

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C12-5-014

APPLICANT: Livingston Youth & Family Counseling, Inc.

PROJECT TITLE: Child Sexual Abuse Counseling Program

PROJECT FUNDS :

FUND: \$ 11,851 80.00%  
MATCH: \$ 2,963 20.00%  
TOTAL: \$ 14,814 100.00%

PROJECT DURATION: 12 months

START DATE: 07/01/2013

END DATE: 06/30/2014

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 adult survivors. The target goal for this project will be to serve a minimum of 35 crime victims. LYFC seeks to remove barriers to service such as cost and therefore does not charge fees to sexual assault survivors participating in this project.

RECOMMENDATION: FUND  DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION 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: *C12-5-014*

CVA Purpose Area: *1, 4*

1. TITLE OF PROJECT

Child Sexual Abuse Counseling Program

2.  NEW PROJECT

CONTINUATION PROJECT OF: **C11-5-014**

3. PROJECT DURATION

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

Desired Start Date: 7/1/2013

Desired End Date: 6/30/2014

4. PROJECT FUNDS

Federal Funds: \$11,851

Cash Match: \$2,513

In-Kind Match: \$450

Total Project: **\$14,814**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Livingston Youth and Family Counseling

Physical Address: 940 Government St.

City: Denham Springs

Zip: 70726-3633

Mailing Address: 940 Government St.

City: Denham Springs

Zip: 70726-3633

Phone: (225) 665-7242

FAX: (225) 665-5451

Email: [info@LYFCounseling.org](mailto:info@LYFCounseling.org)

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Ligia Soileau

Title: Executive Director

Agency Name: Livingston Youth and Family Counseling

Address: 940 Government St.

City: Denham Springs

Zip: 70726-3633

Phone: (225) 665-7242

FAX: (225) 665-5451

Email: [li@LYFCounseling.org](mailto:li@LYFCounseling.org)

Fed Employer Tax Id: 72 - 0949983

DUNS: 165919 - 176

CCR CAGE/NCAGE: 5ZER9

CCR Expiration Date: 4/18/2013

6. IMPLEMENTING AGENCY

Name: Ligia Soileau

Title: Executive Director

Agency: Livingston Youth and Family Coun

Address: 940 Government St.

City: Denham Springs Zip: 70726-3633

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

Email: [li@LYFCounseling.org](mailto:li@LYFCounseling.org)

7. PROJECT DIRECTOR

Name: Ligia Soileau

Title: Executive Director

Agency: Livingston Youth and Family Coun

Address: 940 Government St.

City: Denham Springs Zip: 70726-3633

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

Email: [li@LYFCounseling.org](mailto:li@LYFCounseling.org)

8. FINANCIAL OFFICER

Name: Ed Schmitt

Title: Treasurer

Agency: Livingston Youth and Family Coun

Address: 940 Government St.

City: Denham Springs Zip: 70726-3633

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

Email: [schmitt1@cox.net](mailto:schmitt1@cox.net)

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

This project will continue to provide individual and family counseling, information and referral, crisis intervention, and follow-up to victims of child sexual assault/abuse. 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 survivors. The target goal for this project will be to serve a minimum of 35 crime victims. LYFC seeks to remove barriers to service such as cost and therefore does not charge fees to sexual assault survivors participating in this project.

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## VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input checked="" type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	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:**

	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
<b>SECTION 100. PERSONNEL</b>	\$11,669	\$2,513	\$450	<b>\$14,632</b>
<b>SECTION 200. FRINGE BENEFITS</b>	\$0	\$0	N/A	<b>\$0</b>
<b>SECTION 300. TRAVEL</b>	\$0	\$0	\$0	<b>\$0</b>
<b>SECTION 400. EQUIPMENT</b>	\$0	\$0	\$0	<b>\$0</b>
<b>SECTION 500. SUPPLIES</b>	\$182	\$0	\$0	<b>\$182</b>
<b>SECTION 600. CONTRACTUAL</b>	\$0	\$0	N/A	<b>\$0</b>
<b>SECTION 700. RENOVATION COSTS</b>	\$0	\$0	\$0	<b>\$0</b>
<b>SECTION 800. OTHER DIRECT COSTS</b>	\$0	\$0	\$0	<b>\$0</b>
<b>TOTAL:</b>	<b>\$11,851</b>	<b>\$2,513</b>	<b>\$450</b>	<b>\$14,814</b>

**Provide Source of Cash Match:** Capital Area United Way

**Provide Source of In-Kind Match:** Master of Social Work (MSW) Student Interns, Louisiana State University

**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
Clinical Social Worker	Brittney Spooner, LMSW	FT	\$2,340.00	40.00%	12.00	\$11,232.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project Director	Ligia Soileau, LCSW-BACS	FT	\$4,917.00	5.00%	12.00	\$2,950.20	<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:						\$14,182.20	F = Fed Funds C = Cash Match	

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	PT 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
							\$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"/>
							\$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:							\$0.00	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.	45.00	\$10.00	\$450.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$450.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$11,669
CASH MATCH	\$2,513
IN-KIND MATCH	\$450
<b>PERSONNEL TOTAL</b>	<b>\$14,632</b>

**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 from victims/survivors of child sexual assault/abuse, the agency will need at least one qualified professional (Spooner) for a minimum of 40% of her clinical hours. This will also help limit wait times for crime victims, provide needed parenting support for secondary victims, and ensure that all documentation is properly completed.

Ligia Soileau will serve as Project Director and provide clinical supervision of Ms. Spooner who is a Licensed Master Social Worker and required by law to receive a minimum of one hour of clinical supervision per week. Ms. Soileau will also provide training on the dynamics of family violence to all agency staff and project volunteers.

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 based on a number of factors including the agency's financial position and gross salaries paid to clinical social workers in similar settings in the Capital Area. It is the trend of LYFC to move toward a more competitive base salary as the standards/minimum qualifications for these valued positions are high.

C) Project duties of each position requested:

Clinical Social Worker 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, and provide two hours of group supervision to volunteers each month.

The Project Director will: Provide training on the dynamics of sexual abuse and family violence, plan clinical training for staff and volunteers working with crime victims, compile statistics on clients served and outcomes, and complete Quarterly Reports. The Project Director may provide direct counseling services to victims of sexual assault as needed.

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. Brittney Spooner is currently employed by the agency and 30% of her time is funded by the current LCLE project. The majority of her caseload is spent serving sexual assault survivors and the total percent for this application (40%) is congruent with her caseload. Ligia Soileau will continue as Project Director at 5%. Chinyere Agu (10% on current project) is not included on this continuation application because the agency intends to shift her role which will require that 100% of her time be devoted to other program functions including serving victims of other types of crimes. Ms. Agu will continue providing individual supervision of grant volunteers.

**SECTION 200. FRINGE BENEFITS (Employer's Share Only)**

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check:  All Fringe Benefits Will Be Paid by Applicant Agency

Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1.	.062		\$	\$0	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1.	.0145		\$0	\$0	5.	.0145			\$0
2.	.0145		\$0	\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.	0.008			\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$0	FRINGE BENEFITS TOTAL (B):				\$0

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

**Fringe Benefits Total (A+B): \$0**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$0
CASH MATCH	\$0
<b>TOTAL FRINGE BENEFITS</b>	<b>\$0</b>





## 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 between strangers or 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). The type and extent of perpetration does not necessarily determine the impact it has on families. Each person must be assessed while keeping their environment, protective factors, and potential risks in mind. This type of thorough assessment takes time and a great deal of skill which is why LYFC needs the support of funders like LCLE to reach crime victims.

Livingston Youth and Family Counseling (LYFC) has been responding to the needs of victims of sexual abuse in Livingston Parish for over 30 years. LCLE funding has allowed the agency to provide services at no cost to 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. In many families, sexual abuse occurs in the context of domestic violence, stalking and other intersecting crimes. Children are at greater risk of being abused by batterers as a method of retaliation against the non-offending parent when separation has occurred or is imminent. LYFC explores safety planning with clients because counseling intervention is also an opportunity for prevention of future incidents of crime. While most children who are abused do not go on to perpetrate other children, there is a risk that without intervention some children may themselves develop abusive behaviors. LYFC provides a safe, professional environment in which families can explore the dynamics of abuse and learn how to mitigate its effects and potentially prevent future occurrences.

In Livingston Parish there is a 10% increase in new sex offenders added to the registry annually; 80% of all addresses in the parish have at least one offender within a mile (LP Sheriff's Office). National statistics indicate that 93% of juvenile sexual assault victims know their attacker (Bureau of Justice Statistics, U.S. Dept of Justice reported by LA Foundation Against Sexual Assault, 2012). LYFC seeks to provide counseling for those who are already impacted by sexual abuse as well as to collaborate with community partners in order to help educate the public about prevention. 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 and our agency's current capacity.

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 nonprofit agency dedicated to providing affordable professional counseling in Livingston Parish. 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.

There is also an overwhelming need for foster parents in Livingston Parish to help bring stability and love to the lives of children whose abuse has resulted in out of home foster care placement. Seventeen new children enter foster care monthly in this community and while they are not all victims of sexual abuse, they are victims of crime.

In our outreach and education efforts, we emphasize that the crime of sexual abuse is not limited to families with low incomes or any particular race or gender.

## 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, BRIEFY 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 who in addition to the immediate trauma may also suffer from the secondary effects of abuse. This can impact mental health, social functioning and behavioral health years beyond the actual acts of abuse. 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 7/1/13 to 6/30/14. 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 four years.

Goal 2, Objective 1: At least thirty-five (35) individuals will attend at least one counseling session where safety issues will be assessed. It is anticipated that 35 individuals from the families who express an interest in counseling at the time of their initial call 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: Twenty-eight (28) 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-four 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 the 2012-2013 agency baseline percentage that 85% of clients who complete the initial assessment/treatment plan show significant progress in the areas listed above.

#### 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: 6/30/14

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 2013---Completion Date: September 2014

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 2013---Completion Date: December 2013

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: 6/30/14

Project Personnel and Volunteers will provide individual, family, and/or group therapy (typically 8-16 sessions) 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: 6/30/14

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. Client reports, collateral reports (parents, medical professionals, teachers, etc.) and clinical observations will also be taken into account.

Program will begin on 7/1/13 & continue thru 6/30/14.



## 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.)

The results reported below are for C11-5-014 which runs from 7/1/12 – 6/30/13.

Objective 1: Provide crisis intervention linkages and/or referral to more immediate services such as law enforcement, child protection, and/or medical services. Objective 2: 50 families will initiate counseling for help coping with the trauma of sexual assault. Results: There was not a need for phone crisis intervention during the first completed quarter of this project. Eight (8) new victims were screened for potential crisis management needs within 24 hours of their initial call and chose to initiate counseling services.

Objective 3: Thirty-five (35) victims of child sexual abuse will attend at least one counseling session.

Results: Fifteen (15) individuals attended at least one session in the first quarter. Some were carry over clients from the previous project.

Objective 4: Twenty-eight (28) individuals will complete the assessment process.

Results: Three (3) clients completed the initial assessment and formulated treatment goals during the first quarter of the current project.

It is too soon to report on the overall program outcomes which make up Objective 5.

2. Did the project work as expected? Explain.

The project is working as expected. The project continues to provide crime victims' services in a timely manner although the agency's waiting list averages 17 new clients (including crime victims) per month. The training process for project personnel and volunteers was improved and extended in order to include more information that is pertinent to the cycle of abuse and trauma. The agency is known as a resource for parents and children coping with the trauma of sexual abuse. Counseling was provided to families who might not have been able to afford services of this scope otherwise.

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 REPORTING

### **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 for each client participating in the project. See attached forms.

2. When will the data be collected?

Quarterly

3. Who will collect and analyze the data?

Project Director and Clinical Social Worker

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?

Project Personnel and Volunteers will review data, feedback from LCLE, and evaluate needs of the community as they relate to this project and agency. The Counseling Supervisor (who is not on this continuation project) will be part of the strategy as she understands overall agency needs and can inform the process.

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, the City of Denham Springs and funding sources to whom the agency submits grants and proposals. The Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and Expenditure Reports quarterly or as otherwise specified by LCLE at award time. The confidentiality of clients served by LYFC will be protected and identifying information will not be shared in any reports released to the public.

# Livingston Youth and Family Counseling Outcome Measurement Form

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Quarter: \_\_\_\_\_

Total number of sessions this quarter: \_\_\_\_\_

Status: *New Carryover*

Race: \_\_\_\_\_ City: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Initial GAF: \_\_\_\_\_ Most Recent GAF: \_\_\_\_\_

Please indicate if any assessment tools were completed, the date of initial completion, and the corresponding score. If the client completed a follow-up assessment tool, please indicate the date and the corresponding score.

Assessment Tool (Baseline)	Date	Score	Follow-up Completed	Score
Ex: Beck Depression Inventory	1/10/10	30-Severe	3/31/10	26-Moderate

Please indicate (✓) if your client has demonstrated or reported progress in one or more of the areas below:

<b>Symptom Management</b>	
Decrease in maladaptive behaviors	
Decrease in symptoms related to DSM Diagnosis	
Improved coping skills	
<b>Improved Functioning</b>	
Improved social skills or interpersonal relationships	
Identifying personal strengths	
Developing insight about family patterns/dynamics	
Identifying and exploring emotions	
<b>Improved parenting skills</b>	

Optional: Give any qualitative information that will help us understand the data above.

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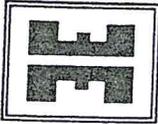
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## CHILDREN'S BEHAVIOR RATING SCALE (CBRS)

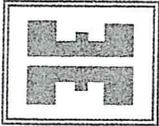
Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

This scale enables you to indicate the kinds of problems that you think your child is experiencing at the present time. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as shown below.

- 1 = Never
- 2 = Rarely
- 3 = Occasionally
- 4 = Frequently
- 5 = Always

- 
1. \_\_\_\_ My child wets the bed.
  2. \_\_\_\_ My child hits other children.
  3. \_\_\_\_ My child runs away from home.
  4. \_\_\_\_ My child disobeys me.
  5. \_\_\_\_ My child tells lies.
  6. \_\_\_\_ My child steals things from others.
  7. \_\_\_\_ My child screams very loudly.
  8. \_\_\_\_ My child bites other children.
  9. \_\_\_\_ My child hits me when I try to administer discipline.
  10. \_\_\_\_ My child demands constant attention.
  11. \_\_\_\_ My child is afraid of other children.
  12. \_\_\_\_ My child is afraid of strangers.
  13. \_\_\_\_ My child has nightmares.
  14. \_\_\_\_ My child misbehaves when we go out.
  15. \_\_\_\_ My child will not let me out of his or her sight.
  16. \_\_\_\_ My child is very timid or shy.
  17. \_\_\_\_ My child is destructive.
  18. \_\_\_\_ My child has temper tantrums.
  19. \_\_\_\_ My child has accidents or gets hurt.
  20. \_\_\_\_ My child bangs his or her head or engages in other self-injurious behavior.



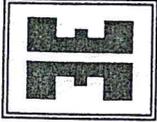
## INDEX OF CLINICAL STRESS (ICS)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This questionnaire is designed to measure the way you feel about the amount of personal stress that you experience. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = None of the time
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Most of the time
- 7 = All of the time

- 
1. \_\_\_\_ I feel extremely tense.
  2. \_\_\_\_ I feel very jittery.
  3. \_\_\_\_ I feel like I want to scream.
  4. \_\_\_\_ I feel overwhelmed.
  5. \_\_\_\_ I feel very relaxed.
  6. \_\_\_\_ I feel so anxious I want to cry.
  7. \_\_\_\_ I feel so stressed that I'd like to hit something.
  8. \_\_\_\_ I feel very calm and peaceful.
  9. \_\_\_\_ I feel like I am stretched to the breaking point.
  10. \_\_\_\_ It is very hard for me to relax.
  11. \_\_\_\_ It is very easy for me to fall asleep at night.
  12. \_\_\_\_ I feel an enormous sense of pressure on me.
  13. \_\_\_\_ I feel like my life is going very smoothly.
  14. \_\_\_\_ I feel very panicked.
  15. \_\_\_\_ I feel like I am on the verge of a total collapse.
  16. \_\_\_\_ I feel that I am losing control of my life.
  17. \_\_\_\_ I feel that I am near a breaking point.
  18. \_\_\_\_ I feel wound up like a coiled spring.
  19. \_\_\_\_ I feel that I can't keep up with all the demands on me.
  20. \_\_\_\_ I feel very much behind in my work.
  21. \_\_\_\_ I feel tense and angry with those around me.
  22. \_\_\_\_ I feel I must race from one task to the next.
  23. \_\_\_\_ I feel that I just can't keep up with everything.
  24. \_\_\_\_ I feel as tight as a drum.
  25. \_\_\_\_ I feel very much on edge.



## INDEX OF PARENTAL ATTITUDES (IPA)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This questionnaire is designed to measure the degree of contentment you have in your relationship with your child. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = None of the time
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Most of the time
- 7 = All of the time

- 
1. \_\_\_ My child gets on my nerves.
  2. \_\_\_ I get along well with my child.
  3. \_\_\_ I feel that I can really trust my child.
  4. \_\_\_ I dislike my child.
  5. \_\_\_ My child is well behaved.
  6. \_\_\_ My child is too demanding.
  7. \_\_\_ I wish I did not have this child.
  8. \_\_\_ I really enjoy my child.
  9. \_\_\_ I have a hard time controlling my child.
  10. \_\_\_ My child interferes with my activities.
  11. \_\_\_ I resent my child.
  12. \_\_\_ I think my child is terrific.
  13. \_\_\_ I hate my child.
  14. \_\_\_ I am very patient with my child.
  15. \_\_\_ I really like my child.
  16. \_\_\_ I like being with my child.
  17. \_\_\_ I feel like I do not love my child.
  18. \_\_\_ My child is irritating.
  19. \_\_\_ I feel very angry toward my child.
  20. \_\_\_ I feel violent toward my child.
  21. \_\_\_ I feel very proud of my child.
  22. \_\_\_ I wish my child was more like others I know.
  23. \_\_\_ I just do not understand my child.
  24. \_\_\_ My child is a real joy to me.
  25. \_\_\_ I feel ashamed of my child.

**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. In 2012, the agency developed a comprehensive Fund Development Plan to address funding shortfalls. We continue to build relationships through our outreach efforts that we hope will result in new sponsorships and donors. The City of Denham Springs is a potential source of additional funding and already provides \$21,800 in-kind in fair rental value (building and premise below).

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 crime 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.

LYFC 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 family therapy room, waiting area, reception area, locked file room, and conference room. There are two dedicated computers for project personnel and two computers which are shared by project volunteers. There is also a copier facility and additional office supplies available for the project. In 2012 LYFC purchased a projector and screen which will improve outreach and training efforts. LYFC has a full time Office Manager who is responsible for answering phones/routing calls, managing the reception area, assisting crime victims with initial paperwork, and bookkeeping functions of the agency. The LSU School of Social Work provides yearly training seminars to project personnel at no additional cost (Value=\$3,000). Lastly, Chinyere Agu will continue providing individual supervision to volunteers.

**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 forty-five (45).

45 hours x \$10.00/hr = \$450.00 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 promote "Help for Crime Victims" brochure with crime victims (including how to access on web) 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.

LYFC coordinates services with schools, the Department of Children and Family Services (DCFS), the Twenty-first Judicial District Attorney's Office, Families in Need of Services (FINS) and the Livingston Parish Public Health Unit. When crime victims are children with problematic behaviors, they may become involved with FINS whose goal is to reduce formal juvenile court involvement. LYFC counselors coordinate services with FINS and work 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. No medical services are provided at this location.

Women Outreaching Women (WOW) is a community partner providing support for victims of domestic violence; due to the relationship between domestic violence and sexual abuse, LYFC makes every effort to partner with them as a referral source.

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 to report crimes to law enforcement and support clients in their work to create safety for themselves and/or their children. Therapists and volunteers must abide by mandatory reporting laws prescribed by the State of Louisiana. Most victims of crimes have already reported the crime by the time they initiate treatment.

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 and volunteers accordingly.