

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C10-5-014

APPLICANT: Livingston Youth & Family Counseling, Inc.

PROJECT TITLE: Child Sexual Abuse Counseling Program

PROJECT FUNDS :

FUND: \$ 9,007 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 2,252 20.00%

START DATE: 07/01/2011

TOTAL: \$ 11,259 100.00%

END DATE: 06/30/2012

Continuation of C89-5-001

PROJECT SUMMARY:

This project will provide individual and family counseling, information and referral, crisis intervention, and follow-up to victims of sexual assault. This includes primary victims of sexual assault and secondary victims who are involved in the counseling process with them. Victims served will include children, adolescents, and adults.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 04/06/2011 IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE**

**CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM**

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C10-5-014

CVA Purpose Area:

1. TITLE OF PROJECT

Child Sexual Abuse Counseling Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C08-5-009

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)

Desired Start Date: 7/1/2011

Desired End Date: 6/30/2012

4. PROJECT FUNDS

Federal Funds: \$9,007

Cash Match: \$1,752

In-Kind Match: \$500

Total Project: \$11,259

5A. APPLICANT AGENCY INFORMATION

Agency Name: Livingston Youth and Family Counseling

Physical Address: 940 Government Drive

City: Denham Springs

Zip: 70726-3633

Mailing Address: 940 Government Drive

City: Denham Springs

Zip: 70726-3633

Phone: (225) 665-7242

FAX: (225) 665-5451

Email: livingstonyouth@bellsouth.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Ligia Soileau

Title: Executive Director

Agency Name: Livingston Youth and Family Counseling

Address: 940 Government Drive

City: Denham Springs

Zip: 70726-3633

Phone: (225) 665-7242

FAX: (225) 665-5451

Email: li@lyfcounseling.org

Fed Employer Tax Id: 72 - 0949983

DUNS: 165919 - 176

CCR CAGE/NCAGE: SZER9

CCR Expiration Date: 4/28/2011

6. IMPLEMENTING AGENCY

Name: Ligia Soileau

Title: Executive Director

Agency: Livingston Youth and Family Coun

Address: 940 Government Drive

City: Denham Springs

Zip: 70726-3633

Phone: (225) 665-7242 FAX: (225) 665-7242

Email: livingstonyouth@bellsouth.net

7. PROJECT DIRECTOR

Name: Ligia Soileau

Title: Executive Director

Agency: Livingston Youth and Family Coun

Address: 940 Government Dr.

City: Denham Springs

Zip: 70726-3633

Phone: (225) 665-7242 FAX: (225) 665-5451

Email: li@lyfcounseling.org

8. FINANCIAL OFFICER

Name: Tom Lay

Title: 940 Government Drive

Agency: Livingston Youth and Family Coun

Address: 940 Government Dr.

City: Denham Springs

Zip: 70726-3633

Phone: (225) 665-7242 FAX: (225) 665-5451

Email: tdalay45@yahoo.com

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)

This project will provide individual and family counseling, information and referral, crisis intervention, and follow-up to forty (40) victims of sexual assault. This includes primary victims of sexual assault and secondary victims who are involved in the counseling process with them. Victims served will include children, adolescents, and adults.

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VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):

Sexual Assault

Domestic Abuse

Child Abuse

Previously Underserved

State Type of Previously Underserved: Residents of Rural/Remote Areas; Adult Survivors of Incest

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

CHECKLIST:

Are all budgeted items allowable per Program Guidelines?

YES:

NO:

Were instructions followed to determine allowable personnel/contractual costs?

Are all line item computations correct?

Do line items add to category totals?

Have category totals been rounded to nearest dollar?

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: Ligia Soileau

Title: Project Director

Phone: (225) 665-7242

Fax: (225) 665-5451

E-Mail: li@lyfcounseling.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$7,694	\$1,752	\$500	\$9,946
SECTION 200. FRINGE BENEFITS	\$584	\$0	N/A	\$584
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$480	\$0	\$0	\$480
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$249	\$0	\$0	\$249
TOTAL:	\$9,007	\$1,752	\$500	\$11,259

Provide Source of Cash Match: Capital Area United Way

Provide Source of In-Kind Match: Master of Social Work (MSW) Student Interns

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SECTION 100. PERSONNEL

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Counseling Supervisor	Chinyere Agu, LCSW, BACS	FT	\$3,500.00	12.00%	12.00	\$5,040.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive Director	Ligia Soileau, LCSW	FT	\$4,916.00	5.00%	12.00	\$2,949.60	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$7,989.60	F = Fed Funds	C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
Clinical Social Worker	Capi Landreneau, LCSW	PT	\$20.00	28.00	5.00%	52.00	\$1,456.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$1,456.00	F = Fed Funds	C = Cash Match

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
MSW graduate student interns will complete telephone intakes for crime victims requesting counseling services and provide weekly counseling to sexual assault victims/survivors and their families.	50.00	\$10.00	\$500.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$500.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$7,694
CASH MATCH	\$1,752
IN-KIND MATCH	\$500
PERSONNEL TOTAL	\$9,946

SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN

Yes No Are job descriptions for each position attached? If not, explain:

Yes No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

Due to the number of referrals received for services to victims/survivors of sexual assault/abuse, and the target number of victims to be served in this project, the agency will need three qualified professionals to be available in order to meet the need. This will also help limit wait times for crime victims.

B) The basis for determining the salary of each position:

Personnel salaries at Livingston Youth and Family Counseling are determined and deemed fair by the agency's Board of Directors and Executive Director. Salaries paid are commensurate with that of other non-profit agencies providing similar services to the community.

C) Project duties of each position requested:

- All positions included will:
- *Complete telephone intakes with crime victims initiating services
 - *Complete initial assessment and psychosocial history for each client
 - *Formulate treatment plan which includes safety planning as needed
 - *Provide crisis intervention as needed
 - *Provide individual, group, or family counseling sessions based on client needs
 - *Complete required case documentation
 - *Provide Crime Victims Reparations Information to crime victims

In addition to the above mentioned, the Counseling Supervisor will:

- *Provide individual supervision to each MSW intern working with crime victims for one hour/week; Ensure that volunteer documentation is timely and appropriate; Assist with completion of project Quarterly Reports

In addition to the above mentioned, the Project Director will:

- *Plan clinical training for staff working with crime victims; Compile statistics on clients served and outcomes; Complete Quarterly Reports; Provide one hour of monthly group supervision to MSW interns.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

This is a continuation application. Chinyere Agu is an employee who currently works for the agency and devotes approximately 20% of her time to crime victims through current CVA funding. She will continue to serve crime victims on this grant. However, due to her involvement with other planned agency projects, her time on this grant application has been reduced to 12%. Ligia Soileau and Capi Landreneau are being added to this grant in order to meet the need/target; the duties of serving crime victims are above and beyond the duties for which these positions are currently funded. In other words, unless these positions are included on this project, the agency will not have any means of reimbursement for providing victims services for 45% of the target number of clients to be served.

PROGRAM NARRATIVE**A. PROBLEM DEFINITION**

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. Document the need, not the symptoms or solutions. Be sure to include current valid local data to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

Sexual abuse is a term that encompasses a variety of acts including but not limited to sexual assault, rape and any sort of non-consensual sexual contact. It can happen within the context of marriage or other intimate/partner relationships. Sexual abuse can happen to men or women of any age. One (1) in 3 girls and 1 in 6 boys are sexually abused before the age of 18. This can include but is not limited to: sexual touching of any part of the body (clothed or unclothed), penetrative sex including penetration of the mouth, encouraging a child to engage in sexual activity including masturbation, intentionally engaging in sexual activity in front of a child, showing children pornography or using children to create pornography, and encouraging a child to engage in prostitution (LA Foundation Against Sexual Assault, 2010).

Livingston Youth and Family Counseling (LYFC) has been responding to the needs of victims of sexual abuse in Livingston Parish for nearly 25 years. In the last ten years, the agency has provided counseling to over 700 primary and secondary victims of sexual assault. For many years, LCLE funding has allowed the agency to provide services at no cost to the sexual abuse victims, which is particularly important when one considers that the clients served by LYFC are typically low income, and frequently live in single parent homes. The most recent Census data illustrates that nearly 12% of the children in Livingston Parish live below the poverty level and almost 30% of households headed by single females are living below the poverty level (US Census Bureau, 2000). Based on the number of victims served by this agency in the last six years alone (408), it is clear that the need for counseling services to victims of sexual abuse in Livingston Parish far exceeds the targeted goal in this application (40 victims).

2. Describe gap in community resources and how the gap was identified. Explain what need is created by this gap in services/programs.

There is a gap in both community resources and individual resources when examining the problem of sexual abuse. On the community end, there are not enough service providers who can engage in both short and long term counseling to help trauma survivors including crime victims. Livingston Parish is designated as a Mental Health Professional Shortage Area by the Louisiana Office of Public Health. Livingston Youth and Family Counseling is the only agency of its kind in Livingston Parish providing counseling services on a sliding fee scale for non-victims. Funding from LCLE allows the agency to provide counseling at no cost to sexual abuse survivors. From an individual standpoint, a lack of financial resources is frequently a barrier for victims seeking counseling services. The shame associated with sexual violence can lead victims to believe that they as individuals are not "worth" the time and money involved.

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B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

The overall goal of this project is to improve the health and functioning of victims of sexual abuse suffering from the secondary effects of trauma which impact mental health, social functioning and behavioral health. The project also seeks to improve supervision and parenting skills of parents/caregivers (secondary victims) who are helping their children cope with the trauma of child sexual abuse.

Goal 1: Provide information and referral to victims of sexual abuse who contact the agency from 7/1/11 to 6/30/12. This includes linkage to crisis intervention services if applicable.

Goal 2: Help victims coping with the trauma of sexual abuse decrease symptoms associated with their trauma, improve social functioning, and process their emotions in a safe environment.

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

Goal 1, Objective 1: Provide crisis intervention linkages to victims of sexual abuse who contact the agency in crisis and may need referral to more immediate services such as law enforcement, child protection, and/or medical services. It is anticipated that 20 victims of sexual abuse who contact the agency will be looking for information and referral only. They will be offered counseling services, but based on previous years approximately 20 (average baseline is 18) crime victims who contact LYFC will not be interested in counseling services at the time of their initial call.

Goal 1, Objective 2: Fifty (50) families will initiate counseling services for help with the trauma of sexual abuse. The average baseline in last five years was 40 families, with the trend of families initiating counseling increasing in the last three years.

Goal 2, Objective 1: Forty (40) individuals will attend at least one counseling session where safety issues will be assessed. It is anticipated that 40 individuals from the families that initiate counseling services will attend at least one session. This is based on data from previous years, and decreased wait times due to having volunteers/additional staff on the grant.

Goal 2, Objective 2: Thirty-two (32) individuals who remain in treatment past the initial crisis will complete the assessment process and formulate a treatment plan. This number is derived from an agency baseline percentage that 80% of clients who attend the first counseling appointment complete the initial assessment/treatment plan which takes 3-4 counseling sessions.

Goal 2, Objective 3: Twenty-eight clients will demonstrate acquisition of positive coping skills, reduction of trauma related symptoms, increased knowledge about parenting skills, and/or increased knowledge about resources available to victims in the community. This number is derived from an agency baseline percentage that 90% of clients who complete the initial assessment/treatment plan show significant progress in the areas listed above.

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D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

Project Personnel are experienced counselors who will assess safety needs presented by clients during their initial contact with the agency (typically by phone)---Ongoing---Completion Date: 6/30/12

Project Personnel will train volunteers to respond to phone inquiries made by crime victims as well as the agency's crisis intervention procedures---Begin Date: August 2011---Completion Date: September 2011

Project Personnel will train volunteers on the dynamics of sexual abuse, symptoms associated with trauma, and interventions used to help survivors of sexual abuse---Begin Date: August 2011---Completion Date: 6/30/12

Project Personnel and Volunteers will complete a Telephone Intake Form with each potential client within 24 hours of them contacting the agency. Victims of crime will be informed that they are eligible for services under this project funding---Ongoing---Completion Date: 6/30/12

Project Personnel and Volunteers will provide individual, family, and/or group therapy to adults and children coping with the trauma of sexual abuse. Sessions will be 50 minutes to 1.5 hours in length depending on the modality used---Ongoing---Completion Date: 6/30/12

Project Personnel and Volunteers will complete a written assessment that will allow for a baseline measure of the client's mental health functioning and guide the treatment process---Completed during the first 3-4 sessions with each client

Counselors will compare baseline data gathered for each individual client to post intervention data gathered through various assessment tools such as the Index of Self Esteem, the Sexual Abuse Symptoms Checklist, and the Child Behavior Checklist---Post Intervention Data may be gathered any time after the written assessment is completed to demonstrate acquisition of positive coping skills, reduction of trauma related symptoms, increased knowledge about parenting skills, and/or increased knowledge about resources available to victims in the community

E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)

- 1 2 3 4 5 6 7 All (Statewide Project)

2. Type of Organization(s):

Applicant Agency: Law Enforcement Prosecution Court Non-Profit Organization Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- Community-Based Organization Prosecution
- Court Sexual Assault Program
- Domestic Violence Program Sexual Assault State Coalition
- Domestic Violence State Coalition Tribal Coalition
- Dual Program (Sexual Assault and Domestic Violence) Tribal Government
- Dual State Coalition (Sexual Assault and Domestic Violence) Tribal Sexual Assault and/or Domestic Violence Program
- Government Agency (Department of Human Services, Bureau of Health) Unit of Local Government
- Law Enforcement University/School
- Probation, Parole, or Other Correctional Agency Other (Specify):

Yes No Is this a faith-based organization?

Yes No Is this a culturally specific community-based organization?

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: Chinyere Agu, LCSW PHONE: (225) 665-7242 EMAIL: chichi@lyfcounseling.org

Yes No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: () - EMAIL:

Yes No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>.

Yes No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://lcle.la.gov/lavns).

G. CRIME VICTIMS REPARATIONS (CVR)

Yes No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: PHONE: () - EMAIL:

Yes No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

Yes No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>.

H. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

During the previous completed grant cycle, sixty (60) individual victims presented for treatment (attended at least one session) subsequent to one or more crimes of sexual abuse perpetrated against them. Twenty-two additional victims contacted the agency for treatment and completed a telephone intake, but did not attend a session. These individuals were informed of agency services, given referral information as needed, and received at least one follow-up phone call from agency staff.

The Project Personnel, Project Director, and Project Volunteers completed a total of 181 hours of community outreach to community stakeholders where services provided to victims through LCLE funding were highlighted.

86% of those clients who initiated treatment showed a decrease in problematic symptoms and/or behaviors as measured using the Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR) and/or various other assessments used to compare baseline client data to post-intervention data.

61.5 Hours of training were provided to staff and volunteers working with crime victims. This includes but is not limited to 2 training workshops paid for with LCLE funds (totaling \$300).

2. Did the project work as expected? Explain.

The project exceeded expectations given that LCLE funding was slated to serve a total of 75 victims and the number of victims who initiated treatment via a telephone intake and were provided services exceeded that number. Further, the value of the training that staff and volunteers received over the course of the grant cycle exceeded the actual funding provided for training in the grant. This was due in part to the agency's reputation in the community and its ability to participate in workshops at no cost whenever possible. It has clearly impacted the efficacy of interventions used when working with survivors of sexual abuse who frequently present with symptoms of trauma that can dramatically impact social and behavioral functioning. It is anticipated that some clients will not remain in treatment long enough to make substantial gains so 86% is a high success rate. The agency has made inroads to working with other agencies serving crime victims in Livingston Parish as concurrent domestic violence and sexual abuse was a noted trend in the last grant cycle.

3. Have the original goals and objectives been revised? Yes No

If Yes, explain what changes will be made in the continuation of this project and why?

I. EVALUATION AND DISSEMINATION OF RESULTS

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From who will the data be collected – what is the source?

Therapists working with crime victims are required to complete an Outcome Measurement Form and a Crime Victim Assistance Form for each client (see attached forms).

2. When will the data be collected?

Forms are collected quarterly.

3. Who will collect and analyze the data?

The Project Director collects and analyzes the data.

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: State name and contact information.

Name: Ligia Soileau

Phone: (225) 665-7242

Email: li@lyfcounseling.org

5. Following evaluation, who and how will updating or revising of the project's strategy be accomplished?

The Project Director and Personnel will review data, feedback from LCLE, and evaluate needs of the community in order to continue providing evidence based clinical services to victims of sexual abuse. Expanding funding for crime victims is a long term goal of the agency and other sources of funding have already been approached as the agency continues to come into contact with victims of other crimes that are not covered under this grant.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

Livingston Youth and Family Counseling (LYFC) will report project results yearly to its Board of Directors, the Capital Area United Way, and potential funding sources to whom the agency submits grants and proposals. Required reporting (Quarterly Progress Reports and Expenditure Reports) will also be submitted to the Louisiana Commission on Law Enforcement on a quarterly basis. The confidentiality of clients served by LYFC will be protected and identifying information will not be shared in any reports released to the public.

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J. CONTINUATION

- Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

Livingston Youth and Family Counseling (LYFC) is committed to assisting victims of sexual assault in Livingston Parish. In addition to federal support, the agency receives funding from the Capital Area United Way and will submit funding proposals to other grant sources. The agency hosts yearly fundraisers and continues to build relationships with potential sponsors in the community. It is anticipated that the need for these victims' services in the community will exceed 40 victims (goal for this project application). LYFC will make every effort to connect additional victims of crimes with appropriate services in a timely manner.

K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

Livingston Youth and Family Counseling is located at 940 Government Drive in Denham Springs, LA. It is neighbored by city government buildings, the Denham Springs Fire Department, and the Denham Springs Police Department. The facility consists of six (6) furnished counseling offices, a play therapy room, a waiting area, and a conference room. The City of Denham Springs continues to provide this facility as an in-kind donation to the agency with a value of \$21,800/year.

LYFC has a full time Office Manager who is responsible for answering phones and routing calls, managing the reception area, assisting crime victims with initial paperwork, and bookkeeping functions of the agency.

L. AUDIT REQUIREMENTS

All applications must check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) AND MUST SUBMIT THE FOLLOWING INFORMATION:
1. Date of last audit
 2. Dates covered by last audit:
 3. Date of next audit:
 4. Dates to be covered by next audit:
 5. Date next audit will be forwarded to LCLE:
- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

M. VOLUNTEERS

- Yes No Are you using volunteers as match?
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.
- Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

Graduate social work interns will complete telephone intakes for crime victims requesting counseling services, provide crisis intervention, and provide counseling services to sexual assault victims and their families. Volunteers come from accredited graduate social work programs at Louisiana State University and Tulane University, and are supervised directly by project personnel. Livingston Youth and Family Counseling plans to host three graduate interns (volunteers) during this grant period. Each volunteer will devote approximately one hour per week to the project. The total number of volunteer hours used as match for this project is fifty (50).

50 hours x \$10.00/hr = \$500.00 match

N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

Livingston Youth and Family Counseling will distribute "Help for Crime Victims" brochure to crime victims in an effort to educate them about reparations (many are not aware the program exists prior to attending their first session). Project Personnel will assist crime victims in completing the application as needed.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

Livingston Youth and Family Counseling (LYFC) coordinates services with the Office of Community Services (OCS), the Twenty-first Judicial District Attorney's Office, Families in Need of Services (FINS) and the Livingston Parish Public Health Unit. LYFC receives referrals from OCS Child Protection and reports client progress to them when it is in the best interest of the child and with parental consent. When crime victims are children with problematic behaviors, they may become involved with FINS whose goal is to reduce formal juvenile court involvement. LYFC coordinates services with FINS and works with crime victims to decrease problematic behaviors.

Livingston Youth and Family Counseling partners with the Greater Baton Rouge Community Clinic which provides medical services for under-insured working individuals who cannot otherwise afford medical treatment. LYFC is an eligibility screening location for the virtual clinic two evenings/month.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

It is the policy of Livingston Youth and Family Counseling to encourage victims of crime to report crimes to law enforcement. Further, therapists and volunteers must abide by mandatory reporting laws prescribed by the State of Louisiana.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, NOT reporting instances of child abuse.

Livingston Youth and Family Counseling will comply with the Louisiana Child Protection Act (LRS 15:587.1) and screen prospective employees accordingly.

Rutha Chatwood

From: Rutha Chatwood
Sent: Wednesday, April 06, 2011 3:28 PM
To: Wanda Johnson
Cc: li@lyfocounseling.org
Subject: C10-5-014; Livingston Youth and Family Counseling; "Child Sexual Abuse Counseling Program"

Victim Services Program Manager
LA Commission on Law Enforcement
P. O. Box 3133
Baton Rouge, LA 70821-3133
Phone: 1-225-342-1625
Fax: 1-225-342-1846
Email: rutha.chatwood@lcle.la.gov

April 6, 2011

Ms. Ligia Soileau
Livingston Youth and Family Counseling
c/o Ms. Wanda Johnson
Executive Director
Capital District LEPC, Inc.
1406 South Range Ave., Ste. 5
Denham Springs, LA 70726-4801

RE: C10-5-014; Livingston Youth and Family Counseling; "Child Sexual Abuse Counseling Program"

Dear Ms. Ligia:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings scheduled for May 25, and 26, 2011, respectively. Since this application request is to continue this project and is under \$20,000, you are only required to attend the Victim Services Advisory Board meeting.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. CCR Expiration Date: Please note the CCR Expiration Date will expire 04/28/2011. The CCR Expiration Date must be current when time to process this application for award when/if the Commission approves the application at the May 26, 2011, meeting. Please provide the updated information from the Central Contractor Registration website when you renew the CCR information online so we may verify that the registrations are current when time for award.
2. Section 800. Other Direct Costs: The Conferences/Workshops budgeted in this section total \$249.00. Please explain what these charges are for so I may ensure this cost is in the correct budget section.
3. Subgrant Award Report: Please complete Section 4.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. Please do not fax replies, as they are not always legible. All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by Friday, April 22, 2011. Please contact the District Office if you have any questions or concerns.

Rutha Chatwood