

VOCA Performance Measures (PMT) Training





VOCA PERFORMANCE MEASURES

VOCA Performance Measures

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 E-mail: VOCAHelp@dac.state.ok.us

URGENT: E-mail completed report to: VOCAHelp@dac.state.ok.us **within 30 days** of the end of **EACH QUARTER**.
 The subject line of the e-mail should read: **VOCAPMT (2021-VOCA-AGENCY NAME-198)**. **Please use current form. All noncompliant forms WILL be sent back and asked to be re-submitted with current form.**

FILL IN ALL GREY SECTIONS, AND SELECT YES/NO, WHERE APPLICABLE.

My Subgrant Number: 2021-VOCA- [grey box] e.g. 2021- VOCA-AGENCY NAME-198)

Agency Name: [grey box]

Person Completing Report: [grey box] Title: [grey box]

Email: [grey box] Telephone Number: [grey box]

Some of the information above is different than the previous quarter.

Choose Quarter: 4/01/2021-6/30/2021 [dropdown arrow]

Choose the reporting quarter here

PMT, Pg. 1 Continued

1. TOTAL number of **individuals who received services** during the reporting period: .

INSTRUCTIONS: Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period. This number should be an unduplicated count of people served during a **single** reporting period, regardless of the number of services they received or victimization types with which they presented.

DO NOT count anonymous contacts here. They should be reported in question 2. If your organization only had anonymous contacts, enter zero (0).

2. TOTAL number of **anonymous contacts** received during the reporting period: .

INSTRUCTIONS: Count all anonymous contacts received by your organization through a hotline, online chat, or other service where the individuality of each contact cannot be established. If your organization did not have any anonymous contacts enter zero (0). **Only count as a contact if a victimization is reported AND a service was provided.**



PMT, Pg. 1 Continued



3. Of the individuals entered in Question 1, how many were **NEW** individuals who received services from your agency for the **first time** during the reporting period? .

INSTRUCTIONS: Report the number of NEW individuals served with the use of VOCA plus match funds for the first time during the reporting period. This number should be an unduplicated count of identified NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

For the first quarter of the 12-month grant period, ALL individuals that are continuing to receive services from the previous subgrant period should be counted as NEW.

If your organization cannot track new individuals, please check the box below indicating such.

We cannot track new individuals.

Definitions:

Reporting period = Quarter for which data is being reported

Subgrant period = 12-month project period

Common issues/errors for Section 1

- Wrong Grant number
- Anonymous contacts (confusion)
- Used old/incorrect form

DEMOGRAPHICS (cont.)



B. GENDER (self reported) DA Offices: If reporting a business as an individual under Qs. 1 and 3, show number as Not Reported in Gender category; <u>not</u> OTHER).	Male	0
	Female	0
	Other: Brief Description [Redacted]	0
	Not Reported	0
	Not Tracked	0
	TOTAL (Must equal number reported in #3)	0

TOTALS AUTO-CALCULATE ON THIS PAGE

DEMOGRAPHICS (cont.)

C. AGE (self-reported) DA Offices: If reporting a business as an individual under Qs. 1 and 3, show number as Not Reported in Age category.	0-12	0
	13-17	0
	18-24	0
	25-59	0
	60 and Older	0
	Not Reported	0
	Not Tracked	0
	TOTAL (Must equal number reported in #3)	0

IMPORTANT!! THE TOTALS SHOWN IN #3 AND #4 A, B, and C MUST MATCH. PLEASE CONFIRM THE TOTALS ARE CORRECT BEFORE PROCEEDING TO THE NEXT SECTION.



TOTALS AUTO-CALCULATE ON THIS PAGE

Common issues/errors for Section 2

- Using Not Tracked
- Having no explanation in “other”
- Numbers not adding up to Question 3

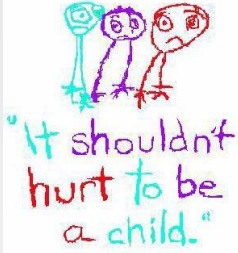


Victimization Types

5. TYPES OF VICTIMIZATIONS (for ALL individuals identified in Questions 1&2) **NEW**

<p>A. Individuals who received services by type of victimization.</p> <p>Note: The numbers listed should represent all who are reported in Question #1.</p> <p>An individual may be counted in more than one victimization type.</p>	<p>VICTIMIZATION TYPE</p>	<p>Number of individuals receiving services based on presenting victimizations during the reporting period (an individual may be counted in more than one victimization type) Note: Each Field below must be equal to or less than the total reported in Q's 1&2</p> <p>Hover over boxes for definitions</p>
	Adult Physical Assault (includes Aggravated and Simple Assault)	
	Adult Sexual Assault	
	Adults Sexually Abused/Assaulted as Children	
	Arson	

NEW: Only count as



Victimization Types (cont.)

Arson	
Bullying (Verbal, Cyber or Physical)	
Burglary	
Child Physical Abuse or Neglect	
Child Pornography	
Child Sexual Abuse/Assault	
Domestic and/or Family Violence	
DUI/DWI Incidents	
Elder Abuse or Neglect	
Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (Explanation required)	
Human Trafficking: Labor	
Human Trafficking: Sex	



Victimization Types (cont.)

Identity Theft/Fraud/Financial Crime	
Kidnapping (non-custodial)	
Kidnapping (custodial)	
Mass Violence (Domestic/International)	
Other Vehicular Victimization (e.g. Hit & Run)	
Robbery	
Stalking/Harassment	
Survivors of Homicide Victims	
Teen Dating Victimization	
Terrorism (Domestic/International)	
Other type of victimization not listed above: VPO's go into category as to why they were issued	
TOTAL (sum should be equal to or greater than Q's 1&2)	0

TOTALS AUTO-CALCULATE ON THIS PAGE

B. Of those individuals receiving services in section A, list the number who presented with more than one type of victimization during the reporting period. If not tracked, enter NT. _____

Special Classifications



<p>B. Of those individuals receiving services in section A, list the number who presented with more than one type of victimization during the reporting period quarter. If not tracked, enter NA. →</p>		
<p>C. Special Classification of individuals (self-reported)</p>	Deaf/Hard of Hearing	
	Homeless	
	Immigrants/Refugees/Asylum Seekers	
	LGBTQ	
	Veterans	
	Victims with Disabilities: Cognitive/Physical/Mental	
	Victims with Limited English Proficiency	
	Other	
If other, please explain:		

REMEMBER, THIS DATA IS SELF-REPORTED BY THE VICTIM.

Common issues/errors for Section 3

- Using the “Other” category incorrectly
- Each field needs cannot exceed the number on Question 1 + Question 2
- Multiple Victimization needs to be filled out

Victims Compensation Assistance

6. Number of individuals assisted with a victim compensation application during the reporting period: _____ Note: Individuals Assisted showing in this section should not exceed the number of individuals served in shown #1.

(Also add this number to B₄ below).

Direct Services

we can
help

7. Select all types of services provided by your organization during the reporting period. Data entered for the service types should coincide, at some point with the 12-month subgrant award period, with the service types reported on the Subgrant Award Report (SARS), under “use of VOCA and Match Funds”. Providing more services than anticipated is perfectly acceptable; however goals and objectives may need to be modified and a new Subgrant Award Report (SAR) will need to be completed. If there has been a change in the goals and objectives of the project, please e-mail VOCAhelp@dac.state.ok.us. Do not check a category below unless numbers will be entered in Q. 8 for that category.

- A. Information & Referral
- B. Personal Advocacy/Accompaniment (*VOCA Guidelines require ALL programs assist victims in seeking compensation: B4*)
- C. Emotional Support or Safety Services
- D. Shelter/Housing Services
- E. Criminal/Civil Justice System Assistance



Direct Services (cont.)

8. For each category (A-E) checked in Q. 8 above, report the total number of individuals who received services in each category. For the subcategories under each category, list the total number of times the services were provided. Put a zero on the lines that do not apply. Because some clients may receive multiple services, the total number of times that services were provided within a category may be greater than the number of clients who received those services. **Numbers in the subcategories must equal or be greater than the number entered in A, B, C, D, &/or E.**



Direct Services (cont.)

A. Individuals received services for INFORMATION & REFERRAL **Note: The number of individuals receiving services reported here should not exceed the combined totals shown in Q's 1&2.**

Enter the **number of times each of the following services were provided:**

- A1. Information about the criminal justice process
 - A2. Information about victim rights, how to obtain notification, etc.
 - A3. Referral to other victim service programs
 - A4. Referral to other services, supports, and resources (including legal, medical, faith-based organizations, address confidentiality programs, etc.)
- Total of A1 through A4 should be = to or greater than A

Direct Services (cont.)



B. Individuals received services for PERSONAL ADVOCACY/ACCOMPANIMENT **Note: The number of individuals receiving services reported here should not exceed the combined totals shown in Q's 1&2.**

Enter the number of times each of the following services were provided:

- B1. Victim advocacy/accompaniment to emergency medical care
- B2. Victim advocacy/accompaniment to medical forensic exam
- B3. Law enforcement interview advocacy/accompaniment
- B4. Individual advocacy (assistance in seeking victim compensation benefits, such as providing an application, brochure, information on how to apply, etc.; applying for public benefits, return of personal property or effects).
- B5. Performance of medical or nonmedical forensic exam or interview, or medical evidence collection
- B6. Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- B7. Intervention with employer, creditor, landlord, or academic institution
- B8. Child or dependent care assistance (includes coordination of services)
- B9. Transportation assistance (includes coordination of services)
- B10. Interpreter services

The total of B1 through B 10 should be = to or greater than B



Direct Services (cont.)

C. Individuals received services for EMOTIONAL SUPPORT OR SAFETY SERVICES **Note: The number of individuals receiving services reported here should not exceed the combined totals shown in Q's 1&2.**

Enter the number of times each of the following services were provided:

- C1. Crisis intervention (in-person, includes safety planning, etc.)
 - C2. Hotline/crisis line counseling
 - C3. On-scene crisis response (e.g., community crisis response)
 - C4. Individual counseling
 - C5. Support groups (facilitated or peer)
 - C6. Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)
 - C7. Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic meds, durable medical equipment, etc.)
- The total of C1 through C7 should be = to or greater than C

Direct Services (cont.)

D. Individuals received services for SHELTER/HOUSING SERVICES **Note: The number of individuals receiving services reported here should not exceed the combined totals shown in Q's 1&2.**

Enter the number of times each of the following services were provided:

- D1. Emergency shelter or safe house
- D2. Transitional housing
- D3. Relocation assistance (includes assistance with obtaining housing)
- The total of D1 through D3 should be = to or greater than D**



Direct Services (cont.)



E. Individuals received services for CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE **Note: The number of individuals receiving services reported here should not exceed the combined totals shown in Q's 1&2.**

Enter the number of times each of the following services were provided:

- E1. Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)
 - E2. Victim impact statement assistance
 - E3. Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
 - E4. Assistance in obtaining protection or restraining order
 - E5. Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)
 - E6. Other emergency justice-related assistance
 - E7. Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)
 - E8. Prosecution interview advocacy/accompaniment (e.g., accompaniment with prosecutor and victim/witness)
 - E9. Law enforcement interview advocacy/accompaniment
 - E10. Criminal advocacy/accompaniment
 - E11. Other legal advice and/or counsel
- The total of E1 through E11 should be = to or greater than E**

Validation Check

The most common error is the failure to report the crime type(s) and service(s) provided to anonymous contacts. If the crime type(s) AND service(s) provided to an anonymous contact are unknown, OVC does not want them included in your count of anonymous contacts in Q 2. Please correct the report before submitting.

VALIDATION CHECK PRIOR TO REPORT SUBMISSION:

Combined total of Q's 1 & 2: Individuals and Anonymous Contacts Receiving Service(s)

Combined total in Q 5: Individuals Receiving Service(s) Based on Presenting Victimization (s)

Combined total of A-E: If the following number is less than the combined total of Q's 1 & 2 shown there is an error in the above number of individuals service reported on either A-E or Q's 1 & 2.

Please make corrections before submitting the report.

9. Additional comments (include any comments pertaining to questions above; identify the question number the additional comment(s) apply to):

Common issues/errors for Section 4

- The number you put in Question 6 needs to be reflected in Question 8, Section B
- Beginning sections for each section cannot exceed the number you put in Question 1 + Question 2
- The numbers you put in the services need to equal or exceed the number you put at the beginning of the section



Annual Subgrantee Questions

- **SUBGRANTEE ANNUAL REPORTED OUTCOMES**
- **Instruction:** OVC requires **narrative** questions be answered once per year.
- This page should only be completed with the report due 10/30/22 for quarter ending 9/30/22, and should relate to activities that took place 10/1/21 – 9/30/22.

Annual Subgrantee Questions (cont.)

10. Number of requests for services that were unmet because of organization capacity issues. Please Explain:

11. Does your organization formally survey clients for feedback on services received?

Yes

No (skip to question 14 below)

12. Surveys were distributed (this includes, but is not limited to, those distributed by hand, mail or electronic methods).

13. Surveys were complete.

14. Please discuss some of the challenges your victim assistance program faced during the course of the federal fiscal year.

Annual Subgrantee Questions (cont.)

15. Please describe some of the services that victims needed but could not be provided. What were the challenges that prevented those services from being provided?

16. Describe any earned (not paid for) media coverage/episodes during the reporting period and include a link to the coverage.

17. Describe any coordinated responses/services for assisting crime victims in the service area during the reporting period.

18. Discuss major issues that either assist or prevent victims from receiving assistance in the service area.

Annual Subgrantee Questions (cont.)

19. Describe ways the organization promoted the coordination of efforts within the community to help crime victims during the reporting period.

20. Describe any notable activities that improved the delivery of services to victims in the service area.

21. Discuss the impact the VOCA funds have had on individual crime victims during the reporting period using case histories or other descriptions.

Note: Quotes from letters submitted by crime victims may be used; or, as an alternative, individual letters with names and other personal detail redacted may be uploaded as a .pdf and sent to VOCAHelp@dac.state.ok.us. Identify any uploads with the following subject line: Grant #, Supplement to Annual Narrative.

Final Notes

- Fill out each field. Don't leave any blanks.
- Make sure you keep documentation to back up all numbers you put in the report.

Questions





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