

Organizational Data



Who are you?	
Organization or agency	
Fiscal Year	
Quarter	
Email Address of Person Completing PMI Submission	
Grant Manager	Insert Email Address
Grant number for these outcome measures	

1. Total number of volunteers utilized by your agency or organization to perform the services for which you have been provided funding by the OVSJG Victim Services Division

2. Number of continuing education units or hours provided by your organization during the reporting period Choose "Units" or "Hours" Using left column drop down menu

3. Number of formalized, multidisciplinary systems of care in which the provider is engaged in the reporting period
a. Baseline
b. New

4. Number of instances in the reporting period in which the provider gave testimony to a 3rd party to advance the interests of a victim or a collective group of victims

5. Thoughts or comments on your work during the reporting quarter that isn't captured elsewhere in your PMI reporting

6. Thoughts or comments about the reporting process that you would like to share

Primary Victim Data

Who are you?	
Organization or agency	
Grant number for these outcome measures	
Fiscal Year	
Quarter	
Email Address of Person Completing PMI Submission	Insert Email Address
Grant Manager	Insert Email Address

Self-Generating Answer: Number of unique primary victims served by Victim Services Division funding this quarter
0

7. Number of new primary victims served by Victim Services Division funding this quarter

8. Number of continuing primary victims served by Victim Services Division funding this quarter

9. Unique new primary victims served by victims stated gender	
a. Male	
b. Female	
c. Transgender Male	
d. Transgender Female	
e. Unlisted Gender	
f. Unknown Gender	
Self-Generated Number: Total Genders Reported	0

10. Unique new primary victims served by victims' stated race(s) or ethnicity(y/ies)	
a. White, Non-Latino/Caucasian	
b. Black/African-American	
c. African	
d. Hispanic/Latino	
e. American Indian/Alaskan Native	
f. Asian/Native Hawaiian/other Pacific Islander	
g. Two or more races and/or ethnicities	
h. Other	
i. Unknown	
Self-Generated Number: Total Races/Ethnicities Reported	0

11. Unique new primary victims served by victim's age	
a. 0-10	
b. 11-12	
c. 13-17	
d. 18-24	
e. 25-30	
f. 31-34	
g. 35-59	
h. 60-65	
i. 66 and older	
j. Unknown	0
Self-Generated Number: Total Ages Reported	0

Secondary Victim Data

Self-Generating Answer: Number of unique secondary victims served by Victim Services Division funding this quarter
0

12. Number of new secondary victims served by Victims Services Division funding this quarter

13. Number of continuing secondary victims served by Victim Services Division funding this quarter

14. Unique new secondary victims served by victims' stated gender	
a. Male	
b. Female	
c. Transgender Male	
d. Transgender Female	
e. Unlisted Gender	
f. Unknown Gender	
Self-Generated Number: Total Genders Reported	0

15. Unique new secondary victims served by victims' stated race(s) or ethnicit(y/ies)	
a. White, Non-Latino/Caucasian	
b. Black/African-American	
c. African	
d. Hispanic/Latino	
e. American Indian/Alaskan Native	
f. Asian/Native Hawaiian/other Pacific Islander	
g. Two or more races and/or ethnicities	
h. Other	
i. Unknown	
Self-Generated Number: Total Races/Ethnicities Reported	0

16. Unique new secondary victims served by victim's age	
a. 0-10	
b. 11-12	
c. 13-17	
d. 18-24	
e. 25-30	
f. 31-34	
g. 35-59	
h. 60-65	
i. 66 and older	
j. Unknown	
Self-Generated Number: Total Ages Reported	0

Total Victim Data



Self-Generating Number: Total new primary and secondary victims served by your organization
0

17. Number of unique victims served by the organization's victim services programs as a whole

18. Number of unique victims' Crime Victims Compensation (CVC) claims for which your agency or organization provided assistance in filing or referrals for filing

19. Number of unique campus victims served. This includes new, continuing, primary, and secondary victims.

20. Number of unique military victims served. This includes new, continuing, primary, and secondary victims.

21. Number of Limited English Proficient (LEP) clients served. This includes new, continuing, primary, and secondary victims.

22. Number of times your agency accessed the victim services interpreter bank

23. Location of residence for each unique new crime victim served this reporting quarter. This includes new primary and new secondary victims.							
20001		20016		20059		20501	
20002		20017		20064		20502	
20003		20018		20204		20506	
20004		20019		20228		20510	
20005		20020		20230		20520	
20006		20023		20240		20540	
20007		20024		20245		20560	
20008		20026		20260		20565	
20009		20032		20307		20566	
20010		20036		20317		20593	
20011		20037		20319		20722	
20012		20045		20330		Other (DC)	
20013		20052		20373		No fixed address	
20014		20053		20405		Out of the District	
20015		20057		20427		Unknown	
Total Zip Codes Reported				0			

24. Type of service provided to each unique crime victim served with Victims Services Division funding this quarter. This includes new, continuing, primary, and secondary victims.	
a. Case management and/or advocacy	
b. Information and referrals	
c. Civil legal services	
d. Financial or material assistance	
e. Criminal legal services	
f. Mental health counseling	
g. Forensic services	
h. Medical services	
i. Housing	
j. Hotline	
k. Crisis intervention	
l. Language access	
m. Safety planning	
n. Other	

25. Category of crime for each unique new victim served with Victim Services Division funding each quarter. This includes new primary and new secondary victims.	
a. Adult survivors of childhood abuse	
b. Arson	
c. Assault/Attempted homicide	
d. Bullying	
e. Child physical abuse	
f. Child sexual abuse	
g. Child exposed to violence	
h. DUI/DWI	
i. Elder Abuse	
j. Family violence or abuse	
k. Hate/bias crime	
l. Homicide	
m. Human trafficking	
n. Identity theft/fraud	
o. Intimate partner violence	
p. Kidnapping	
q. Robbery	
r. Sexual assault (adult or minor)	
s. Stalking	
t. Terrorism	
u. Other	

Training

Who are you?			
Organization or agency		Email Address of Person Completing PMI Submission	
Fiscal Year		Grant Manager	Insert Email Address
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Training & Continuing Education Events	
26. Total number of trainings or continuing education events conducted	
27. Number of trainings or continuing education events conducted on DC-based campuses	
28. Number of trainings or continuing education events conducted on DC-based military installations	
Self-Generating Answer: Is this data complete?	YES

Training and Continuing Education Participants	
29. Number of participants trained or educated	
30. Number of unique participants trained or educated on DC-based campuses	
31. Number of unique participants trained or educated on DC-based military installations	
Self-Generating Answer: Is this data complete?	YES

Number of training and education participants that:	
32. Demonstrated a positive change in knowledge, skills, or abilities as the result of the training	
33. Did not submit an evaluation or submitted an incomplete evaluation	
Self-Generating Answer: Is this data complete?	YES

34. Do you have any positive qualitative observations to share from the participants of the training and continuing education events?

35. Do you have any negative qualitative observations to share from the participants of the training and continuing education events?

Outreach

36. Outreach Events	
a. Number of outreach events conducted	
b. Number of outreach events conducted on DC-based campuses	
c. Number of outreach events conducted on DC-based military installations	
Self-Generating Answer: Is this data complete?	YES

Outreach (Choose 6)					
39. Calls for service or information to your agency or organization		43. Number of New Twitter followers		47. Facebook page reach	
a. During this reporting Quarter		a. During this reporting Quarter		a. During this reporting Quarter	
b. (Optional) During the preceding quarter		b. (Optional) During the preceding quarter		b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year		c. (Optional) The same quarter in the previous fiscal year		c. (Optional) The same quarter in the previous fiscal year	

37. Outreach Participants	
a. Number of participants served by outreach events conducted	
b. Number of participants served by outreach events on DC-based campuses	
c. Number of participants served by outreach events on DC-based military installations	
Self-Generating Answer: Is this data complete?	YES

40. Number of in-person outreach events attended	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

44. Number of Twitter impressions	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

48. Facebook page engagement	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

38. ASK/UASK: Number of ASK or UASK downloads facilitated

41. Unique visitors to your website	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

45. Number of Twitter engagements	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

49. Number of brochures or materials disseminated during the quarter	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

51. Do you have any positive qualitative observations to share from the participants of the outreach events?

42. Number of application ("app") downloads facilitated	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

46. New Facebook page likes	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

50. Number of people actively engaged with your organization or agency at in-person events	
a. During this reporting Quarter	
b. (Optional) During the preceding quarter	
c. (Optional) The same quarter in the previous fiscal year	

52. Do you have any negative qualitative observations to share from the participants of the outreach events?

Prevention and Community Engagement

Who are you?			
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53. Number of prevention or community engagement events conducted during the reporting quarter

55. Do you have any positive qualitative observations to share from the the prevention and community engagement participants?

54. Prevention and Community Engagement Participants	
a. Number of unique participants engaged in community engagement or primary crime prevention activities	
b. Demonstrated a postitive change in knowledge, skills, or behaviors as a result of the prevention or community engagement activity	
c. Did not submit an evaluation	
Self-Generating Answer: Is this data complete?	YES

56. Do you have any negative qualitative observations to share from the prevention and community engagement participants?

Financial Assistance

Who are you?			
Organization or agency		Email Address of Person Completing PMI Submission	
Fiscal Year		Grant Manager	Insert Email Address
Quarter		Grant number for these outcome measures	

57. Number of requests for emergency financial assistance	
a. Made to your agency or organization during the reporting quarter	
b. That were fully met during the reporting quarter	
c. That were partially met during the reporting quarter	

58. Of the number of awards for emergency financial assistance that were met during the reporting quarter, what number paid for:	
a. Housing deposits	
b. Child care expenses	
c. Utilities	
d. Property repair or replacement	
e. Clothing or toiletries	
f. Lock change	
g. Food	
h. Other not listed	

59. How much emergency financial assistance (in dollars) did you organization disperse in each of the following categories:	
a. Housing deposits	
b. Child care expenses	
c. Utilities	
d. Property repair or replacement	
e. Clothing or toiletries	
f. Lock change	
g. Food	
h. Other not listed	

60. Do you have any positive qualitative observations to share from the victims that you served using emergency financial assistance during this reporting period?

61. Do you have any negative qualitative observations to share from the victims that you served using emergency financial assistance during this reporting period?

Case Management and Advocacy

Who are you?			
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Fiscal Year		Grant Manager	Insert Email Address
Quarter		Grant number for these outcome measures	

62. Case Management and Advocacy Staff	
a. Number of staff members employed or contracted as case managers or advocates	
b. Number of staff members employed or contracted as case managers or advocates that engaged in continuing education and/or training during the reporting period	

63. Case Management and Advocacy Volunteers and Interns	
a. Total volunteers or interns used by your organization or agency as case managers or advocates	
b. Volunteers/interns used as case managers and/or advocates engaged in continuing education and training during the reporting period	

64. Clients Engaged in Case Management or Advocacy	
Self-Generating Number: Total number of unique victims for whom you provided case management or advocacy services	
a. Number of unique new victims for whom you provided case management or advocacy services	
b. Number of unique continuing victims for whom you provided case management or advocacy services	

65. Case Management and Advocacy Services Outcome Measures	
a. Number of unique victims not assessed at T1 or T2 during this reporting period	
b. Number of unique victims assessed at T1 in this reporting period but not assessed at T2 within this reporting period	
c. Number of unique victims that demonstrated an increase in empowerment, resiliency, or coping between T1 and T2 in this quarter	

68. Do you have any positive qualitative observations to share from the victims that you served through case management and advocacy during this reporting period?

69. Do you have any negative qualitative observations to share from the victims that you served through case management and advocacy during this reporting period?

66. Number of unique new victims that engaged in each of the following systems	
a. Criminal justice system	
b. Civil protective system	
c. Mental health system	
d. Immigration system	
e. Education system	
f. Family courts/family civil law systems	
g. Substance abuse treatment systems	
h. Medical forensic systems	
i. Other	

67. Number of unique continuing victims that newly engaged in each of the following systems	
a. Criminal justice system	
b. Civil protective system	
c. Mental health system	
d. Immigration system	
e. Education system	
f. Family courts/family civil law systems	
g. Substance abuse treatment systems	
h. Medical forensic systems	
i. Other	

Hotline, Crisis Intervention

Who are you?			
Organization or agency		Email Address of Person Completing PMI Submission	
Fiscal Year		Grant Manager	Insert Email Address
Quarter		Grant number for these outcome measures	

70. Crisis Intervention Services	
a. Number of unique victims provided with crisis intervention services in this reporting period. This includes primary and secondary victims.	
b. Of the number of unique victims provided with crisis intervention services, how many were provided services via hotline (text, chat, or phone)	
c. Of the number of unique victims provided with crisis intervention services, how many were provided services via in-person crisis intervention	

71. Crisis Intervention Services and Language Access	
a. Number of crisis calls, texts, chats, or other requests for crisis service in which the assistance was provided in the victim's native language	
b. Number of crisis calls, texts, chats, or other requests for crisis services in which the victim spoke a language other than English	

72. Crisis Calls, Texts, & Chats	
a. Total number of crisis calls, texts, or chats answered	
b. Total crisis calls, texts, or chats that were unanswered in the reporting quarter	
c. Total crisis calls, texts, or chats with a delayed answer in the reporting quarter	

73. Number of third party requests for service via hotline during the reporting period	

76. Do you have any positive qualitative observations to share from the victims that you provided crisis intervention services to during this reporting period?	

74. Of the unique victims (primary and secondary) for whom crisis intervention or hotline services were provided, how many victims stated each of the following needs?	
a. Housing	
b. Safety (physical or emotional)	
c. Criminal justice intervention	
d. Emotional support	
e. Medical or forensic care	
f. Legal services	
g. Other needs not listed	

75. Of the unique victims (primary and secondary) for whom crisis intervention or hotline services were provided during this quarter, how many victim needs were met via:	
a. Service provided by your organization or agency	
b. Referral to another organization or agency	
c. Warm hand-off to another organization or agency	
d. Referral made, but declined	
e. Unknown resolution	
f. Other	

77. Do you have any negative qualitative observations to share from the victims that provided crisis intervention services to during this reporting period?	

Housing

Who are you?			
Organization or agency		Email Address of Person Completing PMI Submission	Insert Email Address
Fiscal Year		Grant Manager	Insert Email Address
Quarter		Grant number for these outcome measures	

78. Victims Provided with Housing Services	
a. Number of unique new victims (primary and secondary) provided with housing services during the reporting period	
b. Number of unique continuing victims (primary and secondary) provided with housing services during the reporting period	

79. Nights of Safe Housing	
a. What is the aggregate number of nights of safe housing provided during the reporting period	
b. What is the average number of safe nights of housing provided to each victim served during the reporting period	

80. Of the number of new victims received into the housing program during the quarter, how many had sought services from your agency during this fiscal year?

82. Of the number of victims who left housing during the reporting period, what number left housing for:	
a. Safe and permanent housing	
b. Safe but temporary housing	
c. Tenuous housing	
d. Other shelter	
e. Other	
f. Unknown	
g. Deceased	

83. Do you have any positive qualitative observations to share from the victims that you served with housing services during this reporting period?

Legal Services



Who are you?			
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Self-Generated Total: Representation Totals	
Number of victims requesting legal representation	0
Number of new victims who received representation	0
Number of new victims who did not receive representation from this organization	0

85. Excluding referrals from SAFE, number of referrals or requests for service that were received by your organization in the reporting quarter

86. Number of referrals or requests for service that were accepted by your organization in the reporting quarter	
a. When referred from SAFE	
b. When referred from other sources	

87. Number of victims for whom legal needs were met by in-house representation	
a. Fully met	
b. Partially met	

88. Number of victims for whom legal needs were met by brief advice and consultation	
a. Fully met	
b. Partially met	

89. Of the matters that were resolved during this reporting period, number of matters:	
a. Fully resolved in a manner that was consistent with the wishes of the victim	
b. Partially resolved in a manner that was consistent with the wishes of the victim	
c. Withdrawn prior to legal resolution at the request of the victim	
d. Resolved due to legal necessity	
e. Resolved incompatible with the stated wishes of the victim	

90. Criminal Justice System	
a. Number of victims requesting legal representation	
b. Number of new victims who received representation	

91. Civil Protective System	
a. Number of victims requesting legal representation	
b. Number of new victims who received representation	

92. Immigration System	
a. Number of victims requesting legal representation	
b. Number of new victims who received representation	

93. Educational System	
a. Number of victims requesting legal representation	
b. Number of new victims who received representation	

94. Administrative System (other than those already listed)	
a. Number of victims requesting legal representation	
b. Number of new victims who received representation	

95: Family Law System	
a. Number of victims requesting legal representation	
b. Number of new victims who received representation	

96. Do you have any positive qualitative observations to share from the victims that you provided legal services to during this reporting period?

97. Do you have any negative qualitative observations to share from victims that you provided legal services to during this reporting period?

Mental Health Services

Who are you?			
Organization or agency		Email Address of Person Completing PMI Submission	
Fiscal Year		Grant Manager	Insert Email Address
Quarter		Grant number for these outcome measures	

98. Victims Engaged in Counseling or Therapy	
Self-Generating Number: Number of total victims that received mental health services	0
a. Number of new victims that received mental health services	
b. Number of continuing victims that received mental health services	

101. Number of Pre-Counseling/Therapy Engagement for Victims who have not yet engaged in counseling or therapy	
a. Number of victims that engaged with the provider only 1 time during the reporting period	
b. Number of victims that engaged with the provider between 2-5 times during the reporting period	
c. Number of victims that engaged with the provider more than 5 times	

99. New Victim Engagement	
a. Number of victims that engaged in a screening or intake process during the reporting quarter	
b. Number of victims that were screened and referred to another mental health provider during the reporting quarter	

102. Accessing Mental Health Services	
a. Of the number of unique victims that engaged in counseling during the reporting period, what was the average number of engagement encounters prior to first counseling encounters	
b. Of the number of victims that engaged in counseling during the reporting period, what was the average length of time (in days) to get services	

100. T1 and T2 Assessments	
a. Number of victims not assessed at T1 or T2 during this quarter	
b. Number of total victims that were assessed at T2 during this reporting period	
c. Number of total victims who received mental health services that demonstrated a reduction of trauma symptoms at T2 during this reporting period	
d. Number of total victims who received mental health services who reported an increase in functioning at T2 during this reporting period	

103. Do you have any positive qualitative observations to share from the victims that you provided mental health services to during this reporting period?

104. Do you have any negative qualitative observations to share from the victims that you provided mental health services to during this reporting period?

Medical & Forensic Services



Who are you?			
Organization or agency		Email Address of Person Completing PMI Submission	
Fiscal Year		Grant Manager	Insert Email Address
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105. General trauma victims provided with medical services	
a. Number provided medical services	
b. Number who had injury	
c. Number who recieved treatment of injury	
d. Number who received infection prophylaxis	
e. Number who were forensically interviewed by your organization	

109. Number of employees or contractors who:	
a. Were employed by or contracted with your organization to provide medical forensic care during the reporting period	
b. Were engaged in continuing education during the reporting period	
c. Were certified by the appropriate medical or forensic licensing or certification agency prior to this reporting period	
d. Achieved certification by the appropriate medical or forensic licensing or certification agency prior to this reporting period	
e. Had a case peer reviewed during the reporting quarter	

106. Sexual assault victims provided with medical services	
a. Number provided medical services	
b. Number who had injury	
c. Number who received treatment of injury	
d. Number who received infection prophylaxis	
e. Number who were forensically interviewed by your organization	

110. Types of Forensic Exams Reporting On (Drop Down Menu)

111. Number of exams or analyses:	
a. Conducted during the reporting quarter (all crime types)	
b. Case reviewed by a multidisciplinary team during the reporting period	

107. Domestic or intimate partner violence victims provided with medical services	
a. Number provided medical services	
b. Number who had injury	
c. Number who received treatment of injury	
d. Number who received infection prophylaxis	
e. Number who were forensically interviewed by your organization	

112. Do you have any positive qualitative observations to share from the victims that you served during this reporting period?

113. Do you have any negative qualitative observations to share from the victims that you served during this reporting period?

108. Peer review of exams	
a. Number of medical forensic exams conducted during the reporting period	
b. Number of peer reviews of exams conducted during the reporting period	

Language Access Services

Who are you?			
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114. Interpretation Services for Victims	
a. Requests for interpretation services for victims received during the reporting quarter	
b. In-person interpretation services for victims that were met with in-person interpretation services	
c. In-person interpretation services for victims that were met with telephonic interpretation services	
d. Telephonic interpretation services for victims that were met with telephonic interpreter services	
e. Interpretation services for victims that were unfulfilled	

117. Victim Satisfaction with Interpreter and Translation Services	
a. Requests for service (interpretation and translation) from or for victims that were met during the reporting period	
b. Complaints received about in-person interpretation services during the reporting quarter	
c. Complaints received about telephonic interpretation services during the reporting quarter	
d. Complaints received about translation services during the reporting quarter	

115. Interpretation Services for Allied Professionals	
a. Requests for interpretation services for allied professionals received during the reporting quarter	
b. In-person interpretation services for allied professionals that were met with in-person interpretation services	
c. In-person interpretation services for allied professionals that were met with telephonic interpretation services	
d. Telephonic interpretation for allied professionals that were met with telephonic interpreter services	
e. Interpretation services for allied professionals that were unfulfilled	

118. Satisfaction with Interpretation and Translation Services	
a. Number of service providers that requested interpretation services during the reporting period	
b. Received interpretation services during the reporting quarter	
c. Completed a quarterly satisfaction survey	
d. Report being satisfied with the service	

116. Translation Services	
a. Received during the reporting quarter	
b. That were met during the reporting quarter	
c. That were unmet during the reporting quarter	

119. Do you have any positive qualitative observations to share from the clients that you served during this reporting period?

120. Do you have any negative qualitative observations to share from the clients that you served during this reporting period?