

Office for Victims of Crime

VOCA Administrator Regional Meeting | SUMMARY

MEETING DATE	June 10, 2014
MEETING LOCATION	Des Moines, IA
MEETING CALLED BY	Joye Frost
TYPE OF MEETING	Regional Administrator's Meeting
FACILITATOR	Joye Frost
PARTICIPANTS	VOCA Administrators: Kay Steward (KS); Tina Chamberlain (MT); Donna Phillips (IA); Robin Brassie (NM); Kandice Hansen (WY); Gary Scheller (UT); George Gutierrez (ID); Rosemary Faretra (NH); Gene Nelson (VT); Avis Lane (AR); Anne Thomas (IA); Cheryl Hall (WV); Janet Kennedy (MS).
ATTENDEES	Dan Eddy (NACVCB), Steve Derene (NAVAA), Grace Call (OVC Fellow), BJ Horn (OVC Fellow), Diane Alexander (OVC TTAC), Marilyn Roberts, (Deputy Director, OVC), Toni Thomas (Associate Director, OVC), DeLano Foster (Team Lead, OVC)

HIGH LEVEL SUMMARY

- Administrators would like notification as early as possible of discretionary grants to organizations in their states. Influences formula funding distributions.
- OVC distribution list has provided info about applying for FY14 formula grants.
- Vision 21 Tribal awareness applications are due July 15, 2014.

ATTACHMENT

- Agenda
- Pre-meeting questions

WELCOME, OVERVIEW, AND UPDATES

- **OVC Mentoring Program.** If you are interested in being a mentor, please contact Toni Thomas at toni.thomas@usdoj.gov. If you are interested in being mentored, please contact Fernanda Webster at fwebster@icfi.com.
- **Innovative Practices Bulletin.** The bulletin will focus on best practices from state VOCA administrators in an e-bulletin available to the public on the OVC Web site. The bulletin will include outcomes/results information gathered by OVC Fellows through their visits to the states. TTAC is currently editing the document.
- **Listserv Message Announcing FY 2014 Formula Grant Funds.** On Monday, June 9, OVC sent the listserv message to VOCA state administering agencies announcing the availability of VOCA victim assistance and compensation formula grant funds. The listserv message

included the registration deadline, the application deadline, instructions for completing required attachments, and the allocation chart. State administrating agencies have until June 18, 2014, to register in the Grants Management System (GMS), and until July 23, 2014, to submit applications. Once the completed applications are received, reviewed, and approved by OVC, they will be forwarded to OJP's Office of the Chief Financial Officer for financial review prior to final Assistant Attorney General approval and Congressional notification of the award.

- A few states indicated they did not receive the listserv message and OVC newsletter.
- Steve will serve as POC for the OVC listserv.
- **GMS Fix.** OJP's Office of the Chief Information Officer is still working on a GMS fix that will allow you to see the subgrant award report data on one page and give you the ability to sort the subgrant award list in ascending and descending order by organization name, grant number, or any of the other column titles.
 - States would like a tutorial for GMS.
 - OVC Fellows will work with interested states on this.
 - OVC will look into ensuring that its online resource directory will list all subgrants.
- **DOJ Hiring Freeze.** DOJ was under a hiring freeze for the last 3 years. The freeze is lifted. Once new hires are on board, OVC will have 36 federal employees, including a new:
 - Director of Operations
 - Associate Director of the Special Emphasis Division in the National Training and Program Development Division
 - Victim Justice Program Specialist working with tribal programs
 - Writer-Editor
- **OVC TTAC Regional Training and Technical Assistance (RTTA) Assignments.** States should know their respective RTTA contact. TTAC has a specialist assigned to each state who can assist with specific requests and/or training concerns. TTAC has started sending outreach e-mails to the states to build relationships and identify ways in which TTAC can help. OVC also wants to hear the needs of subgrantees.
 - Some states would like TTAC to contact them before approving a training request.
- **Sexual Assault and the Military Training.** The previous training has been updated due to changes required in 2014. Locations will primarily be close to military installations with higher numbers of reported sexual assaults.
- **Vision 21 Solicitations.** A number were released this Spring, and applications are due July 15. Solicitations include:
 - **Legal Assistance**
 - **Technology for assistance and compensation programs**
 - **Tribal Wellness**
 - **National and international services for U.S. victims of crime**
- **Demonstration Projects.**
 - Child victim coordination of care
 - Victim assistance in Bakken, ND oil region

- FBI assistance to victims abroad
- **VOCA Assistance Rule.** OVC met with OGC weekly for 1½ hours to go over all comments. OVC would like to raise the issue in the rule regarding competing awards once every 5 years. A few states have opposed. PREA will not apply to VOCA.
- **OVC Mass Violence Lessons Learned Toolkit.** OVC is developing a resource toolkit that incorporates lessons learned from the Oklahoma City bombing through the Boston Marathon bombing. The biggest problem is state compensation statutes are very narrow on what they will fund. There were huge problems with Connecticut. OVC hopes to release the toolkit this Fall. TTAC will provide training and technical assistance to states. The AEAP Guidelines are being changed so that states can apply for retroactive funding. OVC will facilitate VOCA funding to compensation programs for things not covered by state statutes.
- **Increase in consultant rate.**
- **OVC support to train SANEs.**
 - Will be working with National ER Physicians
 - Telemedicine project in Massachusetts
 - Issues with hospital service and billing

STATE REPORTS

VERMONT

- Challenge: PREA – the 5% cut in STOP for non-compliance will impact how VOCA assistance funds are used.
- Success: Statutory changes in confidentiality for compensation.

KANSAS

- Challenge: Reduction in staff, frequent turnover in leadership, travel, ALICE data collection for subgrantees, culturally sensitive and appropriate services.

MONTANA

- Challenge: High costs of travel for grant oversight. 5% admin does not cover costs. Not prepared for impact of oil boom.
- Success: Keeping program doors open.

IDAHO

- Challenge: Growth of claims and retention of staff. 60% of staff left during recession. Lots of people working multiple part-time jobs without benefits to survive.
- Success: Restitution program. Had 20% increase in restitution collections. Collecting 35% of what's ordered.

NEW MEXICO

- Challenge: New Mexico Compensation program is out of money. No providers are being paid. Hope legislature will approve fines. Rural programs having difficulty keeping doors open. Just returning to pre-recession funding, but there are fewer resources. Some programs closed due to loss of funding. They have a new Board. New Mexico medical expenses increased and the number of claims decreased. New Mexico's Indian Health Service says it is the payer of last resort for everything, not just sexual assault, and is sending bills to the New Mexico Compensation program for payment.

MISSISSIPPI

- Challenges: Mississippi increased its filing time. It also increased the maximum payment from \$10,000 to \$20,000. State pays approximately \$2 million to hospitals annually.
- Success: State has claims software that will interface with the new state accounting system beginning July 1.

ARKANSAS

- Challenge: Some of Arkansas' process is electronic, which can process a claim in 60 days. It has no Spanish-speaking staff on the team.
- Success: Transitioning to an electronic filing system.

IOWA

- Challenge: Outdated compensation system.
- Success: Restructuring entire grant program to use a regional model to fund services for victims of domestic violence. Since restructuring, number of sexual assault claims has skyrocketed. Fewer days in DV shelters because more options are available. Restructuring resulted in significant increase in state funding.

WYOMING

- Challenge: High transportation costs because of frontier low population density. Most staff have been on the job for less than 18 months.
- Success: Wyoming has a database.

WEST VIRGINIA

- Challenge: Trauma resulting from water contamination. Balancing outreach with processing. Meth lab cleanup benefit costs draining reserves.
- Success: Repeal of meth lab benefit in compensation.

MOBILE ADVOCACY DISCUSSION

- Put people in health clinics, banks, RV mobile offices
- Supervisors need different way to supervise

- Finding self-directed employees
- Time on the road as necessary cost
- Set up hubs to reduce time on the road
- Costs to train and keep volunteers is difficult in small, rural communities

TECHNOLOGY DISCUSSION

PRESENTER

B.J. Horn, OVC Fellow

During the discussion, the following points were made:

Service Delivery

- Advocacy by texting – Montana, Iowa, Military and NNEDV (new VATOnline includes information on confidentiality when using technology).
- Internet phone systems as a mechanism for tele-counseling. Iowa is able to transfer calls around the state to the most appropriate resource. On-line counseling is attractive to those who want to remain anonymous or fear being recognized at a local program. A NV program is using technology for counseling.
- Possible use of YouTube videos for those with low literacy levels to explain how to complete a compensation form.
- Technology improvement was the number one need on a recent NAVAA survey.
- Iowa subgrantee looking at possible on-line volunteer training.
- Vermont uses Salsa for trainings and communication/community engagement. Salsa can be used for online donations, advocacy, communications and outreach. Vermont uses it to interface with its website and training. It can host events and measure results.
- Wyoming sends their monthly newsletter via Facebook.
- Idaho is moving to an online claim system that will allow victims and vendors to check on claim status online. Comp staff will have tablets to use to check on claims when they are in the field.
- Examples from other states fellows have visited
 - Connecticut DV coalition is using an online system to locate empty beds in DV shelters
 - Colorado compensation board members review claims remotely via online docs.
 - Alabama is redoing their victim notification form. Victims can give DMV permission to notify the automated notification program of an address change and automatically update the information.
- Concerns
 - Idaho has an issue with defining a counseling relationship as 1-1 therapy and wondered how this definition would be interpreted around electronic/distance counseling.
 - Using technology to notify a victim of their rights can eliminate tear off sheet or other mechanism.
- Meetings

- New Mexico uses technology for their Task Force meetings and other meetings to help solve transportation issues. They also allow people to appeal decision by phone and may go to video teleconferencing.
- Administration
 - Iowa uses it for desk audits.
- A survey asked, “If you had a one-time use of VOCA dollars, what would you use it for?” The overwhelming answer was technology.

GEOGRAPHY DISCUSSION

Marilyn Roberts led a brief discussion on the issues related to geography. Many geography issues were mentioned during the challenges and success section of the meeting.

ADDITIONAL NOTES

Administrators would like:

- Notification as early as possible of OVC discretionary grants to organizations in their states. This could influence formula funding distribution decisions.
- Notification of trainings. Both comp and assistance administrators should be contacted. In some states the comp program is in the office that provides a variety of trainings for victim service providers. These could be a part of a discretionary grant or TTAC training. Some administrators might be able to add a small amount of additional funding to expand the scope, length, or audience.
- Additional instructions for completing the formula application and attaching forms.
- Minutes
- Invite others to attend if their agency/state would permit it out of the program budget.

CLOSING REMARKS

- For future VOCA Regional Administrator meetings, OVC will provide topics ahead of time to allow Administrators to choose which meetings to attend.

OVC VOCA Administrator Regional Meeting – June 10, 2014
321 E. 12th Street
Des Moines, IA

Agenda

- 8:45–9:00 Welcome and Overview
Joye Frost, Director, OVC
- 9:00–9:15 Introductions
- 9:15–9:45 Brief presentations about states by meeting participants
- Use of VOCA funds in the state
 - Data based on compensation claims
 - Data based on assistance services
 - Unique challenges
- 9:45–10:00 Break
- 10:00-11:45 Continued presentations
- 11:45–1:00 Lunch – On Your Own
- 1:00–2:30 Technology
- How are rural states using technology in compensation and assistance?
 - Technology to provide direct services
 - Discussion of technology (e.g. internet and phone coverage) in rural areas
- 2:30 – 2:45 Break
- 2:45-3:30 Geography
- Travel – getting to and there
 - Specialized resources in small communities
 - Serving marginalized communities
 - Community resources
- 3:30–4:00 Summary of discussions and next steps

Does distance cause problems in providing services?

Outreach/Knowing about the Program

Difficult to create a sense of public awareness when these cities are so far away from the home office (ID)

Improving the communication between the victim and the program is needed. Victims move and the program has a hard time locating them.

Only for outreach purposes. It is difficult to travel to all areas of the state because it takes a day of travel just to reach many parts of West Virginia (WV).

As our agency provides compensation rather than direct victims services, distance is not as much of an issue. We rely on Victim Assistance Coordinators, located in Prosecutor's Offices, to provide victims with information regarding compensation. In some of the more rural communities that may be outside the reach of the coordinators, we make an effort to provide smaller outer lying hospitals with applications and brochures. We also distribute applications, brochures, posters and pocket cards to advocacy agencies, law enforcement and some service providers. Through coordinated efforts with those agencies, we reach victims in rural communities (AR).

Transportation and/or travel

Cost of providing services is higher due to mileage costs (KS)

Response times for emergency personnel are longer and that affects the immediate safety of victims (KS)

Providers may not be viewed as a "local" resource (KS)

Hiring qualified advocates because of the travel involved and lack of public transportation for both advocates and victims (KS)

Time spent in travel lowers the number of victims that each advocate can serve (KS)

Limited public transportation (VT)

Bad weather can prevent more remote board members from attendance at meetings; the law does not allow video conferenced public meetings. We have held phone conferenced hearings, with the agreement of a claimant who did not want to travel the long distance, but this is not optimal, and the board members need to attend in person (ME).

Lack of public and private transportation (NM)

Lack of money for gas (NM)

Rural towns need to travel for services due to closing or downsizing extent of services offered (NM)

Montana has 56 counties and covers more than 145,000 square miles. Our state does not have enough victim programs to serve all victims in isolated and rural areas. Some of our programs provide services in multiple counties (sometimes up to 7 counties). The distance required to reach victims and transport them to medical services, shelters, or courts create large transportation costs. For many programs, transportation of victims can be their second largest expenditure. Distance also impacts victims' access to timely and available legal services (MT).

<p>Given North Dakota is a largely rural state where providing any type of services distance is often problematic. Many victim service providers have created outreach programs which help the rural areas but still remains an area of need (ND).</p>
<p><i>Infrastructure</i></p>
<p>Creates barriers to reporting abuse (UT)</p>
<p>Also creates a climate where abuse and domination thrive. On some tribal lands, the closest law enforcement agency may have to drive for more than 4 hours across multiple state, county and federal jurisdictional lines to respond to a crime (UT).</p>
<p>Absence of infrastructure and/or support services in the rare event that a report generates a response (UT)</p>
<p>Less population density diminishes the social network of friends and family who are available to assist victims (VT)</p>
<p>Vermont does not have cell service everywhere.</p>
<p>The majority of the folks accessing services are doing it on the phone (VT).</p>
<p>The other distance limitation arises when a claimant needs assistance to complete the application. In this case, the distance would be between advocates and the claimant. Comp staff are always available by phone, but that is not optimal (ME).</p>
<p>Rural towns, do you want to receive services in own community due to everyone knowing each other's business (NM).</p>
<p>Funding rural projects, need to keep qualified staff and need to keep the doors open even though number of clients served may be 100/year (NM).</p>

When processing Compensation claims or providing services to crime victims, which federal programs (e.g. Medicaid) are you able to access? Are any of them problematic?

ASSISTANCE

Affordable Care Act

Agencies are now able to refer survivors to ACA and help them access insurance (KS).

Public Assistance (TANF, Medicaid)

Referrals to TANF are complicated by the application requirements. Applying for 20 jobs is nearly impossible in rural communities where there are few available jobs. This is further complicated by lack of child care and concerns for victim safety (KS)

COMPENSATION

Affordable Care Act

The Idaho Health Care Exchange is a relatively new program in our state. We have not had access with the Exchange at all. We are relying on individual applicants to identify whether or not they have insurance regardless if they purchased it from the Exchange or it was provided by their employer. So the applicant is responsible for informing us of their own insurance. (ID)

For the victims it was very challenging to sign up in the beginning because it was a mess. Still, many people who have disabilities would not know how to fill out the application. The same issues that were mentioned in number one would inhibit a victim from signing on. Many victims are choosing not to sign up at all, and instead opting to pay the fine because it is cheaper (VT).

We just received our first ACA Explanation of Benefits (EOB) form. It is different in appearance compared to our insurance company EOBs. I would be helpful if it would conform so that the Comp program could easily determine write-offs, copays, and balances (ME).

Public Assistance (TANF, Medicaid)

We do not have access to our state Medicaid database anymore. We used to have a secure lookup account with Medicaid, but after a couple years the lawyers decided we did not have the authority to justify this access. One person at the Medicaid main office looks up victim eligibility for us and emails it back (ID).

We have traditionally been very successful at accessing Medicaid and rely heavily upon those savings. Utah’s leadership did not expand Medicaid benefits in conjunction with the ACA and while we actively assist Utah residence to enroll in coverage through ACA, many of our clients are still unable to afford the coverage options available to them (UT).

American Indian clients who may benefit from Indian Health Services (HIS) funding for “non-crime” related needs, face huge transportation burdens to receive those benefits. The Navajo and Ute nations report that more than 60% of their tribal populations have moved to Utah’s urban centers along what is known as the ‘Wasatch Front’. Conversely, HIS makes only 15% of its funding available for health care

provided along the Wasatch Front. The CLOSEST HIS health care facility receiving a portion of the other 85% of HIS funding is a 4 hour drive from the Wasatch Front (UT).

It would be helpful if the Compensation program could access the Medicaid and Medicare databases as a hospital or service provider can to determine the start/end dates of eligibility and verify whether the victim has insurance (VT).

Our office does not directly access federal programs; however, we do require claimants to provide appropriate information regarding collateral sources such as Medicaid, Medicare, and private insurance (WV).

We are able to obtain information from Medicaid staff, but it would be great if we could look up data ourselves (ME).

We obtain information from the provider, not Medicaid. If need to, we can access human services for info on Medicaid. It was considered too cumbersome a process to obtain permission to access a Medicaid portal for their information (NM).

Regarding Indian Health Services as the payer of last resort, we are having problems getting billing. In the past, for a non-Native victim seen at HIS, it took a minimum of six-eight months to get a bill, the bill went to collections and it took many staff and management hours to go up the chain of command to get the matter resolved. Is there a central database we could get access to look up billing (NM)?

Our access is limited to queries in order to verify coverage. We have established contacts/relationships with Medicaid personnel who assist our staff with eligibility and patient financial responsibility questions (AR).

At this point the Department of Corrections and Rehabilitations (DOCR) has not explored having access to these programs (ND).

What service delivery model/organizational structure is best for protecting victim privacy in rural or remote communities where everyone knows each other?

COMPENSATION

Flexibility. We try to be responsive to the individual needs of victims seeking assistance and provide flexibility with how we do business to help meet their needs. However, we are only as flexible as the law allows. So having more flexibility in our statutes would allow programs to provide more flexibility on how we serve victims. Our current statute allows us to waive certain requirements for good cause, or to make findings that requirements were complied with to the best of that individual's ability, given their unique circumstances (ID).

To help victims maintain their privacy, we have strict confidentiality regulations in our statute (Crime Victims Compensation Act) and will operate in the best interest of the victim, including their right to privacy. On several occasions over the last year our program has withdrawn requests for restitution in order to preserve the victim's right to privacy. Again having flexibility in our laws and rules allows us to look at cases on an individual basis and make decisions that help that specific victim (ID)

Rural service providers need to be cautious in using interpreters and translators with rural refugee populations. Some languages are very rare, and the interpreters are scarce in rural areas. Never use one interpreter for both sides of a case. Also in small rural refugee communities it is very difficult to find an interpreter that doesn't know both parties (VT).

Our compensation program will call the victim advocate to check in to make sure the victim is in a safe place (VT).

The victim's application form asks, point blank, if they do not want to be contacted at their residence (VT).

Social media should only be used to disperse program information in general, never use social media with a victim's name (VT).

Always ask if it is ok to leave messages on the phone machines with our name (VT).

Send victims letters in blank envelopes that don't identify the victim service organization (seeing the name of the organization on envelopes can also be a trigger for some victims) (VT).

Never disclose information to anyone about the victim's application, without their permission (VT).

Some local newspapers publish the offenders name and type of crime. This is almost as bad as a bull horn in small rural communities, where everyone knows who the offender's victim would have been. Some local newspapers even list the address of

the crime. Creating a statute to prevent such practices would be good (VT).
Alias names are often used for the victims (VT).
Once someone is convicted of a crime it stays on the internet. Many times the victim can be tied to the offender (VT).
In one on one service provision, regarding safety planning, teach victims how to erase memory on phone (VT).
Another component of safety planning is to caution the victim that friends and family may not always be the safest and most discrete individuals to confide in, and sometimes they are not supportive (VT).
People who live in rural neighborhoods with shelters learn pretty quickly which house is the shelter. Using discretion when transporting victims to and from shelters is essential. Talking with the victim before they go into the shelter about the neighborhood, to see if they know anyone who lives there is a good practice (VT).
Service providers should never talk to anyone without a release, and even when they do have a release, speak only about the information that they have a release for (VT).
People that get services have to sign peer on peer confidentiality agreements (VT).
Not an issues in West Virginia because our application process is through the U.S. postal service or online (WV).
Under compensation, we offer victims the option of seeking services outside of their community. We talk about this available option in our outreach training on compensation (NM).
ASSISTANCE
Intensive training on confidentiality for advocates, law enforcement, courts, medical providers, schools and social services is essential. Consistent supervision and constant emphasis on confidentiality are required for victim safety. (KS)
Generally speaking, there aren't any. Trust of "outsiders" in these remote areas is virtually non-existent and is actually preached against and forbidden in the predominant plural marriage community. Accordingly, IF a report of abuse is made, it is typically made to someone within the community such as the "god squad" the police department established and operated by the "Jeffs family" in the remote polygamous communities bordering Utah and Arizona. We are exploring options to this. For example, the Paiute Nation is reporting some success with an after-school diabetes awareness program for the families in that community. Educators indicate that attendance and participation has exceeded their expectations and that through the process, some reports of abuse have been made to the diabetes education staff. Those types of relationships and experiences need to be explored and further developed for possible model and structure development. However, they are certainly not typical models or organizational structures.

We fund projects that have satellite offices in community health clinics where other services are offered and that can provide the victim with anonymity. We were told it was safer for them to seek services this way (NM).

A number of victims refuse to go to counseling because they don't want to go in their community and they don't have other alternatives due to limited transportation and access to gas money (NM).

Three community mental health services have waiting lists of at least three weeks (NM).

How effective is video counseling? Maybe that would be more beneficial than not attending counseling at all (NM).

Programs do their best to protect victims, but small town politics play a large part in communities. Our judges need more training to end victim blaming (MT).

The confidentiality commitment must come from all parties involved which in smaller and more rural communities is a challenge. The formation of a community response team in which all stakeholders make a commitment and understanding that information belongs to the victim and she must release it is probably the best practice. The advocate and the agency must be committed to keeping all victim information confidential. People always seem to find things out in rural communities but it cannot come from anyone that works or is associated with the agency. The community holds them to a very high standard. So a CCR or SART must be held to that standard as well. I think it works because of mutual accountability among group members (ND).

What are the advantages and disadvantages for rural states when a funding formula is based primarily on population?

The disadvantages are less money available to programs with the same funding needs where the cost of service delivery is higher. Numbers served in rural areas are lower, with lack of resources such as public transportation, organized social services, civic organizations, and criminal justice response that are commonly available in urban areas (KS).

I'm not aware of an advantage. Let's talk about performance based funding. While Utah ranks among the smaller states by population, it ranks among the bigger states by compensation payout, applications processed and assistance services provided. Furthermore, a victim in "Frontier Country" is deserving of the same type and quality of care afforded to victims in urban areas. The cost to create and deliver those services in rural and frontier areas are significantly more expensive than those in urban areas, thus balancing to near the cost of providing a greater number of readily available services within a competitive market. See number 5 for more information (UT).

The Wasatch Front area I mentioned in question number 2, includes only 4 of Utah's 29 counties and comprises only 4,103 square miles of the nearly 85,000 square mile total of the state. While the population density of the Wasatch Front is about 548 people per square mile, the rest of the state averages 9.27 people per square mile. For comparison sake, roughly 600,000 people populate the 68.25 square mile D.C. Metro area with a population density of nearly 8,800 people per square mile (UT).

Although the compensation funding formula is not based on population, I would say that using a formula based on population is detrimental to rural communities. Because rural areas are less populated they get less money. Computers, desks, phone systems, furniture do not cost less in rural communities. Although the number of people served may be less, administrative overhead is not significantly reduced in a rural community. My guess is that it may cost more due to the cost of getting goods to the rural areas. Secondly with few dollars there are less resources so organizations in rural communities have fewer complimentary services to partner with. So rural service providers are having to provide more services with less dollars and system support. When there are less resources in local communities, we find that victim compensation staff often fills the void, providing services that are traditionally covered by other entities (courts, law enforcement, victim witness personnel, social workers, etc.) (ID).

An advantage is that the base amount is the same for our state as it is for larger states. This benefit is offset by the disadvantage we have because we still need the same infrastructure requirements to serve victims, regardless of the number served (VT).

<p>Rural states have additional medical costs such as air ambulance services that bill at \$7,500-\$45,000 an incident (NM).</p>
<p>No that IHS is the payer of last resort, we anticipate a \$200,000 to \$300,000 increase in payouts to Indian Country that is not considered in the formula funding. States without HIS victim do not have to consider this expense.</p>
<p>Trauma hospitals are limited in rural states. Victims in the southern part of New Mexico are taken to Texas and that adds additional costs for family member to visit to provide support (NM).</p>
<p>The census, based upon population, does not take into account the number of undocumented individuals living in our state. In addition, the number of people living on Tribal lands is in dispute (NM).</p>
<p>Montana’s statewide population is just over \$1,000,000 residents. The average number of residents per square acre is 6.8 compared to the national average of 87.4 persons per acre. Basing federal formulas on population has resulted in decreased funds in many areas of the state. Some of our programs that received the OVW rural grant ended up losing their funding because of changes in how populations are determined (MT).</p>
<p>It is difficult to compete for funding against states who have cities the same population as our entire state (MT).</p>
<p>Advantages higher awards for more populated areas. Disadvantage – data collected to record “accurate” population may not be updated very often; difficult to record residency when living on “man camps” in the oil boom areas as they are not claimed as residence status (ND).</p>

List any current grant requirements that are particularly challenging for rural and remote programs.

Smaller, rural agencies have less access to trained administrative personnel and tend to have fewer administrative staff to support grant monitoring and reporting. Staff focus is on providing services and less on grant administration (KS).

It is likely easier to find a grant requirement that is not a challenge for remote programs. However, I do not know what that would be.

Urban programs enjoy several benefits that rural programs completely lack, such as, basic infrastructure, support services from community partners and support services from within their own programs, to start with. Many urban programs have professional grant writers, accounting staff, administrative professionals, motor pool access, office supply surpluses, office space within departments, department cell phone accounts, utility coverage, high speed mobile internet access, technical equipment and support, just to name a few.

In the rural/remote areas of Utah, cell phone service is rare, there are vast areas lacking electricity and running water. Advocacy programs are typically one person and a few volunteers (if lucky) using their own homes, vehicles(if they have them), telephones(if they have them), buying their own gas, are not part of a department, are the one and only community service in the area, typically lack any accounting and/or grant writing type experiences, expertise or education. These people cover hundreds of miles of un-named, un-patrolled, un-paved and often un-mapped roads and serve victims that live in areas with general descriptions rather than addresses and phone numbers. These areas have no jails, police departments or other public service structures or support (UT).

We re-read the requirements with the filter/perspective of rural challenges and none jumped out at us as being problematic to cope with as a result of our state's rurality (VT).

There are no requirements that create issues for the annual grant to our Crime Victims Compensation Fund and we are not aware of issues for grants to victim assistance programs (WV).

I would say that the more OVC can provide guidance on exactly which sections of the various federal regs/guidelines cited in the requirements apply to Comp, the easier life would be for Comp people (ME).

Match—it can be challenging for some projects to come up with match (NM)

Not being able to pay for direct service staff to attend collaborative meetings with programs have limited staff who wear many hats (NM).

Staff retention—rural projects are not able to offer competitive salaries (NM).

Volunteer requirement—some rural projects are having difficulties recruiting

volunteers and in a small community, people know everyone and they may be reluctant to seek services from a project as a result (NM).

Confidentiality—under VOCA, under VAWA, it's confusing that there are different standards under the guidelines/regulations (NM).

Rural and remote programs tend to have small numbers of people on staff. Reporting data has always been a struggle; OVW requires more data to be tracked than OVC and the information required for reports is different. Add in those receiving FVSPA and other federal grants - can be overwhelming. It would be great if there were consistent data programs available for programs and states to make reporting easier (MT).

None of the sub-recipients have reported issues with meeting the current grant requirements (ND).

Describe how your state uses technology in compensation and assistance.

ASSISTANCE

All grants administered by the Kansas Governor’s Grants Program are accessed through internet technology. The internet-based grant portal allows agencies to apply for and complete all required grant reporting on-line (KS).

The assistance grant programs use technology internally to track and monitor progress and success of sub-grantee goals and objectives but are not yet moving into a web based interactive program with sub-grantees (aside from electronic record sharing, etc.) (UT).

Grants database for assistance—we’ve outgrown it and have been patching it, too. We would like to have a database that would allow for online submission of statistical and financial reporting (NM).

Our desire is to go paperless and have everything submitted electronically (NM).

Programs are required to submit data quarterly in compliance with their grant provisions. Our state has two systems, one for compensation and one for assistance, that are outdated. There are not enough funds from our grants to support technology updates. I have applied for a grant that would conduct a gap analysis and then determine how to resolve the gaps in the Automated Victim Identification Database either by updating software or completely rewriting programs. If we are not funded, we will not be able to resolve the discrepancies experienced by programs when they run reports on number of victims and services provided. The current resolution is for them to continue to input data into AVID but also keep separate spreadsheets that can be used to do a hand count. This results in duplicate entry of data which takes time away from providing direct services (MT).

Programs are requesting only enough funds to keep their doors open and provide core services. Many of them need new computers and don’t have the money to purchase them. Some of the larger programs would like case management systems and can’t afford them. We are unable to fully fund program requests and therefore, can’t help them by providing additional funds to cover new technology purchases. We’ve moved to an online application and grant management system. Some programs don’t even have the ability to scan their documents to submit online. Others have bad internet availability which means that can’t reliably submit reports or applications in a timely fashion (MT).

North Dakota does not currently use web based systems for compensation or assistance (ND).

COMPENSATION

The office uses a “paper generated/triggered” paperless database to track and process compensation applications and benefit payments. We are in the process of creating an “on-line” application/program allowing the applicant/advocate to complete, update, monitor and receive notification updates electronically and via the web (UT).

Idaho Compensation uses an automated case management system to process applications, bills for services, restitution request and collection activities. We are in the process of rewriting our data base to take more advantage of current technology and to help the program be more efficient in administering victim compensation and to increase access, and information sharing with victims and our business partners. We hope to be fully automated and as paperless as possible upon the completion of our database rewrite. We currently use video conferencing for some training aspects and for information sharing. We post program information on our website and provide access to all publications, documents and forms so that customers can access the information at their convenience. We would like to use more, such as be able to take portable devices (tablets) to access our database when we are in the field meeting with local advocates, medical/forensic examination providers, law enforcement and prosecuting attorneys. Unfortunately we do not have the funds for such purchases. We have the technology, but not the equipment (ID).

Compensation’s technology is completely obsolete. They have to update regardless of funding which will move funds away from other critical needs (MT).

The Vermont Victim’s Compensation Program Compensation has a custom database which is used to track expenditures, pending bills, items needed, and generating form letters. We are currently immersed in a needs assessment to determine the best technological modalities to help people with disabilities access the victim’s compensation program (VT).

We use our database for case management and data collection and management. I email various notices and info to the advocates to keep them informed. Our State Academy posts the curriculum to save on copying and printing. We have a flat web site. A web training module may be in my future (ME).

Applicants may apply online and staff uses a searchable computer program. Our computer program was developed in-house specifically for our needs (WV).

Victim database for compensation—we have outgrown it and have been patching it together. We would like victims and advocates to be able to access, complete, and submit the application online (NM).

We provide webinars for required trainings in both compensation and for victim assistance subgrantees (NM).

We have implemented an electronic file storage. Also exploring application submission. Information regarding compensation is located on the Attorney General's website and on Facebook (AR).