Office of Victim Services
OVS (FE)

MISSION
The mission of the Office of Victim Services (OVS) is to ensure that all individuals who are victimized by violent crime have access to and obtain quality services offered by skilled providers at District and community agencies.

SUMMARY OF SERVICES
OVS administers federal and District grants to agencies and organizations that offer services to crime victims, including crisis intervention, counseling, case management, outreach, education and housing; advises the Executive Office of the Mayor on policy and legislation relevant to crime victims; and provides leadership in the development and implementation of new victim-related initiatives and programs.

AGENCY OBJECTIVES
1. Create and sustain a coordinated community response to all victims of violent crime that is sensitive, respectful, age appropriate and culturally competent.
2. Ensure that individuals who assist crime victims have access to excellent training and resources on victims’ rights, the dynamics of victimization and the impact of violent crime.
3. Maintain respectful, articulate, and productive relationships with all partnering organizations that provide services to or impact crime victims.

ACCOMPLISHMENTS
✓ Sexual Assault Forensic Examinations: The DC SANE Program served 273 victims of sexual assault at Washington Hospital Center.
✓ District Crime Victim Assistance Academy: Conducted a two-day online and three-day residential training for 25 victim service providers and allied professionals.
✓ Housing: Increased the number of safe, ready to be occupied supportive housing units for victims of domestic violence and their children by 50. Another 51 units will be completed and ready for occupancy in FY 2010.

OVERVIEW OF AGENCY PERFORMANCE
Objective 1: Create and sustain a coordinated community response to all victims of violent crime that is sensitive, respectful, age appropriate and culturally competent.

Initiative 1.1: Coordinated Community Response to Young Victims ages 11-17.
Programs within DC Middle Schools: involves age appropriate outreach to youth about healthy relationships, conflict resolution, building self-esteem, and impact of violent victimization; expanded outreach to and education of parents, teachers, school administrators, and health workers on recognition of and response to victimization among youth. OVS met its goal of establishing 16 programs in DC public middle schools. 2. Stakeholder training and technical assistance to institutionalize a District-wide mental health response to young victims employing age appropriate, evidence-based practices: The stakeholder training is an 18-month program that began in 2009 and will be completed in 2010. Therefore, clinicians trained in evidence based cognitive behavioral therapy for trauma are 2/3 complete. Also, at the end of FY 2009, 10 of the 68 clinicians had left the program either because they changed jobs and were no longer eligible, or they were behind in or unable to complete the clinical practice part of the training.

Initiative 1.2: Implement Emergency and Transitional Housing Initiative
The OVS goal for FY 2009 was 64 units of housing ready for occupancy in 2009: Because of delays in construction funding through DHCD, units are ready for occupancy later than anticipated. Through OVS housing initiatives new units occupied by DV victims and their families totaled 50: House of Ruth-12; District Alliance for Safe Housing26; and Survivors and Advocates for Empowerment-12. In FY 2010 another 51 new units will be occupied. Capacity building among supportive housing providers: New staff have been hired and trained to operate three new DV housing programs.

Initiative 1.3: Sexual Assault Forensic Examination (SAFE) Program
A coordinated, centralized, hospital-based program for the sensitive, expeditious evaluation of and care for victims of sexual assault: This goal has been achieved through 1) a contract signed with the Washington Hospital Center as anchor hospital; 2) the creation of a protocol for the Sexual Assault Response Team, which includes the DC USAO, DCMPD; US Parks Police; the DC SANE Program; DC Rape Crisis Center; and Washington Hospital Center. 3) the creation of a viable chain of custody protocol between the hospital emergency rooms, the SANE nurses and the MPD Mobile Crime Lab; 4) a contract through the DC Hospital Association signed with all the other DC Hospital Emergency Room Programs so that rape cases are directed to WHC; an HIV protocol for prophylaxis treatment for rape victims at high risk for exposure to HIV/AIDS; and follow-up care at a SANE clinic at the Lighthouse Center for Healing.5) Capacity building to achieve a team of Sexual Assault Forensic Nurses (SAFE) on call to perform the exams: OVS exceeded its goal by training 12 SANE nurses who can conduct SANE exams at WHC and follow-
OBJECTIVE 2: ENSURE THAT INDIVIDUALS WHO ASSIST CRIME VICTIMS HAVE ACCESS TO EXCELLENT TRAINING AND RESOURCES ON VICTIMS’ RIGHTS, THE DYNAMICS OF VICTIMIZATION AND THE IMPACT OF VIOLENT CRIME.

INITIATIVE 2.1: District Crime Victim Assistance Academy
The goals for the Second Year of the DCVAA have been achieved. There are 25 new well-trained victim service provider graduates of the DCVAA. An external evaluation conducted by the GW Graduate School of Education found that: 1) over 80% of the DCVAA graduates believed that they had increased their understanding of victim issues they experience as well as the issues faced by other professionals working with victims; they had increased their professional skills; and that their time was well spent; and 2) 85% found that networking and opportunities for relationship-building among system- and community-based organizations was valuable and justified the participation in the program.

OBJECTIVE 3: MAINTAIN RESPECTFUL, ARTICULATE, AND PRODUCTIVE RELATIONSHIPS WITH ALL PARTNERING ORGANIZATIONS THAT PROVIDE SERVICES TO OR IMPACT CRIME VICTIMS.

There are no initiatives for this objective.
**Key Performance Indicators – Highlights**

**From Objective 1: Number of SAFE nurses trained, certified and available to conduct exams at WHC**

- FY08: 0 nurses
- FY09: 12 nurses

**From Objective 2: Percentage of all District victim assistance providers trained at the District Victim Assistance Academy**

- FY08: 0% trained
- FY09: 28% trained

**FULLY ACHIEVED**

**More About These Indicators:**

**How did the agency’s actions affect this indicator?**

- Contracted with Washington Hospital Center to anchor the DC SANE Program.
- Engaged all hospital directors, emergency room staff and FEMS to support WHC.
- Hired a SANE Director qualified to teach.
- Made space available for didactic training at the Lighthouse Center for Healing.
- Provided resources for nurses to receive clinical support at WHC while training.

**What external factors influenced this indicator?**

- Police protocols around chain of custody required considerable attention.
- Distrust of the prior SANE program at HUH required outreach and training before workers at other hospitals would release patients to WHC.
- Funding challenges from increased compliance requirements at the DOJ.

**How did the agency’s actions affect this indicator?**

- Engaged DC agency and not for profit directors in the further development and refinement of the DCVAA curriculum.
- Enlisted assistance of George Washington University School of Education to infuse curriculum with adult learning techniques.
- Developed an evaluation plan with GWU School of Education to collect accurate feedback as to the success of the program.

**What external factors influenced this indicator?**

- Many DC organizations that would send staff to the Academy had experienced layoffs and were short staffed due to the general economic crisis in the District making it difficult for them to allow staff to be away from the office for the period of the Academy.
## Key Performance Indicators – Details

**Performance Assessment Key:**

- Green: Fully achieved
- Yellow: Partially achieved
- Red: Not achieved
- Grey: Data not reported

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>FY2008 YE Actual</th>
<th>FY2009 YE Target</th>
<th>FY2009 YE Revised Target¹</th>
<th>FY2009 YE Actual</th>
<th>FY2009 YE Rating</th>
<th>Budget Program</th>
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<tbody>
<tr>
<td>1.1 Number of stakeholders trained on trauma response using evidence-based practices</td>
<td>0</td>
<td>68</td>
<td>58</td>
<td>85.29%</td>
<td>VICTIM SERVICES, OFFICE OF</td>
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<tr>
<td>1.2 Number of SAFE nurses trained, certified and available to conduct exams at WHC</td>
<td>0</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>120%</td>
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<tr>
<td>1.3 Percentage of case responses within 60 minutes of patient arrival at WHC²</td>
<td>0</td>
<td>80</td>
<td>99</td>
<td>91.93%</td>
<td>92.86%</td>
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<tr>
<td>2.1 Percentage of all District victim assistance providers trained at the District Victim Assistance Academy</td>
<td>28</td>
<td>28</td>
<td>28.09%</td>
<td>100.32%</td>
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¹ Agencies have been permitted to change their targets as long as 1) the original targets are published in the PAR, as they are here, and 2) a strong justification was presented for the change.

² OVS learned that while the average time of nurse arrival was under 50 minutes, in some cases it might not be suitable for the nurse to arrive within 60 minutes since: 1) the victim may be in the process of being transferred from another hospital; 2) the victim may be in a lengthy interview with MPD; or 3) the victim may be receiving medical care for injuries which would significantly delay the beginning of the 5 hour SANE exam. The goal is to have seamless, uninterrupted service to the victim but it was more efficient for the nurse to discuss arrival time with Medstar and the detective on the call before determining an arrival time at the hospital. The agency was not able, in its Medstar generated logging system, to adjust backwards on the nurse arrival time to place it in context.