

# Community Safety and Crime Prevention Branch (CSCP) COAST – New Contract Management System How to Complete the Monthly Statistics



## Completing the Monthly Statistics

Each year, service providers are required to complete monthly statistics for **each victim service and violence against women program** that is part of the CSCP branch contract in the COAST service provider portal. Historically these statistics have been captured through OPRA or STV-DES; however, with the implementation of the COAST service provider portal, monthly program statistics will now be completed in COAST. This reference guide will show you how to complete monthly statistics in the COAST portal.

By clicking on the link highlighted below (Statistics report (program type)) in the COAST service provider portal, service providers will have an opportunity to complete the monthly stats. Please note, service providers will be required to **complete monthly statistics for each contracted program**.

Contract: April 13test-22				
Tasks Due (1)	Completed Tasks (4)	Completed Monthly Reports	Update Program/Contact Information	Your Documents
Action	Title	Description	Deadline	
<a href="#">Statistics report (ORS - Campbell River)</a>	April ORS Stats		2021-05-31	

**One important feature to note:** Any questions with a red asterisk “\*” will need to be completed to advance to the next screen.

The “Tab” button on your keyboard can be used to move your cursor to the next data entry field.

1. **Staffing Information** – Please review and complete the information on this page. Once the information has been completed, click “**Continue**” to advance to the next page.

TEST - Organization - Do Not Use

Contract No  
May26demo-21

Contracted Hours  
35

Program  
CBVS - All Crime - Vancouver

Staffing Information

Training Information

Community Engagement

Community Coordination

Caseload Information

New Client Information

Referral Information

Services Provided

Exit

### April stats

**Staffing Information**

\*1. Is the program fully staffed?  
 Yes  No

\*2. Has the Program been understaffed for more than 30 days?  
 Yes  No

3. If the Program has been understaffed for 30 days please explain why?  
Type here...

\*4. Have there been any staff changes to the program?  
 Yes  No

5. Explanation for changes to staff  
Type here...

\*6. How many staff hours were worked this month?

7. Is there anything you would like to highlight about staffing this month?  
Type here...

Continue

2. **Training Information** – Please review and complete all the required information on this page. Click “**Continue**” to advance to the next page or if you require to go back to the previous screen please click “**Previous**”.

TEST - Organization - Do Not Use

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**Contract No**  
May26demo-21

**Contracted Hours**  
35

**Program**  
CBVS - All Crime - Vancouver

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Staffing Information ✔  
This form is valid.

**Training Information** ○

Community Engagement ○

Community Coordination ○

Caseload Information ○

New Client Information ○

Referral Information ○

Services Provided ○

[Exit](#)

## April stats

**Training Information**

\*1. How many program staff received (Online or in person) training this month?

\*2. How many hours did staff spend on training this month?

3. Please list any training received by program staff this month?

Type here...

4. Is there anything you would like to highlight about training this month?

Type here...

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3. **Community Engagement** – Please review and complete all the required information on this page. Click “**Continue**” to advance to the next page or if you require to go back to the previous screen please click “**Previous**”.

TEST - Organization - Do Not Use

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**Contract No**  
May26demo-21

**Contracted Hours**  
35

**Program**  
CBVS - All Crime - Vancouver

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Staffing Information ✔  
This form is valid.

Training Information ✔  
This form is valid.

**Community Engagement** ○

Community Coordination ○

Caseload Information ○

## April stats

**Community Engagement**

\*1. How many hours were spent attending an event this month?

\*2. How many hours were spent on providing information, presentations and community education?

\*3. How many hours were spent on other community engagement activities?

4. Is there anything you would like to highlight about community engagement this month?

Type here...

4. **Community Coordination** – Please review and complete all the required information on this page. Click “**Continue**” to advance to the next page or if you require to go back to the previous screen please click “**Previous**”.

TEST - Organization - Do Not Use	
<b>Contract No</b> May26demo-21	
<b>Contracted Hours</b> 35	
<b>Program</b> CBVS - All Crime - Vancouver	
<b>Staffing Information</b> This form is valid. <span style="color: green;">✔</span>	
<b>Training Information</b> This form is valid. <span style="color: green;">✔</span>	
<b>Community Engagement</b> This form is valid. <span style="color: green;">✔</span>	
<b>Community Coordination</b> <input type="radio"/>	
<b>Caseload Information</b> <input type="radio"/>	
<b>New Client Information</b> <input type="radio"/>	
<b>Referral Information</b> <input type="radio"/>	
<b>Services Provided</b> <input type="radio"/>	

## April stats

Community Coordination

\*1. How many hours were spent on Violence Against Women In Relationships (VAWIR) Committee work?

\*2. How many hours were spent on Sexual Assault Response Team (SART)?

\*3. How many hours were spent on Interagency Case Assessment Team (ICAT)?

\*4. How many hours were spent on other community coordination activities?

5. Is there anything else you would like to highlight about community coordination this month?

\*6. How many kilometers were travelled for community coordination this month?

5. **Caseload Information** – Please review and complete all the required information on this page. Click “**Continue**” to advance to the next page or if you require to go back to the previous screen please click “**Previous**”.

TEST - Organization - Do Not Use	
<b>Contract No</b> May26demo-21	
<b>Contracted Hours</b> 35	
<b>Program</b> CBVS - All Crime - Vancouver	
<b>Staffing Information</b> This form is valid. <span style="color: green;">✔</span>	
<b>Training Information</b> This form is valid. <span style="color: green;">✔</span>	
<b>Community Engagement</b> This form is valid. <span style="color: green;">✔</span>	
<b>Community Coordination</b> This form is valid. <span style="color: green;">✔</span>	
<b>Caseload Information</b> <input type="radio"/>	
<b>New Client Information</b> <input type="radio"/>	

## April stats

Caseload Information

\*1. Number of new clients?

\*2. Number of contacts made with clients?

\*3. Active caseload/ number of active case files?

\*4. How many kilometers were travelled to provide services to clients this month?

\*5. Number of individuals on program waitlist?

\*6. What is the average number of days clients were on a waitlist for service this month?

6. **New Client Information** – Please review and complete all the required information on this page. Click “**Continue**” to advance to the next page or if you require to go back to the previous screen please click “**Previous**”.

TEST - Organization - Do Not Use	
<b>Contract No</b> May25demo-21	<h3>April stats</h3> <p><b>New Client Information</b></p> <p>*1. Number of clients - male  <input type="text"/></p> <p>*2. Number of clients - female  <input type="text"/></p> <p>*3. Number of clients - gender non-binary  <input type="text"/></p> <p>*4. Number of clients - gender unknown  <input type="text"/></p> <p>*5. Of the number of male clients reported, how many were minor (18 and under)?  <input type="text"/></p> <p>*6. Of the number of female clients reported, how many were minor (18 and under)?  <input type="text"/></p> <p>*7. Of the number of gender non-binary clients reported, how many were minor (18 and under)?  <input type="text"/></p> <p>*8. Number of incidents, Type: Homicide?  <input type="text"/></p> <p>*9. Number of incidents, Type: Attempted homicide?  <input type="text"/></p> <p>*10. Number of incidents, Type: Motor Vehicle Accident Criminal?  <input type="text"/></p> <p>*11. Number of incidents, Type: Domestic Violence?  <input type="text"/></p> <p>*12. Number of incidents, Type: Sexual Assault?  <input type="text"/></p> <p>*13. Number of incidents, Type: Human Trafficking?  <input type="text"/></p> <p>*14. Number of incidents, Type: Other Types  <input type="text"/></p> <p>*15. Number of non-criminal incidents, Type: Motor Vehicle Accident?  <input type="text"/></p> <p>*16. Number of non-criminal incidents, Type: Suicide or attempted suicide?  <input type="text"/></p> <p>*17. Number of non-criminal incidents, Type: Missing Persons?  <input type="text"/></p> <p>*18. Number of non-criminal incidents, Type: Sudden Death?  <input type="text"/></p> <p>*19. Number of non-criminal incidents, Type: Other Types?  <input type="text"/></p> <p><b>Previous</b> <b>Continue</b></p>
<b>Contracted Hours</b> 35	
<b>Program</b> CBVS - All Crime - Vancouver	
<b>Staffing Information</b> This form is valid. <span style="color: green;">✔</span>	
<b>Training Information</b> This form is valid. <span style="color: green;">✔</span>	
<b>Community Engagement</b> This form is valid. <span style="color: green;">✔</span>	
<b>Community Coordination</b> This form is valid. <span style="color: green;">✔</span>	
<b>Caseload Information</b> This form is valid. <span style="color: green;">✔</span>	
<b>New Client Information</b> <input checked="" type="radio"/>	
<b>Referral Information</b> <input type="radio"/>	
<b>Services Provided</b> <input type="radio"/>	
<input type="button" value="Edit"/>	

7. **Referral Information** – Please review and complete all the required information on this page. Click “**Continue**” to advance to the next page or if you require to go back to the previous screen please click “**Previous**”.

TEST - Organization - Do Not Use	
<b>Contract No</b> May26demo-21	
<b>Contracted Hours</b> 35	
<b>Program</b> CBVS - All Crime - Vancouver	
<b>Staffing Information</b> This form is valid.	✓
<b>Training Information</b> This form is valid.	✓
<b>Community Engagement</b> This form is valid.	✓
<b>Community Coordination</b> This form is valid.	✓
<b>Caseload Information</b> This form is valid.	✓
<b>New Client Information</b> This form is valid.	✓
<b>Referral Information</b>	○
<b>Services Provided</b>	○

[Exit](#)

## April stats

### Referral Information

\*1. Number of referrals from: Police Based Victim Services Program?

\*2. Number of referrals from: Crime Victim Assistance Program (CVAP)?

\*3. Number of referrals from: VictimLinkBC?

\*4. Number of referrals from: A Community Based Victim Services program?

\*5. Number of referrals from: Victim Safety Unit?

\*6. Number of referrals from: Crown Counsel or Victim Court Support Services?

\*7. Number of referrals from: Corrections?

\*8. Number of referrals from: Transition House/STV Counselling program?

\*9. Number of referrals from: All other service types?

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[Continue](#)

8. **Services Provided** – Please review and complete all the required information on this page. Once completed you may click **“Submit”** to submit your now completed program statistics to the COAST service provider portal. If you require to go back to any of the previous screens to make any adjustments to your program statistics please click **“Previous”**.

TEST - Organization - Do Not Use

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Contract No  
May26demo-21

Contracted Hours  
35

Program  
CBVS - All Crime - Vancouver

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Staffing Information  
This form is valid. ✔

Training Information  
This form is valid. ✔

Community Engagement  
This form is valid. ✔

Community Coordination  
This form is valid. ✔

Caseload Information  
This form is valid. ✔

New Client Information  
This form is valid. ✔

Referral Information  
This form is valid. ✔

Services Provided ○

Edit

## April stats

Services Provided

\*1. Number of clients assisted with safety planning?

\*2. Number of next of kin notifications?

\*3. Number of clients assisted with Victim Impact Statements?

\*4. Number of clients assisted with Crime Victim Assistance Program (CVAP) forms?

\*5. Number of clients assisted with Restitution Forms?

\*6. Number of clients assisted with Victim Safety Unit Forms?

\*7. Number of Hours of Court Accompaniment?

\*8. Number of third-party reports worked on or completed?

\*9. Number of referrals to or information about: Police Based Victim Services?

\*10. Number of referrals to or information about: Crime Victim Assistance Program (CVAP)?

\*11. Number of referrals to or information about: Victim Safety Unit?

\*12. Number of referrals to or information about: Stopping the Violence Counselling?

\*13. Number of referrals to or information about: PEACE Program?

\*14. Number of referrals to or information about: Outreach and Multicultural Outreach Services?

\*15. Number of referrals to or information about: Transition House or Safe House?

\*16. Referrals to or information about: All Other Types?

17. List the other programs referred to or for which information was provided

Previous
Submit

9. Once you click “**Submit**”, a pop-up will ask you whether you confirm that the statistics you are submitting are accurate. If Yes, click “**OK**”.

