

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-7-009

APPLICANT: Child Advocacy Services, Inc.

PROJECT TITLE: Child Abuse Counseling Program

PROJECT FUNDS :

FUND: \$ 14,247 80.00%

MATCH: \$ 3,562 20.00%

TOTAL: \$ 17,809 100.00%

PROJECT DURATION: 12 months

START DATE: 01/01/2012

END DATE: 12/31/2012

Continuation of C00-7-024

PROJECT SUMMARY:

This project will provide clinical services for children and families who are victims of child abuse. These services include advocacy, individual, family and 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.

RECOMMENDATION: FUND X DENY    

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.



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: C11-7-009 CVA Purpose Area: 1, 3

1. TITLE OF PROJECT Child Abuse Counseling Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-7-009	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 1/1/2012 Desired End Date: 12/31/2012		4. PROJECT FUNDS Federal Funds: \$14,247 Cash Match: \$662 In-Kind Match: \$2,900 Total Project: \$17,809	
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: rcarlisle@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: 4/17/2012			

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 and individual/family/group counseling 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.

2011 SEP 23 AM 9:54  
LA COMMISSION  
ON LAW ENFORCEMENT

CVA - 1

Revised JULY 2010

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	\$11,600	\$0	\$0	\$11,600
SECTION 200. FRINGE BENEFITS	\$2,647	\$0	N/A	\$2,647
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	\$662	\$2,900	\$3,562
TOTAL:	\$14,247	\$662	\$2,900	\$17,809

Provide Source of Cash Match: Non-grant contributions.

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

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 PAID BY GRANT	PAID WITH	
							F	C
Clinical Services Coordinat	Jessica Oddo	FT	\$2,666.67	36.25%	12.00	\$11,600.01	<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"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$11,600.01		

F = Fed Funds  
C = Cash Match

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT	OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
									F	C
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:								\$0.00		

F = Fed Funds  
C = Cash Match

**VOLUNTEERS:**

DUTIES: Use 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	\$11,600
CASH MATCH	\$0
IN-KIND MATCH	\$0
PERSONNEL TOTAL	\$11,600

**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 sexual and/or physical abuse. 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 is currently vacant and will be filled with new staff to be hired prior to the start date under the current grant (Sub-grant # C10-7-009). A sub-grant request will be submitted when the position is filled.

**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)				
<b>SOCIAL SECURITY</b>					<b>SOCIAL SECURITY</b>				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Jessica Oddo	.062		\$11,600	\$719	1.	.062			\$0
2.	.062			\$0	2.	.062			\$0
3.	.062			\$0	3.	.062			\$0
4.	.062			\$0	4.	.062			\$0
<b>MEDICARE</b>					<b>MEDICARE</b>				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Jessica Oddo	.0145		\$11,600	\$168	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
<b>HEALTH LIFE INSURANCE</b> Provide monthly insurance cost					<b>HEALTH LIFE INSURANCE</b> Provide monthly insurance cost				
	RATE	MONTHS	THESE DEDUCTED TO PROJECT	TOTAL		RATE	MONTHS	THESE DEDUCTED TO PROJECT	TOTAL
1. Jessica Oddo	326.80	12.00	36.25%	\$1,421	1.				\$0
2.				\$0	2.				\$0
3.				\$0	3.				\$0
4.				\$0	4.				\$0
<b>WORKMAN'S COMPENSATION</b>					<b>WORKMAN'S COMPENSATION</b>				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Jessica Oddo	0.013		\$11,600	\$150	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
<b>UNEMPLOYMENT TAX</b> Based on the \$2,000 or Less					<b>UNEMPLOYMENT TAX</b> Based on the \$2,000 or Less				
	RATE	TYPE	SALARY	TOTAL		RATE	TYPE	SALARY	TOTAL
1. Jessica Oddo	0.027	CHECK TYPE	\$7,000	\$189	1.		CHECK TYPE		\$0
2.				\$0	2.				\$0
3.		<input type="checkbox"/> FUTA		\$0	3.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	4.		<input type="checkbox"/> SUTA		\$0
<b>PUBLIC/PRIVATE RETIREMENT</b>					<b>PUBLIC/PRIVATE RETIREMENT</b>				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
<b>OTHER</b>					<b>OTHER</b>				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1.				\$0	1.				\$0
2.				\$0	2.				\$0
3.				\$0	3.				\$0
4.				\$0	4.				\$0
FRINGE BENEFITS TOTAL (A):				\$2,647	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): \$2,647

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$2,647
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$2,647

**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. Prorate 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	IK
Rent	500 sq. ft. x 16 x 36.25%	1.00	\$2,900.00	\$2,900.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone	\$152.19 per month x 36.25%	12.00	\$55.17	\$662.04	<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:				\$3,562.04			

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

**BRIEFLY EXPLAIN:**  
A) Need for each type listed, and  
Rent and telephone costs for the Luling Office are needed 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. Telephones are used to contact clients to schedule services.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$0
CASH MATCH	\$662
IN-KIND MATCH	\$2,900
OTHER DIRECT COSTS TOTAL	\$3,562

## 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 in 2010, 24,016 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.

#### 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 proposal, Child Advocacy Services will be able to continue offering counseling services to answer the local needs for children and families.

1. 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.

### 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 and to advocate for 100 victims of child abuse.

### 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.

OBJECTIVE 1: Provide 300 units of counseling to assist with recovery from the effects of trauma resulting from abuse by December 31, 2012.

OBJECTIVE 2: Provide victims' advocacy and safety planning to 100 families of victims of child abuse by December 31, 2012.

#### 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.

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: A trained counselor will provide victims' advocate and safety planning to all clients who have been victims of abuse.

The activities undertaken to achieve the goals and objectives are on-going throughout the grant period of 01/01/2012 to 12/31/2012.

#### 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: 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](http://lcle.la.gov/lavns).

#### G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME:

PHONE: ( ) -

EMAIL:

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

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

**H. PRIOR RESULTS (For Continuation Projects Only)**

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

In 2009, in partnership with the Children's Advocacy Center (CAC) Program, this project assisted in the achievement of several positive outcomes. In 2010, over 143 children and families received nearly 837 hours of clinical services.

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 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.

#### 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:                        | 2/9/2011              |
| 2. Dates covered by last audit:               | 1/1/2010 - 12/31/2010 |
| 3. Date of next audit:                        | March 2012            |
| 4. Dates to be covered by next audit:         | 1/1/2011 - 12/31/2011 |
| 5. Date next audit will be forwarded to LCLE: | April 2012            |
- 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 Volunteer Waiver is requested due to the confidential nature of child abuse. Volunteers are not used in any grant program related activities.

#### 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.

## MEMORANDUM OF UNDERSTANDING

### St. Charles Mental Health Partnership

This Memorandum of Understanding, initially brought forth on the 6th day of April, 2004, demonstrates the commitment of the parties to work together to improve the St. Charles Parish community by devising a seamless system of delivering mental health care, comprehensive in scope, that will improve access to care, improve efficiency of care and uplift the total quality of life and health status for the residents of the St. Charles Parish area. The parties to this cooperative agreement, known as the St. Charles Mental Health Partnership, are:

Catholic Charities, St. Charles Regional Office

Child Advocacy Center of Hammond

Council on Alcohol and Drug Abuse for Greater New Orleans

St. Charles Madere Child Advocacy Center, St. Charles Parish Sheriff's Office

Metropolitan Center for Women and Children

River Parishes Mental Health Clinic

St. Charles Community Health Center, Inc.

St. Charles Parish Sheriff's Office, Chaplin

The Center for Family and Youth Services, Inc.

United Way of St. Charles

### TENETS

Whereas, the parties to this cooperative agreement are organizations and collaborative networks concerned about maximizing the quality of mental health services in St. Charles Parish, and

Whereas, the parties are separate entities that desire to develop a comprehensive, coordinated mental health service delivery system that will improve efficiency, reduce duplication of services, and increase access to needed mental health services for the residents of St. Charles Parish; and

Whereas, the parties have participated in regular meetings to define the issues and explore ways to cooperate and collaborate, and have demonstrated a commitment to this effort, and

Whereas, the parties have previously agreed in principle to work together toward fulfilling the mission to establish a mental health network to provide a cost efficient, effective and seamless system of care, and

Whereas, the parties have previously defined that the long term vision for success of their collaborative efforts will be that:

- There will be **seamless mental health care**; people won't have to make so many stops to get care. When they call a provider, they will find out what to do to get the services they need.
- There will be specific, **common points of entry**, where people who seek services will be assessed and signed up for the services they need. There will be a comprehensive common intake mechanism.
- Client case information will be entered in a **shared information system**.
- There will be **follow-up** to see that clients/patients get the services they need. As a community, we will "make care happen".
- People in our community will be more willing to seek the services they need, and will know where to call to get them. There will be **more acceptance of mental health service**, and more of a sense of trust.
- All the mental health service providers in the parish will **work together**, and will meet together. They will speak a "common language" of care.
- Every community in the parish will have **easy access** to points of entry into the mental health system. There might be satellite entry offices.
- As providers, we will have a **shared definition of components of an effective mental health delivery system**, including education, prevention, intake, treatment, facilitation, evaluation and aftercare.
- We will have **higher quality of mental health care**. As providers, we will develop standards of care based on best practices, define desired outcomes, and measure the effectiveness of our services. We will track the progress of clients in our system: they will not get lost.
- We will provide professional services that **maintain the dignity and respect of the client**. Our organizations will foster cultures of dignity and respect, and will support it with employee attitudes, strong management and appropriate training.