

**Office for Victims of Crime
Victim Assistance Grant Program
Performance Measures Report
July 01, 2019 - September 30, 2019**

ORGANIZATION INFORMATION

ORGANIZATION NAME: Mental Health America of VA (VSGP)

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POPULATION DEMOGRAPHICS

Question	Response
POPULATION DEMOGRAPHICS	
1 TOTAL number of individuals who received services during the reporting period.	0
2 TOTAL number of anonymous contacts received during the reporting period.	0
3 Of the number of individuals entered in question 1, how many were NEW individuals who received services from your agency for the first time during the reporting period.	0
	----- We cannot track new individuals -----
4 Demographics (for NEW individuals identified in Question 4)	
A. RACE/ETHNICITY (self-reported)	
	----- American Indian or Alaska Native -----
	----- Asian -----
	----- Black or African American -----
	----- Hispanic or Latino -----
	----- Native Hawaiian or Other Pacific Islander -----
	----- White Non-Latino or Caucasian -----
	----- Some Other Race -----
	----- Multiple Races -----
	----- Not Reported -----
	----- Not Tracked -----
	----- Race/Ethnicity Total -----
B. GENDER IDENTITY (self-reported)	
	----- Male -----
	----- Female -----
	----- Other -----
	----- Other Please explain. -----
	----- Not Reported -----
	----- Not Tracked -----
	----- Gender Total -----

C. AGE (self-reported)

Age 0- 12	0
Age 13- 17	0
Age 18- 24	0
Age 25- 59	0
Age 60 and Older	0
Not Reported	0
Not Tracked	0
Age Total	0

5 TYPES OF VICTIMIZATIONS (for ALL individuals identified in Question 1)

A. Number of individuals who received services based on a presenting victimization during the reporting period.

Adult Physical Assault (Includes Aggravated and Simple Assault)	0
Adult Sexual Assault	0
Adults Sexually Abused/Assaulted as Children	0
Arson	0
Bullying (Verbal, Cyber or Physical)	0
Burglary	0
Child Physical Abuse or Neglect	0
Child Pornography	0
Child Sexual Abuse/Assault	0
Domestic and/or Family Violence	0
DUI/DWI Incidents	0
Elder Abuse or Neglect	0
Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other (Explanation Required)	0
Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other (Explanation Required) Please explain.	0
Human Trafficking: Labor	0
Human Trafficking: Sex	0
Identity Theft/Fraud/Financial Crime	0
Kidnapping (non-custodial)	0
Kidnapping (custodial)	0
Mass Violence (Domestic/International)	0
Other Vehicular Victimization (e.g., Hit and Run)	0
Robbery	0
Stalking/Harassment	0
Survivors of Homicide Victims	0
Teen Dating Victimization	0
Terrorism (Domestic/International)	0
Other	0
If other, please explain:	0

B. Of the individuals who received services, how many presented with more than one type of victimization during the reporting period? 0

C. Special classification of individuals (Self-reported)

- Deaf/Hard of Hearing 0
- Homeless 0
- Immigrants/Refugees/Asylum Seekers 0
- LGBTQ 0
- Veterans 0
- Victims with Disabilities: Cognitive/Physical /Mental 0
- Victims with Limited English Proficiency 0
- Other 0
- If other, please explain: 0

DIRECT SERVICES

6 Number of individuals assisted with a victim compensation application during the reporting period. 0

7 Select the types of services provided by your organization during the reporting period:

- A. Information & Referral
- B. Personal Advocacy/ Accompaniment
- C. Emotional Support or Safety Services
- D. Shelter/ Housing Services
- E. Criminal/ Civil Justice System Assistance

8 Total number of individuals who received services by service type AND number of times each service was provided during the reporting period

A. Information & Referral

- Enter the number of individuals who received services in this category
- Enter the number of times services were provided in each subcategory.
- A1. Information about the criminal justice process
- A2. Information about victim rights, how to obtain notifications, etc.
- A3. Referral to other victim service programs
- A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

B. Personal Advocacy/ Accompaniment

- Enter the number of individuals who received services in this category
- Enter the number of times services were provided in each subcategory.
- 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 (e.g., assistance in 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

C. Emotional Support or Safety Services

- Enter the number of individuals who received services in this category
- Enter the number of times services were provided in each subcategory.
- 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

D. Shelter/ Housing Services

- Enter the number of individuals who received services in this category
- Enter the number of times services were provided in each subcategory.
- D1. Emergency shelter or safe house
- D2. Transitional housing
- D3. Relocation assistance (includes assistance with obtaining housing)

E. Criminal/ Civil Justice System Assistance

- Enter the number of individuals who received services in this category
- Enter the number of times services were provided in each subcategory.
- E1. Notification of criminal justice events
- E2. Victim impact statement assistance
- E3. Assistance with restitution
- E4. Civil legal assistance in obtaining protection or restraining order
- E5. Civil legal assistance with family law issues
- E6. Other emergency justice-related assistance

- E7. Immigration assistance
- E8. Prosecution interview advocacy/accompaniment
- E9. Law enforcement interview advocacy/accompaniment
- E10. Criminal advocacy/accompaniment
- E11. Other legal advice and/or counsel

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Additional Comments:

Project just starting up and being implemented in this reporting period. First session of the peer support service is in October.

SUBGRANTEE ANNUALLY REPORTED QUESTIONS

11 **Number of requests for services that were unmet because of organizational capacity issues.**

0

Please explain. Project was in planning and start-up phase during this quarter.

12 **Does your organization formally survey clients for feedback on services received?**

Yes

No (go to question #14)

13 **Number of surveys distributed (includes, but not limited to, those distributed by hand, mail or electronic methods)**

0

14 **Number of surveys completed.**

0

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

No challenges yet. Project just began in this quarter - hiring staff, etc.

16 **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?**

N/A