

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-6-009

APPLICANT: Family And Youth Counseling Agency

PROJECT TITLE: Child Abuse Counseling Program

PROJECT FUNDS :

FUND: \$ 24,361 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 6,090 20.00%

START DATE: 07/01/2012

TOTAL: \$ 30,451 100.00%

END DATE: 06/30/2013

Continuation of C01-6-010

PROJECT SUMMARY:

Child Abuse Counseling Program will provide victims of child abuse and their families with counseling, education, and community resources to reduce the risk of recurring abuse.

RECOMMENDATION : FUND  DENY

SPECIAL CONDITIONS :

1. 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: C11-6-009

CVA Purpose Area: 3

1. TITLE OF PROJECT

Child Abuse Counseling

2.  NEW PROJECT

CONTINUATION PROJECT OF: C10-6-008

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)

Desired Start Date: 7/1/2012

Desired End Date: 6/30/2013

4. PROJECT FUNDS

Federal Funds: \$24,361

Cash Match

In-Kind Match: \$6,090

Total Project: \$30,451

5A. APPLICANT AGENCY INFORMATION

Agency Name: Family and Youth Counseling Agency

Physical Address: 220 Louie Street

City: 220 Louie Street Zip: 70601-7250

Mailing Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: julio@fyca.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Julio R. Galan

Title: President & CEO

Agency Name: Family and Youth Counseling Agency

Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: julio@fyca.org

Fed Employer Tax Id: 72 - 0688561

DUNS: 786877720 -

CCR CAGE/NCAGE: 52TY5

CCR Expiration Date: 4/17/2012

6. IMPLEMENTING AGENCY

Name: Julio R. Galan

Title: President & CEO

Agency: Family and Youth Counseling Agen

Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: julio@fyca.org

7. PROJECT DIRECTOR

Name: Sara McDonald

Title: Advocacy Counselor

Agency: Family and Youth Counseling Agen

Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: sara@fyca.org

8. FINANCIAL OFFICER

Name: Deborah Bauman

Title: Vice President Finance

Agency: Family and Youth Counseling Agen

Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: deborahb@fyca.org

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

Child Abuse Counseling Program will provide victims of child abuse and their families with counseling, education, and community resources to reduce the risk of recurring abuse.

LA COMMISSION  
LAW ENFORCEMENT  
2012 FEB 16 PM 2:50

**VOCA PURPOSE AREAS**

|                                                                   |                        |
|-------------------------------------------------------------------|------------------------|
| Please Check Type of Victimization Served (Check all that apply): |                        |
| <input 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:**

|                                                                                | <b>YES:</b>                         | <b>NO:</b>               |
|--------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 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: Deborah Bauman Title: Vice President Finance

Phone: (337) 436-9533 Fax: (337) 439-9941 E-Mail: deborahb@fyca.org

**PROJECT BUDGET SUMMARY**

| BUDGET CATEGORIES                      | FEDERAL FUNDS   | CASH MATCH | IN-KIND MATCH  | SECTION TOTAL   |
|----------------------------------------|-----------------|------------|----------------|-----------------|
| <b>SECTION 100. PERSONNEL</b>          | \$24,361        | \$0        | \$6,090        | \$30,451        |
| <b>SECTION 200. FRINGE BENEFITS</b>    | \$0             | \$0        | N/A            | \$0             |
| <b>SECTION 300. TRAVEL</b>             | \$0             | \$0        | \$0            | \$0             |
| <b>SECTION 400. EQUIPMENT</b>          | \$0             | \$0        | \$0            | \$0             |
| <b>SECTION 500. SUPPLIES</b>           | \$0             | \$0        | \$0            | \$0             |
| <b>SECTION 600. CONTRACTUAL</b>        | \$0             | \$0        | N/A            | \$0             |
| <b>SECTION 700. RENOVATION COSTS</b>   | \$0             | \$0        | \$0            | \$0             |
| <b>SECTION 800. OTHER DIRECT COSTS</b> | \$0             | \$0        | \$0            | \$0             |
| <b>TOTAL:</b>                          | <b>\$24,361</b> | <b>\$0</b> | <b>\$6,090</b> | <b>\$30,451</b> |

**Provide Source of Cash Match:**

**Provide Source of In-Kind Match:** Medical Doctor donates 25 hours @ \$100 = \$2500  
Volunteers donate 359 hours @ \$10 = \$3590

**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                        |
| Counselor                                        | Sara McDonald | FT | \$2,683.53            | 75.65%                  | 12.00            | \$24,361.08                | <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: |               |    |                       |                         |                  | \$24,361.08                | F = Fed Funds<br>C = Cash Match     |                          |

**PART-TIME OR OVERTIME EMPLOYEES:**

| POSITION TITLE                                                   | EMPLOYEE NAME | PT<br>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<br>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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------|---------------|
| Medical Doctor--case consultations and medical case management                                                                                                                                     | 25.00        | \$100.00                  | \$2,500.00    |
| Volunteers--voice for abused child in court, attend to special needs of child, and consultation in an advisory capacity                                                                            | 359.00       | \$10.00                   | \$3,590.00    |
| SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:                                                                                                                                                    |              |                           | \$6,090.00    |

| SECTION 100. PERSONNEL SUMMARY |                 |
|--------------------------------|-----------------|
| FEDERAL FUNDS                  | \$24,361        |
| CASH MATCH                     |                 |
| IN-KIND MATCH                  | \$6,090         |
| <b>PERSONNEL TOTAL</b>         | <b>\$30,451</b> |

**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:

Counselor is needed to provide victims of child abuse and their families with counseling, education and community referrals.

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

Pay rate used for counselor is in conformity with the salary administration plan approved by the FYCA Board of Directors and in accordance with Family Service America Standards.

C) Project duties of each position requested:

Counselor duties include: rendering direct casework assistance, counseling, guidance and education to victims of child abuse and their families.

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.]

Counselor was hired for this position.

**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.                                                       | .062  |                               |                         | \$0   | 5.                                                       | .062  |                               |                         | \$0   |
| 2.                                                       | .062  |                               |                         | \$0   | 6.                                                       | .062  |                               |                         | \$0   |
| 3.                                                       | .062  |                               |                         | \$0   | 7.                                                       | .062  |                               |                         | \$0   |
| 4.                                                       | .062  |                               |                         | \$0   | 8.                                                       | .062  |                               |                         | \$0   |
| MEDICARE                                                 | RATE  |                               | SALARY                  | TOTAL | MEDICARE                                                 | RATE  |                               | SALARY                  | TOTAL |
| 1.                                                       | .0145 |                               |                         | \$0   | 5.                                                       | .0145 |                               |                         | \$0   |
| 2.                                                       | .0145 |                               |                         | \$0   | 6.                                                       | .0145 |                               |                         | \$0   |
| 3.                                                       | .0145 |                               |                         | \$0   | 7.                                                       | .0145 |                               |                         | \$0   |
| 4.                                                       | .0145 |                               |                         | \$0   | 8.                                                       | .0145 |                               |                         | \$0   |
| HEALTH/LIFE INSURANCE<br>Provide monthly insurance rates | RATE  | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL | HEALTH/LIFE INSURANCE<br>Provide monthly insurance rates | RATE  | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL |
| 1.                                                       |       |                               |                         | \$0   | 5.                                                       |       |                               |                         | \$0   |
| 2.                                                       |       |                               |                         | \$0   | 6.                                                       |       |                               |                         | \$0   |
| 3.                                                       |       |                               |                         | \$0   | 7.                                                       |       |                               |                         | \$0   |
| 4.                                                       |       |                               |                         | \$0   | 8.                                                       |       |                               |                         | \$0   |
| WORKMAN'S COMPENSATION                                   | RATE  |                               | SALARY                  | TOTAL | WORKMAN'S COMPENSATION                                   | RATE  |                               | SALARY                  | TOTAL |
| 1.                                                       |       |                               |                         | \$0   | 5.                                                       |       |                               |                         | \$0   |
| 2.                                                       |       |                               |                         | \$0   | 6.                                                       |       |                               |                         | \$0   |
| 3.                                                       |       |                               |                         | \$0   | 7.                                                       |       |                               |                         | \$0   |
| 4.                                                       |       |                               |                         | \$0   | 8.                                                       |       |                               |                         | \$0   |
| UNEMPLOYMENT TAX<br>Based on first \$7,000 or Less       | RATE  | TYPE                          | SALARY                  | TOTAL | UNEMPLOYMENT TAX<br>Based on first \$7,000 or Less       | RATE  | TYPE                          | SALARY                  | TOTAL |
| 1.                                                       |       | CHECK TYPE:                   |                         | \$0   | 5.                                                       |       | CHECK TYPE:                   |                         | \$0   |
| 2.                                                       |       |                               |                         | \$0   | 6.                                                       |       |                               |                         | \$0   |
| 3.                                                       |       | <input type="checkbox"/> FUTA |                         | \$0   | 7.                                                       |       | <input type="checkbox"/> FUTA |                         | \$0   |
| 4.                                                       |       | <input type="checkbox"/> SUTA |                         | \$0   | 8.                                                       |       | <input type="checkbox"/> SUTA |                         | \$0   |
| PUBLIC/PRIVATE RETIREMENT                                | RATE  |                               | SALARY                  | TOTAL | PUBLIC/PRIVATE RETIREMENT                                | RATE  |                               | SALARY                  | TOTAL |
| 1.                                                       |       |                               |                         | \$0   | 5.                                                       |       |                               |                         | \$0   |
| 2.                                                       |       |                               |                         | \$0   | 6.                                                       |       |                               |                         | \$0   |
| 3.                                                       |       |                               |                         | \$0   | 7.                                                       |       |                               |                         | \$0   |
| 4.                                                       |       |                               |                         | \$0   | 8.                                                       |       |                               |                         | \$0   |
| OTHER:                                                   | RATE  |                               | SALARY                  | TOTAL | OTHER:                                                   | RATE  |                               | SALARY                  | TOTAL |
| 1.                                                       |       |                               |                         | \$0   | 5.                                                       |       |                               |                         | \$0   |
| 2.                                                       |       |                               |                         | \$0   | 6.                                                       |       |                               |                         | \$0   |
| 3.                                                       |       |                               |                         | \$0   | 7.                                                       |       |                               |                         | \$0   |
| 4.                                                       |       |                               |                         | \$0   | 8.                                                       |       |                               |                         | \$0   |
| FRINGE BENEFITS TOTAL (A):                               |       |                               |                         | \$0   | 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): \$0**

| SECTION 200. FRINGE BENEFITS SUMMARY |            |
|--------------------------------------|------------|
| FEDERAL FUNDS                        | \$0        |
| CASH MATCH                           |            |
| <b>TOTAL FRINGE BENEFITS</b>         | <b>\$0</b> |

## 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:** There is a need for a counselor to provide counseling to victims of child abuse. Children who have been abused and their families need to receive therapy to help them cope with the psychological trauma that may result from sexual abuse. When sexually abused boys are not treated, society must later deal with the resulting problems, including crime, suicide, drug use and more sexual abuse according to Dr William C. Holmes of the University of Pennsylvania School of Medicine. If a child victim does not resolve the trauma, sexuality may become an area of adult conflict.\* In 2011, the Children's Advocacy Center performed 529 interviews of children who were sexually abused.\*\* Once the Children's Advocacy Center has completed an interview of an abused child, they will refer the victim and family for counseling. From July 1, 2011 through December 31, 2011 this program has provided crisis intervention services to 39 families whose child was a victim of sexual abuse, and 39 families whose child was a victim of sexual abuse received counseling on sexual abuse education and related information.\*\*\*

**Need:** There is a need for crisis intervention and sexual abuse education programs for families of victims. Many times when a child is interviewed at the Children's Advocacy Center, a discovery is made that one or more siblings in the family have also been abused. Early identification of sexual abuse victims appears to be crucial to the reduction of suffering of abused youth and to the establishment of support systems for assistance in pursuing appropriate psychological development and healthier adult functioning. With crisis intervention and sexual abuse education, the counselor can increase family stability and reduce the risk of recurring abuse.

\*Source: Bagley, 1992 Prevent Child Abuse Now website

\*\*LCLE Grant #C09-6-010

\*\*\*LCLE #C10-6-008

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

More often than not, children who have been abused, and their families, do not receive the counseling support needed to deal with such a traumatic experience. There is a need for crisis intervention and sexual abuse education programs for families of victims. Many times when a child is interviewed at the Children's Advocacy Center, a discovery is made that one or more siblings in the family have also been abused. Early identification of sexual abuse victims appears to be crucial to the reduction of suffering of abused youth and to the establishment of support systems for assistance in pursuing appropriate psychological development and healthier adult functioning.

As we learn more about why child abuse and neglect occur, more organizations, agencies and communities are recognizing that the best way to promote prevention is to provide parents with the skills and resources they need to understand and meet their children's emotional, physical and developmental needs, in order to protect them from harm. Addressing the needs of the clients is of the utmost importance. With crisis intervention and sexual abuse education, counseling can increase family stability and reduce the risk of recurring abuse.

## 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 victims of child abuse in coping with the psychological trauma that may result from sexual 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: The counselor will facilitate community resource referrals on behalf of client/family that will increase family stability and reduce the risk of recurring abuse.

Objective 2: The counselor will provide therapy to 30 child victims and/or their families during the grant period. Fifteen (15) of these clients will demonstrate improvement as demonstrated as the "Client Report of Progress" and the "Client Treatment Plan."

Objective 3: The counselor will provide crisis intervention services to a minimum of 60 families whose child has been a victim of sexual abuse during grant period. Of the 60 families provided services, 40 of the families will display family change to avoid future sexual abuse victimization.

Objective 4: The counselor will provide sexual abuse education information to a minimum of 100 families whose child has been a victim of sexual abuse during grant period. Of the 100 families contacted; 80 of the families will display family change to avoid future sexual abuse victimization.

#### **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: The counselor will work with the Children's Advocacy Center to facilitate referrals on behalf of the client/family.

Objective 2: Upon referral to the program by the Children' Advocacy Center, a counselor will interview the child and family, conduct an assessment and develop a comprehensive, multi-disciplinary treatment plan. Individual and family counseling techniques include cognitive, behavioral and affective systems therapy, reality therapy, and client-centered therapy, which deal with efforts to stabilize the victim's life and assist in mananging practical problems caused by the victimization. The counselor will perform these counseling techniques consistent with acceptable counseling practices. Length of counseling will be determined after first sessions of counseling with the family and upon consultation with counselor's supervisor. The Children's Advocacy Center will refer at least 15 victims of child abuse upon completion of interview per grant year. Counselor will complete client report of progress to show client demonstrated improvement. These objectives will continue during the grant period.

Objective 3: The counselor will meet with non-offending family members of the child victims while the child is being interviewed at the Children's Advocacy Center. The counselor will provide to the child and family, along with the development of safety plan, when appropriate during the grant period.

Objective 4: The counselor will meet with the non-offending family members of the child victims to assess the risk of recurring abuse. Information and education will be provided to the child and family, along with the development of a safety plan, when appropriate during the grant period.

All objectives will be tracked through sign-in records through the grant period. All activities will begin on July 1<sup>st</sup>, 2012 and will continue throughout the life of the program ending June 30<sup>th</sup>, 2013.



**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.)

Objective 1: From July 1, 2011 through December 31, 2011, the counselor has facilitated community resource referrals on behalf of 39 families.

Objective 2: From July 1, 2011 through December 31, 2011, the Child Abuse Counseling program provided therapy to 22 child victims and/or their families. 100% of these clients demonstrated improvement according to the "Client Report of Progress" and the "Client Treatment Plan."

Objective 3: From July 1, 2011 through December 31, 2011, the counselor provided crisis intervention services to 39 families whose child was a victim of sexual abuse.

Objective r: From July 1, 2011 through December 31, 2011, the counselor provided sexual abuse education information to 39 families whose child was a victim of sexual abuse during the grant period.

2. Did the project work as expected? Explain.

Yes, the project worked as expected. From July 1, 2011 through December 31, 2011, counseling was provided to 22 children victims and their families with 20% demonstrating improvements. Further, during the same time period, 39 families have received crisis intervention and sexual abuse education for victims having 200% demonstrating improvements and family plan changes in which victimization no longer occurred.

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?

Data will be collected from referral source (the Children's Advocacy Center) and will show how many were provided therapy. Counselor will track the progress of each client through case notes, reports and computer software. Clients will also be administered a pre and post evaluation for self-report on a regular basis throughout therapy.

2. When will the data be collected?

Data will be collected for each referral and at each session throughout the grant period; daily, monthly and quarterly.

3. Who will collect and analyze the data?

The counselor/project director will collect data and it will be analyzed by the counselor/project director with the President and CEO.

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

Name: Candis Carr

Phone: (337) 436-9533

Email: [candis@fyca.org](mailto:candis@fyca.org)

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

Data will be compiled and presented to the President and CEO, The Counseling Center Advisory Council and FYCA Board of Directors to decide whether updating/revising of project's strategy is warranted. If warranted, it will be incorporated in the program.

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.

Program results will be reported to the following agencies according to their requirements: LA Commission on Law Enforcement CVA Quarterly Progress Report and expenditure reports quarterly/monthly as rewarded within program awards, United Way of SWLA Annual Report with Outcomes, and FYCA President & CEO and Board of Directors Monthly Reports and Annual Report.

## 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.

Program currently receives funding from: LA Commission on Law Enforcement and United Way of SWLA.

Funding will be sought from foundations and other grant sources on a continued basis to ensure long term support of the program.

## 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.

Family and Youth Counseling Agency occupies a 9000 square foot facility located at 220 Louie Street, Lake Charles, LA. The Children's Advocacy Center facilities are housed within the agency's building but have their own entrance and parking area in order to provide privacy to the clients. The CAC facilities include a reception area, a conference room and offices for the President & CEO and Counselor. Each office contains a desk, chairs, filing cabinets, telephone and computer equipment. Other amenities include two interview rooms and a surveillance room for law enforcement and other collaborating agencies to observe interviews via camera and monitors.

## 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. Dates covered by last audit:
  3. Date of next audit:
  4. Dates to be covered by next audit:
  5. Date next audit will be forwarded to LCLE:
- 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 medical doctor provides 25 hours of case consultation and medical case management.

Volunteers provide 359 hours to be a voice for abused child in court, attend to special needs of child and consultation in an advisory capacity.

## 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.

Family and Youth Counseling Agency will refer clients from our program to the LA Crime Victims Reparations Program as appropriate through the Calcasieu Parish 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.

CAC of Family and Youth along with the District Attorney Offices of Calcasieu and Cameron Parishes, Department of Children and Family Services Region V and the 14<sup>th</sup> Judicial District Court have developed a cooperative team approach to the investigation of child sexual abuse. Each participant has specific responsibilities as outlined in the guidelines for the treatment, protection, investigation and handling of child victims. The team was formed to enhance cooperation and coordination among those involved in the protection of children. This CAC centralizes the interviews of child victims and therefore greatly reduces the number of interviews performed with each victim. Tapes of interviews are utilized by members of the team for prosecuting offenders. The counselor may be on this team.

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.

Law enforcement, Child Protection or the District Attorney's Office must first refer the abused children to be interviewed by the Children's Advocacy Center.

When speaking to groups about child abuse prevention, the counselor addresses the issue of reporting child abuse and the procedures that should be followed.

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.

Family and Youth Counseling Agency will comply with the LA Child Protection Act - LA R.S. 15:587.1 as appropriate.

## Kathy Guidry

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**From:** Kathy Guidry  
**Sent:** Wednesday, April 18, 2012 4:11 PM  
**To:** Bonnie Vaughan  
**Subject:** C11-6-009, Family & Youth Counseling Agency, Child Abuse Counseling

Ms. Sara McDonald  
Family and Youth Counseling Agency  
c/o Southwest District LEPC, Inc.  
PO Box 1543  
Lake Charles, LA 70602-1543

RE: C11-6-009, Child Abuse Counseling

Dear Ms. McDonald:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for May 23<sup>rd</sup> and May 24<sup>th</sup>, respectively. The information regarding the location of the meetings is yet to be determined. Since this is a continuation project, you will be required to attend only the Victim Services Advisory Board meeting unless there are issues that arise during the Victim Services Advisory Board meeting.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Pg. 1, According to the Central Contractor website, the new expiration date for the CCR CAGE/NCAGE is 2/27/13. This has been inserted for you. Please correct your copy.
2. Pg. 14, A Problem Definition
  - a. #1 – The problem statement needs to be defined in detail of the problems in Lake Charles/Calcasieu Parish that supports the need of CVA funding and supported by local statistics not what this project has provided.
  - b. #2 – The gap needs to be defined in detail that Lake Charles/Calcasieu Parish is lacking.
3. Pg. 15, C Objectives - Objective 1 needs to be measurable with absolute numbers.
4. Pg. 19, H Prior Results
  - a. . 3. The “NO” was checked for goals and objectives being revised. The goals from C11-6-009 have changed from the grant C10-6-010. Please correct.
5. Pg. 20, I Evaluation and Dissemination of Reporting – Do you have an evaluation form that clients/victims complete once they receive services? If so, please provide a copy.
6. Pg. 22, N Required Components – The letters of support need to be on the agencies’ official letterhead.
7. Subgrant Award Report #10B – This agency receives three VOCA allocations. You need to state the total amount of VOCA funds that you receive.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by Monday, April 30, 2012**. Please contact the District Office if you have any questions pertaining to this letter.

Sincerely,

*Katherine C. Guidry*

Federal Programs Section Manager  
LA Commission on Law Enforcement  
602 N. 5th St., 1st Floor

Mailing Address:

PO Box 3133

Baton Rouge, LA 70821-3133

P: (225) 342-1829

C: (225) 241-5978

F: (225) 342-1846

Email: [kathy.guidry@lcle.la.gov](mailto:kathy.guidry@lcle.la.gov)