

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-5-011

APPLICANT: Child Advocacy Services, Inc.

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND:	\$	<u>67,500</u>	80.00%
MATCH:	\$	<u>16,875</u>	20.00%
TOTAL:	\$	<u>84,375</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 01/01/2012

END DATE: 12/31/2012

Continuation of C97-5-010

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: C11-5-011 CVA Purpose Area: 1, 3

1. TITLE OF PROJECT  
Child Advocacy Program

2.  NEW PROJECT  
 CONTINUATION PROJECT OF: C10-5-011

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: \$67,500  
Cash Match: \$0  
In-Kind Match: \$16,875  
Total Project: \$84,375

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

Employer Tax Id: 72 - 1262466 DUNS: 179442926 - OCR CAGE/NCAGE: 49BQ4 OCR 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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**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):

<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	\$53,610	\$0	\$16,875	\$70,485
SECTION 200. FRINGE BENEFITS	\$13,890	\$0	N/A	\$13,890
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
<b>TOTAL:</b>	<b>\$67,500</b>	<b>\$0</b>	<b>\$16,875</b>	<b>\$84,375</b>

Provide Source of Cash Match:

Provide Source of In-Kind Match: Intern hours; volunteer hours.

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LA COMMISSION  
LAW ENFORCEMENT

**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
Director of Clinical Serv	Joelle Henderson	FT	\$3,846.25	35.99%	12.00	\$16,611.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Services Coordinat	Christine Roy	FT	\$3,256.00	94.70%	12.00	\$37,001.18	<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:						\$53,612.36	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
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.	1,687.50	\$10.00	\$16,875.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$16,875.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$53,610
CASH MATCH	
IN-KIND MATCH	\$16,875
PERSONNEL TOTAL	\$70,485

**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 461 interviews conducted in 2010 and the increasing number of interviews completed in 2011. 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 2010, CAS provided 1,594 hours of counseling to 309 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 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; conduct forensic interviews and provide mental health services to child victims and non-offending family members – 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.

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.

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 the position.]

The Director of Clinical Services position will be filled by existing staff member who fills the same position under the current grant (Sub-grant # C10-5-011).

The Clinical Services Coordinator position will be filled by existing staff that was previously filled under the current grant (Sub-grant # C10-5-011).

**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

EMPLOYEE'S NAME(S)					EMPLOYEE'S NAME(S) (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Joelle Henderson	.062		\$16,610	\$1,029	5.	.062			\$0
2. Christine Roy	.062		\$37,000	\$2,294	6.	.062			\$0
1.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Joelle Henderson	.0145		\$16,610	\$240	5.	.0145			\$0
2. Christine Roy	.0145		\$37,000	\$536	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH LIFE INSURANCE	RATE	MONTHS	PERCENTAGE TO PROJECT	TOTAL	HEALTH LIFE INSURANCE	RATE	MONTHS	PERCENTAGE TO PROJECT	TOTAL
1. Joelle Henderson	707.96	12.00	34.99%	\$2,972	5.				\$0
2. Christine Roy	514.96	12.00	94.70%	\$5,852	6.				\$0
1.				\$0	7.				\$0
1.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Joelle Henderson	0.011		\$16,610	\$182	5.				\$0
2. Christine Roy	0.011		\$37,000	\$407	6.				\$0
				\$0	7.				\$0
				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1. Joelle Henderson	0.027	CHECK TYPE	\$7,000	\$189	5.		CHECK TYPE		\$0
2. Christine Roy	0.027	CHECK TYPE	\$7,000	\$189	6.		CHECK TYPE		\$0
		<input type="checkbox"/> PUTA		\$0	7.		<input type="checkbox"/> PUTA		\$0
		<input checked="" type="checkbox"/> SJTA		\$0	8.		<input type="checkbox"/> SJTA		\$0
PUBLIC/Private RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/Private RETIREMENT	RATE		SALARY	TOTAL
				\$0	5.				\$0
				\$0	6.				\$0
				\$0	7.				\$0
				\$0	8.				\$0
OTHER	RATE		SALARY	TOTAL	OTHER	RATE		SALARY	TOTAL
				\$0	5.				\$0
				\$0	6.				\$0
				\$0	7.				\$0
				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$13,890	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$13,890

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$13,890
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$13,890

**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 2010, the CAC conducted 461 interviews serving children and families from the 20th, 21st, and 23rd Judicial Districts while providing 1,594 hours of counseling to 309 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.

### 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 assist 350 victims and their families with coping and surmounting the trauma from the crime by December 31, 2012.

**GOAL 2:** To provide CAC advocates for child victims and their families by December 31, 2012.

### 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 350 victims up from 300 by December 31, 2012.

**OBJECTIVE 2:** To facilitate at least 10 multidisciplinary team reviews up from 8 of child abuse cases referred for interview by December 31, 2011.

#### **GOAL 2:**

**OBJECTIVE 1:** To provide counseling services or outside service referrals for 350 victims and families up from 300 of those who request services by December 31, 2012.

**OBJECTIVE 2:** To follow-up with 125 of the families up from 100 served at the CAC through our case management services or continued service referrals 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.

#### **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, 2012 and will continue to offer services through December 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 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, 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 2010, the Children's Advocacy Center (CAC) Program continued in the achievement of several positive outcomes. 461 children received forensic interviews and families received 1,594 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 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.

*Quarterly progress reports + expenditure reports will be submitted to LCLE.*

**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.

The Administrative office for the CAC is rented by Child Advocacy Services. The forensic interviewing facility in Hammond is owned by CAS, and the facilities in Jackson, Denham Springs, and Gonzales are rented.

**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 staff? 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?

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.

#### 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.

1. 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.

The CAC has established a written agreement with Law Enforcement, Department of Children and Family Services, District Attorney's Office, and medical and mental health representatives.

1. 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.

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.