VOCA Performance Measures

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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 (2019-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: **2019-VOCA-** **e.g. 2019- VOCA-AGENCY NAME-198)**

Agency Name:

Person Completing Report: Title:

Email: Telephone Number:

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

Choose Quarter: 7/1/2020-9/30/2020

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.***

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

4. DEMOGRAPHICS (**Only for individuals identified in Question #3, if applicable. Totals must match information reported in question #3. These will auto calculate by tabbing to the next line. NT is only for those agencies that do not have a way to track that category but are working on a way to gather the information and will report the numbers soon**).

Category	Population	Number of NEW individuals
A. Race/Ethnicity (self reported) DA Offices: If reporting a business as an individual under Qs. 1 and 3, show number as Not Reported in Race/Ethnicity category.	American Indian/Alaska Native	
	Asian	
	Black/African American	
	Hispanic or Latino	
	Native Hawaiian & Other Pacific Islander	
	White Non-Latino/Caucasian	
	Some Other Race	
	Multiple Races	
	Not Reported	
	Not Tracked	
	TOTAL (Must equal number reported in #3)	0

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; not OTHER).	Male	
	Female	
	Other: Brief Description	
	Not Reported	
	Not Tracked	
	TOTAL (Must equal number reported in #3)	0

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	
	13-17	
	18-24	
	25-59	
	60 and Older	
	Not Reported	
	Not Tracked	
	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.

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

A. Individuals who received services by type of victimization. Note: The numbers listed should represent all who are reported in Question #1. An individual may be counted in more than one victimization type. NEW: Only count as an anonymous contact if a victimization is reported in Q. 5 AND a service is reported in Q. 8 DA Offices: The "other" category should typically only include property crimes. Violations of VPO should be listed under DV and Shooting w/ Intent under assault. Other crimes where there is no victim should not be counted. Crimes against a business should be listed under Financial Crime.	VICTIMIZATION TYPE	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 Hover over boxes for definitions
	Adult Physical Assault (includes Aggravated and Simple Assault)	
	Adult Sexual Assault	
	Adults Sexually Abused/Assaulted as Children	
	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	
	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

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. →		
C. Special Classification of individuals (self-reported)	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:	

DIRECT SERVICES

6. Number of individuals assisted with a victim compensation application during the reporting period: (Also add this number to B4 below). Note: Individuals assisted with victims compensation applications should not exceed the combined total of individuals served in Q's 1&2

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

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 c category may be greater than the number of clients who received those services. Also, report anonymous individuals for each category ONLY if the victimization AND service has been reported. Numbers in the subcategories must equal or be greater than the number entered in A, B, C, D, &/or E.

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.)

0 **Total of A1 through A4 should be = to or greater than A**

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

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

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.)

0 **The total of C1 through C7 should be = to or greater than C**

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)

0 **The total of D1 through D3 should be = to or greater than D**

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

0 **The total of E1 through E11 should be = to or greater than E**

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) 0

Combined total in Q 5: Individuals Receiving Service(s) Based on Presenting Victimization (s) 0

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. 0

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

SUBGRANTEE ANNUAL REPORTED OUTCOMES.

Instruction: OVC requires these questions be answered once per year. Existing subrecipients should report for the period (10/1/19 - 9/30/20) of the 2019 grant. This page should only be completed with the report due 10/30/20 for quarter ending 9/30/20, and should relate to activities that take place 10/1/19 - 9/30/20.

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

11. Does you 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.

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 reciving assistance in the service area.

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.