

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

**APPLICATION AND REVIEW
SUMMARY**

APPLICATION NUMBER: C09-8-022

APPLICANT: Child Advocacy Services, Inc.

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND: \$ 25,000 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 6,250 20.00%

START DATE: 01/01/2011

TOTAL: \$ 31,250 100.00%

END DATE: 12/31/2011

Continuation of C98-8-009

PROJECT SUMMARY:

This project will provide clinical services for children and families who are victims of child abuse. These services include advocacy, individual/family/group counseling, and referrals and services to victims and non-offending family members.

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: 009-8-022 CVA Purpose Area: 1, 3

1. TITLE OF PROJECT Child Advocacy Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C08-8-018	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 1/1/2011 Desired End Date: 12/31/2011		4. PROJECT FUNDS Federal Funds: \$25,000 Cash Match: \$940 In-Kind Match: \$5,310 Total Project: \$31,250	
5A. APPLICANT AGENCY INFORMATION Agency Name: Child Advocacy Services Physical Address: 1504 W. Church Street City: Hammond Zip: 70401- Mailing Address: 1504 W. Church Street City: Hammond Zip: 70401- Phone: (985) 902-9583 FAX: (985) 345-4689 Email: drichardson@childadv.net		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Rob Carlisle Title: Chief Executive Officer Agency Name: Child Advocacy Services Address: 1504 W. Church Street City: Hammond Zip: 70401- Phone: (985) 902-9583 FAX: (985) 345-4689 Email: rcarlisle@childadv.net	
Fed Employer Tax Id: 72 - 1262466 DUNS: 179442926 - CCR CAGENCAGE: 49BQ4 CCR Expiration Date: 1/29/2011			

6. IMPLEMENTING AGENCY Name: Rob Carlisle Title: Chief Executive Officer Agency: Child Advocacy Services Address: 1504 W. Church Street City: Hammond Zip: 70401- Phone: (985) 902-9583 FAX: (985) 345-4689 Email: rcarlisle@childadv.net	7. PROJECT DIRECTOR Name: Joelle Henderson Title: Director of Clinical Services Agency: Child Advocacy Services Address: 1504 W. Church Street City: Hammond Zip: 70401- Phone: (985) 902-9583 FAX: (985) 345-4689 Email: jhenderson@childadv.net	8. FINANCIAL OFFICER Name: Bonnie Kreamer Title: Chief Financial Officer Agency: Child Advocacy Services Address: 1504 W. Church Street City: Hammond Zip: 70401- Phone: (985) 902-9583 FAX: (985) 345-4689 Email: bkreamer@childadv.net
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
This project will provide clinical services for children and families who are victims of child abuse. These services include advocacy, individual/family/group counseling, and prevention education on a referral basis to victims and non-offending family members. Referrals and services are offered through our existing CASA and Children's Advocacy Center (CAC) Programs and local community partnerships.

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 checked="" 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: Bonnie Kreamer	Title: Chief Financial Officer	
Phone: (985) 902-9583	Fax: (985) 345-4689	E-Mail: bkreamer@childadv.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$19,470	\$0	\$0	\$19,470
SECTION 200. FRINGE BENEFITS	\$5,530	\$0	N/A	\$5,530
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$940	\$5,310	\$6,250
TOTAL:	\$25,000	\$940	\$5,310	\$31,250

Provide Source of Cash Match: Non-grant contributions.

Provide Source of In-Kind Match: Donated use of office space.

LA DEPARTMENT
OF LAW ENFORCEMENT
DEC 16 PM 1:00

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 Services Coordinat	Nicole Gaidos	FT	\$2,750.00	59.00%	12.00	\$19,470.00	<input checked="" 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"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$19,470.00	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"/>
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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$19,470
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$19,470

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:

Services of a Clinical Services Coordinator are needed to provide therapeutic counseling to children and families who have been victims of child abuse. A Clinical Services Coordinator maintains a Master's Degree and has either obtained or is working towards securing their clinical licensure through direct supervision.

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

The severity and potential long term effects of child abuse (physical, sexual and mental) demand a trained and qualified social/mental health professional with a Master's degree; consequently the salary requested herein is comparable to similar positions in the surrounding community. Child Advocacy Services maintains a Board of Directors approved employee salary range which is compared to both outside public and private organizations and reviewed annually. The salary range for this position is \$30,000 - \$40,000.

C) Project duties of each position requested:

The Clinical Services Coordinator provides direct services through individual and family counseling for victims referred to our agency. Duties of the CSC directly involve client issues ranging from children and family victimization issues experienced by divorce, abuse, family separation, substance abuse, sexual and/or physical abuse, neglect, social impacts, mental health problems, or other dysfunctional behaviors. Additionally, prevention education will be offered in the local community through collateral resource material distribution. The CSC will conduct community workshops on topics such as parenting. The counselor will also participate in community partnerships to strengthen services to child victims.

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 position will be filled by existing staff member who fills the same position under the current grant (Sub-grant # C08-8-018).

Clinical Services Coordinator Position Description

TYPE: FULL-TIME, EXEMPT, 40 HOURS
SALARY RANGE: \$30,000 – \$40,000
LOCATION: ASSIGNED REGIONAL OFFICE
DIRECT SUPERVISOR: CLINICAL SERVICES DIRECTOR

POSITION SUMMARY

The position of Clinical Services Coordinator requires a minimum of a bachelor's degree, Master's preferred, in a social services or counseling-related field, and a minimum of three (3) years professional experience. Licensure, or currently seeking licensure, is preferred.

Relevant Experience

The Clinical Services Coordinator facilitates the implementation of clinical services by providing therapeutic treatment and programming to children and families as well as serves a clinical contact for outside stakeholders and partners. To be effective in their roles, the CSC must possess writing skills appropriate for professionals; the ability to respond appropriately to address the physical, emotional, psychological, and legal needs of all clients; advanced computer skills and critical thinking and decision-making skills. It is essential that the applicant has field experience.

The individual should be well-organized, self-motivated, and have high verbal and written communication skills. A strong background in computers and technology, including a background in desktop publishing and word processing, is desired, as well as a demonstrated ability to work effectively with individuals of diverse backgrounds and beliefs in a caring manner.

Travel

The position of Clinical Services Coordinator requires frequent travel within the service region of CAS and occasional travel outside the service region. Reliable transportation is required for this position. Reimbursement for travel expenses is provided by CAS.

Professional Conduct

CAS promotes a family-friendly, team oriented working environment that focuses on deliverables which contribute to the achievement of its mission of providing voice, healing, and security to children. Staff that achieve performance goals and go above and beyond the minimal expectations are recognized and rewarded for their efforts. CAS engages in a working environment that encourages all staff to embrace ownership of agency practices, policies, and programs.

To promote a supportive and team-oriented working environment, staff members are expected to engage in activities which support only positive workplace practices. This includes, but is not limited to, carrying out essential functions and responsibilities in accordance with all policy and procedures of CAS and in a manner which displays a high level of professional conduct and etiquette. In the spirit of teamwork and support,

all staff must engage in active communication with his or her immediate supervisor. Gossip among or about staff members, clients, or others is not tolerated.

CAS promotes the safety and health of all staff members, advocates, and clients. CAS fully rejects any form of sexual abuse or inappropriate behaviors involving the children and youth it serves. Disciplinary action up to and including termination may result from violations of this policy.

ESSENTIAL FUNCTIONS:

- Serves as the primary treatment provider for individual, family, as group counseling services.
- Facilitates the provision of educational outreach services and implementation of new treatment services.
- Leads Multi-disciplinary Teams for further case-planning and service follow-up.
- Maintains client records and ongoing collection of client documentation consistent with agency standards.
- Ensures the collection and entry of client data for accurate reporting of program services.
- Provides front line answers regarding questions for counseling services and information for clients, families, and outside stakeholders.
- Maintains client confidentiality based on agency expectations or consistent with his/her professional standards.
- Conducts counseling assessments and initiates client treatment planning methods in a strength based fashion.
- Accepts counseling referrals and serves as a clinical representative for other staff's needs.
- Acts as leader, educator, and co-worker, by modeling a positive attitude and behavior consistent with CAS standard of excellence, thus setting an example for fellow staff members.
- Ensures all program, state, and professional licensure standards are followed and maintained.
- Participates in professional development trainings and continues experience development through continuing education.
- Advocates for children and families through internal services offerings as well as referrals for continuation of services.
- Provides goal-oriented approaches for treatment services, agency promotion, and professional development that are creative, resourceful, and energetic.

Job Duties & Responsibilities

- 5% Perform work and carry out the duties necessary within the guidelines established through the policy and procedures of Child Advocacy Services.
- 30% Facilitate case collaboration and supervision among community advocates, multi-disciplinary team members, and key stakeholders; including weekly staffing, monthly MDT meetings, as well as in-service trainings to ensure high quality of service delivery.
- 30% Promote consistency of data reporting and perform administrative duties for program reports, including necessary client and advocate records in accordance with appropriate regulations and law.

30% Develop, implement, and monitor program activities and community awareness strategies that benefit abused and neglected children and promote networking among key stakeholders; to also include remaining current on issues of foster care, child investigation, and advocacy.

5% Perform all other duties as assigned by the immediate supervisor and/or the Chief Executive Officer of Child Advocacy Services.

reviewed and revised June 2008

***Nicole Songy Galdos
3224 Cypress St., Apt. B
Metairie, LA 70001
(504) 615-4537
Ngaldos@childadv.net***

QUALIFICATIONS:

- Experience in counseling individuals ages seven to 100
- Experience in counseling individuals and families from a variety of cultures
- Experience in group counseling
- Experience in crisis intervention

EMPLOYMENT/EXPERIENCE:

July 2009 to present

Child Advocacy Services, Luling and LaPlace, LA

Clinical Services Coordinator

- Providing individual counseling and play therapy to children and adolescents who are victims of abuse
- Providing family counseling to non-offending family members

August 2008 to June 2009

Our Lady of Wisdom Nursing Home, New Orleans, LA

Counselor Intern

- Provided individual and group counseling to residents
- Counseled individuals with Alzheimer's Disease, dementia and stroke

January 2008 to present

Thomas E. Chambers Counseling and Training Center, New Orleans, LA

Counselor Intern

- Provided individual and family counseling to clients
- Counseled children, adolescents and adults from a variety of cultures

February 2009 to present

Our Lady of Holy Cross College, New Orleans, LA

Older Adult Coordinator

- Educated Our Lady of Holy Cross counselling interns on counseling older adults
- Recommended the procurement of memory therapeutic items

January 2006 to December 2006

The Metropolitan Center for Women and Children

Intern

- Received phone calls on the crisis intervention hotline and provided initial assessments
- Observed play therapy sessions with children
- Provided resources to clients

EDUCATION:

1998-2002

Cabrini High School, New Orleans, LA

2002 to 2009

Our Lady of Holy Cross College, New Orleans, LA

-B.S., Social Counseling

-M.A., Community Counseling

Accomplishments and Organizations: ACA member, AGSC member, Chi Sigma Iota inductee (counseling honor society), Honors Graduate

References available upon request.

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 Nicole Gaidos	.062		\$19,470	\$1,207	5				\$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 Nicole Gaidos	.0145		\$19,470	\$282	5				\$0
2	.0145			\$0	6	.0145			\$0
3	.0145			\$0	7	.0145			\$0
4	.0145			\$0	8	.0145			\$0
HEALTH CARE INSURANCE	RATE	MONTHS	THE EMPLOYEE'S PORTION	TOTAL	HEALTH CARE INSURANCE	RATE	MONTHS	THE EMPLOYEE'S PORTION	TOTAL
1 Nicole Gaidos	\$19.50	12.00	\$9,000%	\$3,678	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 Nicole Gaidos	0.010		\$19,470	\$194	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1 Nicole Gaidos	0.022	CHECK TYPE	\$7,700	\$169	5		CHECK TYPE		\$0
2				\$0	6				\$0
3		<input type="checkbox"/> PLTA		\$0	7		<input type="checkbox"/> PLTA		\$0
4		<input checked="" type="checkbox"/> SLTA		\$0	8		<input type="checkbox"/> SLTA		\$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)				\$5,530	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): \$5,530

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$5,530
CASH MATCH	
TOTAL FRINGE BENEFITS	\$5,530

SECTION 800. OTHER DIRECT COSTS

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Provide telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	DK
Rent	59% of estimated total value	12.00	\$442.50	\$5,310.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utilities	27% of average monthly bill	12.00	\$78.35	\$940.20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$6,250.20			

F = Federal Funds
C = Cash Match
DK = In-Kind Match

BRIEFLY EXPLAIN:

A) Need for each type listed; and
Utility costs provide telephone, internet, and electricity to the Luling Office to provide services to victims of child abuse.

B) Its relationship to project.
The Luling Office space is directly used to provide interview and counseling space to child victims of abuse.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	\$940
IN-KIND MATCH	\$5,310
OTHER DIRECT COSTS TOTAL	\$6,250

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.

PROBLEM:
Despite increased statewide attention surrounding child abuse and victimization, our local communities, schools, and professionals seem blinded by the reality and need for further prevention and intervention efforts. Continued services are critical to enhance awareness and the overall education on the need to prevent child abuse and victimization. Most often, child protection and victim safety is focused on existing mandated reporters and those professionals already in the field. Little or no resources are in place to target specifically other adults, family, and general community citizens as to their individual responsibilities to assist in preventing these incidents. Additionally, very few intervention or clinical services are readily accessible to children and families who have experienced incidents of abuse and neglect. Over the last twenty-four months, we have recognized a significant increase in the request for mental health services and prevention education for children and families in St. Charles and St. John Parishes.

According to Prevent Child Abuse of Louisiana (PCAL), in 2006, 17,063 cases were reported; in 2007, 23,911 cases were reported; in 2008, 21,240 cases were reported and documented a continued increase in reported cases of child abuse and neglect. Research literature shows that nine out of every ten abused children goes unreported. (Department of Children and Family Services, 2009).

In the service area for this proposal (St. Charles, St. John, and St. James Parishes), 474 new cases of child abuse were reported compared to 458 in 2003. Each year this number increases and cases become more severe. This office currently provides counseling for 17 open cases resulting from child abuse, either physical or sexual. During the past year, 74 cases were successfully completed and discharged.

NEED:
The need for clinical services is essential. Child Advocacy Services has provided services to St. Charles, St. John, and St. James for over five years and has demonstrated the infrastructure to carry out these services in these local communities. Our full time Child Services Coordinator provides counseling to abused children and their non-offending caregivers at no charge to the client(s). Counseling is provided for as long as the family is in need. Through this LCLE proposal, Child Advocacy Services will be able to continue offering counseling services to answer the local needs for children and families.

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

Child Advocacy Services serves as the single service source in the 29th and 40th Judicial Districts for the Court Appointed Special Advocates (CASA) programs and ancillary services to the local Children's Advocacy Center (CAC) program. CAS maintains CAC services as an accredited center in four additional outlying areas to this region. St. Charles, St. John, and St. James Parishes are very unique to one another and the gaps which exist are related to the rural make-up, geographic distances, and lack of local services in each of these areas. These gaps create several challenges for any services to continue routinely. Recently, economic strains have increased these challenges even more and many services are no longer available in these local communities. Since many families cannot afford to travel further distances to metropolitan areas to receive services, they often do not pursue them. CAS has a proven record for being able to continue these services through our existing structure and local programming efforts. We offer resources, clinical services, and advocacy to children and family victims of abuse and neglect. Additionally, prevention education is offered to offer a balance to our intervention efforts and potentially reduce the need for increased intervention services.

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.

GOAL 1: To provide 300 counseling/therapy units to families and victims of child abuse by December 31, 2011.

GOAL 2: To educate over 3,000 adults on methods to prevent victim incidents and/or child abuse by December 31, 2011.

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 300 units of counseling to assist with recovery from the effects of trauma resulting from abuse by December 31, 2011.

OBJECTIVE 2: Provide 300 units of counseling to individuals and families to assist with coping tools to address issues in the client's life that may re-emerge related to past trauma by December 31, 2011.

GOAL 2:

OBJECTIVE 1: Provide 1,500 handouts, literature, and other resources to adults and families by December 31, 2011.

OBJECTIVE 2: Provide 15 prevention education workshops including parenting classes, abuse education, and prevention programs for the general public by December 31, 2011.

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.

GOAL 1: To offer 300 counseling/therapy units to families and victims of child abuse.

OBJECTIVE 1: A trained counselor will provide weekly counseling to clients who have been victims of abuse. The counselor will accept clients referred to the program through sources such as the Department of Children and Family Services, law enforcement, and local schools.

OBJECTIVE 2: Families of victims will receive counseling and resources on strategies for dealing with victim's issues as well as those confronting families of the abused.

GOAL 2: To educate over 3,000 adults or families regarding issues of child abuse.

OBJECTIVE 1: Literature will be available for distribution to schools, hospitals, and other agencies. The counselor will provide group therapy and support groups for parents and children who have been victims of abuse. The group sessions are intended to help the healing of families.

OBJECTIVE 2: Weekly presentations and counseling resources will be made to community organizations, social groups, and civic clubs.

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:

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: Joelle Henderson PHONE: (985) 902-9583 EMAIL: jhenderson@childadv.net

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>

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Revised JULY 2010

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.)

In 2009, in partnership with the Children's Advocacy Center (CAC) Program, this project assisted in the achievement of several positive outcomes. Over 115 children and families received nearly 272 hours of clinical services. Additionally, 2,616 adults received information regarding services to prevent child abuse and victimization.

2 Did the project work as expected? Explain

Child Advocacy Services monitors and evaluates its services through our Client Satisfaction Survey. Surveys in these communities indicated a high favorability for the project services being offered. Additionally, referrals and requests for services have continued to be made and exceed our resource capacity. Our ongoing partner and stakeholder relationships also have continued to demonstrate great success. The services offered through this project continue to demonstrate effectiveness as a valuable services component in these communities.

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?

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Revised JULY 2010

1. 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?

Victims will complete a client satisfaction survey and self-report progress upon service completion. Of 300 victims anticipated to receive counseling, a random sample will be selected to report services satisfaction. It is expected that 70% will report service satisfaction.

2. When will the data be collected?

Clients and adults receiving services will be provided a survey upon their termination or at their end of service period. Additionally, surveys are randomly submitted to clients and adults at the end of the calendar year. Stakeholder and program partners are also asked to complete satisfaction surveys in each service area.

3. Who will collect and analyze the data?

Director of Clinical Services

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

Name: Joelle Henderson Phone: (985) 902-9583 Email: jhenderson@childadv.net

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

Client satisfaction and program service outcomes are reported to the organization's CEO. The CEO reports this data to the Board of Directors for further review and consideration. Modifications or revisions to programming are made subject to local trends, community need, and further assessments made from survey evaluations.

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.

The results of this project will be made to the Louisiana Commission on Law Enforcement in the form of required and requested reports and documentation. Necessary and relevant information will be made to the agency's Board of Directors and to any other appropriate funding agency.



Satisfaction Survey

Please circle or write the program/service you are evaluating:



Please indicate your opinion on the following areas by rating them on this scale:
4 = Excellent, 3 = Satisfactory 2 = Average, 1 = Poor

Setting/ Environment	Scale				
Comfortable	1	2	3	4	
Organized	1	2	3	4	
Appropriate	1	2	3	4	
Functional	1	2	3	4	
Service Provider	Scale				
Helpful	1	2	3	4	
Knowledgeable	1	2	3	4	
Professional	1	2	3	4	
Open to Questions and Feedback	1	2	3	4	
Services Rendered	Scale				
Valuable	1	2	3	4	
Informative	1	2	3	4	
Supportive to Personal Needs	1	2	3	4	
Met expectations	1	2	3	4	
Handouts/Materials/Slides	1	2	3	4	N/A

In the space below or on back, please share any additional comments you may have:

Please complete the following OPTIONAL information to help us better evaluate our services:

Age:	
Gender:	
Service:	
Program:	Provider:

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.

Prior to conclusion of federal support for this program, every effort will be made to secure funding from other sources. These include local and state governments, local and regional funding agencies, foundations, individuals and corporations as well as special fundraising events.

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.

A 2,000 sq. ft. facility has been completely renovated and furnished as a child friendly place where this project can be implemented. This facility was donated by a local family to the local Sheriff's Office to be utilized for community services. The Sheriff's Office allows CAS to occupy this facility through a partnership agreement to serve the local community. Equipment is in place for staff and volunteers to carry out their designated duties.

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: 2/3/2010
- 2. Dates covered by last audit: 1/1/2009 - 12/31/2009
- 3. Date of next audit: March 2011
- 4. Dates to be covered by next audit: 1/1/2010 - 12/31/2010
- 5. Date next audit will be forwarded to LCLE: April 2011

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?

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

Child Advocacy Services is aware of the Crime Victim's Reparation program administered by the Louisiana Commission on Law Enforcement and locally by the sheriff's office. Each victim will be informed of the services available for crime victims through each sheriff's office.

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.

Child Advocacy Services has established a cooperative inter-agency agreement with Law Enforcement, Department of Children and Family Services, District Attorney's Office, and medical and mental health representatives.

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

Child Advocacy Services will encourage all victims to report all offenses to law enforcement. Generally it is expected that law enforcement will be aware of the situation prior to agency involvement. Should this not be the case, victims will be encouraged to report the offense and the agency will comply with the Juvenile Code insofar as is mandated.

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

All volunteers and staff are required to sign a release that allows program staff to request criminal records checks from the Louisiana State Crime Lab and a Child Abuse Registry check by the Department of Children and Family Services. Child Advocacy Services does not accept applicants if they have been convicted of, or have charges pending for, a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or to the program's credibility.