

DVPI Semi-Annual Reporting Form

This printable version is available so that you may review the questions before completing the official form online.

Please complete the official form online at: <http://seal6.ihs.gov/dvpi>

INTRODUCTION

This form is to be used for semiannual reporting. For the period September 1 – February 28, reports are due on or before March 31. For the period March 1 – August 31, reports are due on or before October 31. All information reported on the due dates shall reflect project activities that occurred during the reporting period.

Those sites that are funded under multiple categories of funding have multiple usernames and passwords, and must complete a separate form for each project for which they are funded. The project administrator or coordinator is responsible for ensuring that appropriate sections are fully completed. The activities of volunteers or interns can be reported if they were coordinated or supervised by project staff.

Domestic Violence (DV) projects – Please complete Sections A, B, and C;

Sexual Assault Community-Developed Model (SACDM) projects –
Please complete Sections A, B, and D;

Sexual Assault Nurse Examiner/Sexual Assault Response Team Expansion projects
– Please complete Sections A, B, and E.

For questions concerning this reporting form, please contact:

Division of Behavioral Health
Office of Clinical and Preventive Services
Indian Health Service
801 Thompson Avenue, Suite 300
Rockville, MD 20852
Work: (301) 443-2038

A. Please select the Reporting Period and Project Organization information below

1. Current reporting period

February 1 - July 31 (Due October 31)

September 1 - February 28 (Due March 31)

2. Project Name:

3. Unique IHS Project Number:

4. Type of Project:

5. Unique IHS Project Number (i.e. DVPI0000):

6. Project Organization/Agency:

7a. Project Coordinator (responsible for day-to-day coordination of the project):

First Name:

Last Name:

Address 1

Address 2

City:

State:

Zip:

Telephone:

Ext.:

Fax:

E-mail Address:

7b. Project Director

First Name:

Last Name:

Telephone:

Ext.:

Fax:

E-mail Address:

7c. Person Completing Form:

If not included above

First Name:

Last Name:

Telephone:

Ext:

Email Address:

B. Successes and Challenges

1. Please describe major successes of your project in the space below.

2. Please describe major challenges for your project in the space below.

3. Please outline your Scope of Work objectives/goals and describe the progress you have made toward your objectives/goals in this reporting period.

4. Please list evidence-based practices that your project employed during the reporting period. (Evidence-based practice refers to the use of research and scientific studies as a base for determining the best practices in a field. Evidence-based practices are intended to provide transparency and to assure the public that techniques and procedures will provide the best possible interventions or treatments.)

Art therapy

Play therapy

Cognitive Behavior Therapy (CBT)

Trauma-Focused Cognitive Behavioral Therapy

Motivational Interviewing

Eye Movement Desensitization and Reprocessing (EMDR)

Safe Dates Curriculum

Beyond Trauma Curriculum

Strengthening Families Curriculum

Other - Specify:

5. Please list all practice-based practices that your project employed during the reporting period. (Practice-based practice refers to a range of treatment approaches that are derived from and supportive of positive cultural attributes and traditions. Practice-based services are accepted by the local community through community census and address the therapeutic and healing needs of individuals/families and draws from a culturally specific framework. Practitioners of practice-based practices have field driven and expert knowledge of the cultural strengths and cultural context of the community, and they consistently draw upon this knowledge throughout the full range of service provision: engagement, assessment, diagnosis, intervention and aftercare.)

Talking-Circles

Sweat Lodge

Smudging

Interventions that include cultural practices (i.e. beading, drumming, etc.)

Elders teaching traditions

Developing culturally appropriate curriculum

Other - Specify:

C. Program Measures for Domestic Violence (DV) Prevention Programs

1. Please indicate below the number of community awareness events held during the reporting period.

a. Please indicate total number of attendees at all events:

b. Please indicate the topics of community awareness events held: (Check all that apply.)

Bullying

Cyber Bullying

Dating violence overview, dynamics, and services

Domestic violence overview, dynamics, and services

Healthy relationships/domestic violence/dating violence prevention (6-12th grade)

Healthy relationships/domestic violence/dating violence prevention (university)

Healthy relationships/domestic violence/dating violence prevention (community)

Indigenous prevention projects (Informing community of culturally-based prevention or intervention activities)

Safety planning

Sexual assault overview or services

Other (specify):

2. Please indicate below the number of school education events held during the reporting period.

a. Please indicate total number of attendees at all events

b. Please indicate the topics of school education events held: (Check all that apply.)

Bullying

Cyber Bullying

Dating violence overview, dynamics, and services

Domestic violence overview, dynamics, and services

Healthy relationships/domestic violence/dating violence prevention (6-12th grade)

Healthy relationships/domestic violence/dating violence prevention (university)

Healthy relationships/domestic violence/dating violence prevention (community)

Indigenous prevention projects

Safety planning

Sexual assault overview, dynamics, and services

Other (specify):

3. Does your project have written policies and procedures in place for DV?

Yes No

a. If yes, please indicate which of the following are in place:

Vision and mission statements

Policies for service referrals:

Screening for substance abuse and mental health issues

Referrals for substance abuse and mental health services

Screenings and referrals for the elderly and the disabled

Safety planning

Screening for Sexual Assault

Anonymous or Jane Doe reporting of sexual assault (Reporting sexual assault to law enforcement without providing the victim's name)

Response to domestic violence cases reporting to the Emergency Department response

Mandatory provider training for DV and sexual assault

Other, please list

4. Does your project have a full-time DV Coordinator?

Yes No

5. Does your program have an active interdisciplinary DV Response Team that includes all of the following: 1) victim advocate; 2) medical personnel; and 3) law enforcement representative?

Yes No

6. Does your project provide case management services to DV victims (must include services to children affected by domestic violence)?

Yes No

7. Does your project have a formalized behavioral health referral process for victims of DV?

Yes No

a. Please enter the number of victims (adults and children) who received the following referrals during the reporting period:

Type of Service	Number of Adults	Number of Children
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Behavioral Health (Alcohol, substance abuse treatment)		
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Cultural Services (Ceremonies, sweats, talking circles, etc.)		
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Domestic Violence Services		
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Sexual Assault Services		
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Shelter Services		
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Specialized Medical Care		
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Victim Advocate in Prosecutor's Office		
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Other (specify):		
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8. Does your project report DV GPRA screening data to IHS Headquarters? (The IHS Government Performance and Results Act (GPRA) measure for DV is the percentage of AI/AN female patients ages 15 to 40 who have been screened for domestic and intimate partner violence during the year.)

Yes No

9. Please indicate the total number of adults who received services during the reporting period.

a. Please enter the demographic information for adult victims served during the reporting period:

Adults by Gender

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
Female			
Male			
Not Disclosed			

Adults by Age

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
18-24 years			
25-39 years			
40-59 years			
60-64 years			
65+ years			
Not Disclosed			

10. Please indicate the total number of children who received services during the reporting period.

a. Please enter the demographic information for child victims served during the reporting period:

Children by Gender

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
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Female

Male

Not Disclosed

Children by Age

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
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0-11 months

12-24 months

25-47 months

4 years-7 years

8-11 years

12-15 years

16-17 years

Not Disclosed

11. Please enter the number of victims (adults and children) who received the following services during this reporting period:

Type of Service

Number of Adults

Number of Children

Case Management Services (A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's needs through communication and available resources to promote the desired outcomes.)

Crisis Intervention (Crisis intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or by phone.)

Cultural Advocacy (Activities such as sweat lodge, talking circles, wellness gatherings, cultural ceremonies, etc.)

Domestic Violence Counseling Services/Support Group (Individual or group counseling or support provided by a volunteer, peer, or professional.)

Hospital/Clinic/Medical Response (Accompanying a victim/survivor to or meeting a victim/survivor at the hospital, clinic, or medical office)

Rape Crisis Counseling (Individual or group counseling or support provided to a victim of sexual assault by a professional, peer or volunteer.)

Victim Advocacy (Actions designed to assist the victim in obtaining support, resources or services including employment, housing, shelter services, health care, victim's compensation, etc.)

Other (specify):

D. Program Measures for the Sexual Assault Community Developed Models (SACDM)

1. Please indicate below the number of community awareness events held during the reporting period.

a. Please indicate total number of attendees at all events.

b. Please indicate the topics of community awareness events held: (Check all that apply.)

Bullying

Cyber Bullying

Dating violence overview, dynamics, and services

Domestic violence overview, dynamics, and services

Healthy relationships/domestic violence/dating violence prevention (6-12th grade)

Healthy relationships/domestic violence/dating violence prevention (university)

Healthy relationships/domestic violence/dating violence prevention (community)

Indigenous prevention projects (Informing community of culturally-based prevention or intervention activities)

Safety planning

Sexual assault overview or services

Other (specify):

2. Please indicate below the number of school education events held during the reporting period.

a. Please indicate total number of attendees at all events.

b. Please indicate the topics of school education events held: (Check all that apply.)

Bullying

Cyber Bullying

Dating violence overview, dynamics, and services

Domestic violence overview, dynamics, and services

Healthy relationships/domestic violence/dating violence prevention (6-12th grade)

Healthy relationships/domestic violence/dating violence prevention (university)

Healthy relationships/domestic violence/dating violence prevention (community)

Indigenous prevention projects

Safety planning

Sexual assault overview, dynamics, and services

Other (specify):

3. Does your project have written policies and procedures to respond to victims of sexual assault?

Yes No

a. If so, please indicate which of the following are in place:

Vision and mission statements

Policies for service referrals:

Screening for substance abuse and mental health issues

Referrals for substance abuse and mental health services

Screenings and referrals for the elderly and the disabled

Safety planning

Screening for Sexual Assault

Anonymous or Jane Doe reporting of sexual assault (Reporting sexual assault to law enforcement without providing the victim's name)

Response to sexual assault cases reporting to the Emergency Department

Mandatory provider training for DV and sexual assault

Other, please list

4. Do you have a full-time victim advocate collaborating on your SACDM project?

Yes No

5. Does your project have an active interdisciplinary Sexual Assault Response Team

(SART [must include all of the following: 1) Victim Advocate; 2) Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner {SAFE/SANE}; 3) law enforcement representative; and 4) Prosecutor])?

Yes No

6. Does your project provide case management services to victims (must include post-referral follow-up services)?

Yes No

7. Does your project have a formalized referral process for sexual assault crisis counseling for victims of sexual assault?

a. Please enter the number of victims (adults and children) who received the following referrals during the reporting period:

Type of Service	Number of Adults	Number of Children
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Behavioral Health (Alcohol, substance abuse treatment)		
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Cultural Services (Ceremonies, sweats, talking circles, etc.)		
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Domestic Violence Services		
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Sexual Assault Services		
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Shelter Services		
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Specialized Medical Care		
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Victim Advocate in Prosecutor's Office		
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Other (specify):		
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8. Does your SACDM project have a designated individual assigned to participate in SART activities?

Yes No

9. Please indicate the total number of adults who received services during the reporting period.

a. Please enter the demographic information for adult victims served during the reporting period:

Adults by Gender

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
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Female

Male

Not Disclosed

Adults by Age

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
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18-24 years

25-39 years

40-59 years

60-64 years

65+ years

Not Disclosed

10. Please indicate the total number of children who received services during the reporting period.

a. Please enter the demographic information for child victims served during the reporting period:

Children by Gender

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
Female			
Male			
Not Disclosed			

Children by Age

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
0-11 months			
12-24 months			
25-47 months			
4 years-7 years			
8-11 years			
12-15 years			
16-17 years			
Not Disclosed			

11. Please enter the number of victims (adults and children) who received the following services during this reporting period:

Type of Service	Number of Adults	Number of Children
Case Management Services (A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's needs through communication and available resources to promote the desired outcomes.)		

Crisis Intervention (Crisis intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or by phone.)

Cultural Advocacy (Activities such as sweat lodge, talking circles, wellness gatherings, cultural ceremonies, etc.)

Domestic Violence Counseling Services/Support Group (Individual or group counseling or support provided by a volunteer, peer, or professional.)

Hospital/Clinic/Medical Response (Accompanying a victim/survivor to or meeting a victim/survivor at the hospital, clinic, or medical office)

Rape Crisis Counseling (Individual or group counseling or support provided to a victim of sexual assault by a professional, peer or volunteer.)

Victim Advocacy (Actions designed to assist the victim in obtaining support, resources or services including employment, housing, shelter services, health care, victim's compensation, etc.)

Other (specify):

E. Program Measures for Sexual Assault Program Expansion (National Program for Sexual Assault Nurse Examiner/Sexual Assault Response Team Expansion (SANE/SART))

1. Does your project have written mission statement and goals?

Yes No

2. Does your project provide 24/7 coverage by SANE trained staff?

Yes No

3. Does your project have written sexual assault response policies and procedures?

Yes No

4. Does your project have a full-time victim advocate collaborating on the project?

Yes No

5. Has your project purchased or been provided with Sexual Assault Forensic Examination (SAFE) equipment?

Yes No

6. Does your project have a Memorandum of Agreement (MOA) with other SART participating agencies?

Yes No

a. If so, please indicate the type of agency:

Local health facility

Local law enforcement

Federal health facility

Tribal health facility

BIA law enforcement

Federal Prosecutors

7. Has your project established written domestic violence (DV) screening and victim safety planning policies and procedures?

Yes No

8. Has your project sponsored two or more healthcare provider education training events in the past 12 months?

Yes No

9. Does your project provide case management services to sexual assault victims (must include post-examination follow-up and collaboration with law enforcement)?

Yes No

10. Does your project have a written policy and procedure for referring victims of sexual assault for rape crisis counseling services?

Yes No

a. Please enter the number of victims (adults and children) who received the following referrals during the reporting period:

Type of Service	Number of Adults	Number of Children
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Behavioral Health (Alcohol, substance abuse treatment)		
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Cultural Services (Ceremonies, sweats, talking circles, etc.)		
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Domestic Violence Services		
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Sexual Assault Services		
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Shelter Services		
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Specialized Medical Care		
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Victim Advocate in Prosecutor's Office		
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Other (specify):		
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11. Please indicate the number of Sexual Assault Forensic Examination (SAFE) kits completed and submitted to law enforcement during this reporting period:

Sexual Assault Forensic Examination (SAFE) Kits

Number of Adults

Number of Children

Number submitted to: Federal law enforcement

State law enforcement

Local law enforcement

Tribal law enforcement

a. Of the total number of sexual assault forensic evidence kits submitted by your project to law enforcement, how many were accepted for prosecution?

12. Please provide the number of medical staff who received 40 hours of didactic and 24 hours of clinical SANE/SART training in the past 12 months.

13. Please provide the number of medical staff who received local or national SANE/SART training focused on pediatric sexual assault during the past year.

14. Please indicate the total number of adults who received services during the reporting period.

a. Please enter the demographics of adult victims served during the reporting period:

Adults by Gender

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
Female			
Male			
Not Disclosed			

Adults by Age

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
18-24 years			
25-39 years			
40-59 years			
60-64 years			
65+ years			
Not Disclosed			

15. Please indicate the total number of children who received services during the reporting period.

a. Please enter the demographics of child victims served during the reporting period:

Children by Gender

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
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Female			
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Male			
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Not Disclosed			
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Children by Age

	Domestic Violence	Sexual Assault	Domestic Violence / Sexual Assault
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0-11 months			
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12-24 months			
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25-47 months			
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4 years-7 years			
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8-11 years			
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12-15 years			
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16-17 years			
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Not Disclosed			
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16. Please enter the number of victims (adults and children) who received the following services during this reporting period:

Type of Service

Number of Adults

Number of Children

Case Management Services (A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's needs through communication and available resources to promote the desired outcomes.)

Crisis Intervention (Crisis intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or by phone.)

Cultural Advocacy (Activities such as sweat lodge, talking circles, wellness gatherings, cultural ceremonies, etc.)

Domestic Violence Counseling Services/Support Group (Individual or group counseling or support provided by a volunteer, peer, or professional.)

Hospital/Clinic/Medical Response (Accompanying a victim/survivor to or meeting a victim/survivor at the hospital, clinic, or medical office)

Rape Crisis Counseling (Individual or group counseling or support provided to a victim of sexual assault by a professional, peer or volunteer.)

Victim Advocacy (Actions designed to assist the victim in obtaining support, resources or services including employment, housing, shelter services, health care, victim's compensation, etc.)

Other (specify):