC process. Some examples include: Working with local school systems for relevant training, as well as public and private universities/colleges providing elective rotations to students in the health professions Networking with private mental health providers to offer referrals Partnering with federal agencies to provide services for federal victims of crime and/or the military Participation in the statewide Community Chalkboard to bring awareness to child abuse and receive news coverage Partnering with local restaurants to provide food to children and parents attending programming Partnering with local, state, and federal agencies to have a strong system of response in place in anticipation of a casino opening and for the possible increase in Commercial Sexual Exploitation of Children (CSEC) crimes. Hospital Based Violence Intervention Programs (HVIPs) also work 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 as they work to rebuild their lives.

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 \$46 million for 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 for the reporting period, 160,686 crime victims were served by VOCA-supported projects. This included 2,694,761 instances of direct service delivery contacts, and 7,331 paid staff positions supported by VOCA funding. Below are summaries of VOCA grant funded programs and activities that improved delivery of victim services. 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 111 local Victim/Witness Programs and three statewide projects focused on the delivery of services required under Virginia's Crime Victim and Witness Rights Act (Bill of Rights). The current reporting period saw the initiation of a new Victim Witness program in one of the few remaining localities not supported by a program, bringing the total number of programs to 114. 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. The Victims Services Grant Program (VSGP) was established by DCJS in 2019 as a funding

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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 Grant Program and the Sexual and Domestic Violence Grant Program into one grant application and one reporting timeline for sub-grantees. 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 programming 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. Twenty-four-month awards were made, in response to subgrantee s repeated call for a streamlining of grant processes. This results in one budget and one application for the two-year award period. For the 24-month period, approximately \$51.5 million was awarded through the VSGP program, including over \$33.3 million supporting core services in 57 sexual and domestic violence agencies. VOCA funding was also used to support the Hospital Based Violence Intervention Project (HVIP) implemented by the Virginia Hospital and Healthcare Association Foundation, resulting in the creation and implementation of the Virginia HVIP Collaborative. The goal of this project is to improve public safety and health outcomes for victims of violence in Virginia s high-crime areas by implementing HVIP in five Virginia hospitals. Approximately \$1.7 million was allocated to support this program. VOCA funds continue to be allocated to support Court Appointed Special Advocate (CASA) programs, totaling \$1.5 million. CASA programs recruit, screen, and train citizen volunteers to become advocates for child abuse and neglect victims. CASA volunteers are appointed to cases by juvenile court judges. VOCA funds are used to support direct service activities primarily through funding volunteer coordinators. Volunteer coordinators directly supervise CASA volunteers who ensure child victims best interests are met during the court process. The goal of CASA advocacy is to make certain every child has a safe, permanent home. VOCA also provides approximately \$4.5 million to support Child Advocacy Centers through a grant to the Virginia Department of Social Services.

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

Please see the attached Case Studies document.

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

Several VSGP subrecipients include human trafficking efforts in their grant funded programs. Further, programs report an increase in referrals for human trafficking victims, especially those who are minor victims of labor trafficking and/or those who require bi-lingual counseling and case management services. The Legal Aid Justice Center uses VOCA funding to serve immigrant victims of workplace crimes of violence and control across Virginia. Their services include legal representation, including trafficking prosecution, T-Visas, and wage theft. They also assist victims with basic needs such as transportation to medical care. Two subrecipients, Safe Harbor and Samaritan House, provide human trafficking victim advocacy through a transitional shelter and case management. Additionally, Samaritan House expanded their resources to trafficked victims throughout Virginia Beach, Chesapeake, Norfolk, Portsmouth, Suffolk, Southampton/Franklin, southern parts of Isle of Wight, and the Eastern Shore. The Virginia Poverty Law Center reported assisting a victim of labor trafficking who was facing multiple indicators including wage theft, substandard housing, abuse, and threats of retaliation for any effort to improve his conditions. They built trust with this worker for over a year through multiple in person visits. Then, grant funded staff were able to transport him to a shelter where he could access health resources and be safe. Staff are working with the client through his legal remedies, including civil and criminal justice system advocacy and accompaniment. In addition, some culturally specific subgrantees have been able to provide specialized services to victims of human trafficking. For example, a human trafficking victim was referred to the Ethiopian Community Development Center from a pro-bono legal services agency. The subgrantee was able to help the client obtain a T-Visa and work towards financial and emotional stabilization. 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, the Commonwealth s Attorney, and six local police departments to address human trafficking. In addition, youth serving agencies partner with federal agencies to ensure that 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 we move into three years of the coronavirus pandemic, COVID-19 and its impacts continue to affect the issues and trends impacting service delivery to victims of crime. In response to these issues, different models of 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 service provision, especially as pandemic related concerns shift; however, meeting the needs of clients who require direct face-to-face, as well as critical care services, in the middle of a pandemic has had a direct impact on how quickly providers are able to meet those needs. A lack of access to affordable and safe housing continues to be a troubling trend felt across Virginia. Many domestic violence programs are at capacity and do not have the staff to support an increase in residential services. Further, there is a distinct lack of affordable and safe housing options. Many programs report that housing requests have more than doubled this year. The Collins Center in Harrisonburg, VA has seen a notable increase in the homeless population during the pandemic and indicates that housing stability is a challenge, as there is a shortage of available units and/or prices have risen too high to be affordable. Unstable or nonexistent housing substantially increases vulnerability for victimization and creates situations where victims feel trapped or unable to leave. Simply put, many subgrantees report having no options for housing beyond area hotels. This is impacted by economic concerns and victims struggling to access stable employment and is exacerbated when substance abuse or mental health issues are present. Family violence continues to be prevalent. Advocates have seen many cases involving methamphetamine abuse by one or both parties. This complicates domestic violence situations even further, as the victim is often dependent on substances and afraid of law enforcement due to circumstances related to their addiction. The pandemic has also continued to impact court proceedings. There was an increase in scheduled court hearings as courts dockets resumed, and subsequently, an increase in issuing of subpoenas with requests for staff to testify in hearings. At the same time, court cases are being repeatedly continued due to COVID-19 and other factors. As a result, victims are extremely frustrated with the process. The anticipation of appearing in court, often to testify, causes many victims to experience anxiety. Additionally, victims who are employed must take off work to appear in court several times, which can affect their income. This is further compounded by a lack of affordable legal counsel, as the limited existing resources have been stretched thin. One issue related to domestic violence involves protective orders. Some magistrates and judges are not including exclusive use of the home on protective orders. Instead, many orders include only no abuse, which puts victims in additional danger since the respondent can return to the home. Another emerging issue is the increasing use of informal contractors in Virginia and nationwide who operate with very little, if any, legal oversight, who arrange for employment between growers and migrant workers. These informal contractors increase the risk of trafficking as employees and employers have little to no contact before the workers arrive. The contractors can and do often make promises regarding pay and conditions that the employer refuses to honor, but the workers are then left without options. Child and family advocates experienced increased requests from caregivers regarding the need for children s mental health services. There has also been an increase in caregivers reporting their own trauma 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. In addition, many subrecipients report an urgent need for counselors who are specifically trained in Dissociative Disorders. The numbers of victims seen with a probable diagnosis from trauma is increasing, but this specialization is rare and time intensive. A lack of access to mental health and substance abuse services has been a present issue for many years, but it is even more evident as a result of the pandemic. Victims are having to wait three to four months to see a psychiatrist. Local mental health providers are at capacity and mental health staff are experiencing burnout.

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

Staffing challenges, including hiring and retention, are a major issue in Virginia s victim services field currently. Victims services agencies have always struggled with burnout and hiring, especially in rural areas. These challenges have been exacerbated by the pandemic. Many service providers describe the field as being in a staffing crisis and report significant difficulty hiring and retaining staff. Staff retention challenges may be due, in part, to high caseloads and burnout resulting from an increase in victims needing assistance combined with the programs inability to hire. Difficulty hiring is likely impacted by the current economic climate and agencies bracing for a decrease in VOCA funds. The coronavirus pandemic has also resulted in organizational challenges for subgrantees, including staffing retention issues. Some programs have reported scheduling challenges or losing staff because of illness and/or childcare issues resulting from school closures. In addition, burnout has played a considerable part in 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. Highly trained professional staff present a particular staffing challenge. Many programs report difficulty finding licensed mental health professionals. It is even more challenging to find trained staff who are bi-lingual. Health concerns have impacted staffing as well. At a time when many staff positions are vacant, many agencies also experienced staff being out due to contracting COVID or caring for family members. On top of their regular job duties, many staff members had to cover some of the other duties of staff, spreading time and resources very thin, and increasing the risk for burnout. 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 levels of VOCA funding available in recent years have allowed subrecipients to increase compensation and benefit levels in an attempt to address recruitment and retention issues; however, decreases in federal funding now result in 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.

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

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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 DCJS team outreach efforts such as Quarterly Conversations webinars and the regularly published Victims Services Newsletter. Current grant recipients receive notices of applicable funding announcements. The DCJS Victims Services team also maintains webpages for each grant program, which include the purpose of the grant program, eligibility requirements and conditions of awards. Further, DCJS 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. Further, many victims of crime from underserved populations are more comfortable seeking help from community-based organizations rather than traditional service providers. Meeting victims needs is far more difficult when their access to services is complicated by factors such as race, ethnicity, geographic isolation, language barriers, cultural differences, disability, lack of knowledge of the criminal justice system and their rights, and/or lack of appropriate social support. There is no single way to meet the needs of all underserved populations because of the uniqueness of each group. However, programs can improve their response to these crime victims by looking carefully at specific populations, better understanding needs, and designing appropriate programs and services. The Victims Services Grant Program (VSGP) was developed to streamline multiple VOCA-funded victims services into one solicitation, based on feedback from the field. Funding is divided into categories that are 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 current reporting period is inclusive of the current VSGP two-year grant cycle. Funding for community-based agencies serving underserved populations is a focus of this grant program. The initial solicitation included 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. Grant funds are used to provide culturally specific services, including specialized immigration legal assistance and wraparound case management to immigrant victims of crime. 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 that can guarantee its services are always delivered by bi-lingual, 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, the program went 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 bi-lingual and bicultural-trained victim advocate. Another recipient of this specific 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. The two programs discussed ways to collaborate and refer cases to each other. ECDC was invited to join Alexandria's staff in the city's Domestic Violence Intervention Project coordinated team. This partnership is a direct result of targeted VSGP funding towards underserved communities. 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 their work and may affect clients/community members seeking services. In the City of Alexandria, the VOCA-funded victim specialist continues to attend monthly training on social justice 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.

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 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 was especially important during 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 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. To address this gap, programs utilized grant funds and community partnerships to provide ongoing alternative temporary housing at local hotels. While not VOCA funding, 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. DCJS hosted several webinars for grant funded recipients that focused on sustainability, board development, and grant writing. These trainings are intended to help agencies develop the tools and resources to close gaps they see in their services. In communities with increased capacity, subgrantees also continue to think creatively about program implementation in order to respond to gaps in service. Many subrecipients have been successful in developing robust partnerships with community partners, including private mental health service providers. There is a significant gap in mental health services, with need far surpassing available resources. These partnerships enable subrecipients to refer eligible clients to private service providers, reducing the waitlist burden that many programs experience. A related gap is follow-up mental health treatment for children. This has caused staff to think creatively in terms of how to serve every child who needs follow up services. One strategy is to utilize college/graduate level interns whenever possible. Depending on their degree type, where they are at in their course of study, and their skill level, interns can meet with children and caregivers who demonstrate only minimal or moderate levels of need and provide useful therapeutic interventions. Additionally, program staff have implemented peer groups which help increase the number of children served in a therapeutic setting. Several CACs navigate gaps in service through the collective support of Steering Committees, Boards, Multi-Disciplinary Teams (MDT), and partners in the community. When a need is identified by a MDT member, the issue is brought to the attention of the wider group to see if someone within the team can respond, or if they are aware of an additional outside resource that may be able to fill the gap in services. Boards of Directors and Steering Committees can use their knowledge and resources to help ensure that any service gaps are filled whenever possible. In addition, many CACs collaborate with Community Services Boards (local mental health authorities) to create a comprehensive list of resources to support triage and appropriate linkages to community resources. A CAC in Alexandria has been able to develop partnerships with local businesses including restaurants. They provide free snacks and drinks for some of their children's Learn & Play Group Sessions, as well as vouchers specifically for the children who are forensically interviewed at the CAC. These resources meet a simple but important need for children within the community who access services. A consistent gap in services continues to be the availability of Sexual Assault Nurse Examiner (SANE) services for acute cases of sexual abuse for nights and weekends. Another CAC, Highlands, partners with a Federally Qualified Health Center (FQHC) to provide services during daytime hours and is working with the local hospital system to ensure that these services are available at all hours. When the most accessible medical provider does not have pediatric SANE available, a more-distant hospital is willing to provide these services through their SANE program. CAC advocates accompany victims/non-offending caregivers upon request and ensure that the families have transportation to and from the exam.

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 progress 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 also drafts a report on Victim/Witness Assistance Programs, to include their services and funding. This report is provided annually to the Virginia General Assembly. In addition, DCJS collects data from participating Lethality Assessment Programs 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 Virginia's Department of Planning and Budget, the Secretary of Public Safety and Homeland Security, the Governor's Office, and other officials as requested.