



**FINAL REPORT OF THE
VIRGINIA COMMISSION ON YOUTH**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**

**Review of Funding and Support for
Virginia's Children's Advocacy
Centers**

REPORT DOCUMENT 737

**COMMONWEALTH OF VIRGINIA
RICHMOND
2026**



COMMONWEALTH of VIRGINIA

Commission on Youth

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November 1, 2026

TO: The Honorable Abigail D. Spanberger, Governor of Virginia

and

Members of the Virginia General Assembly

At its May 20, 2026, meeting, the Virginia Commission on Youth approved a study plan on the review of funding and support for Virginia's Children's Advocacy Centers. The study called for convening a work group of stakeholders to examine funding gaps, identify sustainable funding models, and consider incentives for local governments to provide additional support. The 2026 Appropriation Act, Item 21, also directed the Commission to develop recommendations to incentivize local governments to provide additional funding and support for Children's Advocacy Centers through partnership arrangements. The Appropriation Act further directed the Commission to consider potential funding through other revenue sources and to report its recommendations to relevant legislative committees by November 1, 2026.

At its October 20, 2026, meeting, the Commission on Youth adopted recommendations resulting from this study. These recommendations are included in this report.

This report represents the work of numerous government agencies, nonprofit organizations, and individuals who provided information and input throughout the study. The Commission on Youth gratefully acknowledges their contributions to this effort.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Favola".

Barbara A. Favola

MEMBERS OF THE VIRGINIA COMMISSION ON YOUTH

Senate of Virginia

Barbara A. Favola, Chair
Dave W. Marsden
David R. Suetterlein

Virginia House of Delegates

Karrie K. Delaney, Vice-Chair
Joshua G. Cole
Lindsey Dougherty
Holly M. Seibold
Irene Shin
Anne Ferrell H. Tata

Gubernatorial Appointments from the Commonwealth at Large

The Honorable Mackenzie Babichenko
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I. Authority for Study

Section 30-174 of the *Code of Virginia* establishes the Commission on Youth and directs it to “study and provide recommendations addressing the needs of and services to the Commonwealth’s youth and their families.” This section also directs the Commission to “encourage the development of uniform policies and services to youth across the Commonwealth and provide a forum for continuing review and study of such services.” Section 30-175 of the *Code of Virginia* outlines the powers and duties of the Commission on Youth and directs it to “undertake studies and to gather information and data ... and to formulate and report its recommendations to the General Assembly and the Governor.”

During the 2026 General Assembly Session, Senator Barbara Favola, Chair of the Virginia Commission on Youth, and Delegate Karrie Delaney, Vice-Chair, introduced budget amendments directing the Commission to examine funding and support for Virginia's Children's Advocacy Centers (CACs). The proposed amendments requested the Commission to evaluate the sustainability of existing funding sources, identify gaps in services, and explore opportunities for additional state and local support.

At its May 20, 2026 meeting, the Commission approved a study plan to review funding and support for Virginia's CACs. The study called for convening a work group of stakeholders to examine funding gaps, identify sustainable funding models, and consider incentives for local governments to provide additional support.

The 2026 Appropriation Act, Item 21, directed the Commission to develop recommendations to incentivize local governments to provide additional funding and support for CACs through partnership arrangements, including the allocation of space, administrative support, or other resources. The Appropriation Act further directed the Commission to consider potential funding through other revenue sources and report its recommendations to relevant legislative committees by November 1, 2026.

II. Members Appointed to Serve

The Commission on Youth is a standing legislative commission of the Virginia General Assembly. The Commission has twelve member positions: six Delegates, three Senators, and three citizens appointed by the Governor.

2026 membership of the Virginia Commission on Youth is listed below.

Senator Barbara A. Favola, Arlington, Chair
Senator David W. “Dave” Marsden, Fairfax
Senator David R. Suetterlein, Roanoke County
Delegate Karrie K. Delaney, Fairfax

Delegate Joshua G. Cole, Fredericksburg
Delegate Lindsey Dougherty, Chesterfield
Delegate Holly M. Seibold, Fairfax
Delegate Irene Shin, Fairfax
Delegate Anne Ferrell H. Tata, Virginia Beach
Mackenzie Babichenko, Mechanicsville
Jenni Booker Baker, Richmond
Kelly Johnson, Richmond

III. Executive Summary

During the 2026 General Assembly Session, Senator Barbara Favola, Chair of the Virginia Commission on Youth, and Delegate Karrie Delaney, Vice-Chair, introduced budget amendments directing the Commission to examine funding and support for Virginia's Children's Advocacy Centers (CACs). The proposed amendments requested the Commission to evaluate the sustainability of existing funding sources, identify gaps in services, and explore opportunities for additional state and local support.

At its May 20, 2026 meeting, the Commission approved a study plan to review funding and support for Virginia's CACs. The study called for convening a work group of stakeholders to examine funding gaps, identify sustainable funding models, and consider incentives for local governments to provide additional support.

The 2026 Appropriation Act, Item 21, directed the Commission to develop recommendations to incentivize local governments to provide additional funding and support for CACs through partnership arrangements, including the allocation of space, administrative support, or other resources. The Appropriation Act further directed the Commission to consider potential funding through other revenue sources and report its recommendations to relevant legislative committees by November 1, 2026.

Commission on Youth staff and members conducted seven site visits to Children's Advocacy Centers across Virginia. The purpose of these visits was to gain a better understanding of how Children's Advocacy Centers operate, their funding structures, partnerships with local governments, and challenges in providing services. The site visits included Children's Advocacy Centers in Bristol, Charlottesville, Norfolk, Roanoke, Staunton, Richmond, and Prince William County.

The Commission also convened an Advisory Group of stakeholders on August 18, 2026, to review the study's findings and discuss potential recommendations. The Advisory Group included representatives from Children's Advocacy Centers, Children's Advocacy Centers of Virginia, the Virginia Department of Social Services, Commonwealth's Attorneys, law enforcement, Community Services Boards, medical and mental health professionals, local government

organizations, victim advocates, and individuals with lived experience, as well as other relevant stakeholders.

As part of the study, Commission staff also surveyed Children's Advocacy Centers regarding their funding sources, local government support, and unmet needs. Staff reviewed current and historical state and federal funding sources, analyzed service data, and gathered additional perspectives from state and local agencies and Children's Advocacy Centers in other states.

Draft study findings and recommendations were presented at the Commission's September 22, 2026 meeting. The Commission received written public comment through October 14, 2026. After receiving public comment at the October 20, 2026 meeting, the Commission on Youth approved the following recommendations:

Recommendation 1:

Introduce a budget amendment to Item 335 of the Appropriation Act to increase the General Fund (GF) appropriation and ensure a certain funding baseline going forward for Children's Advocacy Centers. In addition to increasing the General Fund allotment, the General Assembly should prioritize balancing the current General Fund and Temporary Assistance for Needy Families (TANF) funding structure.

Recommendation 2:

Introduce a budget amendment to Item 335 of the Appropriation Act to establish a state matching incentive, above base allocations, for Children's Advocacy Centers that receive direct local appropriations or eligible in-kind support from the localities they serve, with local support representing at least a minimum percentage of combined state and local public support, as established by the Virginia Department of Social Services.

Direct the Virginia Department of Social Services, in coordination with the Virginia Association of Counties (VACo) and the Virginia Municipal League (VML), and Children's Advocacy Centers of Virginia (CACVA) to establish a formula for distributing the available matching funds to eligible Children's Advocacy Centers that encourages new and increased local investment while recognizing existing local support. The Department shall report on this incentive structure to the Commission on Youth and to the Chairs of the House Appropriations Committee and Senate Finance and Appropriations Committee by November 1, 2027.

Recommendation 3:

Introduce a budget amendment to Item 335 of the Appropriation Act directing the Children's Advocacy Centers of Virginia (CACVA) to work with Children's Advocacy Centers to collect and report standardized annual performance and outcome metrics to the Virginia Department of Social Services. The Virginia Department of Social Services and Children's Advocacy Centers of Virginia (CACVA) shall work together to establish the annual performance and outcome metrics to include in this report. This recommendation would formalize the current Children's Advocacy Centers reporting process while placing greater emphasis on measuring outcomes and system performance.

The Virginia Department of Social Services shall report the information annually to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee and the Senate Committee on Rehabilitation and Social Services and the House Health and Human Services.

Recommendation 4:

Introduce a budget amendment to Item 335 of the Appropriation Act directing the Virginia Department of Social Services, in direct partnership with Children's Advocacy Centers of Virginia (CACVA), to convene a Children's Advocacy Centers formula review committee. Currently, Virginia's funding distribution formula is codified in Item 335, establishing fixed percentages.

The Committee shall evaluate the current funding distribution model to address:

- Recommendations to update formula metrics to better reflect core service demands, including unduplicated children served, forensic interview volume, mental health therapy hours provided, active military MOUs, and geographical/rural coverage challenges.
- Recommendations to permit more flexibility in updating the formula while promoting continuity and oversight.

Included in this recommendation is one-time funding for the Department to staff and support the formula review committee. The Committee shall submit recommendations to the Commission on Youth and to the Chairs of the House Appropriations Committee and Senate Finance and Appropriations Committee by November 1, 2027.

Recommendation 5:

Introduce a budget amendment to Item 492 of the Appropriation Act to allocate Commonwealth Opioid Abatement Remediation (COAR) Fund dollars to the Department of Social Services on behalf of Children's Advocacy Centers to provide forensic interviews, trauma-informed mental health treatment, and family advocacy services for children and families impacted by parental substance use disorder and child drug endangerment from the fallout of the opioid epidemic.

Recommendation 6:

Request that the Department of Criminal Justice Services (DCJS) review state and federal grant opportunities and state victim assistance funding streams, such as VOCA funding and grants related to sexual assault services, for opportunities to support Children's Advocacy Centers.

Recommendation 7:

Request that the Virginia Department of Social Services explore whether training, service, or administrative costs related to the Children's Advocacy Center model are eligible for federal Title IV-E reimbursement, and work with Children's Advocacy Centers of Virginia (CACVA) to provide guidance to Children's Advocacy Centers in drawing down available funds.

Recommendation 8:

Request that the Virginia Department of Social Services encourage and find ways to support the Family and Children's Trust Fund of Virginia (FACT) in partnering with Children's Advocacy Centers of Virginia (CACVA) to expand opportunities for multidisciplinary teams to participate in training on responding to children with problematic sexual behavior. Currently FACT is piloting a train-the-trainer model and toolkit to increase access to consistent guidance, training, and evidence-based practices for PSB.

Recommendation 9:

Request that the Department of Medical Assistance Services (DMAS) work with Children's Advocacy Centers of Virginia (CACVA) to provide technical assistance, training opportunities, and guidance on Medicaid billing for eligible clinical and mental health services to Children's Advocacy Centers. Guidance should include information on

applicable provider enrollment, licensure, credentialing, and billing requirements for medical and behavioral health services.

Recommendation 10:

Request the Virginia Commission on Youth to convene a stakeholder work group to examine models for expanding Children’s Advocacy Centers’ access to Virginia’s underserved and rural areas. The work group should look at how to establish a state-administered Seed and Expansion Grant Program to cover initial start-up costs, to establish satellite centers, or new Children’s Advocacy Centers in unserved jurisdictions.

Recommendation 11:

Request the Virginia Commission on Youth to study § 18.2-67.9 of the *Code of Virginia* regarding testimony by child victims and witnesses using two-way closed-circuit television to evaluate age restrictions and potential barriers to its effectiveness in being used in situations where a child has been impacted by trauma.

IV. Study Goals and Objectives

During the 2026 General Assembly Session, Senator Barbara Favola, Chair of the Virginia Commission on Youth, and Delegate Karrie Delaney, Vice-Chair, introduced budget amendments directing the Commission to examine funding and support for Virginia’s Children’s Advocacy Centers (CACs). The proposed amendments requested the Commission to evaluate the sustainability of existing funding sources, identify gaps in services, and explore opportunities for additional state and local support.

At its May 20, 2026 meeting, the Commission approved a study plan to review funding and support for Virginia’s CACs. The study called for convening a work group of stakeholders to examine funding gaps, identify sustainable funding models, and consider incentives for local governments to provide additional support.

The 2026 Appropriation Act, Item 21, directed the Commission to develop recommendations to incentivize local governments to provide additional funding and support for CACs through partnership arrangements, including the allocation of space, administrative support, or other resources. The Appropriation Act further directed the Commission to consider potential funding through other revenue sources and report its recommendations to relevant legislative committees by November 1, 2026.

A. IDENTIFIED ISSUES

- Children’s Advocacy Centers (CACs) are child-friendly facilities that enable collaboration between child protection, law enforcement, mental health and medical professionals, and attorneys investigating child abuse and neglect. CACs allow for more coordination and care while preventing retraumatizing potential victims of child abuse and neglect. “Children’s Advocacy Center” is defined in § 63.2-100.
- After receiving a referral from Child Protective Services or law enforcement, CACs facilitate evidence collection in alleged cases of child abuse and neglect through convening a multidisciplinary team to review interviews of potential victims. CACs may also provide forensic medical exams and mental health services to support potential victims.
- Virginia has 19 CACs and 10 satellite CAC locations in communities throughout the state. Virginia CACs are primarily nonprofit organizations, while a few operate within local government agencies.
- CACs are handling increasingly complex cases that require intensive coordination with law enforcement, prosecutors, and child welfare partners. Underfunding has left CACs unable to fill critical positions limiting the ability of CACs to respond to upticks in child abuse cases and provide preventative education to mandatory reporters.
- CACs in Virginia are supported by General Fund dollars, TANF program funding, local funding, and private donations. Virginia’s fiscal year 2027-2028 budget allocated \$2,717,756 the first year and \$2,717,756 the second year from the General Fund and \$6,236,500 the first year and \$6,236,500 the second year from the Temporary Assistance for Needy Families (TANF) block grant to CACs.
- The CAC funding model in the Appropriation Act has not been updated in over ten years to reflect changes in Virginia’s population and where services are needed.
- CACs must undergo a national accreditation process to receive state funding as a CAC. This process is prohibitively expensive without government support or private donations when starting a CAC. This lack of initial funding has led to current CACs opening satellite locations to reach unserved areas.

B. STUDY ACTIVITIES

The Commission on Youth was tasked with carrying out the following study activities according to the study mandate. Commission staff completed the study process, which involved the analysis of current state and federal funding, research other state funding structures, survey of CACs, and convening an Advisory Group. The Commission on Youth completed the following study activities:

- Convene a work group including representatives of the Children's Advocacy Centers of Virginia and other relevant stakeholders:
- Engage in stakeholder interviews.

- Perform site visits to regional CACs and satellite branches.
- Evaluate statewide demand for CAC services.
- Examine the role of CACs in the investigation of abuse against children.
- Conduct survey on Virginia's CACs regarding their operating expenses.
- Research current funding streams and funding gaps.
 - Review existing state, federal, local, and private funding sources.
 - Assess the impact of the loss of federal Victims of Crime Act funds.
- Identify sustainable sources of funding.
 - Review funding models and best practices in other states.
 - Review possible incentives for local governments to draw down additional funding (above a base allocation) to support Children's Advocacy Centers through partnership arrangements that may include the allocation of space, administrative support, or other supports.
 - Review potential access to funding through various court fees or other revenue options.
- Develop recommendations for a permanent, sustainable funding model.
- Report findings and recommendations to the Commission on Youth.

V. Methodology

The findings and recommendations of this study are based on a number of distinct activities conducted by the Commission on Youth.

A. ADVISORY GROUP

In order to accomplish the work of this study, the Commission on Youth convened an Advisory Group with state and local representatives to discuss and review draft findings and recommendations. The Advisory group was co-chaired by Senator Barbara A. Favola and Delegate Karrie K. Delaney. The Advisory Group met on August 18, 2026.

The Advisory Group consisted of representatives from the following agencies and organizations:

- Children's Advocacy Centers
- Children's Advocacy Centers of Virginia (CACVA)
- Commonwealth's Attorneys
- Community Services Boards
- Department of Criminal Justice Services
- Local Law Enforcement Perspective
- Medical Perspective
- Office of the Executive Secretary, Supreme Court of Virginia
- Office of the Secretary of Health and Human Resources

- Senate Finance and Appropriations Committee
- Virginia Association of Counties (VaCo)
- Victim Advocates / Lived Experience
- Virginia Commission on Youth
- Virginia Department of Social Services
- Virginia Indigent Defense Commission
- Virginia League of Social Services Executives
- Virginia Municipal League (VML)

B. SITE VISITS

To further inform the work of the study, Commission on youth staff and members toured Children's Advocacy Centers covering a range of geographically and operationally different CAC models.

- Children's Advocacy Center of Highlands Community Services (Bristol)
- Foothills Child Advocacy Center (Charlottesville)
- Children's Hospital of The King's Daughters Child Advocacy Center (Norfolk)
- Children's Trust Roanoke Valley (Roanoke)
- Valley Children's Advocacy Center (Staunton)
- Greater Richmond SCAN Children's Advocacy Center (Richmond)
- Prince William County Child Advocacy Center (Prince William County)

C. RESEARCH AND ANALYSIS

Commission on Youth staff conducted an extensive review of state and national literature, budgets, and operational data related to CACs. Staff reviewed quarterly statistical reports and annual narrative reports submitted by local centers to the Virginia Department of Social Services, as well as historical state appropriations to CACs. To evaluate the fiscal stability of the network, staff examined national and state revenue trends involving the federal Victims of Crime Act and Temporary Assistance for Needy Families. In addition, Commission staff designed and administered a statewide funding survey to Virginia's CACs, collecting data from 16 centers regarding operating expenses, state and local revenue shares, direct and in-kind local government support, and unmet staffing, clinical, and facility needs.

To examine alternative funding mechanisms, staff conducted comparative research on other state approaches. Staff attended the National Children's Alliance (NCA) Leadership Conference in Washington, D.C., meeting with national policy leaders and representatives from other state chapters to discuss accreditation standards, federal funding streams, and state-level allocation formulas. While in Washington and throughout the study, staff consulted with chapter leadership and experts from several states including, North Carolina, Pennsylvania, Kansas, and Ohio.

Staff also researched Virginia statutory authorities governing child welfare, multidisciplinary teams, and CAC operations.

Commission staff conducted interviews and on-site visits with local CAC directors, forensic interviewers, and clinical personnel across the Commonwealth, engaging representatives from nonprofit, local government-administered, and hospital-based centers serving urban, suburban, and rural jurisdictions.

Staff also solicited technical guidance and data from state agencies, including, the Virginia Department of Social Services, Opioid Abatement Authority, and the Department of Criminal Justice Services.

These research activities, along with the discussions of the stakeholder Advisory Group and public comments submitted to the Commission, directly informed staff in formulating the recommendations presented to the Virginia Commission on Youth.

VI. Background

A. WHAT IS A CHILDREN'S ADVOCACY CENTER AND A MULTIDISCIPLINARY TEAM (MDT)

Children's Advocacy Centers (CACs) are community-based facilities that provide a coordinated, multidisciplinary response to allegations of child abuse. Rather than requiring children to recount traumatic events to multiple agencies, CACs bring together law enforcement, child protective services, prosecutors, medical providers, mental health professionals, and victim advocates to investigate allegations of abuse and coordinate services in a child-focused setting.¹ The multidisciplinary team model is recognized nationally as a best practice for responding to child maltreatment because it improves collaboration among agencies while reducing unnecessary trauma to child victims.²

Virginia currently has 19 accredited Children's Advocacy Centers and 10 satellite locations serving communities throughout the Commonwealth. These centers provide forensic interviews, victim advocacy, medical evaluations, trauma-informed mental health referrals, and case coordination to children and their non-offending caregivers.³

¹ Children's Advocacy Centers of Virginia, What Is a Children's Advocacy Center?, <https://www.cacva.org/what-is-a-cac/>.

² Office of Juvenile Justice and Delinquency Prevention, Healing, Justice, and Trust: A National Report on Outcomes for Children's Advocacy Centers (2016), <https://ojjdp.ojp.gov/library/publications/healing-justice-and-trust-national-report-outcomes-childrens-advocacy-centers>.

³ Children's Advocacy Centers of Virginia, Find a Virginia CAC, <https://www.cacva.org/find-a-cac/>.

Reduced Trauma to Child Victims

One of the primary goals of the CAC model is to reduce the trauma children experience during abuse investigations. Through the use of specially trained forensic interviewers and child-friendly facilities, children generally participate in a single, developmentally appropriate forensic interview that can be observed by members of the multidisciplinary team. This coordinated approach reduces the need for repeated interviews while preserving the integrity of the investigation.⁴

Improved Coordination Among Agencies

CACs improve communication and coordination among law enforcement, child protective services, Commonwealth's Attorneys, medical providers, mental health professionals, and victim advocates. Rather than conducting parallel investigations, multidisciplinary teams work collaboratively to develop investigative strategies, coordinate services, and reduce duplication of effort. This collaborative model promotes more timely decision-making and ensures that children receive comprehensive services throughout the investigative process.⁵

Increased Access to Specialized Services

Children served through CACs receive access to specialized services that may otherwise be unavailable or fragmented, including forensic interviews, medical examinations conducted by providers with expertise in child abuse, trauma-focused mental health treatment, victim advocacy, and referrals to community resources.⁶ Research has shown that evidence-based trauma-focused mental health treatment can reduce trauma-related symptoms in children who have experienced abuse, with benefits sustained over time.⁷

Improved Criminal Justice Outcomes

Evidence indicates that communities utilizing Children's Advocacy Centers experience increased collaboration among investigative agencies and improved prosecution of child abuse cases. Standardized forensic interviewing protocols conducted by trained professionals help improve the quality of information obtained from children while minimizing suggestive questioning. Virginia's

⁴ Children's Advocacy Centers of Virginia, What Is a Children's Advocacy Center?, <https://www.cacva.org/what-is-a-cac/>. Office of Juvenile Justice and Delinquency Prevention, Healing, Justice, and Trust: A National Report on Outcomes for Children's Advocacy Centers (2016), <https://ojjdp.ojp.gov/library/publications/healing-justice-and-trust-national-report-outcomes-childrens-advocacy-centers>.

⁵ Children's Advocacy Centers of Virginia, What Is a Children's Advocacy Center?, <https://www.cacva.org/what-is-a-cac/>. Office of Juvenile Justice and Delinquency Prevention, Model Programs Guide Literature Review: Children's Advocacy Centers (2025), <https://ojp.gov/library/publications/model-programs-guide-literature-review-childrens-advocacy-centers>.

⁶ Office of Juvenile Justice and Delinquency Prevention, Healing, Justice, and Trust: A National Report on Outcomes for Children's Advocacy Centers (2016), <https://ojjdp.ojp.gov/library/publications/healing-justice-and-trust-national-report-outcomes-childrens-advocacy-centers>. Children's Advocacy Centers of Virginia, About CACVA, <https://www.cacva.org/about-cacva/>.

⁷ Virginia Commission on Youth, Collection of Evidence-Based Practices for Children and Adolescents with Mental Health Treatment Needs, 10th Edition (2025), <https://vcoy.virginia.gov/documents/collection/Collection%2010th%20Edition%20-%20Final.pdf>.

CAC network identifies increased successful prosecution as one of the demonstrated benefits of the multidisciplinary model.⁸

Support for Children and Families

CAC victim advocates provide ongoing support to non-offending caregivers by explaining investigative and judicial processes, connecting families with available resources, and helping ensure that children receive appropriate medical and mental health services. National caregiver surveys consistently report high levels of satisfaction with the services provided by Children's Advocacy Centers and indicate that families feel supported throughout the investigative process.⁹

Cost Effectiveness

Research conducted in 2005 by the National Children's Advocacy Center and the University of Alabama examined the costs associated with child abuse investigations using the Children's Advocacy Center model compared with traditional investigative approaches. In a 2015 publication, the National Children's Alliance reported average savings of approximately \$1,000 per child abuse case.¹⁰ The study found that investigations utilizing the CAC model were less expensive on a per-case basis, suggesting that coordinated multidisciplinary investigations may provide cost savings. Although these findings have been cited by CACs across the United States, the research was not conducted in Virginia, and the extent to which similar cost savings may be realized by Virginia's CACs has not been determined.

B. STATUTORY FRAMEWORK

Virginia law expressly recognizes CACs as part of the Commonwealth's child protection system. Section 63.2-100 of the *Code of Virginia* defines a children's advocacy center as a child-friendly facility that (i) brings together law enforcement, child protection, prosecution, mental health, medical, and victim advocacy professionals to investigate child abuse, help children heal, and hold offenders accountable; (ii) meets specified accreditation and forensic interviewing requirements; and (iii) is a member in good standing of Children's Advocacy Centers of Virginia (CACVA). The same section defines CACVA as the organizing entity for Children's Advocacy Centers in Virginia.¹¹

Two additional statutory provisions address the role of multidisciplinary teams in responding to child abuse. Under § 63.2-1503, local departments of social services must foster, when practicable,

⁸ Children's Advocacy Centers of Virginia, What Is a Children's Advocacy Center?, <https://www.cacva.org/what-is-a-cac/>.

⁹ Office of Juvenile Justice and Delinquency Prevention, Healing, Justice, and Trust: A National Report on Outcomes for Children's Advocacy Centers (2016), <https://ojjdp.ojp.gov/library/publications/healing-justice-and-trust-national-report-outcomes-childrens-advocacy-centers>.

¹⁰ National Children's Alliance, Top 10 Facts (2015), <https://www.nationalchildrensalliance.org/wp-content/uploads/2014/03/NCA-top-10-FINAL-2015.pdf>.

¹¹ Va. Code § 63.2-100, <https://law.lis.virginia.gov/vacode/title63.2/chapter1/section63.2-100/>.

the creation, maintenance, and coordination of hospital and community-based multidisciplinary teams. Local departments may also establish teams to provide consultation during investigations of selected child abuse or neglect cases and make recommendations regarding prosecution.¹² Section 15.2-1627.5 requires the attorney for the Commonwealth in each jurisdiction to establish a multidisciplinary child sexual abuse response team, which may be an existing multidisciplinary team. These teams must regularly review reports involving felony sex offenses against children and may review other child abuse and neglect cases at the request of a team member. The statute specifically requires participation by a representative of a CAC serving the jurisdiction, if one exists.¹³

Although these provisions recognize CACs and their role in the multidisciplinary response to child abuse, Virginia law does not require every locality to establish or have access to a CAC. The Commonwealth does, however, provide dedicated funding through Item 335 of the 2026 Appropriation Act, which appropriates General Fund and Temporary Assistance for Needy Families (TANF) funds for CACs and establishes a formula for distributing those funds.¹⁴

C. TYPES OF CHILDREN'S ADVOCACY CENTERS

CACs in Virginia can be run through independent nonprofits, local government (such as county departments of social services), and local hospitals.

Of Virginia's 19 accredited CACs, 14 are run by nonprofit organizations, 4 by local government, and 1 by a hospital.¹⁵ Each model shapes how a center is staffed, where its funding comes from, and how it connects to the agencies on its multidisciplinary team.

Nonprofit Centers

Most Virginia CACs are independent nonprofit organizations governed by their own boards of directors. These centers formalize their relationships with local departments of social services, law enforcement, and Commonwealth's Attorneys through interagency agreements, and fund their operations through a combination of government grants and private fundraising. Some are stand-alone CACs, while others are programs within a larger nonprofit focused on child abuse prevention, domestic violence, or sexual assault. Nonprofit centers include:

- CARE Center (Richlands)
- Children's Trust Roanoke Valley
- ChildSafe Center (Winchester)
- The Family Violence and Sexual Assault Unit CAC (Emporia)
- Safe Harbor Child Advocacy Center (Fredericksburg)
- SafeSpot Children's Advocacy Center of Fairfax County

¹² Va. Code § 63.2-1503(J)-(K), <https://law.lis.virginia.gov/vacode/title63.2/chapter15/section63.2-1503/>.

¹³ Va. Code § 15.2-1627.5, <https://law.lis.virginia.gov/vacode/title15.2/chapter16/section15.2-1627.5/>.

¹⁴ 2026 Appropriation Act, Item 335(F), <https://budget.lis.virginia.gov/item/2026/2/HB30/Chapter/1/335/>.

¹⁵ Children's Advocacy Centers of Virginia, Find a Virginia CAC, <https://www.cacva.org/find-a-cac/>.

- Foothills Child Advocacy Center (Charlottesville)
- Greater Richmond SCAN Children's Advocacy Center
- Loudoun Child Advocacy Center (Leesburg)
- Southern Virginia Child Advocacy Center (Rocky Mount)
- Southwest Virginia Children's Advocacy Center (Big Stone Gap)
- The Center for Alexandria's Children
- The Collins Center (Harrisonburg)
- Valley Children's Advocacy Center (Staunton)

Local Government Centers

Four Virginia CACs are operated by local government. In this model, the CAC is housed within a county department, such as social services or human services, and its staff are public employees. Because the center sits inside local government, it is typically funded through the locality's budget and has close ties to other local government agencies. Local government centers include:

- Arlington County Child Advocacy Center (Department of Human Services)
- Prince William County Child Advocacy Center (Department of Social Services)
- Davis Children's Advocacy Center (Department of Juvenile Justice Services)
- Children's Advocacy Center of Highlands (Community Services Board)

Hospital-Based Centers

Virginia has one hospital-based CAC: the Children's Hospital of The King's Daughters (CHKD) Child Advocacy Center in Norfolk, which also operates satellite locations in Virginia Beach and Newport News. Hospital-based centers have direct access to pediatric medical providers with expertise in child abuse, which makes it easier to meet the medical evaluation standard required for accreditation. In exchange, a hospital-based CAC operates within a hospital's administrative and budget structure rather than as an independent organization.

D. ACCREDITATION STANDARDS

CACs are accredited by the National Children's Alliance (NCA) under its National Standards of Accreditation (2023 Edition, updated January 2025).¹⁶ There are nine standards. Each includes a rationale and a series of essential components, which are the specific, measurable requirements a center must document to demonstrate compliance.

The Accreditation Process

A CAC seeking accreditation submits a comprehensive application demonstrating how the center meets each of the nine National Standards. Two NCA site reviewers evaluate the application, contact the center director with follow-up questions, and schedule an on-site or virtual visit. During

¹⁶ National Children's Alliance, National Standards of Accreditation for Children's Advocacy Centers (2023 Edition, updated January 2025).

the visit, the review team meets with board members, staff, and multidisciplinary team members and reviews documentation of compliance.

The review team then completes a scoring form and recommends an accreditation outcome. NCA's Accreditation Department and Board of Directors review and finalize the decision. A center may be Accredited, Denied, or Pending. Pending centers have one year to implement and document a corrective action plan. A center that is denied may appeal or begin a new application.

Levels of Membership

Accredited Membership is granted when a center meets all of the Standards. Accredited centers must be reaccredited every five years.

Associate/Developing Membership is available to centers that are actively working toward the Standards. A center may hold this status for up to five years, after which it must achieve full accreditation, request a one-year extension, or apply for another NCA membership level.

The Nine National Standards

1. Multidisciplinary Team (MDT). Centers must provide a coordinated response from law enforcement, child protective services, prosecution, medical, mental health, victim advocacy, and CAC staff. This requires a trained MDT coordinator (8 hours of initial training and 8 hours every two years), a signed interagency agreement, and written protocols updated every three years. Teams must also have routine case involvement, information-sharing and confidentiality guidance, a member feedback process, annual training, and new-member orientation.

2. Forensic Interview. Interviews must be legally sound, neutral, and fact-finding, and must avoid duplicative questioning of the child. Interviewers must complete 32 hours of training and 8 hours of continuing education every two years. Centers must have written interview protocols, allow real-time MDT observation, conduct at least 75 percent of eligible interviews at the CAC or through a secure tele-forensic method, and hold peer review at least twice a year.

3. Victim Support and Advocacy. Centers must provide advocacy to clients and caregivers throughout the life of the case. Designated advocates must have 24 hours of specialized training and 8 hours of continuing education every two years. Services include crisis and risk assessment, resource referrals, court support, case-status updates, and active follow-up, and must be available regardless of ability to pay.

4. Medical Evaluation. Specialized medical evaluation and treatment must be available to all clients and coordinated with the MDT. Providers must meet a training standard (board eligibility or certification, 16 hours of didactic training, or 40 hours of SANE training plus a preceptorship) and complete 8 hours of continuing education every two years. All abnormal or diagnostic findings must be reviewed by an advanced medical consultant, and services must be available regardless of ability to pay.

5. **Mental Health.** Centers must provide access to evidence-based, trauma-focused treatment for children and caregivers. Providers must be licensed or credentialed, have 40 hours of training in an evidence-based treatment (such as TF-CBT), and complete 8 hours of continuing education every two years. Services include trauma assessment, an individualized treatment plan, and caregiver services, and must be available regardless of ability to pay.

6. **Case Review and Coordination.** The MDT must hold a formal case review at least monthly, with participation from law enforcement, child protective services, prosecution, medical, mental health, advocacy, and CAC staff. Case review covers interview and medical findings, safety issues, and service needs.

7. **Case Tracking.** Centers must have a system for monitoring case progress and outcomes through final disposition, and must be able to report NCA statistical data on demographics, allegations, outcomes, and referrals. Centers must also collect client feedback, such as through NCA's Outcome Measurement System.

8. **Organizational Capacity.** Centers must have sound legal, fiscal, and administrative infrastructure. This includes incorporation as a nonprofit, government, or tribal entity; required insurance; written personnel, financial, safety, and IT policies; an independent audit or review based on budget size (\$750,000 and \$200,000 thresholds); background screening for staff, board, and volunteers; a succession plan; a current strategic plan; and staff wellness support.

9. **Child Safety and Protection.** Centers must provide a physically and psychologically safe, child-friendly, and culturally responsive environment for all clients, with safety and supervision protocols and accessibility across the population served.

The NCA accreditation process is rigorous and ensures that CACs across the country meet the same standards.

E. STATEWIDE COVERAGE AND GEOGRAPHIC GAPS

Virginia currently has 19 accredited CACs and 10 satellite locations.¹⁷ In Virginia 91% of children live in counties or cities that are served by a Children's Advocacy Center. Additionally, 75% of counties and cities in Virginia are covered by a Children's Advocacy Center. Figure 1 below shows Virginia Children's Advocacy Centers by NCA Membership Status, Congressional Districts, Child (Under Age 18) Population by County. Figure 2 below shows the coverage areas of Virginia's current CAC network. Localities without CAC coverage are shown in gray. Geographic gaps in coverage are distributed throughout the state and includes a couple of localities in Northern Virginia.

¹⁷ Children's Advocacy Centers of Virginia, Find a Virginia CAC, <https://www.cacva.org/find-a-cac/>.

Figure 1. Virginia Children’s Advocacy Centers, Child (Under Age 18) Population by County:¹⁸

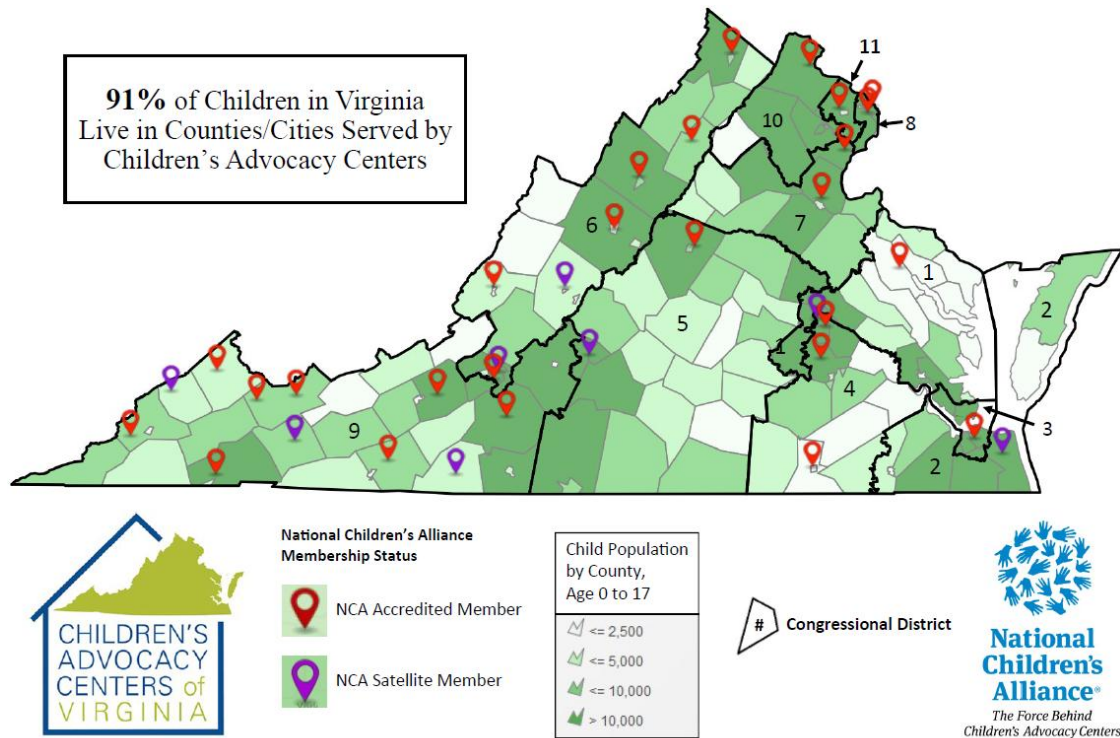
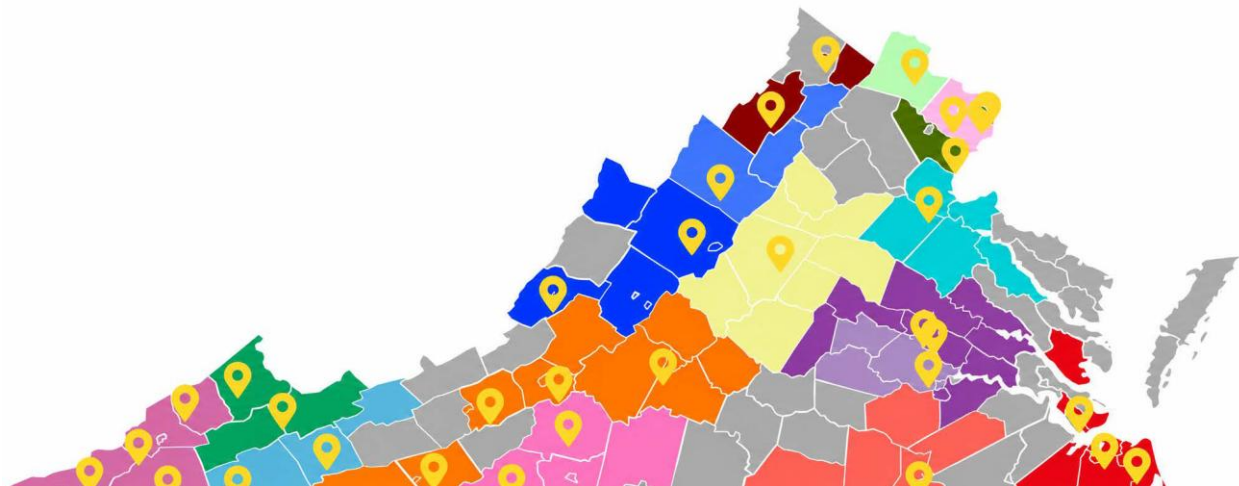


Figure 2. Children’s Advocacy Centers Locations and Coverage Areas:¹⁹



¹⁸ Virginia Gap Map, Email: Children’s Advocacy Center of Virginia.

¹⁹ Children's Advocacy Centers of Virginia, Find a Virginia CAC map, (October 1, 2026). <https://www.cacva.org/find-a-cac/>.

VII. Findings and Analysis

A. CHILDREN'S ADVOCACY CENTER OPERATIONS AND SURVEY RESULTS

Commission on Youth staff reviewed the most recent Fiscal year (FY) 2026 CAC operations data submitted to the Virginia Department of Social Services. This information helped inform the impact of CACs across the Commonwealth.

Overview of Statewide CAC Operations FY 2026

In fiscal year 2026, based on 18 reporting CACs, these centers served over 10,000 alleged victims and conducted almost 9,000 forensic interviews. Through multidisciplinary teams, they reviewed more than 26,000 cases. Furthermore, centers provided nearly 48,000 victim-service contacts for support and case management and reported more than 15,000 mental health treatment or counseling contacts.

Demographics and Case Types

Among the new alleged child victims served, the largest demographic was between the ages of 11 and 17. Sexual abuse was the most frequently reported or suspected type of victimization, accounting for 4,853 cases. Additionally, CACs reported 282 cases involving suspected or identified problematic sexual behavior (PSB) and 310 cases involving suspected or identified sexual exploitation or sex trafficking. Because these categories can overlap, they should not be counted as unique children.

Dispositions and Outcomes

While outside of their control, CACs actively track Child Protective Services (CPS) outcomes and prosecution dispositions. FY 2026 reporting included 988 founded and 1,498 unfounded CPS cases, and prosecution outcomes that included 384 plea agreements, 164 convictions, and 85 dismissals.

CAC Funding Survey and Operating Expenses

To better understand the financial landscape, the Commission on Youth surveyed Virginia's CACs regarding their operating expenses, state versus local funding shares, in-kind support, and unmet needs. Based on 16 survey responses, the overall picture presents a network that includes many relatively small organizations with a significant reliance on state funding and highly variable local support.

Twelve of the sixteen responding centers reported annual operating expenses below \$1 million, with a median of approximately \$660,000. Nine centers received more than half of their FY 2026 funding from state sources. Local funding is generally limited; 12 centers received less than 25% of their funding from local government, and 10 of those received less than 10% locally.

Variations in Local Government Support

The structure and level of direct local financial support vary significantly across the Commonwealth. Of the 16 respondents, only four centers reported receiving direct financial support from all of the localities they serve, while five received support from most. Seven centers served regions where direct cash participation came from only some or none of their jurisdictions.

This variation is particularly evident when comparing center models. For example, one nonprofit regional CAC serving seven localities and over 1,200 victims received only about \$35,000 (roughly 6% of its total funding) in direct local government cash, with three of those localities individually contributing \$4,000 or less. Conversely, a government-based CAC reported that approximately 67% of its funding came from direct local support.

In-Kind Local Support

While cash appropriations are one measure of local participation, in-kind contributions are also a vital form of support. Five of the twelve responding non-government CACs (42%) reported receiving some form of in-kind or non-monetary local government support in FY 2026. This support included donated facility space (with one nonprofit reporting approximately \$72,000 in donated space), utilities, technology, personnel, administrative assistance, and government services.

Local Funding Outlook and Unmet Needs

The survey also asked CACs to look ahead to FY 2027. Half of the survey respondents reported that their local funding would remain essentially unchanged. The primary barriers that CACs stated in terms of securing local funds were a lack of available funds in local budgets, complicated local budget processes, and a lack of established funding relationships.

CACs indicated that insufficient resources have resulted in concrete operational gaps, with fifteen of the sixteen responding CACs identifying unmet needs across staffing, programming, facilities, or operations.

The most frequently identified unmet need was mental health clinicians, followed by prevention and outreach staffing. The most common consequence of the shortfalls identified by CACs is that existing staff are forced to perform multiple roles to maintain services. More information and results from the survey can be found under Appendix C.

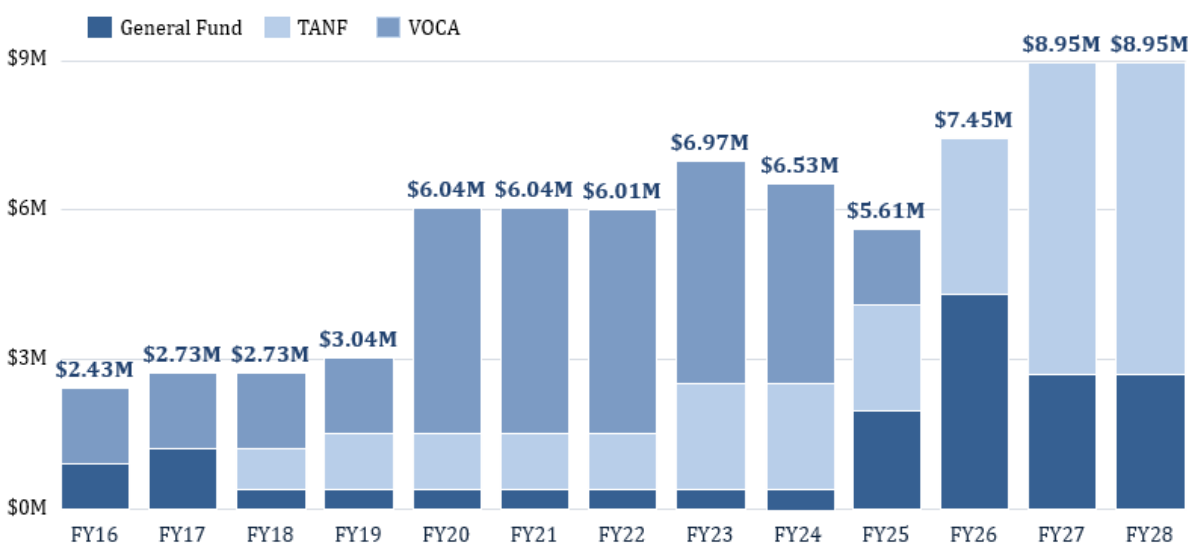
B. BUDGET MAKEUP HISTORY AND FORMULA

Nationally, Children's Advocacy Centers receive funding through three main avenues: state and local funding and grants, federal funding and grants, and independent fundraising. In Virginia, centers currently receive funding through General Fund dollars passed-through the Virginia Department of Social Services, Temporary Assistance for Needy Families (TANF) funds, one-time grants, and locality funding. Most CACs rely on donations from community members to fill gaps that cannot be covered by state, local, or federal funds.

Virginia's CACs are responsible for locating their own funding outside of the state funding allocated and distributed by the Department of Social Services as directed by the Appropriation Act. Children's Advocacy Centers of Virginia (CACVA) does not manage any federal or state grants going to CACs in Virginia.

For FY 2027 and FY 2028, the state allocation to CACs is approximately \$8.95 million each year, with roughly 70 percent coming from TANF. Currently, the budget allocates approximately \$2.7 million from the General Fund and \$6.2 million from the federal Temporary Assistance for Needy Families (TANF) block grant. Figure 3 below shows the funding makeup from state General Funds and TANF and Victims of Crime Act (VOCA) funds since FY 2016.

Figure 3. Virginia's Children's Advocacy Centers Funding by Source, FY 2016 – FY 2028²⁰



²⁰ Virginia state budget, <https://budget.lis.virginia.gov/>.

Victims of Crime Act (VOCA) Funding

Federal funding has declined in recent years, and most CACs now receive minimal federal funding, if any. This has left CACs requesting state and local governments to help fill the gaps.

One previous source of CAC funding in Virginia, the Victims of Crime Act (VOCA), has experienced significant fluctuations in available funding. The Crime Victims Fund, established under VOCA, is financed primarily through federal criminal fines, penalties, and other collections rather than taxpayer appropriations. The Fund's balance declined from approximately \$13.1 billion in FY 2017 to \$3.5 billion in FY 2025, although it has increased since reaching a low of approximately \$1 billion in FY 2023. Congress also establishes an annual cap on the amount available for distribution. For FY 2026, that cap was set at \$1.95 billion. Fluctuations in the Fund's balance and annual obligation cap have affected the amount of federal victim assistance funding available to states.²¹

In July 2021, President Joe Biden signed the VOCA Fix to Sustain the Crime Victims Fund Act (VOCA Fix). The VOCA Fix required that funds collected under federal deferred prosecution and non-prosecution agreements, which would otherwise be deposited in the general fund of the U.S. Treasury, be deposited into the Crime Victims Fund.²² More recently, Congress has considered the Crime Victims Fund Stabilization Act of 2025 (H.R. 909), which would temporarily direct certain recoveries under the federal False Claims Act into the Crime Victims Fund through FY 2029. The legislation passed the U.S. House of Representatives in January 2026 and is pending before the Senate Judiciary Committee.²³

Despite these federal efforts to stabilize the Crime Victims Fund, Virginia eliminated its dedicated VOCA pass-through funding for CACs beginning in state FY 2026. Previously, the Department of Criminal Justice Services (DCJS) provided VOCA funding to the Virginia Department of Social Services, which distributed those funds to CACs throughout the Commonwealth. In FY 2025, \$1.5 million in VOCA funding was designated for this purpose, but the funding was eliminated in FY 2026. Although DCJS continues to distribute VOCA funds to other victim assistance programs in Virginia, the dedicated pass-through funding program for CACs has not been restored. Figure 4 below shows the recent fluctuating statewide VOCA funds to Virginia overall.

²¹ Office for Victims of Crime, Crime Victims Fund End-of-Year Balance, FY 2007–2026, <https://ovc.ojp.gov/about/crime-victims-fund/fy-2007-2026-cvf-balance.pdf>; Congressional Research Service, The Fluctuating Balance of the Crime Victims Fund (April 17, 2025), https://www.congress.gov/crs_external_products/IF/PDF/IF12973/IF12973.1.pdf.

²² Office for Victims of Crime, VOCA Fix, <https://ovc.ojp.gov/about/crime-victims-fund/voca-fix>.

²³ Crime Victims Fund Stabilization Act of 2025, <https://www.congress.gov/bill/119th-congress/house-bill/909>.

Figure 4. Virginia VOCA awards & Federal VOCA cap²⁴

Virginia awards (\$ millions) and
federal cap (\$ billions), FFY16–FFY26

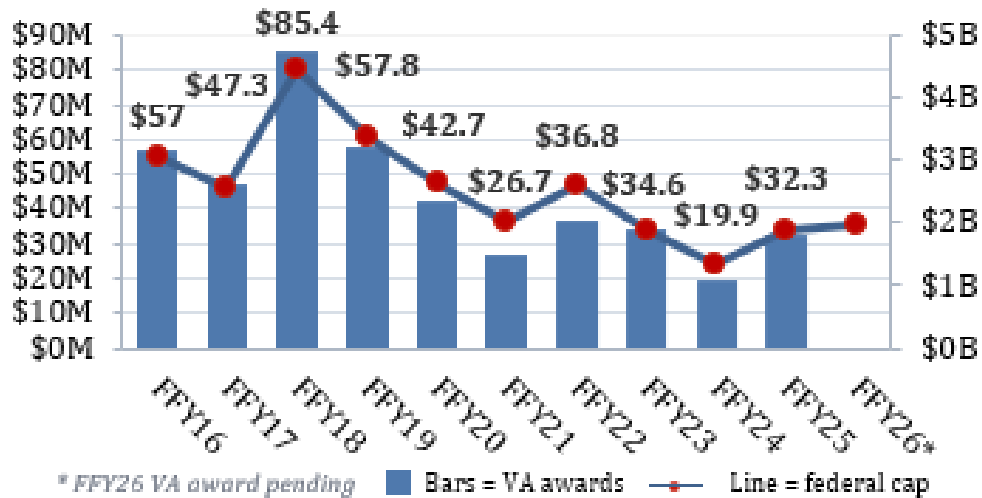
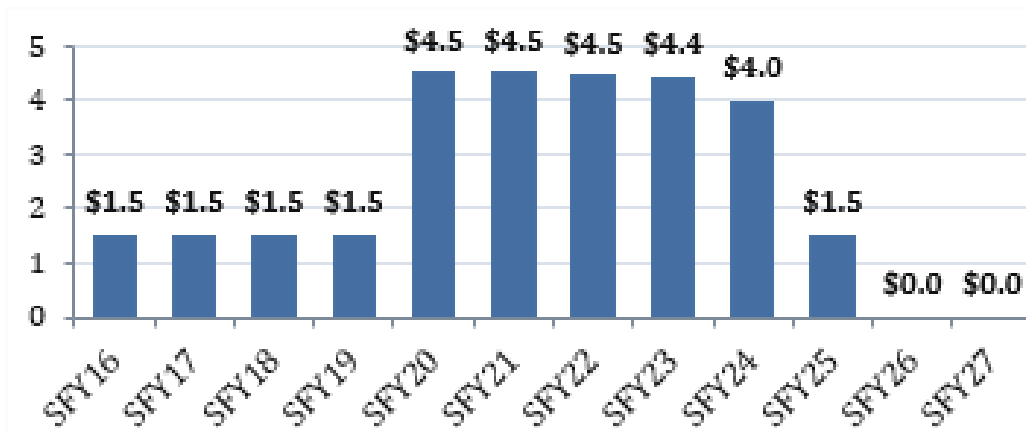


Figure 5 below shows the history of dedicated DCJS VOCA funding for CACs.

**Figure 5. Dedicated Department of Criminal Justice Services (DCJS)
VOCA funding for CACs²⁵**

Virginia pass-through amounts,
SFY16–SFY27 (\$ millions)



²⁴ Virginia Award Amounts. Email with Department of Criminal Justice Services (August 20, 2026).

²⁵ Virginia Award Amounts. Email with Department of Criminal Justice Services (August 20, 2026).

Current Budget Formula

The current budget formula was adopted in 2015. This distribution structure is codified directly in Item 335 of the Appropriation Act.²⁶ Under this framework, four percent of the total appropriation is allocated directly to the Children’s Advocacy Centers of Virginia (CACVA) for statewide chapter support, development, continuation, and organizational sustainability. The remaining 96 percent of state funding is divided into two distinct components: a 65 percent baseline allocation and a 35 percent needs- and service-based allocation.

The 65 percent baseline allocation distributes funding based on a center’s organizational accreditation and facility footprint. Under this structure, developing or associate centers receive 100 percent of the base allocation, accredited centers receive 150 percent of the base, and accredited centers operating satellite locations receive 175 percent of the base.

The remaining 35 percent needs-based pool is allocated using three weighted criteria: local child population (25 percent), the rate of reported child abuse per 1,000 children (25 percent), and the number of counties and independent cities served through formal Memoranda of Understanding (50 percent).

This formula has remained unchanged for over a decade and does not account for a few issues raised during this study. Any changes to the formula would need to be addressed in the budget. The current formula omits direct measures of center workload and service delivery, such as the total number of children served, forensic interview volume, and mental health counseling contacts. It also does not account for specialized jurisdictional partnerships, such as military installation MOUs, or the logistical and transportation costs to serving large rural areas.

C. OTHER POTENTIAL FUNDING SOURCES AND COMPARATIVE MODELS

As reported by CACs, CACVA, and state agencies, CACs receive funding through competitive and noncompetitive grants that may change annually and can be administratively burdensome to obtain and manage. For example, in 2025, the Family and Children's Trust Fund of Virginia (FACT) made available ten grants of \$10,000 each for child sexual abuse prevention activities at CACs. These grants were limited to CACVA member centers and required recipients to cover expenses upfront before receiving reimbursement upon submission of the required documentation.²⁷

The Virginia Department of Criminal Justice Services (DCJS) also administers competitive and noncompetitive grants available to CACs. According to DCJS, more than \$10 million has been

²⁶ 2026 Appropriation Act, Item 335(F), <https://budget.lis.virginia.gov/item/2026/2/HB30/Chapter/1/335/>.

²⁷ Family and Children's Trust Fund of Virginia, 2025–2026 Child Sexual Abuse Prevention Child Advocacy Centers Grant Program, https://www.fact.virginia.gov/wp-content/uploads/2025/06/FACT-CSA-CAC_Application-FY-2025_1-agreement.pdf.

awarded directly to CACs through individual project grants over the past decade, excluding additional equipment funding. In 2026, HB 1233 (Delaney) amended § 9.1-116.1 of the *Code of Virginia* to explicitly include local child advocacy organizations among programs eligible for funding through the Virginia Sexual and Domestic Violence Victim Fund.²⁸ Although the FY 2027 competitive solicitation was limited to projects supporting medical forensic examiners, CACVA is hopeful that the statutory change will lead to additional funding opportunities in future grant cycles.²⁹

Other Federal Funding Sources

In addition to the Victims of Crime Act (VOCA), other federal programs support CACs and the broader multidisciplinary response to child abuse. The Victims of Child Abuse Act (VOCAA), a separate federal law, funds regional training and technical assistance, including services provided to Virginia through the Southern Regional Children's Advocacy Center. VOCAA also supports competitive subgrants administered by the National Children's Alliance for local CAC services, equipment, and program improvements.³⁰ In 2026, six Virginia CACs and CACVA received awards through this program, including grants to three centers specifically for core CAC services.³¹

The Children's Justice Act (CJA), administered in Virginia by the Department of Criminal Justice Services (DCJS), supports improvements in child abuse investigations and prosecutions, including ChildFirst Virginia forensic interview training coordinated by CACVA.³² The Edward Byrne Memorial Justice Assistance Grant (JAG) program also supports criminal justice initiatives in Virginia, generally through state and local government agencies, but does not provide a dedicated funding stream for CAC operations.³³ Although these federal programs provide valuable support, they do not constitute a predictable source of unrestricted, recurring operating funds for Virginia CACs.

Opioid Settlement Funding

One potential, but untapped source of funding for Virginia's CACs are opioid abatement and remediation dollars. Virginia's opioid abatement dollars are litigation settlement proceeds, not a state grant program, and that origin determines how they can be used. The funds come from settlements Virginia and other states reached with opioid manufacturers, distributors, and

²⁸ HB 1233, <https://lis.virginia.gov/bill-details/20261/HB1233>.

²⁹ Virginia Department of Criminal Justice Services, SFY 2027 VSDVVF Grant Program for Forensic/Sexual Assault Nurse Examiner Projects, https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/grants/VSDVVF_FNE_SFY27_Guidelines_FINAL.pdf.

³⁰ Office of Juvenile Justice and Delinquency Prevention, 2024 Victims of Child Abuse Act Annual Report to Congress (September 2025), <https://ojdp.ojp.gov/publications/victims-of-child-abuse-act-2024-report.pdf>.

³¹ National Children's Alliance, 2026 National Children's Alliance Grant Awards, <https://www.nationalchildrensalliance.org/wp-content/uploads/2026/02/2026-NCA-Awardee-List.pdf>.

³² Virginia Department of Criminal Justice Services, Children's Justice Act (CJA), <https://www.dcjs.virginia.gov/safer-communities-youth-services/childrens-justice-act-cja>.

³³ Virginia Department of Criminal Justice Services, Byrne Justice Assistance Grant Program (JAG), <https://www.dcjs.virginia.gov/law-enforcement/grants/byrne-justice-assistance-grant-program-jag>.

pharmacy chains. According to the Virginia Opioid Abatement Authority (OAA), Virginia is expected to receive more than \$1 billion in settlement payments through 2041.³⁴

Because this is settlement money rather than tax revenue, its use is governed by the settlement agreements and the *Code of Virginia* rather than the General Fund. Two important restrictions affect how CACs would be able to access and use these funds. First, money cannot go directly to a nonprofit such as a CAC; it must flow through a state agency, city, or county, which then partners with or contracts the CAC to deliver services.³⁵ Second, funds must be used for opioid abatement purposes, as defined by the settlements' "Exhibit E" and by *Code of Virginia* § 2.2-2370.

How Virginia Splits the Money

Virginia's statewide Memorandum of Understanding divides incoming settlement funds three ways.³⁶

Table 1: Distribution and Administration of Virginia's Opioid Settlement Funds

Share	Held By	How It Is Accessed
55%	Opioid Abatement Fund, managed by the OAA	Competitive OAA grants to localities and state agencies
30%	Virginia's 133 cities and counties (Direct Distribution)	Local decision; half restricted to abatement purposes
15%	Commonwealth Opioid Abatement and Remediation (COAR) Fund	Appropriated line by line by the General Assembly in the budget

The COAR Fund (15% State Share)

Within Virginia's opioid settlement funding structure, the COAR Fund represents the most promising option for establishing a sustainable funding source for Virginia's Children's Advocacy Centers (CACs). It is a separate, nonreverting fund created by *Code of Virginia* § 2.2-2377, and it may be used only for efforts to treat, prevent, or reduce opioid use disorder or otherwise abate the opioid epidemic. Unlike the OAA's grant funds, COAR money is not awarded through a competitive application. It is appropriated line by line in the biennial Appropriation Act. This means a COAR-funded CAC initiative would need to be brought forward by a legislator as a budget item, rather than through an OAA grant application.

³⁴ Virginia Opioid Abatement Authority, Virginia Opioid Abatement Authority Announces Over \$35.2 Million in New Grant Awards to Communities Across the Commonwealth (June 16, 2026), <https://www.oaa.virginia.gov/news-and-updates/releases/name-1119686-en.html>.

³⁵ Va. Code § 2.2-2370(A)(2).

³⁶ Virginia Opioid Abatement Fund and Settlement Allocation Memorandum of Understanding, <https://nationalopioidsettlement.com/wp-content/uploads/2021/10/VA-Opioid-Abatement-Fund-and-Settlement-Allocation-MOU1.pdf>.

The FY 2027 – FY 2028 Appropriation Act earmarks COAR money for specific state agencies and purposes:³⁷

**Table 2: Commonwealth Opioid Abatement and Remediation (COAR) Fund
Appropriations, FY 2027 – FY 2028**

Agency	Purpose	FY 2027	FY 2028
Department of Health	Opioid Reversal Agents and Test Kits	\$5,464,145	\$5,464,145
Department of Health	Naloxone for Public Schools	\$100,000	\$100,000
Department of Health Professions	Prescription Monitoring Program	\$400,000	\$400,000
VA Foundation for Healthy Youth	Marketing Efforts for Opioid Crisis	\$500,000	\$500,000
Virginia Information Technologies Agency	State Agency Opioid Data	\$3,940,503	\$2,207,055
Department of Social Services	Addiction Treatment Navigator	\$400,000	\$400,000
Department of Health	Strategic Plan for Opioid Response Efforts	\$105,115	\$105,115
Department of Criminal Justice Services	Jail-Based SUD Treatment and Transition Fund	\$1,000,000	—
Total		\$11,909,763	\$9,176,315

The Act already directs COAR money to the Department of Social Services, confirming that DSS is an eligible, currently funded state-agency conduit for opioid abatement dollars. Under Item 492(E), state-agency grants allocated through COAR must stay within the receiving agency's existing statutory authority and are treated as one-time funding that creates no ongoing obligation for the Commonwealth.

How CAC Services Qualify as Abatement Uses

The national Opioid Settlement agreements identify authorized uses of settlement funds in *Exhibit E: List of Opioid Remediation Uses*. Under *Code of Virginia* § 2.2-2374(B), the Virginia Opioid Abatement Authority (OAA) is required to administer its grant programs in accordance with the terms of the applicable settlement agreements. Within Exhibit E, Schedule B identifies approved uses of settlement funds, including a section addressing the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome. This section (Schedule B,

³⁷ 2026 Appropriation Act, Item 492, <https://budget.lis.virginia.gov/item/2026/2/HB30/Chapter/1/492>.

Section E) contains two authorized uses particularly relevant to services provided by CACs:³⁸

- E.8: "Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events."
- E.10: "Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use."

Precedent

Other states have used opioid settlement funds to support CACs. In West Virginia, the West Virginia First Foundation, a private nonprofit organization established under an agreement between the state and local governments to administer the state's opioid settlement funds, has awarded grants to several CACs.³⁹ In 2024, the Foundation awarded \$720,000 to North Star Child Advocacy Center to expand its facilities and services. In 2025, it awarded \$123,750 to Hero's Haven Child Advocacy Center to support forensic interviews, family advocacy, staffing, and facility improvements. In 2026, the Foundation awarded \$125,000 to Monongalia County Child Advocacy Center for services addressing the effects of parental substance use, including forensic interviews, family advocacy, and mental health treatment.⁴⁰ In New York, Oswego County awarded \$108,936 in opioid settlement funding to its local Child Advocacy Center for a 2024 contract to provide trauma therapy to parents and caregivers with adverse childhood experiences.⁴¹

Comparative State Funding Models

States vary in how they administer and distribute funding to CACs. In North Carolina, state funding is distributed through the statewide CAC organization, while Virginia and Maryland administer funding through state agencies using established allocation formulas.

North Carolina

North Carolina provides access to CAC services across all 100 counties through a network of 54 accredited and two provisional centers. North Carolina uses a pass-through funding model in which the statewide chapter, Children's Advocacy Centers of North Carolina (CACNC), administers and distributes state funding to individual centers.

³⁸ National Opioid Settlement, Exhibit E: List of Opioid Remediation Uses, <https://nationalopioidsettlement.com/uses-core-strategy>.

³⁹ West Virginia First Foundation, General FAQs, <https://wvfirst.org/faqs/>.

⁴⁰ West Virginia First Foundation, Initial Opportunity Grant Awards (2024), <https://wvfirst.org/wvff-announces-awardees-of-initial-opportunity-grants/>; Hero's Haven Child Advocacy Center, <https://wvfirst.org/awardee/harrison-county-child-abuse-task-force-dba-heros-haven-child-advocacy-center/>; Monongalia County Child Advocacy Center (2026), <https://wvfirst.org/awardee/monongalia-county-child-advocacy-center-inc-2/>.

⁴¹ Oswego County, "Oswego County Launches Distribution of Regional Opioid Settlement Funding," December 18, 2023, https://health.oswegocountyny.gov/news_detail_T28_R834.php.

For fiscal year 2026–2027, under North Carolina's Department of Health and Human Services funding formula, centers first receive a baseline award of \$134,000 for accredited CACs or \$50,000 for provisional CACs. All remaining state funding is then allocated based on the volume of children served across four core service areas: victim advocacy (20 percent), forensic interviewing (20 percent), medical services (30 percent), and mental health treatment (30 percent). While centers receive 100 percent of their calculated per-child allotment for victim advocacy and forensic interviewing, medical and mental health funds are further tiered to reflect how local programs are financed.⁴²

Maryland

Maryland has 24 CACs, including 18 accredited centers and six working toward accreditation, with every county having access to CAC services. The Maryland Children's Alliance (MCA) serves as the statewide chapter, providing training and technical assistance to local centers. Unlike North Carolina, Maryland administers state CAC funding through the Governor's Office of Crime Prevention and Policy.⁴³

Maryland law requires the state to support CACs through grants distributed under a formula agreed upon by MCA and the Governor's Office.⁴⁴ For FY 2027, the program anticipates \$300,000 in funding, with up to \$12,000 available to each of the 24 jurisdictions and MCA.⁴⁵

Maryland also supports CACs through its broader victim services grant program. The Victim Services Stabilization Act of 2023 requires annual state appropriations sufficient to bring combined state funding and the previous year's federal Victims of Crime Act (VOCA) allocation to \$60 million.⁴⁶ These funds are awarded competitively to eligible victim service providers. In FY 2026, Maryland awarded \$45.8 million in state funding and \$14.2 million in federal VOCA funding. State-funded recipients included The Tree House CAC (\$313,922), the Child Advocacy Center of Frederick County (\$289,175), and MCA (\$245,233).⁴⁷

⁴² Email: Children's Advocacy Centers of North Carolina, August 20, 2026.

⁴³ Maryland Children's Alliance, About Us, <https://www.marylandchildrensalliance.org/about-us/>; Maryland Governor's Office of Crime Prevention and Policy, Child Advocacy Center Services FY 2025 Report, June 1, 2026, [https://dlslibrary.state.md.us/publications/Exec/GOCPP/CP11-928\(f\)_2025.pdf](https://dlslibrary.state.md.us/publications/Exec/GOCPP/CP11-928(f)_2025.pdf).

⁴⁴ Md. Code, Criminal Procedure § 11-928, <https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gcp&section=11-928>.

⁴⁵ Maryland Governor's Office of Crime Prevention and Policy, SFY 2027 Child Advocacy Centers Services Grant Program Notice of Funding Availability, <https://gocpp.maryland.gov/wp-content/uploads/SFY2027-CACS-NOFA.pdf>.

⁴⁶ Md. Code, Criminal Procedure § 11-934, <https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gcp&section=11-934>.

⁴⁷ Maryland Governor's Office of Crime Prevention and Policy, Victim Services Programs and Grantees and Funds Awarded 2026 Report, October 29, 2025, pp. 23, 29, 36, 39, https://gocpp.maryland.gov/wp-content/uploads/CP-%C2%A7-11-934g_-2025-JCR-Pages-34-35_-GOCPP_-Victim-Services-Programs-and-Grantees-and-Funds-Awarded-2026-Report.pdf.

Another funding source is Maryland's Internet Crimes Against Children Task Force Fund. The law requires an annual appropriation of at least \$2 million, with up to 25 percent available for CAC grants supporting personnel, training, and equipment related to investigating and prosecuting internet crimes against children.⁴⁸

D. FUTURE CONSIDERATIONS

During this study a couple of areas arose that require future time and consideration for study and analysis.

Judicial and Evidentiary Barriers

Although CACs conduct forensic interviews in a trauma informed manner and in a way to ensure legally defensible disclosures, criminal court proceedings remain an acute point where child victims face potential re-traumatization. Under *Code of Virginia* § 18.2-67.9, child victims and witnesses in qualifying criminal proceedings may provide testimony outside the physical presence of the defendant via two-way closed-circuit television. However, multidisciplinary team partners at CAC site visits report that statutory hurdles persist compared to other nearby states. In particular, the statute imposes chronological age caps that exclude older, severely traumatized adolescents, maintains strict motion-filing deadlines that conflict with evolving disclosures, and sets an evidentiary threshold for demonstrating psychological trauma that remains more difficult to satisfy than standards in neighboring states.

Stakeholders emphasized that judges should have the discretion to evaluate a child's specific developmental stage, trauma history, and capacity to testify rather than relying on age exclusions.

Expansion of Coverage

Approximately 25 percent of Virginia localities currently lack access to a Children's Advocacy Center, leaving coverage gaps across rural and underserved areas despite the existing network of 19 centers and 10 satellite offices. Study findings and stakeholder feedback identified a structural hurdle to closing these gaps: developing centers require substantial upfront capital to secure facilities and hire qualified staff, yet state funding under Item 335 of the Appropriation Act only becomes available only after an organization achieves formal associate or accredited status.

An issue raised by stakeholders during this study is on determining the most effective and sustainable delivery model for statewide coverage. Multidisciplinary partners noted that additional evaluation is needed on how to address coverage gaps and if it should be done through establishing new standalone CACs, open additional satellite locations, better equip and resource existing centers so they have the capacity to expand their geographic reach, or some combination.

⁴⁸ Md. Code, Public Safety § 4-602, <https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gps&section=4-602>.

VII. Recommendations

After presenting the findings and recommendations at the Commission on Youth's October 20, 2026, meeting and receipt of public comment, the Commission approved and adopted the following recommendations:

Address State General Fund and TANF Support:

Recommendation 1: Introduce a budget amendment to Item 335 of the Appropriation Act to increase the General Fund (GF) appropriation and ensure a certain funding baseline going forward for Children's Advocacy Centers. In addition to increasing the General Fund allotment, the General Assembly should prioritize balancing the current General Fund and Temporary Assistance for Needy Families (TANF) funding structure.

Incentivize Local Government Support:

Recommendation 2: Introduce a budget amendment to Item 335 of the Appropriation Act to establish a state matching incentive, above base allocations, for Children's Advocacy Centers that receive direct local appropriations or eligible in-kind support from the localities they serve, with local support representing at least a minimum percentage of combined state and local public support, as established by the Virginia Department of Social Services.

Direct the Virginia Department of Social Services, in coordination with the Virginia Association of Counties (VACo) and the Virginia Municipal League (VML), and Children's Advocacy Centers of Virginia (CACVA) to establish a formula for distributing the available matching funds to eligible Children's Advocacy Centers that encourages new and increased local investment while recognizing existing local support. The Department shall report on this incentive structure to the Commission on Youth and to the Chairs of the House Appropriations Committee and Senate Finance and Appropriations Committee by November 1, 2027.

Outcomes and Performance Reporting

Recommendation 3: Introduce a budget amendment to Item 335 of the Appropriation Act directing the Children's Advocacy Centers of Virginia (CACVA) to work with Children's Advocacy Centers to collect and report standardized annual performance and outcome metrics to the Virginia Department of Social Services. The Virginia Department of Social Services and Children's Advocacy Centers of Virginia (CACVA) shall work together to establish the annual performance and outcome metrics to include in this report. This

recommendation would formalize the current Children’s Advocacy Centers reporting process while placing greater emphasis on measuring outcomes and system performance.

The Virginia Department of Social Services shall report the information annually to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee and the Senate Committee on Rehabilitation and Social Services and the House Health and Human Services.

Funding Formula Modernization and Flexibility:

Recommendation 4: Introduce a budget amendment to Item 335 of the Appropriation Act directing the Virginia Department of Social Services, in direct partnership with Children’s Advocacy Centers of Virginia (CACVA), to convene a Children’s Advocacy Centers formula review committee. Currently, Virginia’s funding distribution formula is codified in Item 335, establishing fixed percentages.

The Committee shall evaluate the current funding distribution model to address:

- Recommendations to update formula metrics to better reflect core service demands, including unduplicated children served, forensic interview volume, mental health therapy hours provided, active military MOUs, and geographical/rural coverage challenges.
- Recommendations to permit more flexibility in updating the formula while promoting continuity and oversight.

Included in this recommendation is one-time funding for the Department to staff and support the formula review committee. The Committee shall submit recommendations to the Commission on Youth and to the Chairs of the House Appropriations Committee and Senate Finance and Appropriations Committee by November 1, 2027.

Commonwealth Opioid Abatement and Remediation (COAR) Fund:

Recommendation 5: Introduce a budget amendment to Item 492 of the Appropriation Act to allocate Commonwealth Opioid Abatement Remediation (COAR) Fund dollars to the Department of Social Services on behalf of Children’s Advocacy Centers to provide forensic interviews, trauma-informed mental health treatment, and family advocacy services for children and families impacted by parental substance use disorder and child drug endangerment from the fallout of the opioid epidemic.

Department of Criminal Justice Services (DCJS) Funding:

Recommendation 6: Request that the Department of Criminal Justice Services (DCJS) review state and federal grant opportunities and state victim assistance funding streams, such as VOCA funding and grants related to sexual assault services, for opportunities to support Children's Advocacy Centers.

Title IV-E Funding:

Recommendation 7: Request that the Virginia Department of Social Services explore whether training, service, or administrative costs related to the Children's Advocacy Center model are eligible for federal Title IV-E reimbursement, and work with Children's Advocacy Centers of Virginia (CACVA) to provide guidance to Children's Advocacy Centers in drawing down available funds.

Problematic Sexual Behavior (PSB):

Recommendation 8: Request that the Virginia Department of Social Services encourage and find ways to support the Family and Children's Trust Fund of Virginia (FACT) in partnering with Children's Advocacy Centers of Virginia (CACVA) to expand opportunities for multidisciplinary teams to participate in training on responding to children with problematic sexual behavior. Currently FACT is piloting a train-the-trainer model and toolkit to increase access to consistent guidance, training, and evidence-based practices for PSB.

Medicaid Billing Guidance:

Recommendation 9: Request that the Department of Medical Assistance Services (DMAS) work with Children's Advocacy Centers of Virginia (CACVA) to provide technical assistance, training opportunities, and guidance on Medicaid billing for eligible clinical and mental health services to Children's Advocacy Centers. Guidance should include information on applicable provider enrollment, licensure, credentialing, and billing requirements for medical and behavioral health services.

Service Expansion in Unserved Areas:

Recommendation 10: Request the Virginia Commission on Youth to convene a stakeholder work group to examine models for expanding Children's Advocacy Centers' access to Virginia's underserved and rural areas. The work group should look at how to establish a state-administered Seed and Expansion Grant Program to cover initial start-up

costs, to establish satellite centers, or new Children's Advocacy Centers in unserved jurisdictions.

Child Victim and Witness Testimony Laws:

Recommendation 11: Request the Virginia Commission on Youth to study § 18.2-67.9 of the *Code of Virginia* regarding testimony by child victims and witnesses using two-way closed-circuit television to evaluate age restrictions and potential barriers to its effectiveness in being used in situations where a child has been impacted by trauma.

VIII. Acknowledgments

The Virginia Commission on Youth extends appreciation to the numerous stakeholders who participated in this study. A list of stakeholders who participated in the Advisory Group is included in an appendix of this report.

Also, a special thank you to the CAC directors who gave tours of their CAC to Commission members and staff.

Finally, the Commission on Youth would like to recognize its law intern for her hard work and dedication to this study, Oli McGowan, University of Richmond School of Law, who assisted with the research and writing of this report.

Review of Funding and Support for Virginia's Children's Advocacy Centers *Advisory Group Members*

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County Commonwealth's Attorney's Office

Charlé McCauley, Director of Communications, Children's
Advocacy Centers of Virginia

Jenni Booker Baker, Vice President of Development and
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Sherri McKinney, Chief Executive Officer, Foothills Children's
Advocacy Center

Chaya Cobb, Survivor and Former Recipient of Children's
Advocacy Center Services

Clyte Portis, Program Manager, Prince William County Child
Advocacy Center

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District

Greg Preston, Executive Director, Piedmont Community
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Hope Richardson, Senior Policy Advisor and Legislative Liaison,
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Julie Dubee, Research Analyst, Court Improvement Program,
Office of the Executive Secretary, Supreme Court of Virginia

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Center of Highlands Community Services

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Bret Schardein, Deputy County Administrator, Hanover County

Barbara A. Favola, Senator, Senate of Virginia - 40th District

Holly M. Seibold, Delegate, Virginia House of Delegates - 12th
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Joe Flores, Director of Fiscal Policy, Virginia Municipal League

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Jenna Foster, Children's Justice Act Coordinator, Virginia
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Lanis Geluso, Sergeant, Virginia Beach Police Department

Virginia Senate Finance and Appropriations Committee Staff:
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Kelly Johnson, Chief Operating Officer, Naborforce

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CHILDREN'S ADVOCACY CENTERS: ESSENTIAL INFRASTRUCTURE FOR CHILD PROTECTION



Understanding
CACs Essential
Role in Virginia's
Coordinated
Response to Child
Abuse

Rebecca Simmons, MSW,
Executive Director, Children's Advocacy Centers of VA



WHAT IS A CHILDREN'S ADVOCACY CENTER?

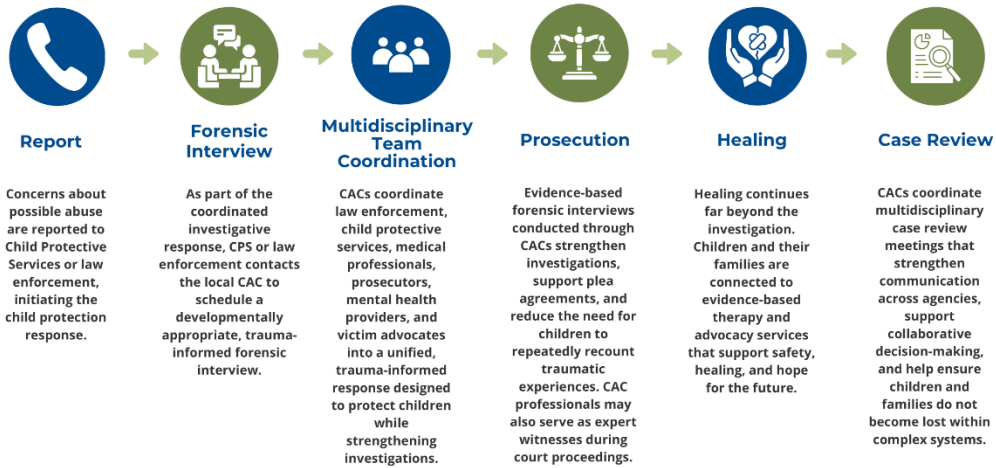
A Children's Advocacy Center (CAC) is a nationally recognized, evidence-based model that brings together multidisciplinary partners to respond to child abuse in a coordinated, child-focused way.

CACs provide specialized services, including forensic interviews, family advocacy, mental health treatment & coordination, medical referrals, and multidisciplinary case coordination to support children and strengthen investigations of crimes against children.

One child.
One place.
One coordinated response.



CACS IN THE INVESTIGATIVE PROCESS



CACs ARE THE OPERATIONAL HUB OF THE MULTIDISCIPLINARY TEAM

We coordinate and operationalize the multidisciplinary team response.



CACs are often the only entity specifically designed to coordinate the entire child abuse response system.

"I talk to suspects all the time. That's the kind of interviewing I'm trained to do. Talking to children is completely different, and the forensic interviewers at the CAC know how to do it the right way. They're able to get information from kids that I never could."

-Virginia Law Enforcement Investigator

CACS STRENGTHEN EVERY SYSTEM THEY PARTNER WITH



LAW ENFORCEMENT

Stronger evidence & more effective investigations



CHILD PROTECTIVE SERVICES

Better information for safety decisions



PROSECUTION

Stronger evidentiary foundations & more reliable testimony



FORENSIC MEDICAL TEAM

Coordinated care and documentation



MENTAL HEALTH PROVIDERS

Early intervention and specialized treatment

FORENSIC INTERVIEWS: EVIDENCE-BASED. CHILD-FOCUSED. LEGALLY SOUND.

- Key evidence is gathered from the child in a legally defensible manner
- Conducted by specially trained professionals
- Use nationally validated protocols
- Designed to be developmentally/age appropriate and non-leading
- Observed by the MDT in real time
- Minimizes trauma while maximizing information



Better interviews.
Better evidence.
Better outcomes.

WHEN A CHILD FINDS THE COURAGE TO TELL, EVERYTHING THAT FOLLOWS MATTERS.

A child may only disclose abuse once.
The response they receive can shape:

- 1 their safety
- 2 their healing
- 3 the strength of the investigation
- 4 if justice is achieved



Child abuse cases require more than good intentions. They require systems that are prepared to respond collaboratively, compassionately, and correctly.

That is why Children's Advocacy Centers exist.

VIRTUAL TOUR DESIGNED WITH PURPOSE

Every room. Every detail. Every decision.

Children's Advocacy Centers are carefully designed to support children, families, and the professionals who walk beside them.

"I thought it was going to be scary, but it wasn't. Everybody was nice to me. They had cool toys. It would be perfect if they had video games."

-11 year old boy, Staunton, VA



LOBBY & FAMILY ADVOCACY

Creating Safety From the First Moment

When children first enter, a survivor wall is the first thing they see. This serves as a reminder that they are not alone. **It reflects hope, resilience, and the truth that healing is possible.**

Our lobby is warm and welcoming as family advocates are here to support families with compassion and knowledge.



INTENTIONAL DESIGN

- Visible reminders of strength
- Comfortable, developmentally inclusive design
- Privacy and separation from public spaces and other families
- Separate entrance for families and MDT

FORENSIC INTERVIEW ROOMS

Specialized Spaces for Specialized Interviews

Forensic Interview Rooms are intentionally designed to be neutral, calm, and developmentally appropriate.

Decor is carefully selected to be inclusive and non-suggestive, ensuring interviews are legally defensible and trauma-informed.



INTENTIONAL DESIGN

- Earthy grounding and calming themes and colors
- Equipment designed to enhance sound and privacy
- Appropriate for specific age groups
- Furniture for small children to feel comfortable and larger furniture for older kids

MDT OBSERVATION ROOM

Built for a Coordinated Response

In this room, our multidisciplinary team observes interviews in real-time, ensuring children only have to tell their account once.

It also serves as the space for pre-interview preparation among the team and post-interview case coordination and discussion.



INTENTIONAL DESIGN

- Clear view of child and other MDT members
- Sound proofed for confidentiality
- Space for collaboration and coordination
- Separate entrances for MDT & children/families.

FAMILY MEETING ROOM

Difficult Conversations Happen Here

This private, comfortable space is where our team meets with non-offending caregivers to share information, discuss next steps, and support safety planning.

Some of the hardest conversations a family will ever experience happen in this room.



INTENTIONAL DESIGN

- Private and confidential
- Comfortable setting for families
- Calm environment to support difficult conversations
- Resource wall with brochures for partner agencies
- Video monitored for safety

FORENSIC MEDICAL ROOM

Designed to Protect Privacy, Dignity, and Emotional Safety

This child-centered room is where child victims and their families will have their forensic medical exam performed by a trained pediatric forensic nurse.

Having an onsite medical room reduces trauma, increases participation in the exams, and provides a calm space where child victims receive specialized care and ask any wellness questions about their body, combatting shame and misinformation.



INTENTIONAL DESIGN

- Private entrances and waiting areas for victims and their families
- Adjustable height bed to be lowered for very small children
- Attached bathrooms and changing areas
- Age appropriate toys to assist in the exam



THERAPY ROOM

Where Healing Takes Hold

Therapy spaces are intentionally designed to help children feel safe, build trust, and express what they might not have words for yet.

Tools like sand tray therapy, along with specialized treatment modalities, support healing in ways that are meaningful and evidence-based.



INTENTIONAL DESIGN

- Private entrances and waiting areas for therapy clients
- Enough space in rooms for children to explore healing through movement and play
- Sound proofing to enhance confidentiality



CASE EXAMPLE: THE DIFFERENCE A CAC COORDINATED RESPONSE MAKES

WITHOUT A CAC

- ✗ Child interviewed multiple times by unreliable interviewers
- ✗ Poor question structure resulting in inconsistent details
- ✗ Increased # of interviews done by untrained interviewers puts evidence at risk
- ✗ Child has to tell their story repeatedly, increasing trauma to the child
- ✗ Statement inconsistencies, siloed investigations, and lack of coordination makes for weaker cases

WITH A CAC

- ✓ One forensic interview by a trained professional utilizing nationally recognized protocols
- ✓ MDT observes in real time while sharing information with all investigative parties
- ✓ Coordinated next steps between agencies
- ✓ Wrap around, child-centered approach where families are connected to resources to help them on their healing journey
- ✓ Stronger cases for investigative teams and less trauma for children and their families

"You never expect to go through something like this with your child. The CAC made us feel supported from day one. They treated us with compassion, answered our questions, and helped us feel less alone."

-Mother of 7 year old survivor, Waynesboro, VA

WITHOUT CAC INFRASTRUCTURE SYSTEMS FRAGMENT.



CACs were created because fragmented responses were failing children.

- ✗ Children may be interviewed multiple times
- ✗ Evidence can be lost or contaminated
- ✗ Coordination gaps lead to delays and duplication of interviews & work by professionals
- ✗ Increased trauma for children and families
- ✗ Weaker investigations and prosecution

ACCESS TO A CAC SHOULD NOT DEPEND ON GEOGRAPHY

Access to a Children's Advocacy Center is not a privilege. Every child has the right to a coordinated, evidence-based, trauma-informed response during one of the most vulnerable moments of their life. Due to limited access:

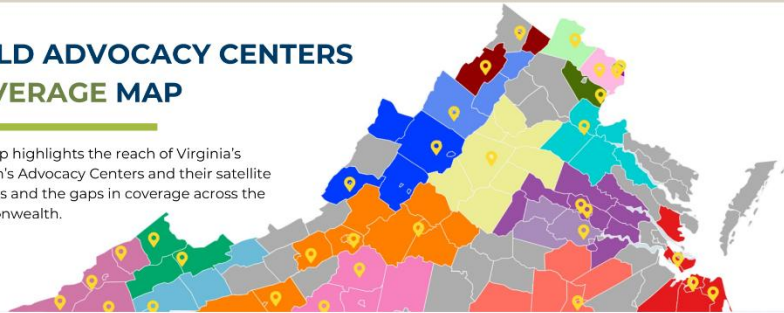
- 📍 Children may travel long distances for services
- 📍 Investigations may become fragmented
- 📍 Families may struggle to access therapy or advocacy support
- 📍 MDT coordination may weaken
- 📍 Children are at greater risk of falling through system gaps

Children do not choose where abuse occurs.
Every child deserves the same access to safety.



CHILD ADVOCACY CENTERS COVERAGE MAP

This map highlights the reach of Virginia's Children's Advocacy Centers and their satellite locations and the gaps in coverage across the Commonwealth.



- | | | | | |
|---|--|--|--|---|
| <p>1 Southwest Virginia Children's Advocacy Center
1501 3rd Avenue East
Big Stone Gap, Virginia 24219</p> <p>2 Children's Advocacy Center of Highlands Community Services
21451 Sugar Hollow Road
Bristol, Virginia 24201</p> <p>3 C.A.R.E. of Southwest VA
406 Suffolk Avenue
Richlands, Virginia 24641</p> <p>4 Children's Trust
541 Luck Avenue, Suite 308
Roanoke, Virginia 24018</p> | <p>5 Foothills Child Advocacy Center
1106 East High Street
Charlottesville, Virginia 22902</p> <p>6 Loudoun Child Advocacy Center
105 East Market Street
Leesburg, Virginia 20176</p> <p>7 Arlington County Child Advocacy Center
2100 Washington Blvd.
Arlington, Virginia 22204</p> <p>8 Center for Alexandria's Children
4850 Mark Center Drive, 5th Floor
Alexandria, Virginia 22311</p> | <p>9 Safe Harbor Child Advocacy Center
305 Hanson Avenue, Suite 180
Fredericksburg, Virginia 22401</p> <p>10 The Davis Child Advocacy Center
12204 Iron Bridge Road
Chester, Virginia 23831</p> <p>11 Valley Children's Advocacy Center
1105 Greenville Ave
Staunton, Virginia 24401</p> <p>12 ChildSafe Center-CAC
117 East Piccadilly Street Suite 300
Winchester Virginia 22601</p> | <p>1 Children's Advocacy Programs of the Blue Ridge Inc
300 S. Main St.
Rocky Mount Virginia, 24151</p> <p>14 Greater Richmond SCAN
103 E. Grace Street Richmond
Virginia 23219</p> <p>15 Collins Center
217 S. Liberty St
Harrisonburg, Virginia 22801</p> <p>16 PVSAU Child Advocacy Center
320 S. Main Street
Emporia, Virginia 23847</p> | <p>17 Children's Hospital of The King's Daughters Child Advocacy Center
103 E. Grace Street Richmond
Virginia 23219</p> <p>18 SafeSpot Children's Advocacy Center of Fairfax County
PO Box 148
Fairfax, Virginia 22038</p> <p>19 Prince William County Child Advocacy Center
15941 Donald Curtis Dr.
Woodbridge, Virginia 22191</p> |
|---|--|--|--|---|

Compassion. Collaboration. Care

cacva.org

THE REAL COST OF UNDERINVESTMENT IN CACS

- Weaker investigations
- Increased system costs
(duplication of interviews, delays in information sharing, court backlogs)
- Greater trauma and long-term mental health impacts
- Increased burden on law enforcement, CPS, and prosecution
- Unequal access across Virginia



"People think kids just grow up and move on, but that's not how it works. I'm a grown woman in my 60s and I still deal with things that happened to me as a child. I still remember feeling completely alone and like nobody really knew how to help me.

If there had been a place like a Children's Advocacy Center when I was little, I really believe my life could have looked different. Maybe I wouldn't have carried so much shame for so long. Maybe healing would have started sooner. That's why it's hard for me to hear that some kids still don't have access to a CAC today, simply because of where they live."

— Survivor of Childhood Abuse, Augusta County, VA



WHAT COMES NEXT? STRENGTHENING CACS STRENGTHENS VIRGINIA'S CHILD PROTECTION INFRASTRUCTURE

- Sustainable and consistent funding to improve/expand critical services
- Statewide access for every community
- Strengthening the specialized workforce behind child abuse investigations
- Providing meaningful improvements that increase Virginia's response to crimes against children

We already know the CAC model works. The question is no longer whether these services matter, but whether every child in Virginia will truly have access to them when it matters most.





COMMONWEALTH OF VIRGINIA

Commission on Youth



Review Funding and Support for Virginia's Children's Advocacy Centers

Will Egen

September 22, 2026

STUDY MANDATE



Commission mandate

The Commission on Youth shall convene a work group of stakeholders and develop recommendations to respond to funding gaps for Virginia's Children's Advocacy Centers.

The work group should examine Children's Advocacy Centers and identify funding models that support continued access to services.

The work group should consider incentives for local governments to draw down funding in addition to existing state, federal, and private funding sources.

Appropriation Act direction

The Commission on Youth shall develop recommendations, working with stakeholders, to incentivize local governments to draw down additional funding (above a base allocation) to support Child Advocacy Centers through partnership arrangements that may include the allocation of space, administrative support, or other supports.

These recommendations shall also include potential access to funding through various court fees or other revenue options.

The Commission shall report to relevant legislative committees by November 1, 2026.

STUDY ACTIVITIES



Stakeholder engagement

- Convene an Advisory Group of relevant stakeholders
- Gather state and local agency perspectives
- Present to local government leaders at VML Human Development & Education Policy Committee
- Attend CACVA virtual financial discussion townhalls

Site Visits and Interviews

- Organize and attend site visits
- Attend National Children's Alliance Conference
- Interview Children's Advocacy Centers' directors from other states
- Attend a Children's Advocacy Center multidisciplinary team (MDT) meeting

Law and funding review

- Review Virginia laws on Children's Advocacy Centers
- Review current and historical state and federal funding sources

Survey and needs assessment

- Survey Children's Advocacy Centers on funding and needs
- Receive and analyze service volume information and CPS and Prosecution Dispositions data

ADVISORY GROUP



Advisory Group

Met on
August 18, 2026

Advisory Group members
presented perspectives on:

- Multidisciplinary Team
- Child Protective Services
- Police & Law Enforcement
- Commonwealth's Attorney
- Medical & Mental Health
- Lived Experience

Membership

- Children's Advocacy Centers
- Children's Advocacy Centers of Virginia (CACVA)
- Commonwealth's Attorneys
- Community Services Boards
- Department of Criminal Justice Services
- Local Law Enforcement Perspective
- Medical Perspective
- Office of the Executive Secretary, Supreme Court of Virginia
- Office of the Secretary of Health and Human Resources
- Senate Finance and Appropriations Committee
- Virginia Association of Counties (VaCo)
- Victim Advocates / Lived Experience
- Virginia Commission on Youth
- Virginia Department of Social Services
- Virginia Indigent Defense Commission
- Virginia League of Social Services Executives
- Virginia Municipal League (VML)

SITE VISITS



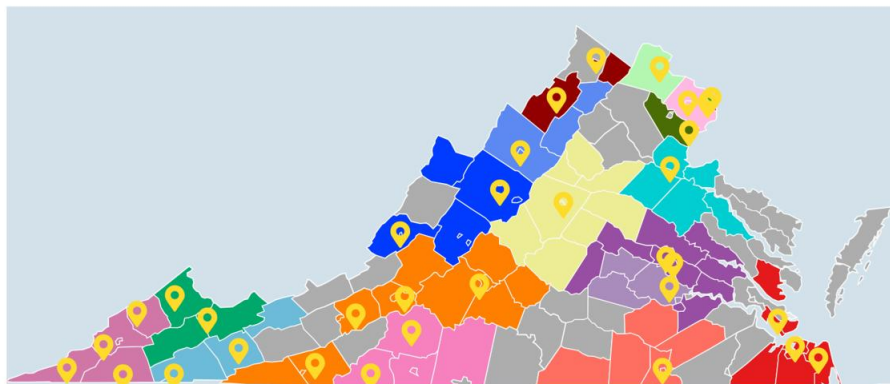
7

site visits

Commission staff and members visited Children's Advocacy Centers across multiple regions and operating models.

Children's Advocacy Center of Highlands Community Services	Bristol
Foothills Child Advocacy Center	Charlottesville
Children's Hospital of The King's Daughters Child Advocacy Center	Norfolk
Children's Trust Roanoke Valley	Roanoke
Valley Children's Advocacy Center	Staunton
Greater Richmond SCAN Children's Advocacy Center	Richmond
Prince William County Child Advocacy Center	Woodbridge

VIRGINIA'S CHILDREN'S ADVOCACY CENTERS



There are 19 Children's Advocacy Centers in Virginia, 10 of which have satellites. 14 are non-profit based, 4 are Government based, and 1 is hospital based.

75% of localities are covered by Children's Advocacy Centers.

Source: CACVA website.

DEFINITIONS



Children's Advocacy Center

"Children's advocacy center" means a child-friendly facility that

- (i) enables law enforcement, child protection, prosecution, mental health, medical, and victim advocacy professionals to work together to investigate child abuse, help children heal from abuse, and hold offenders accountable;
- (ii) has completed, or is in the process of completing, certain accreditation obligations and requires any forensic interview conducted at such facility to only be conducted by a trained child forensic interviewer in a multidisciplinary team collaborative effort; and
- (iii) is a member in good standing of the Children's Advocacy Centers of Virginia.

Children's Advocacy Centers of Virginia

"Children's Advocacy Centers of Virginia" means the organizing entity for children's advocacy centers in Virginia.

Multidisciplinary response team

§ 15.2-1627.5 of the *Code of Virginia* also requires the attorney for the Commonwealth in each jurisdiction to establish a multidisciplinary child sexual abuse response team, which may be an existing multidisciplinary team. A representative of a children's advocacy center serving the jurisdiction is listed as a member of this team.

Source: §63.2-100

CHILDREN'S ADVOCACY CENTERS



Children's Advocacy Centers provide specialized services, including forensic interviews, family advocacy, mental health treatment & coordination, medical referrals, and multidisciplinary case coordination to support children and strengthen investigations of crimes against children.



Report

Concerns about possible abuse are reported to Child Protective Services or law enforcement.

Multidisciplinary Team Coordination

Children's Advocacy Centers coordinate law enforcement, child protective services, medical professionals, prosecutors, mental health providers, and victim advocates into a unified, trauma-informed response designed to protect children while strengthening investigations.

Source: CACVA presentation to VCOY on May 20, 2026.

FY26 STATEWIDE CAC SNAPSHOT

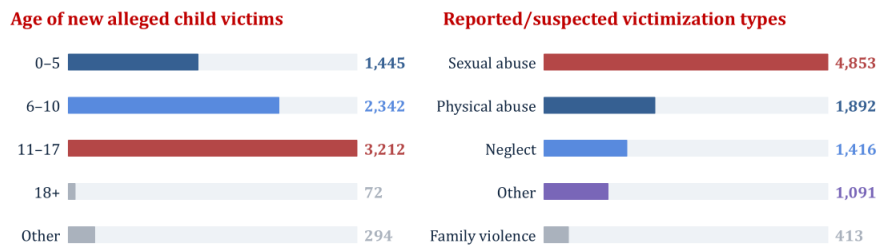


Virginia's Children's Advocacy Centers (CACs) reported substantial service volume across core investigative, advocacy, and treatment functions.



Source: FY26 CAC Statistical/Narrative Reports submitted to Virginia Department of Social Services – 18 reporting CACs.

WHO CACs SERVED & THE TYPES OF CASES REPORTED



Additional FY26 indicators

A child may have more than one reported/suspected victimization type.

282

Problematic Sexual Behavior (PSB) suspected or identified

310

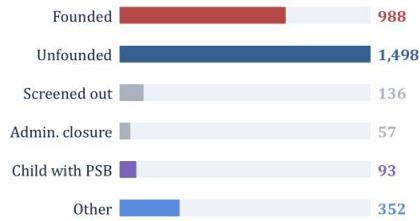
Sexual exploitation or sex trafficking suspected or identified

Source: FY26 CAC Statistical/Narrative Reports submitted to Virginia Department of Social Services – 18 reporting CACs.

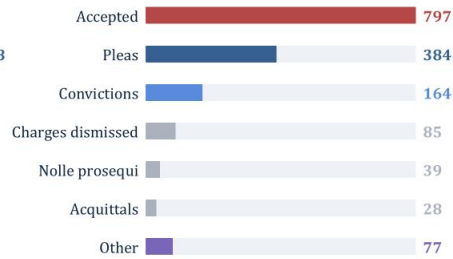
FY26 CPS AND PROSECUTION DISPOSITIONS



Child Protective Services dispositions



Prosecution dispositions



Source: FY26 CAC Statistical/Narrative Reports submitted to Virginia Department of Social Services – 18 reporting CACs. Prosecution disposition data excludes Fairfax (SafeSpot CAC).



Commission on Youth Children's Advocacy Center Survey on Funding

FY26 FUNDING SURVEY HIGHLIGHTS



16
CAC
responses

Self-reported
FY26
funding shares
and
operating
expenses

12 of 16

reported FY26
operating expenses
under \$1 million

2 were between \$1
million and \$2 million
2 were above \$2
million
Reported range: about
\$342K to \$4.59M
Median ≈ \$660K

9 of 16

received more than
half of FY26 funding
from state sources

6 reported a state
share of 70% or more
7 reported a state
share below 50%
Includes General
Fund/TANF direct
state funding

12 of 16

received less than
25% of FY26 funding
from local
government

10 received less than
10% locally
Only 2 reported local
shares of 50% or more
Includes direct local
appropriations and
grants

- Most responding Children's Advocacy Centers are relatively small entities, with operating expenses below \$1 million.
- State support is the largest funding source for a majority of Children's Advocacy Centers.
- Local funding varies substantially, but most Children's Advocacy Centers reported relatively small local-government shares.

Source: VCOY CAC Funding Survey.

DIRECT LOCAL GOVERNMENT SUPPORT



Of the local governments/jurisdictions in your service area, how many provided direct financial funding in FY26?



■ All of them: 4 ■ Most of them: 5 ■ Some of them: 6 ■ None of them: 1

7 of 16

responding Children's Advocacy Centers reported that only
some or none of the localities in their service area provided
direct financial support.

Source: VCOY CAC Funding Survey.

LOCAL FUNDING VARIATIONS



A NON-PROFIT CAC

7

localities served

1,247

alleged child victims served in FY26

\$35,381

total direct local government funding in FY26

≈6%

of FY26 funding came from local government

Three of the seven localities provided \$4,000 or less, totaling \$5,383.

A GOVERNMENT-BASED CAC

67%

of FY26 funding reported as direct local government support

Local structures can look very different where the CAC is housed within local government.

AN IN-KIND PARTNERSHIP

≈ \$72K

reported value of donated office/facility space for one non-profit CAC

Cash-only measures may understate local support where space, personnel, utilities, or administrative services are provided.

Anonymized examples from FY26 CAC survey responses

Source: VCOY CAC Funding Survey.

IN-KIND SUPPORT



5 of 12

42%

non-government CACs reported receiving in-kind or non-monetary support from a local government in FY26

Examples reported by Children's Advocacy Centers



Facility space / rent

Donated or co-located space; some centers reported no rent expense.



Utilities and operations

Utilities, phones, technology, and related operating support.



Personnel / administrative support

Co-located staff, part-time administrative support, or county-provided services.



Legal and other government services

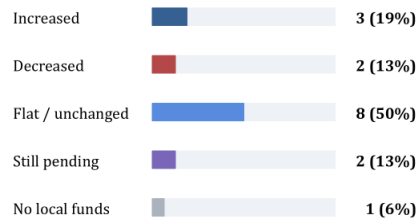
One respondent reported use of county attorney services in addition to facility support.

Source: VCOY CAC Funding Survey.

FY27 LOCAL FUNDING OUTLOOK



How committed local government funding compares with FY26?



What is the primary barrier to consistent, robust local funding?

6 of 15 cited a lack of available funds in local budgets.

2 of 15 said localities lack a clear understanding of the CAC's financial value/savings.

The remaining responses described varied circumstances, including budget processes, formal funding relationships/MOUs, and multiple overlapping barriers.

Source: VCOY CAC Funding Survey.

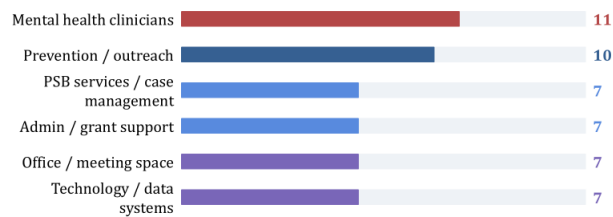
REPORTED UNMET NEEDS



15 of 16

CACs reported unmet staffing, program, facility, or operational needs due to insufficient funding or resources.

Most frequently selected unmet-need categories?



Why needs remain unmet?

75% unreliable/insufficient ongoing funding
69% insufficient local funding
50% short-term/temporary funding

Reported service impacts?

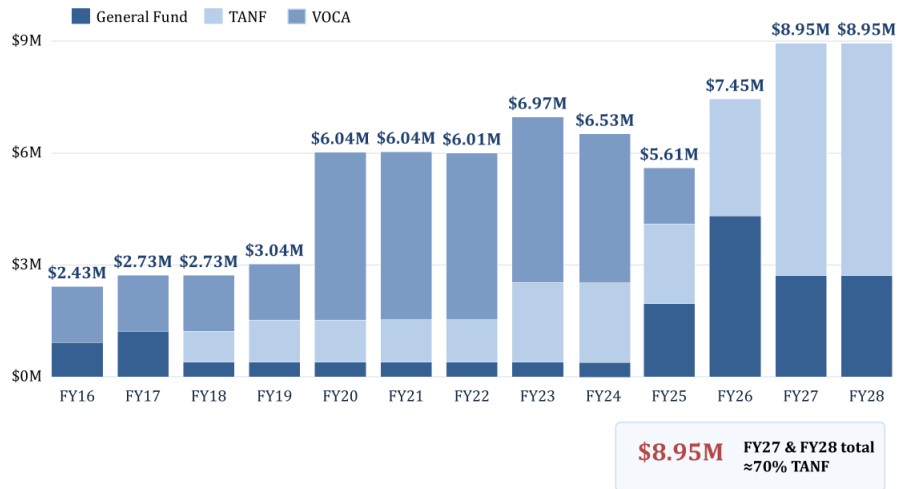
81% existing staff perform multiple roles
63% referrals made to outside providers
63% workload/burnout/turnover

Source: VCOY CAC Funding Survey.

STATE AND VOCA FUNDING HISTORY FY16-FY28



Virginia's Children's Advocacy Centers Funding by Source, FY16-FY28



Source: Virginia Appropriation Acts, FY16-FY28; DCJS VOCA VDSS-CAC award amounts

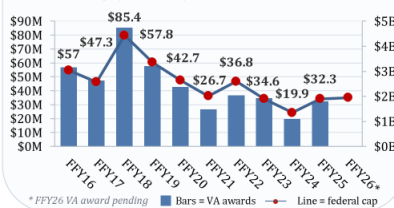
DCJS AND VOCA FUNDING CONTEXT



Dedicated Children's Advocacy Center Victims of Crime Act (VOCA) funding declined sharply while the federal VOCA distribution cap also fell.

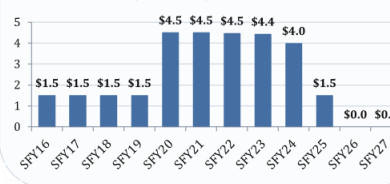
VA VOCA awards & Federal VOCA cap

Virginia awards (\$ millions) and federal cap (\$ billions), FFY16-FFY26



Dedicated Department of Criminal Justice Services (DCJS) VOCA funding for CACs

Virginia pass-through amounts, SFY16-SFY27 (\$ millions)



Note: This slide addresses the dedicated statewide CAC VOCA pass-through; individual CACs have separately reported other federal or project-specific grants.

Dedicated Children's Advocacy Center VOCA funding fell from \$4.5 million in SFY20 to \$0 in SFY26.

Sources: Virginia VOCA awards amounts; DCJS VOCA VDSS-CAC award amounts; OVC Crime Victims Fund FFY2007-2026 balance/distribution-cap chart.

CURRENT STATE FUNDING FORMULA



\$2.7M

General Fund
FY27 and FY28 – each year

\$6.2M

TANF
FY27 and FY28 – each year

\$8.95M

Total state allocation
FY27 and FY28 – each year

Item 335 allocation formula – Adopted in 2015

4%

to CACVA
chapter support,
development,
continuation, and
sustainability

Remaining 96%

65% baseline allocation

Developing / associate: 100% of
base
Accredited: 150% of base
Accredited + satellite: 175% of
base

**35% needs/service
criteria**

25% child abuse rate per 1,000
25% child population
50% counties & cities served
through MOUs

Source: 2026 Appropriation Act, Item 335.

ADVISORY GROUP: POTENTIAL FUNDING SOURCES



Sources discussed by the Advisory Group for potential recommendation development.

State and local
funds

Victims of
Crime Act
(VOCA) funds

Courts fines
and fees

Opioid abatement
and remediation
funds

Other federal
funds

Locality in-kind
contributions

State agency
training
and partnerships



Draft Recommendations

DRAFT RECOMMENDATIONS



Address State General Fund and TANF Support

Recommendation 1: Introduce a budget amendment to Item 335 of the Appropriation Act to increase the General Fund (GF) appropriation and ensure a certain funding baseline going forward for Children's Advocacy Centers. In addition to increasing the General Fund allotment, the General Assembly should prioritize balancing the current General Fund and Temporary Assistance for Needy Families (TANF) funding structure.

DRAFT RECOMMENDATIONS



Incentivize Local Government Support

Recommendation 2: Introduce a budget amendment to Item 335 of the Appropriation Act to establish a state matching incentive, above base allocations, for Children's Advocacy Centers that receive direct local appropriations or eligible in-kind support from the localities they serve, with local support representing at least a minimum percentage of combined state and local public support, as established by the Virginia Department of Social Services.

Direct the Virginia Department of Social Services, in coordination with the Virginia Association of Counties (VACo) and the Virginia Municipal League (VML), to establish a formula for distributing the available matching funds to eligible Children's Advocacy Centers that encourages new and increased local investment while recognizing existing local support. The Department shall report on this incentive structure to the Commission on Youth and to the Chairs of the House Appropriations Committee and Senate Finance and Appropriations Committee by November 1, 2027.

DRAFT RECOMMENDATIONS



Outcomes and Performance Reporting

Recommendation 3: Introduce a budget amendment to Item 335 of the Appropriation Act directing the Children's Advocacy Centers of Virginia (CACVA) to work with Children's Advocacy Centers to collect and report standardized annual performance and outcome metrics to the Virginia Department of Social Services, which shall report the information annually to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee and the Senate Committee on Rehabilitation and Social Services and the House Health and Human Services.

Metrics should include system efficiency and outcome measures, such as the average time from referral to forensic interview, average wait time for connection to mental health services, and case disposition outcomes, including plea agreements. This recommendation would formalize the current Children's Advocacy Centers reporting process while placing greater emphasis on measuring outcomes and system performance.

DRAFT RECOMMENDATIONS



Court Fines and Fees Allocations

Recommendation 4: Introduce a budget amendment to Item 40 of the Appropriation Act directing the Indigent Defense Commission, as part of its current two-year study, to review: (i) the potential establishment of an additional fee upon conviction for certain felony sex offenses, crimes against children, or sexual exploitation offenses, with proceeds deposited into a dedicated Children's Advocacy Center operational fund; and (ii) the potential increase of existing fixed court costs and reallocation of a fractional share of those costs to support Children's Advocacy Centers.

DRAFT RECOMMENDATIONS



Funding Formula Modernization and Flexibility

Recommendation 5: Introduce a budget amendment to Item 335 of the Appropriation Act directing the Virginia Department of Social Services, in direct partnership with Children's Advocacy Centers of Virginia (CACVA), to convene a Children's Advocacy Centers formula review committee. Currently, Virginia's funding distribution formula is codified in Item 335, establishing fixed percentages.

The Committee shall evaluate the current funding distribution model to address:

- Recommendations to update formula metrics to better reflect core service demands, including unduplicated children served, forensic interview volume, mental health therapy hours provided, active military MOUs, and geographical/rural coverage challenges.
- Recommendations to permit more flexibility in updating the formula while promoting continuity and oversight.

DRAFT RECOMMENDATIONS



Recommendation 5 (cont.): Included in this recommendation is one-time funding for the Department to staff and support the formula review committee. The Committee shall submit recommendations to the Commission on Youth and to the Chairs of the House Appropriations Committee and Senate Finance and Appropriations Committee by November 1, 2027.

DRAFT RECOMMENDATIONS



Commonwealth Opioid Abatement and Remediation (COAR) Fund

Recommendation 6: Introduce a budget amendment to Item 492 of the Appropriation Act to allocate Commonwealth Opioid Abatement Remediation (COAR) Fund dollars to the Department of Social Services on behalf of Children's Advocacy Centers to provide forensic interviews, trauma-informed mental health treatment, and family advocacy services for children and families impacted by parental substance use disorder and child drug endangerment from the fallout of the opioid epidemic.

Meta Settlement Funds

Recommendation 7: Request that the Governor include Children's Advocacy Centers as eligible recipients of Meta settlement funds to support a statewide initiative addressing child victimization, technology-facilitated sexual harm, and problematic sexual behaviors.

DRAFT RECOMMENDATIONS



Department of Criminal Justice Services (DCJS) Funding

Recommendation 8: Request that the Department of Criminal Justice Services (DCJS) review state and federal grant opportunities and state victim assistance funding streams, such as VOCA funding and grants related to sexual assault services, for opportunities to support Children's Advocacy Centers.

DRAFT RECOMMENDATIONS



Title IV-E Funding

Recommendation 9: Request that the Virginia Department of Social Services explore whether training, service, or administrative costs related to the Children's Advocacy Center model are eligible for federal Title IV-E reimbursement, and work with Children's Advocacy Centers of Virginia (CACVA) to provide guidance to Children's Advocacy Centers in drawing down available funds.

Problematic Sexual Behavior (PSB)

Recommendation 10: Request that the Virginia Department of Social Services encourage and find ways to support the Family and Children's Trust Fund of Virginia (FACT) in partnering with Children's Advocacy Centers of Virginia (CACVA) to expand opportunities for multidisciplinary teams to participate in training on responding to children with problematic sexual behavior. Currently FACT is piloting a train-the-trainer model and toolkit to increase access to consistent guidance, training, and evidence-based practices for PSB.

DRAFT RECOMMENDATIONS



Medicaid Billing Guidance

Recommendation 11: Request that the Department of Medical Assistance Services (DMAS) work with Children's Advocacy Centers of Virginia (CACVA) to provide technical assistance, training opportunities, and guidance on Medicaid billing for eligible clinical and mental health services to Children's Advocacy Centers. Guidance should include information on applicable provider enrollment, licensure, credentialing, and billing requirements for medical and behavioral health services.

DRAFT RECOMMENDATIONS



Service Expansion in Unserved Areas

Recommendation 12: Request the Virginia Commission on Youth to convene a stakeholder work group to examine models for expanding Children's Advocacy Centers' access to Virginia's underserved and rural areas. The work group should look at how to establish a state-administered Seed and Expansion Grant Program to cover initial start-up costs, to establish satellite centers, or new Children's Advocacy Centers in unserved jurisdictions.

Child Victim and Witness Testimony Laws

Recommendation 13: Request the Virginia Commission on Youth to study § 18.2-67.9 of the *Code of Virginia* regarding testimony by child victims and witnesses using two-way closed-circuit television to evaluate age restrictions and potential barriers to its effectiveness in being used in situations where a child has been impacted by trauma.

PUBLIC COMMENT



The Commission will accept written and in-person public comment before final action on draft recommendations.

Written public comment deadline

The Commission will be accepting public comment through October 14 at 5:00 p.m.

Submission directions:
Posted on the Commission's website

<https://vcoy.virginia.gov>

Next Commission meeting

October 20 at 1:30 p.m.
at the General Assembly
Building

The Commission will receive in person public comment and vote on draft recommendations at this meeting

The Commission will receive in-person public comment and vote on draft recommendations at the October 20 Commission meeting

