

OFFICE OF THE GOVERNOR - CRIMINAL JUSTICE DIVISION

Performance Measures Report - Quarter 4 (571)

Victims of Crime Act - VOCA

GRANTEE INFORMATION

GRANTEE/AGENCY NAME: Houston-Galveston Area Council

PROJECT TITLE: HGAC Elder and Vulnerable Adult Justice Program

GRANT NUMBER: 3386601 DATE: Saturday, October 20, 2018

GRANT START DATE: 10/1/2017 GRANT END DATE: 9/30/2018

FUNDING SOURCE: Victims of Crime Act

The Performance Measures Report is a requirement for grantees that receive Victims of Crime Act (VOCA) funding from the Office for Victims of Crime (OVC) to deliver victim assistance services. This report is collected quarterly and is due 20 days after each quarterly reporting periods ends.

Quarter 1: October, November, December

Quarter 2: January, February, March

Quarter 3: April, May, June

Quarter 4: July, August, September

To assist grantees in collecting performance measure data, OVC has made available a Victim Assistance Subgrantee Data Tracking Template. You are not required to use this template; it is intended as data or case management for those grantees not already using a suitable management system. Download the excel file template here: [Tracking Template](#)

The following documentation is also available from OVC for assistance in completing the quarterly report:

[Instructions](#)

[Appendix A - Race/Ethnicity Definitions](#)

[Appendix B - General Definitions](#)

For additional assistance completing the reporting requirements, please contact the staff at PPRI.

PPRI • Texas A&M University • 4476 TAMU • College Station, TX 77843

Phone: (979) 845-8800 • Fax: (979) 458-4179 • Email: oog@ppri.tamu.edu

If reports are not submitted on time, grant funds will be placed on hold.

Section Links:

- [GRANTEE INFORMATION](#)
- [KEY PERFORMANCE INDICATORS](#)
- [CJD REQUIRED NARRATIVE QUESTIONS for the FINAL REPORT](#)
- [FEDERAL REPORTING](#)
- [OVC REQUIRED SECTION I. POPULATION SERVED - 4th Quarter](#)
- [OVC REQUIRED SECTION II. DIRECT SERVICES - 4th Quarter](#)
- [OVC REQUIRED SECTION III. ANNUAL OUTCOMES - 4th Quarter ONLY](#)
- [PPRI Report Notes - Not Required](#)

KEY PERFORMANCE INDICATORS (1405)

Describe your project's key ACCOMPLISHMENTS as they relate to each Objective and Target. The measures and targets shown below should match the information submitted in your eGrants application. You are responsible for providing the actual results for the current reporting period (unless otherwise specified). Definitions of all CJD measures below can be found here: [CJD Measure Definitions](#).

The Notes field for each measure is optional, however you should use this field to explain any data discrepancies or clarification of the data reported.

1.	Objective: <div> <div>*REQUIRED TOTAL: Cas</div> <div>Type: Output Measure</div> <div>Target: 60</div> <div>Year 1 Total: 20</div> </div>	Actual Q1 : 0 Actual Q2 : 0 Actual Q3 : 0 Actual Q4 : 20	Notes (optional): <div>Late start due to Harvey</div>
2.	Objective: <div> <div>Public outreach/informatio</div> <div>Type: Output Measure</div> <div>Target: 60</div> <div>Year 1 Total: 70</div> </div>	Actual Q1 : 0 Actual Q2 : 0 Actual Q3 : 30 Actual Q4 : 40	Notes (optional): <div>Late start due to Harvey</div>
3.	Objective: <div> <div>Case management or adv</div> <div>Type: Output Measure</div> <div>Target: 120</div> </div>	Actual Q1 : 0 Actual Q2 : 0	Notes (optional): <div>Late start due to Harvey</div>

	Year 1 Total: <input type="text" value="22"/>	Actual Q3 : <input type="text" value="2"/>	Actual Q4 : <input type="text" value="20"/>
4.	<i>Objective:</i> <div> <div>Advocacy/ accompanimen</div> <div>Type: <input type="text" value="Output Measure"/></div> <div>Target : <input type="text" value="10"/></div> <div>Year 1 Total: <input type="text" value="2"/></div> </div>	Actual Q1 : <input type="text" value="0"/> Actual Q2 : <input type="text" value="0"/> Actual Q3 : <input type="text" value="0"/> Actual Q4 : <input type="text" value="2"/>	<i>Notes (optional):</i> <div>Late start due to Harvey</div>
5.	<i>Objective:</i> <div> <div>*REQUIRED TOTAL: Cas</div> <div>Type: <input type="text" value="Output Measure"/></div> <div>Target : <input type="text" value="300"/></div> <div>Year 1 Total: <input type="text" value="16"/></div> </div>	Actual Q1 : <input type="text" value="0"/> Actual Q2 : <input type="text" value="0"/> Actual Q3 : <input type="text" value="6"/> Actual Q4 : <input type="text" value="10"/>	<i>Notes (optional):</i> <div>Late start due to Harvey</div>
6.	<i>Objective:</i> <div> <div>Public outreach/informatio</div> <div>Type: <input type="text" value="Output Measure"/></div> <div>Target : <input type="text" value="6"/></div> <div>Year 1 Total: <input type="text" value="6"/></div> </div>	Actual Q1 : <input type="text" value="0"/> Actual Q2 : <input type="text" value="0"/> Actual Q3 : <input type="text" value="0"/> Actual Q4 : <input type="text" value="6"/>	<i>Notes (optional):</i> <div>Late start due to Harvey</div>
7.	<i>Objective:</i> <div> <div>Advocacy/ accompanimen</div> <div>Type: <input type="text" value="Output Measure"/></div> <div>Target : <input type="text" value="30"/></div> <div>Year 1 Total: <input type="text" value="7"/></div> </div>	Actual Q1 : <input type="text" value="0"/> Actual Q2 : <input type="text" value="0"/> Actual Q3 : <input type="text" value="2"/> Actual Q4 : <input type="text" value="5"/>	<i>Notes (optional):</i> <div>Late start due to Harvey</div>

8.	<p>Objective:</p> <p>*REQUIRED TOTAL: Cas</p> <p>Type: Output Measure</p> <p>Target : 150</p> <p>Year 1 : 54</p> <p>Total: 54</p>	<p>Actual Q1 : 0</p> <p>Actual Q2 : 0</p> <p>Actual Q3 : 0</p> <p>Actual Q4 : 54</p>	<p>Notes (optional):</p> <p>Late start due to Harvey</p>
9.	<p>Objective:</p> <p>Technical assistance: Hou</p> <p>Type: Output Measure</p> <p>Target : 72</p> <p>Year 1 : 72</p> <p>Total: 72</p>	<p>Actual Q1 : 0</p> <p>Actual Q2 : 0</p> <p>Actual Q3 : 0</p> <p>Actual Q4 : 72</p>	<p>Notes (optional):</p> <p>Late start due to Harvey</p>
10.	<p>Objective:</p> <p>Victims assisted with deve</p> <p>Type: Output Measure</p> <p>Target : 10</p> <p>Year 1 : 5</p> <p>Total: 5</p>	<p>Actual Q1 : 0</p> <p>Actual Q2 : 0</p> <p>Actual Q3 : 3</p> <p>Actual Q4 : 2</p>	<p>Notes (optional):</p> <p>Late start due to Harvey</p>
11.	<p>Objective:</p> <p>Training or professional de</p> <p>Type: Output Measure</p> <p>Target : 240</p> <p>Year 1 : 230</p> <p>Total: 230</p>	<p>Actual Q1 : 0</p> <p>Actual Q2 : 0</p> <p>Actual Q3 : 0</p> <p>Actual Q4 : 230</p>	<p>Notes (optional):</p> <p>Late start due to Harvey</p>
12.	<p>Objective:</p> <p>Casework, non-licensed c</p> <p>Type: Output Measure</p> <p>Target : 10</p> <p>Year 1 : 2</p> <p>Total: 2</p>	<p>Actual Q1 : 0</p> <p>Actual Q2 : 0</p> <p>Actual Q3 : 0</p>	<p>Notes (optional):</p> <p>Late start due to Harvey</p>

		Actual Q 4: <input type="text" value="2"/>	
13.	Objective: <div>Referrals to other agency</div> <div>Type: <input type="text" value="Output Measure"/></div> <div>Target : <input type="text" value="120"/></div> <div>Year 1 <input type="text" value="28"/></div> <div>Total: <input type="text" value="28"/></div>	Actual Q 1: <input type="text" value="0"/> Actual Q 2: <input type="text" value="0"/> Actual Q 3: <input type="text" value="3"/> Actual Q 4: <input type="text" value="25"/>	Notes (optional): <div>Late start due to Harvey</div>
14.	Objective: <div>Training or professional de</div> <div>Type: <input type="text" value="Output Measure"/></div> <div>Target : <input type="text" value="60"/></div> <div>Year 1 <input type="text" value="47"/></div> <div>Total: <input type="text" value="47"/></div>	Actual Q 1: <input type="text" value="0"/> Actual Q 2: <input type="text" value="0"/> Actual Q 3: <input type="text" value="0"/> Actual Q 4: <input type="text" value="47"/>	Notes (optional): <div>Late start due to Harvey</div>
15.	Objective: <div>Casework/support/care ne</div> <div>Type: <input type="text" value="Output Measure"/></div> <div>Target : <input type="text" value="100"/></div> <div>Year 1 <input type="text" value="20"/></div> <div>Total: <input type="text" value="20"/></div>	Actual Q 1: <input type="text" value="0"/> Actual Q 2: <input type="text" value="0"/> Actual Q 3: <input type="text" value="0"/> Actual Q 4: <input type="text" value="20"/>	Notes (optional): <div>Late start due to Harvey</div>
16.	Objective: <div>*REQUIRED TOTAL: Trai</div> <div>Type: <input type="text" value="Output Measure"/></div> <div>Target : <input type="text" value="72"/></div> <div>Year 1 <input type="text" value="302"/></div> <div>Total: <input type="text" value="302"/></div>	Actual Q 1: <input type="text" value="0"/> Actual Q 2: <input type="text" value="0"/> Actual Q 3: <input type="text" value="0"/> Actual Q 4: <input type="text" value="302"/>	Notes (optional): <div>Late start due to Harvey</div>

To modify these objectives in any way, contact your OOG Grant Manager. These objectives are preloaded from your eGrants application and any change requires a grant adjustment.

CJD REQUIRED NARRATIVE QUESTIONS for the FINAL REPORT (1445)

Do not include any names or other personally identifying information of clients or program participants.

1. Describe how the goals outlined in your application were accomplished by this grant.

(1) Staffing Milestones: H-GAC has an eight-year plan—of which VOCA #3386601 is the first step—to build

(2) Filling the Knowledge Gap as a Prerequisite to Building Multi-Disciplinary Teams: H-GAC began to recruit

Training is, therefore, a necessary foundational step in building a coordinated community response in gener

2. Were there any significant barriers or obstacles to spending your grant funds?

- ☒ Yes
- ☐ No

a. If yes, please describe the problems you encountered that prevented you from using the grant

Timing is everything. H-GAC had applied not yet been awarded or taken steps to being hiring project staff

effectively.

3. Were there any significant barriers or obstacles to reaching the goals and milestones in your application?

- ☒ Yes
- ☐ No

a. If yes, please describe the problems you encountered that prevented you from achieving your application goals.

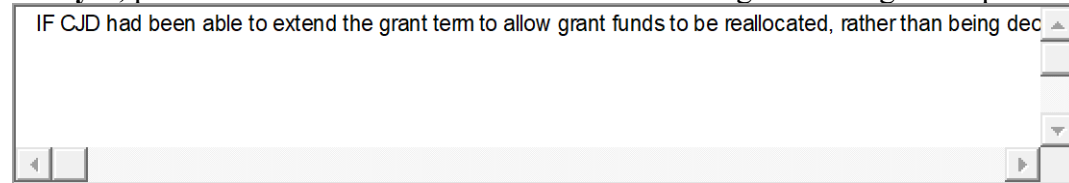
Significant under-reporting of elder abuse is happening because frontline personnel—officers, caseworkers

4. Is there any assistance that CJD could have provided to address any problems/barriers identified in questions 2 and 3 above?

- ☒ Yes
- ☐ No

a. If yes, please describe how CJD could have made the grant management process smoother.

IF CJD had been able to extend the grant term to allow grant funds to be reallocated, rather than being dec

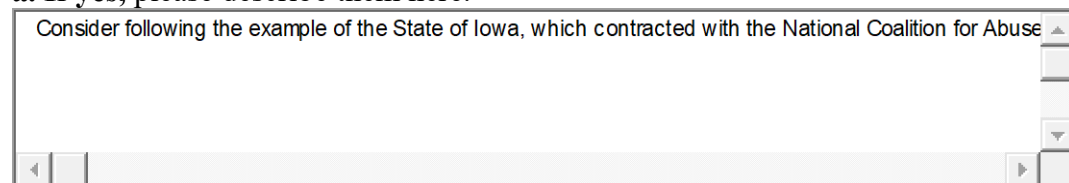


5. Based on your knowledge of the criminal justice field, are there any innovative programs you would like to bring to CJD's attention?

- ☒ Yes
- ☐ No

a. If yes, please describe them here.

Consider following the example of the State of Iowa, which contracted with the National Coalition for Abuse

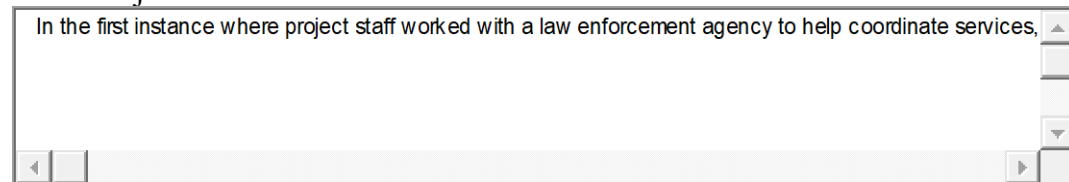


6. Are there any grant-related accomplishments or success stories that you would like to share with CJD?

- ☒ Yes
- ☐ No

a. If yes, please describe them here. Any files of testimonials, photographs, or other supporting materials may be emailed to oog@ppri.tamu.edu. Be sure to include the grant number in the email subject.

In the first instance where project staff worked with a law enforcement agency to help coordinate services,



FEDERAL REPORTING (1564)

The following sections of the progress report are federally-required by the Office for Victims of Crime (OVC), the agency distributing this grant. CJD receives funding from multiple federal agencies, all of which have unique reporting requirements and systems distinct from CJD's own. To ensure accurate federal reporting, these requirements must be administered separately from CJD's.

As a result of this, some of the following measures and narrative questions may be redundant with the above CJD requirements. It is acceptable to copy and paste entries from the CJD section above if the measures or narratives in question are functionally identical. Please contact PPRI if you have any questions or concerns about this.

OVC REQUIRED SECTION I. POPULATION SERVED - 4th Quarter (1301)

Only report services and activities allowed under the VOCA Program. A crime victim is a **person** who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime. **Businesses** are not considered crime victims.

1. Indicate the **total number of victims** who received services during the reporting period.

Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period.

a. Carried Over Victims: Individuals on your roll as of the first day of the reporting period are considered carried over. These are victims that started receiving services in a previous reporting period and are still receiving services. 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 c.

b. New Victims: Any NEW individuals added 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.

c. Any anonymous contacts received during the reporting period. 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.

Businesses are not considered crime victims.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
a. Number of victims carried over from the previous reporting periods	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
b. NEW victims added during the reporting period	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="20"/>
c. Number of anonymous contacts received during the reporting period	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Quarterly Totals

If your agency cannot track new individuals for any reason, indicate this in the space below and provide an explanation.

2. Indicate the **race/ethnicity of NEW victims** reported in Question 1.

Count each NEW victim in only one race/ethnicity type as self-reported by the victim. For NEW

victims who self-report in more than one race category, enter the total number of victims in the “Multiple Races” category. The total number of NEW victims reported across all categories in Question 2 should total the number of NEW victims reported in Question 1. Review [Appendix A](#) for definitions for the race/ethnicity category. This data is used for statistical purposes to comply with Federal regulations.

If no data is collected for a category, enter the number of NEW victims as Not Tracked or Not Reported. Not Reported represents that the agency collects this data, but it was not provided or indicated by the person completing the application. Not Tracked represents that the agency is unable to submit this data as requested at this time, due to the need to change the data collection system (i.e., software and/or application).

	Quarter 1 new	Quarter 1 carried over	Quarter 2 new	Quarter 3 new	Quarter 4 new
American Indian/Alaska Native	0	0	0	0	0
Asian	0	0	0	0	1
Black/African American	0	0	0	1	3
Hispanic or Latino	0	0	0	1	5
Native Hawaiian and Other Pacific	0	0	0	0	0
White Non-Latino/Caucasian	0	0	0	1	3
Some Other Race	0	0	0	0	0
Multiple Races	0	0	0	0	0
Unknown - NOT REPORTED by victim	0	0	0	0	8
Unknown - NOT TRACKED by agency	0	0	0	0	0

Quarterly Totals

3. Indicate the **gender of NEW victims** reported in Question 1.

Count each NEW victim in only one gender type as self-reported by the victim. The total number of NEW victims reported across all categories in Question 3 should total the number of NEW victims reported in Question 1.

	Quarte r 1 new	Quarte r 1 carried over	Quarte r 2 new	Quarte r 3 new	Quarte r 4 new
Male	0	0	0	0	2

Female	0	0	0	3	18
Unknown - NOT REPORTED by victim	0	0	0	0	0
Unknown - NOT TRACKED by agency	0	0	0	0	0
Other (please specify below)	0	0	0	0	0

Quarterly Totals

If "Other" above please describe here:

4. Indicate the **age of NEW victims** reported in Question 1.

Count each NEW victim in only one age type as self-reported by the victim. The total number of NEW victims reported across all categories in Question 4 should total the number of NEW victims reported in Question 1.

	Quarter 1 new	Quarter 1 carried over	Quarter 2 new	Quarter 3 new	Quarter 4 new
0-12	0	0	0	0	0
13-17	0	0	0	0	0
18-24	0	0	0	0	0
25-59	0	0	0	0	0
60 and Older	0	0	0	3	20
Unknown - NOT REPORTED by victim	0	0	0	0	0
Unknown - NOT TRACKED by agency	0	0	0	0	0

Quarterly Totals

5. Indicate the **count of ALL victims who received services this quarter by type of victimization.**

Please select the type of victimization for each individual who sought services. Count each victim only once per category, although an individual may be counted in more than one category. For example, an individual may be counted once in Adult Physical Assault and once in Adult Sexual Assault, but should only be counted once in each category. See [Appendix B](#) for category definitions. Secondary victims and witnesses should be reported in the same type of victimization as the primary victim.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Adult Physical Assault (Includes Aggravated and Simple Assault)	0	0	0	0
Adult Sexual Assault	0	0	0	0
Adults Sexually Abused/Assaulted as Children	0	0	0	0
Arson	0	0	0	0
Bullying (Verbal, Cyber or Physical)	0	0	0	0
Burglary	0	0	0	0
Child Physical Abuse or Neglect	0	0	0	0
Child Pornography	0	0	0	0
Child Sexual Abuse/Assault	0	0	0	0
Domestic and/or Family Violence	0	0	3	9
DUI/DWI Incidents	0	0	0	0
Elder Abuse or Neglect	0	0	3	20
Hate Crime: Racial/Religious/Gender/Sexual Orientation, etc.	0	0	0	0
Human Trafficking: Labor	0	0	0	0
Human Trafficking: Sex	0	0	0	0
Identity Theft/Fraud/Financial Crime	0	0	2	8
Kidnapping (Non-Custodial)	0	0	0	0
Kidnapping (Custodial)	0	0	0	0
Mass Violence (Domestic/International)	0	0	0	0
Other Vehicular Victimization (e.g., Hit and Run)	0	0	0	0
Robbery	0	0	0	0
Stalking/Harassment	0	0	0	0
Survivors of Homicide Victims	0	0	0	0
Teen Dating Victimization	0	0	0	0
Terrorism (Domestic/International)	0	0	0	0
Violation of a Court Order	0	0	0	1

Other (describe below)

0

0

0

0

Quarterly Totals

If "Other" above describe here:

If "Other" includes more than one type of victimization include the number for each victimization described.

		▲
		■
		▼
◀		▶

If "Hate Crime" above is greater than 0, please describe what type here
(Racial/Religious/Gender/Sexual Orientation, etc):

		▲
		■
		▼
◀		▶

6. Of the total number of victims receiving services, how many had more than one type of victimization (secondary victimization) during the reporting period:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number:	0	0	3	14

7. Indicate any **special classifications of NEW victims** reported in Question 1.

Count each NEW victim who self-reports in any of these categories. The number of NEW victims reported in each category in Question 7 should be less than or equal to the total number of NEW victims reported in Question 1.

	Quarte r 1 new	Quarte r 1 carried over	Quarte r 2 new	Quarte r 3 new	Quarte r 4 new
Deaf/Hard of Hearing	0	0	0	1	0
Homeless	0	0	0	0	0
Immigrants/Refugees/Asylum Seekers	0	0	0	0	0
LGBTQ	0	0	0	0	0
Veterans	0	0	0	0	0

Victims with Disabilities: Cognitive/ Physical /Mental	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="8"/>
Victims with Limited English Proficiency	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
Other (describe below)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Quarterly Totals

If "Other" above please describe here:

OVC REQUIRED SECTION II. DIRECT SERVICES - 4th Quarter (1235)

1. Indicate the total number of victims who received **services by service type** during the reporting period.

Include all victims served (individuals on your roll as of the first day of the reporting period, plus any NEW individuals added during the reporting period) for each category, counting each victim only once in the first line. Then enter the number of times a specific service was provided in each subcategory listed (A1, A2, A3, etc.) The "total number of times this service was provided" may be a number greater than the total number of victims served since each victim could receive a service multiple times.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
A. <u>Number of victims who received:</u> INFORMATION AND REFERRAL	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="20"/>
A1. <u>Total number of times this service was provided:</u> Information about the criminal justice process	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="10"/>
A2. <u>Total number of times this service was provided:</u> Information about victim rights, how to obtain notifications, etc.	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="5"/>
A3. <u>Total number of times this service was provided:</u> Referral to other victim service programs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="20"/>
A4. <u>Total number of times this service was provided:</u> Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="20"/>

Quarterly Totals **A1. thru A4.**

(Total of service instances should not be less than number of victims.)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
B. Number of victims who received: PERSONAL ADVOCACY/ACCOMPANIMENT	0	0	0	20
B1. <u>Total number of times this service was provided:</u> Victim advocacy/accompaniment to emergency medical care	0	0	0	0
B2. <u>Total number of times this service was provided:</u> Victim advocacy/accompaniment to medical forensic exam	0	0	0	0
B3. <u>Total number of times this service was provided:</u> Law enforcement interview advocacy/accompaniment	0	0	0	2
B4. <u>Total number of times this service was provided:</u> Individual advocacy (assistance in applying for public benefits, return of personal property or effects)	0	0	0	18
B5. <u>Total number of times this service was provided:</u> Performance of medical or nonmedical forensic exam or interview, or medical evidence collection	0	0	0	0
B6. <u>Total number of times this service was provided:</u> Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)	0	0	0	0
B7. <u>Total number of times this service was provided:</u> Intervention with employer, creditor, landlord, or academic institution	0	0	0	0
B8. <u>Total number of times this service was provided:</u> Child or dependent care assistance (provided by agency)	0	0	0	0
B9. <u>Total number of times this service was provided:</u> Transportation assistance (provided by agency)	0	0	0	0
B10. <u>Total number of times this service was provided:</u> Interpreter services	0	0	0	0

Quarterly Totals B1. thru B10.

(Total of service instances should not be less than number of victims.)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
C. Number of victims who received: EMOTIONAL SUPPORT OR SAFETY SERVICES	0	0	3	20
C1. <u>Total number of times this service was provided:</u> Crisis intervention (in-person, includes safety planning, etc.)	0	0	3	2

C2. <u>Total number of times this service was provided:</u> Hotline/crisis line counseling	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="18"/>
C3. <u>Total number of times this service was provided:</u> On-scene crisis response (e.g., community crisis response)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
C4. <u>Total number of times this service was provided:</u> Individual counseling	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
C5. <u>Total number of times this service was provided:</u> Support groups (facilitated or peer)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
C6. <u>Total number of times this service was provided:</u> Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
C7. <u>Total number of times this service was provided:</u> 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.)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Quarterly Totals C1. thru C7.

(Total of service instances should not be less than number of victims.)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
D. <u>Number of victims who received:</u> SHELTER/HOUSING SERVICES	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
D1. <u>Total number of times this service was provided:</u> Emergency shelter or safe house	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
D2. <u>Total number of times this service was provided:</u> Transitional housing	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
D3. <u>Total number of times this service was provided:</u> Relocation assistance	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Quarterly Totals D1. thru D3.

(Total of service instances should not be less than number of victims.)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
E. <u>Number of victims who received:</u> CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="5"/>

E1. <u>Total number of times this service was provided:</u> Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
E2. <u>Total number of times this service was provided:</u> Victim impact statement assistance	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
E3. <u>Total number of times this service was provided:</u> Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
E4. <u>Total number of times this service was provided:</u> Civil legal assistance in obtaining protection or restraining order	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>
E5. <u>Total number of times this service was provided:</u> Civil legal assistance with family law issues (e.g., custody, visitation, or support)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>
E6. <u>Total number of times this service was provided:</u> Emergency justice-related assistance	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
E7. <u>Total number of times this service was provided:</u> Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
E8. <u>Total number of times this service was provided:</u> Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
E9. <u>Total number of times this service was provided:</u> Law enforcement interview advocacy/accompaniment	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>
E10. <u>Total number of times this service was provided:</u> Criminal advocacy/accompaniment	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>
E11. <u>Total number of times this service was provided:</u> Other legal advice and/or counsel	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>

Quarterly Totals E1. thru E11.

(Total of service instances should not be less than number of victims.)

2. Indicate the number of victims who were assisted with a victim compensation application during the reporting period.

Include all victims served (individuals on your roll as of the first day of the reporting period, plus any NEW individuals added during the reporting period) for each category.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
0	0	0	0

OVC REQUIRED SECTION III. ANNUAL OUTCOMES - 4th Quarter ONLY (1223)

There are mandated questions that victims must be asked. As a service provider, select the outcome measures that are applicable to your agency's services. OVC requests outcome information from all service providers who can provide this information. However, at a minimum, these include shelter, support services and advocacy, and counseling and support groups.

A service provider is an entity that provides services within the information & referral; personal advocacy/accompaniment; emotional support or safety services; or criminal/civil justice system assistance categories.

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

- ☐ Yes
- ☒ No (skip to question 4)

2. Number of surveys distributed (includes, but not limited to, those distributed by hand, mail or electronic methods):

3. Number of surveys completed/submitted:

If your agency does not currently survey its clients, answer NO for question 1 and skip to question 4.

4. REQUIRED NARRATIVE: Discuss some of the challenges your victim assistance program faced during the course of the entire reporting period.

The Elder & Vulnerable Justice Project is a first-year project that was planned to begin operations

5. REQUIRED NARRATIVE: Describe some of the services that victims needed but could not be provided. What were the challenges that prevented those services from being provided?

There is a major community need for forensic accounting services as well as for the assistance of a forensic accountant.

6. REQUIRED NUMBER: Indicate the number of request for services **that were UNMET because of capacity issues** during the reporting period.

If all service requests were met, enter zero.

0

If you reported requests for services that were UNMET in the question above, describe/list the requests in the space below.

7. REQUIRED NARRATIVE: Discuss any major issues that either assisted or prevented victims from receiving assistance during the reporting period.

H-GAC's delay in starting the Elder and Vulnerable Adult Justice Project due to Hurricane Harvey.

Significant under-reporting of elder abuse is happening because frontline personnel, officers, and community members are not aware of the services available.

8. REQUIRED NARRATIVE: Describe ways that your agency promoted the coordination of public and private efforts within the community to help crime victims during the reporting period.

Houston-Galveston Area Council engaged a national expert in elder abuse and multi-disciplinary investigation.

H-GAC tirelessly promoted trainings and the need for coordinated services at every opportunity.

9. REQUIRED NARRATIVE: Describe any notable activities during the reporting period that improved delivery of victim services.

H-GAC's Elder & Vulnerable Adult Justice Project convened four skills-oriented training sessi

10. REQUIRED NARRATIVE: Briefly describe any efforts taken to serve Victims of Federal crime during the reporting period (i.e. coordination).

Working with victim services providers to educate about how elder victims of federal crimes, e

11. REQUIRED NARRATIVE: Describe any emerging issues or notable trends affecting crime victim services in your area during the reporting period.

Trends specifically affecting services available to victims of elder abuse:
(1) Adult Protective Services Policy: Participants in one of H-GAC's "Building a Coordinated
(2) With more than 500,000 homes in H-GAC's service area damaged by Harvey, many senic

PPRI Report Notes - Not Required (1302)

This space is to report any data errors or discrepancies that may have occurred during previous quarters. This is for PPRI use and grantees **are not required** to enter any information here.

End of report.