LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-5-011

APPLICANT: Child Advocacy Services, Inc.

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND:	$ 62,500	80.00%	
MATCH:	$ 15,625	20.00%	
TOTAL:	$ 78,125	100.00%	

Continuation of C97-5-010

PROJECT DURATION: 12 months

START DATE: 01/01/2011

END DATE: 12/31/2011

PROJECT SUMMARY:

The Children's Advocacy Center (CAC) provides a safe environment where children who have disclosed sexual or severe physical abuse can be interviewed by a trained forensic interviewer. A multi-disciplinary team of professionals observes the interview via closed-circuit television while the child's statements are preserved by videotape for further investigation as well as to reduce the frequency of questioning for children and families. Additionally, clinical services including individual, family, and group counseling are offered through the CAC on a referral basis to victims and non-offending family members, as well as outside community 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: C10-5-011 CVA Purpose Area: 1, 3

1. TITLE OF PROJECT
Child Advocacy Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-5-010

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:	$62,500
Cash Match	$0
In-Kind Match:	$15,625
Total Project:	**$78,125**

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 CAGE/NCAGE: 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

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

The Children's Advocacy Center (CAC) provides a safe environment where children who have disclosed sexual or severe physical abuse can be interviewed by a trained forensic interviewer. A multi-disciplinary team of professionals observes the interview via closed-circuit television while the child's statements are preserved by videotape for further investigation as well as to reduce the frequency of questioning for children and families. Additionally, clinical services including individual, family, and group counseling are offered through the CAC on a referral basis to victims and non-offending family members, as well as outside community members.

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
☒	Sexual Assault
☐	Domestic Abuse
☒	Child Abuse
☐	Previously Underserved
State Type of Previously Underserved:	

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?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

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

Person Completing Budget Section: Bonnie Kreamer Title: Chief Executive 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	$47,893	$0	$15,625	$63,518
SECTION 200. FRINGE BENEFITS	$14,607	$0	N/A	$14,607
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	$0	$0	$0
TOTAL:	$62,500	$0	$15,625	$78,125

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: Volunteer hours.

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	PAID WITH C
Clinical Services Coordinat	Christine Roy	FT	$3,125.08	100.00%	12.00	$37,500.96	☒	☐
Director of Clinical Servic	Joelle Henderson	FT	$3,697.26	23.422%	12.00	$10,391.76	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$47,893	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	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
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
Volunteers will provide counseling services, case management/victim's advocacy; attend trainings; provide assistance/support services to victims of abuse; attend meetings/court hearings; report to the judge and recommend what is in the child's best interest.	1,562.50	$10.00	$15,625.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$15,625.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$47,893
CASH MATCH	$0
IN-KIND MATCH	$15,625
PERSONNEL TOTAL	$63,518

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 Director of Clinical Services position is needed, evident by the 403 interviews conducted in 2009 and the increasing number of interviews completed in 2010. In consideration to population increases in our area, the number of requests for interviews has matched this demand.

The need for the Clinical Services Coordinator position is also evidenced by an increasing volume of therapeutic service hours performed annually. In 2009, CAS provided 2,501 hours of counseling to 1,136 clients. The Clinical Services Coordinator performs therapeutic services for children, adults, and families to include individual, family, or group counseling. This position primarily services referrals made from the CAC interviews and CASA Supervisors.

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

The Director's and Clinical Services Coordinator's salaries were determined based on job qualifications and comparison to other similar positions of responsibility in our area. 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 the Director of Clinical Services is $35,000 - $55,000. The salary range for the Child Services Coordinator is $30,000 - $40,000.

C) Project duties of each position requested:

The Clinical Services Coordinator is responsible for the following duties: facilitate case coordination and collaborations between multi-disciplinary team (MDT) – provide referrals and facilitate linkage, monitor case progress, maintain appropriate networking affiliations, facilitate MDT meetings monthly; promote consistency of case data – compile monthly reports based on these statistics, keep necessary and appropriate client records, maintain evidence in a legally defensible manner, provide individual and group therapeutic services to child victims and their families, maintain appropriate records of clients, provide brief crisis intervention when necessary, participate in weekly supervision, provide court testimony in civil or criminal cases as requested; other duties as assigned by the Clinical Director and/or Chief Executive Officer.

The Director of Clinical Services is responsible for the following duties: hire and supervise Clinical Services Coordinators or counselors; recruit, supervise and retain counseling intern staff; facilitate case coordination and collaborations between multi-disciplinary team (MDT) – provide referrals and facilitate linkage, monitor case progress, maintain appropriate networking affiliations, facilitate MDT meetings monthly, foster positive relationships among team members; promote consistency of case data collection and management; responsible for implementing community awareness strategies; provide individual and group therapeutic services to child victims and their families – maintain appropriate records of clients, provide brief crisis intervention when necessary, participate in weekly supervision, provide court testimony in civil or criminal cases as requested; monitor and supervise clinical contracts; other duties as assigned by the Chief Executive Officer.

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.]

The Clinical Services Coordinator position will be filled by existing staff that was previously filled under the current grant (Sub-grant # C09-5-010).

The Director of Clinical Services position will be filled by existing staff member who fills the same position under the current grant (Sub-grant # C09-5-010).

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. Christine Roy	.062		$37,501	$2,325	5.	.062			$0
2. Joelle Henderson	.062		$10,392	$644	6.	.062			$0
3.	.062			$0	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Christine Roy	.0145		$37,501	$543	5.	.0145			$0
2. Joelle Henderson	.0145		$10,392	$150	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. Christine Roy	695.34	12.00	100.00%	$8,344	5.				$0
2. Joelle Henderson	695.34	12.00	23.42%	$1,954	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Christine Roy	0.010		$37,501	$375	5.				$0
2. Joelle Henderson	0.010		$10,392	$103	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. Christine Roy	0.022	CHECK TYPE:	$7,700	$169	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☒ SUTA		$0	8.		☐ 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):	$14,607				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): $14,607

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$14,607
CASH MATCH	$0
TOTAL FRINGE BENEFITS	$14,607

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: The validated number of child abuse victims of sexual abuse continues to rise. Reported cases of child sexual abuse reached epidemic proportions, with a reported 322% increase from 1980-1990 (Sorenson & Snow, 1991). According to the Bureau of Justice Statistics Highlights from 2000, included were the following as reported to law enforcement:

- 67% of victims of sexual assault were juveniles
- 34% of sexual assault victims were under the age of 12
- 1 out of every 7 victims of sexual assault were under the age of 6

The Office of Justice Programs (OJP) reports one in four girls and one in six boys are sexually abused before their eighteenth birthday (www.darkness2light.org). Additionally, 74% of all incidents of sexual abuse occur to children below the age of seventeen.

Prior to a Children's Advocacy Center, there was no multi-disciplinary response to the investigation of child sexual abuse cases or case coordination and follow-up enabling children and families to be aware of and access services needed. These child victims were subjected to repeated interviews by child protection, Law Enforcement, the District Attorney's Office, doctors, mental health, and more. These multiple interviews led to difficulty for the District Attorney's office when it came time to prosecute these cases. The District Attorney's Office had also expressed concern with the quality of interviews prior to the use of the Children's Advocacy Center. The victims have identified a problem with understanding the "system" and a lack of awareness of resources. Furthermore, continuance of services were fragmented and often left victims without further resources to cope, thus perpetuating additional episodes of victimization.

The Children's Advocacy Center has conducted over 3,000 interviews since inception. In the year 2009, the CAC conducted 403 interviews serving children and families from the 20th, 21st, and 23rd Judicial Districts while providing 2,501 hours of counseling to 1,136 clients.

NEED: The child victims of sexual and severe physical abuse and their families need:

- A neutral child-friendly place to be interviewed.
- A highly trained forensic interviewer.
- A multi-disciplinary approach to reduce number of disclosures.
- A caring adult to help them understand the system, access services, and keep the system focused on their best interest.

The proposed project, Child Advocacy Program, will continue to address all of the identified problems and needs. Clinicians or volunteers will work directly with the victims to assist and facilitate the evaluation of continued services. The CAC Clinical Director will recruit, train, and supervise these professionals to facilitate a multi-disciplinary approach. The primary goals are to reduce the number of interviews to the victim, provide and make referrals for counseling services, facilitate court room escort, and offer education and awareness of childhood sexual abuse issues.

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 20th, 21st, and 23rd Judicial Districts for the Court Appointed Special Advocates (CASA) program and Children's Advocacy Center (CAC) program. CAS maintains CAC services as an accredited center in four locations in this region. Parishes in these 3 Judicial Districts 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, 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.

GOAL 1: To assist 300 victims and their families with coping and surmounting the trauma from the crime by December 31, 2011.

GOAL 2: To provide CAC advocates for child victims and their families 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: To provide forensic interviews for 300 victims by December 31, 2011.
OBJECTIVE 2: To provide program education for 300 child victims and non-offending family members by December 31, 2011.
OBJECTIVE 3: To facilitate at least 12 multidisciplinary team reviews of child abuse cases referred for interview by December 31, 2011.

GOAL 2:
OBJECTIVE 1: To provide counseling services or outside service referrals for 300 victims and families of those who request services by December 31, 2011.
OBJECTIVE 2: To follow-up with 150 of the families served at the CAC through our case management services or continued service referrals 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:
Objective 1: A. Provide forensic interview within 48 hours after report is made.
B. Provide MDT members opportunity to have input during forensic interview.
C. Provide confidential access to video/audio tapes to necessary professionals.

Objective 2: A. Assist family with access to local resources through appropriate referral system.
B. Provide access to Tri-Parish Victim's Assistance Program and Crime Victim's reparation for financial assistance.

Objective 3: A. Facilitate monthly meetings with multidisciplinary team of professionals to staff cases.

GOAL 2:
Objective 1: A. Utilize Licensed Clinicians and university interns to provide counseling services.
B. Clinical Services Director will supervise counseling services through weekly staffing with full-time clinicians and interns.

Objective 2: A. Clinicians will contact clients within one week following referrals for service from Clinical Services Director.

Program will begin on January 1, 2011 and will continue to offer services through December 31, 2011.

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.

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: ( ) - EMAIL:

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

In 2009, the Children's Advocacy Center (CAC) Program continued in the achievement of several postive outcomes. 403 children received forensic interviews and and families received 2,501 hours of clinical services. Additionally, over 25,000 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?

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?

Victims will complete a client satisfaction survey and self-report progress upon service completion. Of 300 victims anticipated to receive interviews/counseling, a random sample will be selected to report services satisfaction. It is expected that 75% 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 satisfation 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.