

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-9-005

APPLICANT: Children's Bureau Of New Orleans

PROJECT TITLE: Domestic Violence Counseling Program

PROJECT FUNDS :

FUND: \$ 60,000 80.00%

MATCH: \$ 15,000 20.00%

TOTAL: \$ 75,000 100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2011

END DATE: 09/30/2012

Continuation of C97-9-014

PROJECT SUMMARY:

Children's Bureau will provide individual, family and group therapy for caregivers and children residing in Orleans Parish who are victims of domestic violence. Families will be assisted with safety planning and with developing improved coping strategies related to the trauma of domestic violence. Through treatment, caregivers will be educated about the devastating effects of domestic violence and will be taught improved parenting skills so that they may provide a family environment that will facilitate a reduction in their children's traumatic symptoms related to domestic violence. As a result of treatment, children will demonstrate decreased emotional and/or behavioral symptoms resulting from living with domestic violence. Additionally, families will be assisted with accessing collateral community resources that may expedite stabilization (i.e. shelter and/or legal aid).

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) 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: C11-9-005 CVA Purpose Area: 2

1. TITLE OF PROJECT Safe at Home		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-9-005	
3. PROJECT DURATION Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: 10/1/2011 Desired End Date: 9/30/2012		4. PROJECT FUNDS Federal Funds: \$60,000 Cash Match: \$11,480 In-Kind Match: \$3,520 Total Project: \$75,000	
5A. APPLICANT AGENCY INFORMATION Agency Name: Children's Bureau of New Orleans Physical Address: 2626 Canal Street, Suite 201 City: New Orleans Zip: 70119-6410 Mailing Address: 2626 Canal Street, Suite 201 City: New Orleans Zip: 70119-6410 Phone: (504) 525-2366 FAX: (504) 525-7525 Email: pcarter@childrens-bureau.com		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Paulette Carter Title: President/CEO Agency Name: Children's Bureau of New Orleans Address: 2626 Canal Street, Suite 201 City: New Orleans Zip: 70119-6410 Phone: (504) 525-2366 FAX: (504) 525-7525 Email: pcarter@childrens-bureau.com	
Fee Employer Tax Id: 72 - 0408916 DUNS: 164490781 - CCR CAGE/AGE: 50RKO CCR Expiration Date: 5/16/2012			

6. IMPLEMENTING AGENCY Name: Paulette Carter, MPH, LCSW Title: Pres/CEO Agency: Children's Bureau of New Orleans Address: 2626 Canal Street, Suite 201 City: New Orleans Zip: 70119-6410 Phone: (504) 525-2366 FAX: (504) 525-7525 Email: pcarter@childrens-bureau.com	7. PROJECT DIRECTOR Name: Paulette Carter, MPH, LCSW Title: Pres/CEO Agency: Children's Bureau of New Orleans Address: 2626 Canal Street, Suite 201 City: New Orleans Zip: 70119-6410 Phone: (504) 525-2366 FAX: (504) 525-7525 Email: pcarter@childrens-bureau.com	8. FINANCIAL OFFICER Name: Robert Hienz Title: Accountant Agency: Hienz and Mocaluso Address: 2626 Canal Street, Suite 201 City: New Orleans Zip: 70119-6410 Phone: (504) 525-2366 FAX: (504) 525-7525 Email: pcarter@childrens-bureau.com
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
Children's Bureau will provide individual, family and group therapy for caregivers and children residing in Orleans Parish who are victims of domestic violence. Families will be assisted with safety planning and with developing improved coping strategies related to the trauma of domestic violence. Through treatment, caregivers will be educated about the devastating effects of domestic violence and will be taught improved parenting skills so that they may provide a family environment that will facilitate a reduction in their children's traumatic symptoms related to domestic violence. As a result of treatment, children will demonstrate decreased emotional and/or behavioral symptoms resulting from living with domestic violence. Additionally, families will be assisted with accessing collateral community resources that may expedite stabilization (i.e. shelter, legal aid).

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Revised JULY 2010

2011 SEP 26 PM 3:17
LAW ENFORCEMENT
COMMISSION

VOCA PURPOSE AREAS

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

<input type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input type="checkbox"/>	Previously Underserved

State Type of Previously Underserved:

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: Paulette Carter Title: Pres/CEO
Phone: (504) 525-2366 Fax: (504) 525-7525 E-Mail: pcarter@childrens-bureau.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$45,797	\$11,480	\$3,520	\$60,797
SECTION 200. FRINGE BENEFITS	\$5,485	\$0	N/A	\$5,485
SECTION 300. TRAVEL	\$789	\$0	\$0	\$789
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$968	\$0	\$0	\$968
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$6,961	\$0	\$0	\$6,961
TOTAL:	\$60,000	\$11,480	\$3,520	\$75,000

Provide Source of Cash Match: United Way

Provide Source of In-Kind Match: Volunteers

CVA - 2

Revised JULY 2010

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 FUND BY GRANT	FUNDED	
							F	C
Safe at Home Social Worker	Diana Barnes	FT	\$3,081.00	100.00%	12.00	\$36,972.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safe at Home Social Worker	Abbe Garfinkel	FT	\$3,502.00	21.00%	12.00	\$8,825.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pres/CEO	Paulette Carter	FT	\$6,875.00	7.00%	12.00	\$5,775.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative Assistant	Mary Love	FT	\$2,793.00	5.00%	12.00	\$1,675.80	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative Coordinator	Leah Ann Plaisance	FT	\$3,250.00	5.00%	12.00	\$1,950.00	<input 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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$55,197.84	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 MONTHS	TOTAL SALARY FUND BY GRANT	FUNDED	
								F	C
Senior Clinical Advisor	Lou Irwin	PT	\$40.00	1.00	100.00%	52.00	\$2,080.00	<input type="checkbox"/>	<input checked="" 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:							\$2,080.00	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
Activities with child victims, advocacy, program support, activities to facilitate delivery of services to victims (i.e. scoring pre and post clinical assessments)	352.00	\$10.00	\$3,520.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$3,520.00

SECTION 100. PERSONNEL SUMMARY

FEDERAL FUNDS	\$45,797
CASH MATCH	\$11,480
IN-KIND MATCH	\$3,520
PERSONNEL TOTAL	\$60,797

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:

The Safe at Home Social Workers will provide direct clinical services to children and their caregivers who are victims of domestic violence. Direct services will include individual therapy, family therapy, and group therapy as needed. The President/CEO monitors all agency grants and contracts to ensure that the agency is successfully fulfilling its obligations and monitors the evaluative components of all programs to ensure delivery of quality clinical services. The Administrative Assistant/Data Input is responsible for receiving, screening and routing telephone calls to appropriate staff, assisting staff with administrative tasks, entering all client data, and running data reports. The Administrative Coordinator is responsible for maintaining grant budgets, monitoring grant spreadsheets, inputting accounting data, and managing the administrative tasks for agency personnel. The Senior Clinical Advisor will provide weekly clinical supervision to the full-time Safe at Home Social Worker.

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

Safe at Home Social Worker - Experienced Social Workers, with clinical and leadership skills will hold these positions. Salary range is \$33,000 - \$48,000 depending on experience. Hourly range is \$22.00 to \$32.00 per hour.
 President/CEO - Salary range is \$75,000 to \$95,000 per year.
 Administrative Assistant/Data Input - Salary range is \$25,000 to \$35,000 per year.
 Administrative Coordinator - Salary range is \$35,000 to \$45,000 per year.
 Senior Clinical Advisor - Hourly rate is \$35-\$50 per hour.

C) Project duties of each position requested:

Safe at Home Social Workers will provide direct services to children and their caregivers, including individual, family and group treatment; will recruit, monitor and work directly with volunteers; and will collaborate with community agencies and resources. The Social Workers will receive administrative and LCSW supervision. The case-load is to meet agency and grant standards (See job description entitled Clinical Social Worker).
 President/CEO will monitor the grant budget, gather and analyze evaluative data, and ensure reports and paperwork required by the grantee are completed.
 The Administrative Asst/Data Input is responsible for receiving, screening, and routing telephone calls to appropriate staff, assisting staff with administrative tasks, entering all client data, and running data reports.
 The Administrative Coordinator is responsible for maintaining grant budgets, monitoring grant spreadsheets, inputting accounting data, and managing the administrative tasks for agency personnel.
 The Senior Clinical Advisor will provide weekly clinical supervision to the full-time Safe at Home Social Worker.

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.)

Diana Barnes, Paulette Carter, Mary Love, Leah Ann Plaisance and Lou Irwin were originally hired for their positions. Abbe Garfinkel was hired as a Clinical Social Worker. She was originally hired several years ago under funding that was time limited and which has ended.

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. Diana Barnes	.062		\$36,972	\$2,292	5.	.062			\$0	
2. Abbe Garfinkel	.062		\$8,825	\$547	6.	.062			\$0	
3.	.062			\$0	7.	.062			\$0	
4.	.062			\$0	8.	.062			\$0	
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL	
1. Diana Barnes	.0145		\$36,972	\$536	1.	.0145			\$0	
2. Abbe Garfinkel	.0145		\$8,825	\$127	2.	.0145			\$0	
3.	.0145			\$0	3.	.0145			\$0	
4.	.0145			\$0	4.	.0145			\$0	
HEALTH LIFE INSURANCE	RATE	MONTHS	PERCENTAGE OF SALARY	TOTAL	HEALTH LIFE INSURANCE	RATE	MONTHS	PERCENTAGE OF SALARY	TOTAL	
1. Abbe Garfinkel	\$15.00	12.00	21.00%	\$1,297	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. Diana Barnes	0.015		\$36,972	\$554	5.				\$0	
2. Abbe Garfinkel	0.015		\$8,825	\$132	6.				\$0	
3.				\$0	7.				\$0	
4.				\$0	8.				\$0	
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	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):				\$5,485	FRINGE BENEFITS TOTAL (B):				\$0	

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

Fringe Benefits Total (A+B): \$5,485

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$5,485
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$5,485

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is allowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. Only 50% of out-of-state travel reimbursement and requires prior approval from LCLLE.

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: All Social Workers	50.51	1,549.00	\$789.99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$789.99			

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL RATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILE COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	JERSEY COSTS	LOGGING COSTS (Hourly Rate)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00			

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$789.99
CASH MATCH	\$0
IN-KIND MATCH	\$0
TRAVEL TOTAL	\$789.99

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 project goals are as follows:

Goal #1: To assist thirty-five (35) identified children and their families in increasing their safety and coping ability related to the trauma of domestic violence.

Goal #2: To assist children exposed to domestic violence and their caregivers in alleviating negative behaviors and/or mental health symptoms related to the exposure.

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: 80% of caregivers (28 families) will develop safety plans for themselves and their children.

Goal 1, Objective 2: 80% of all treatment goals will be attained (estimated 84 out of 105).

Goal 2, Objective 1: Provide counseling to at least thirty-five (35) identified children and their families who have experienced domestic violence.

Goal 2, Objective 2: Eighty percent (80%) of child participants (28 children) will show an improvement in behavior and/or mental health over the course of treatment as measured by pre and post tests.

Goal 2, Objective 3: Provide parenting education to 35 caregivers (target percentage 100%).

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.

• Assess and improve safety of the child and non-abusing parent including: proximity of the offending parent; history of violence; severity and frequency of violence; threats to child's safety (e.g., kidnapping); child's perception of violence; absence of support or safe havens for the child; and history of direct abuse of the child.

• Develop, complete, and routinely update a written safety plan for each client

• Assessments to determine child's functioning will be conducted including: The Achenbach Child Behavior Checklist; UCLA PTSD Index; and Moods and Feeling Questionnaire

• Establish a safe therapeutic relationship with the family

• Provide parent education regarding trauma symptoms experienced by the child, child development, and the developmental impact of trauma, and domestic violence

• Establish and track treatment goals established by the therapist with family with periodic review of goals throughout treatment. Goals met at a minimum of 50% will be considered attained

• Teach positive parenting skills to 100% of caregivers (35 caregivers) who are participating in treatment

• Provide non-abusing parent with support, guidance, and information that can enhance her capacity to parent her child; including advocacy and case management as critical components as needed

• Help the child place traumatic experience in perspective and return to normal living

One of the major benefits of intervention is to provide activities that promote a child's competence and self-esteem. This is done by:

• Identifying the child's skills or talents.

• Providing activities that allow the child to demonstrate competence.

• Supporting other caregivers in their efforts to promote the child's competence and self-esteem.

The following demographic and quantitative data will be collected quarterly:

• Number of hours of therapy and counseling provided

• Number of goals set/met for each client

• Number of information/referral contacts made to the project

• Number of collateral contacts and referrals made on behalf of victims by the project therapist and/or volunteers

• Number and types of services provided by paid and volunteer staff to families served by the project

Client records will include documentation of client assessments (Opening Summary), therapeutic progress (Progress Notes and Interim Summary), termination record (Closing Summary and assessments), and evaluative data.

Timeline:

October 1, 2011 – September 30, 2012: Provide office and school-based counseling services to 35 families (approximately 105 individuals)

October 1, 2011 – September 30, 2012: Outreach to schools and community domestic violence service agencies

October 1, 2011 – September 30, 2012: Administer pre-test to every parent and child receiving services, and post-test to every parent and child who completes treatment.

January 10, 2012: Quarter 1 report due.

April 10, 2012: Quarter 2 report due

July 10, 2012: Quarter 3 report due

October 10, 2012: Quarter 4 report due

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Sexual Assault State Coalition |
| <input type="checkbox"/> Domestic Violence State Coalition | <input type="checkbox"/> Tribal Coalition |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency | <input type="checkbox"/> 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: Diana Barnes PHONE: (504) 525-2366 EMAIL: dbarnes@childrens-bureau.com

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: Diana Barnes PHONE: (504) 525-2366 EMAIL: dbarnes@childrens-bureau.com

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. 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.)

Goal #1: To assist thirty-five (35) identified children and their families in increasing their safety and coping ability related to the trauma of domestic violence.

Objective 1: 80% of caregivers (28 families) will develop safety plans for themselves and their children.

Results: As of 8/31/11, 100% (14 families) have developed safety plans for themselves and their children.

Objective 2: 80% of all treatment goals will be attained (estimated 84 out of 105 treatment goals)

Results: As of 8/31/11, of those families who have completed therapy services, 100% of treatment goals have been obtained.

Goal #2: To assist children exposed to domestic violence and their caregivers in alleviating negative behaviors and/or mental health symptoms related to the exposure.

Objective 1: Provide counseling to at least thirty-five (35) identified children and their families who have experienced domestic violence.

Results: As of 8/31/11, 21 children have received services through this program.

Objective 2: Eighty percent (80%) of child participants (28 children) will show an improvement in behavior and/or mental health over the course of treatment as measured by pre and post tests.

Results: As of 8/31/11, 89% of children who have completed therapeutic services have shown an improvement in behavioral and/or mental health over the course of treatment.

Objective 3: Provide parenting education to all caregivers (target percentage 100%, approximately 30 caregivers).

Results: 100% of caregivers (14 caregivers) have been provided parenting education.

2. Did the project work as expected? Explain.

The project is working as expected as the results show that we have exceeded or are very close to the targeted numbers and percentages. We are currently working with Crescent House and expect to provide services to an addition 14 children by the end of this contract year.

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?

Data will be collected by the Safe at Home Social Workers from the children and families who participate in the Project LAST program.

2. When will the data be collected?

Data will be collected at the beginning and end of treatment.

3. Who will collect and analyze the data?

The Safe at Home Social Workers will collect the data, a designated staff person will input the data, and the Pres/CEO will provide an analysis of the data.

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

Name: Paulette Carter Phone: (504) 525-2366 Email: pcarter@childrens-bureau.com

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

The President/CEO will conduct and review the quarterly data analysis to determine if the program is on target for meeting its objectives. The analysis will not only include a count of the number of children and families who have received services, but also on whether or not children who have completed services are showing improvement. Program changes will be made based upon the findings from this analysis.

Children's Bureau operates under a framework in which practice informs the research and the research informs the practice, resulting in a theoretically grounded yet practical interventions for "real world" settings. Our Grief and Trauma Intervention model was developed under this framework, and there are 3 published articles from peer-reviewed journals that demonstrate this:

Salloum, A. (2008). Group therapy for children experiencing grief and trauma due to homicide and violence: A pilot study. *Research on Social Work Practice*, 18(3), 198-211. doi:10.1177/1049731507307808.
Salloum, A. and Overstreet, S. (2008). Evaluation of individual and group grief and trauma interventions for children post disaster. *Journal of Clinical Child and Adolescent Psychology*, 37(3), 495-507. doi:10.1080/15374410802148194
Salloum, A., Garfield, L., Irwin, A., Anderson, A., & Francois, A. (2009) Grief and trauma group therapy with children after Hurricane Katrina. *Social Work with Groups*, 32(1-2), 67-79. doi: 10.1080/01609510802290958

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.

Recipients who will receive the project's results are: Louisiana Commission on Law Enforcement, Jefferson Parish Community Justice Agency, Children's Bureau's Continuous Quality Improvement Coordinator, and Children's Bureau Board of Directors.

Children's Bureau conducts a quarterly data analysis for the periods of January-March, April-June, July-September, and October-December. Children's Bureau will submit quarterly and expenditure reports to LCLE as specified at award time.

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.

The United Way, Office of Public Health, local and national foundations dealing with children's mental health, corporations and other local and federal funding sources will be approached or have been approached for continued funding to enhance the core direct services of this project.

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.

Children's Bureau maintains its office space at 2626 Canal Street, Suite 201, in the New Orleans. Children's Bureau occupies a space of 7117 square feet. Therapists and volunteers have access to all areas of equipment of Children's Bureau which include play therapy rooms, a conference room, locked file rooms, computers, fax machines, telephones, and other necessary office equipment. A benefit of our current location is its easy accessibility by public transportation.

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:	10/28/2010
2. Dates covered by last audit:	7/1/2009-6/30/2010
3. Date of next audit:	10/28/2011
4. Dates to be covered by next audit:	7/1/2010-6/30/2011
5. Date next audit will be forwarded to LCLE:	11/1/11

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?

A total of 302 volunteer hours (match) will be used to assist the crime victims served under this grant. Safe at Home volunteers are recruited from local universities and professional organizations. Volunteers cofacilitate work with child clients (90 hours), provide criminal justice support to victims (30 hours), provide supportive program activities such as maintenance of data and scoring assessments (36 hours), conduct initial intake assessments (75 hours), and find resources for victims who are served by the project (36 hours). Volunteers also provide administrative services that benefit the entire program including analysis of evaluative data (35 hours). The Board of Directors comprise a second group of volunteers and plan for agency services and/or functions that benefit victims and secure ongoing support for agency programs.

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.

All potential clients (adults) are given informational brochures from the Crime Victims Reparations Board which details the Crime Victims Reparations Act (Act 250 of 1982). Further assessment is done with each client to determine if they are eligible for benefits under this act. If so, the social worker encourages them to apply for reimbursement funds and aids the client in completing the application process. The first step in that process is to directly contact the Louisiana Crime Victims Reparations Program. To ensure that each client receives this information, Crime Victims Reparations Program Brochures are kept with bank LAST files that are used when new client agrees to services.

2. Describe how applicant has/will coordinate activities with other criminal justice systems/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.

Children's Bureau will refer adult victims to other existing domestic violence resources for additional support groups/individual treatment. In addition, Children's Bureau will continue to work with other crime victims' assistance programs and the local district attorney's office in order to advocate for victims of domestic violence. The Safe at Home therapist is a member of the Mayor's Advisory Committee for DV and regularly attends those meetings. She also attends monthly meetings hosted by Tulane School of Social Work and Tulane Law School about ending domestic violence in the community.

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.

All victims will be encouraged to report acts of domestic violence, stalking, or threatening behavior to the proper authorities to increase safety for themselves and their children. Victims will be encouraged to avail themselves of the services and protections they are entitled under the law, and to work with law enforcement officials in their own best interest and in the interest of the community. As mandated reporters, Children's Bureau will report any suspected incidents of child abuse, maltreatment, and/or neglect to the proper authorities.

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.

Children's Bureau is in compliance with the LA Child Protections Act (LRS:15:587.1) and other laws regarding professional contact with children. The Agency utilizes the services of Confidential Research Services, LLC, which is recognized by the LA State Police as an "approved authorized agency", to conduct background screenings for all candidates for employment. Candidates for employment are required to sign authorizations for Confidential Research Services, LLC to obtain his/her statewide and parish criminal history records. Confidential Research Services, LLC also conducts a search of records covering forty-nine (49) states to determine whether or not the candidate for employment has been convicted of a sexual crime. The criminal records of any individual who has been convicted of a criminal act, including criminal acts against children or those of any individual who has been convicted of sexual misconduct [with children] will be reported to Children's Bureau through its current agreement with Confidential Resources, LLC. The agency will continue its policy of total compliance with the Act in its activities in the Project LAST program.