

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-5-018

APPLICANT: Volunteers Of America Of Greater Baton Rouge

PROJECT TITLE: Shelter Program - Child Abuse

PROJECT FUNDS :

FUND:	\$	<u>37,453</u>	80.00%
MATCH:	\$	<u>9,364</u>	20.00%
TOTAL:	\$	<u>46,817</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2011

END DATE: 09/30/2012

Continuation of C88-5-005

PROJECT SUMMARY:

To provide direct therapy to the child victims of child abuse who resides at Parker House and Baton Rouge Youth. Funding will also be used to provide on-the-job training and consultation to the direct support personnel at Parker House and Baton Rouge Youth.

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: C11-5-018 CVA Purpose Area:

1. TITLE OF PROJECT Shelter Program - Child Abuse		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-5-018	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 10/1/2011 Desired End Date: 9/30/2012		4. PROJECT FUNDS Federal Funds: \$37,453 Cash Match: \$9,364 In-Kind Match: Total Project: \$46,817	
5A. APPLICANT AGENCY INFORMATION Agency Name: Volunteers of America, GBR Physical Address: 3949 North Boulevard City: Baton Rouge, Louisiana Zip: 70806-3827 Mailing Address: 3949 North Boulevard City: Baton Rouge, Louisiana Zip: 70806-3827 Phone: (225) 387-0061 FAX: (225) 381-7963 Email: jshank@voagbr.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Jane F. Shank Title: CEO Agency Name: Volunteers of America, GBR Address: 3949 North Boulevard City: Baton Rouge, Louisiana Zip: 70806-3827 Phone: (225) 387-0061 FAX: (225) 381-7963 Email: jshank@voagbr.org	
Fed Employer Tax Id: 72 - 1020853 DUNS: 075049916 -		CCR CAGE/NCAGE: 5YQV8 CCR Expiration Date: 4/13/2012	

6. IMPLEMENTING AGENCY Name: Susan Butler Title: Regional Director Agency: Volunteers of America, GBR Address: 1945 Carolyn Sue Drive City: Baton Rouge, La. Zip: 70815-5509 Phone: (225) 928-9398 FAX: (225) 928-9490 Email: sbutler@voagbr.org	7. PROJECT DIRECTOR Name: Susan Butler Title: Regional Director Agency: Volunteers of America, GBR Address: 1945 Carolyn Sue Drive City: Baton Rouge, La. Zip: 70815-5509 Phone: (225) 928-9398 FAX: (225) 928-9490 Email: sbutler@voagbr.org	8. FINANCIAL OFFICER Name: John Musso Title: Chief Financial Officer Agency: Volunteers of America, GBR Address: 3949 North Boulevard City: Baton Rouge, La. Zip: 70806-3827 Phone: (225) 387-0061 FAX: (225) 381-7963 Email: jmusso@voagbr.org
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
Project funding will be utilized to provide direct therapy to the child victims of child abuse who reside at Parker House and Baton Rouge Youth. Funding will also be used to provide on the job training and consultation to the direct support personnel at Parker House and Baton Rouge Youth.

2011 SEP 27 PM 12:41
LA COMMISSION
LAW ENFORCEMENT

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: Susan Butler	Title: Regional Director	
Phone: (225) 928-9398	Fax: (225) 928-9490	E-Mail: sbutler@voagbr.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$37,453	\$9,364	\$0	\$46,817
SECTION 200. FRINGE BENEFITS	\$0	\$0	N/A	\$0
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$37,453	\$9,364	\$0	\$46,817

Provide Source of Cash Match: Cash donations to Parker House and Baton Rouge Youth. The sources are private donors and Capital Area United Way. Parker House receives \$55,000.00 in United Way funding each year. Baton Rouge Youth receives \$34,000 in United Way funding each year.

Provide Source of In-Kind Match: N/A

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
Regional Director	Susan Butler	FT	\$6,446.00	5.00%	12.00	\$3,867.60	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Program Director	Carmen Harrison	FT	\$3,860.00	10.00%	12.00	\$4,632.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Residential Therapist	Pam Honore	FT	\$2,875.00	50.00%	12.00	\$17,250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Director	Vickey Moore	FT	\$3,583.00	10.00%	12.00	\$4,299.60	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Residential Therapist	Tiffany Thibodeaux	FT	\$2,833.00	49.50%	12.00	\$16,828.02	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$46,877.22		

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"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00		

F = Fed Funds
C = Cash Match

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$37,453
CASH MATCH	\$9,364
IN-KIND MATCH	
PERSONNEL TOTAL	\$46,817

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:

These five positions provide 24 hour per day, 7 days per week coverage and/or supervision for Parker House and Baton Rouge Youth. The residential therapists provide direct therapy (group and individual) to the children at Parker House and youth at Baton Rouge Youth. This includes crisis intervention and milieu therapy to assist the children and youth with integrating the skills they learn in therapy into their every day life in the community. The five positions also provide on the job training and consultation to the direct service workers at the facility that provides the 24 hour awake supervision of the children and youth. In addition, they provide consultation services to the discharge parents to prepare them to care for the children at Parker House or youth at Baton Rouge Youth. These services are in addition to the direct therapy hours included in the per diem we receive from the state. These are all salaried positions and as such are exempt from overtime.

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

Our salary administration plan is based on the average fair market value for jobs in the private not for profit provider community in Louisiana.

C) Project duties of each position requested:

All five positions provide on the job training, consultation, crisis and milieu therapy to the children and direct service staff at Parker House and Baton Rouge Youth.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

The Regional Director is a current grant employee and was hired on June 6, 2008. The Program Director's position at Parker House was hired on November 23, 2009. The Residential Therapist at Parker House was hired on November 15, 2010. The Program Director's position at Baton Rouge Youth was hired on March 10, 2011. The Residential Therapist at Baton Rouge Youth is being filled by Tiffany Thibodeaux by September 1, 2011.

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	1.	.062			\$0		
2.	.062			\$0	2.	.062			\$0		
3.	.062			\$0	3.	.062			\$0		
4.	.062			\$0	4.	.062			\$0		
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL		
1.	.0145			\$0	1.	.0145			\$0		
2.	.0145			\$0	2.	.0145			\$0		
3.	.0145			\$0	3.	.0145			\$0		
4.	.0145			\$0	4.	.0145			\$0		
HEALTH/LIFE INSURANCE	RATE	MONTHS	THEDEDUCTEDTO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	THEDEDUCTEDTO PROJECT	TOTAL		
1.				\$0	1.				\$0		
2.				\$0	2.				\$0		
3.				\$0	3.				\$0		
4.				\$0	4.				\$0		
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL		
1.				\$0	1.				\$0		
2.				\$0	2.				\$0		
3.				\$0	3.				\$0		
4.				\$0	4.				\$0		
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL		
1.		CHECK TYPE		\$0	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		
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL		
1.				\$0	1.				\$0		
2.				\$0	2.				\$0		
3.				\$0	3.				\$0		
4.				\$0	4.				\$0		
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL		
1.				\$0	1.				\$0		
2.				\$0	2.				\$0		
3.				\$0	3.				\$0		
4.				\$0	4.				\$0		
FRINGE BENEFITS TOTAL (A):					\$0	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): \$0

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

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.

On any given day in Louisiana, there are approximately 4700 children in foster care (Office of Community Services, 2010). Approximately 15% of these children cannot live in regular foster families or kinship care placements because of the severity of their emotional, physical and behavioral challenges. Volunteers of America-Parker House is the only small, controlled facility in the state that serves young victims (ages 3-13) of child abuse/neglect. We receive referrals statewide. We serve up to 10 children at any given time. Due to the severity of the challenges facing these children, their placement is usually 18-36 months. Volunteers of America-Baton Rouge Youth is the only controlled residential facility in the East Baton Rouge region that serves adolescent females (ages 12-18) of child abuse/neglect. We are located in East Baton Rouge parish but we receive referrals statewide. We serve up to 9 youth at any given time. Due to the severity of the challenges facing these youth, their placement is usually 12-24 months. The children and youth served by Parker House and Baton Rouge Youth fall in the severe range, with emotional and behavioral challenges that have caused placement failures, psychiatric hospitalizations, failed school placements and drop outs. Without intensive intervention, many would become the violent criminals of the future. Experts in the field of child abuse estimate that one out of every three adults abused as a child will become abusive to the next generation of children. (ABC News, 08/19/05) According to Dr. William C. Jones of the University of Pennsylvania School of Medicine, earlier studies found that one-third of juvenile delinquents, 40 percent of sexual offenders, and 76 percent of serial rapists report that they were sexually abused as youngsters. (MSNBC News, December 1998) In addition, approximately 31% of women in prison state they have been abused as children. (United States Department of Justice, 1991) Services to these children must be intensive and holistic if we are going to help them heal from past trauma and develop the positive skills necessary to live in a family. The staffing pattern, including the availability of highly skilled professional staff, must also be intensive.

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

There are not enough homes available for severely abused and neglected children in the state of Louisiana. These children require intensive therapy and support to be able to maintain safely in the community. Parker House and Baton Rouge Youth provides 24 hour awake supervision along with intensive therapy, psychiatric consultation, and case management to treat the child in a safe environment and prepare them to live in a family home.

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.

Goals and Objectives for Parker House and Baton Rouge Youth are combined.

GOAL #1: Assist 24-30 victims of child abuse to cope with the trauma resulting from the crimes committed against them.

GOAL #2: Prepare 24-30 victims of child abuse for a less restrictive placement.

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: Develop and implement written individual treatment plans for 24-30 victims of child abuse within 30 days of their placement in Parker House or Baton Rouge Youth.

OBJECTIVE #2: Provide individual and group therapy on a weekly basis to 24-30 victims of child abuse, as recorded in progress notes and in quarterly treatment reports.

GOAL #2

OBJECTIVE #1: Provide 15 hours per week of intensive behavior management services as recorded in the Parker House Behavior Policy or Baton Rouge Youth Behavior Policy.

OBJECTIVE #2: Discharge 6-10 victims of child abuse to a family setting or independent living prior to the end of the funding cycles as documented in individual discharge summaries in the children's case record.

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.

Each activity and method is the same used in both facilities. Each goal and objective will be carried out through the entire grant period of 10/01/11 through 09/30/12.

GOAL #1-Objective #1: The residential therapist will develop a written individual treatment plan within 30 days of placement and review it with the placing agency and the clinical team for Parker House or Baton Rouge Youth.

GOAL #1-Objective #2: The residential therapist will provide weekly individual and group therapy to each child in placement unless otherwise noted in the child's individual treatment plan.

GOAL #2-Objective #1: The program director will implement the Teaching Family Model, which is a system of behavioral interventions to address the challenges of the children and youth in placement. The regional director, program director and residential therapist will provide training and consultation to direct service staff on the behavior system.

GOAL #2-Objective #2: The residential therapist will complete quarterly reports and a final discharge report on each child in placement. Discharge planning will begin at placement and be reviewed in weekly clinical staffings with the clinical staff and quarterly review staffings with the placing agency. The residential therapist will provide family sessions to those accepting placement of a child or youth.

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: PHONE: () - EMAIL:

Yes No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: () - EMAIL:

Yes No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>.

Yes No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: www.lcle.la.gov/lavns.

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: Carmen Harrison PHONE: (225) 928-9398 EMAIL: charrison@voagbr.org

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 225-923-6159. 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.)

Goal # 1: Assist 24-30 child victims of child abuse to cope with trauma resulting from the crimes committed against them. We assisted 38 child victims during the funding period.

Objective #1: All 38 child victims received an individual treatment plan within 30 days of admission to facility.

Objective #2: All 38 child victims received individual and group therapy on a weekly basis.

Goal #2: Prepare 24-30 victims of child abuse for a less restrictive placement.

Objective #1: All 38 child victims were provided intensive behavior management through the Teaching Family Model.

Objective #2: Discharge 6-10 victims of child abuse to a family setting prior to the end of the funding cycle.

We discharged 11 victims to a family setting.

2. Did the project work as expected? Explain.

Yes, we exceeded the number served and exceeded the number of children that were discharged to a family setting.

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 RESULTS

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From who will the data be collected – what is the source?

The residential therapist of each facility compiles all progress notes and quarterly reports. The program director of each facility compiles all admissions and discharges to the facility.

2. When will the data be collected?

Monthly

3. Who will collect and analyze the data?

The Regional Director.

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

Name: Susan Butler Phone: (225) 928-9398 Email: sbutler@voagbr.org

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

The Regional Director will update or revise the project's strategy based on the outcomes of the objectives. Outcomes will be monitored monthly and evaluated.

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.

Individual treatment plans and quarterly reports will be shared with the placing agency. Annual statistical data will be shared with the Board of Directors and the National Office of Volunteers of America. Quarterly and annual reports will be forwarded to the Louisiana Council on Law Enforcement through the Capital District Office. An annual report will be forwarded to Capital Area United Way. United Way will make annual site visits. The Department of Children and Family Services and Licensing will make at least annual monitoring visits.

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.

Our agency currently has a development department responsible for donor cultivation, fund raising, major gifts, grant writing and volunteer recruitment. In addition, we continue to receive funds through Capital Area United Way. Volunteers of America has made a commitment to serving child victims of child abuse since 1977 when Parker House first opened its doors. Our primary belief is that each child has a right to grow up in a safe and loving family of their own. Our goal is to help children heal and to place children in that safe and loving family.

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.

Parker House and Baton Rouge Youth are housed within Volunteers of America Greater Baton Rouge in the Reilly Center for Children and Families. Volunteers of America has been serving citizens since 1896. We have been serving Baton Rouge since 1921. The five programs of the Reilly Center for Children and Families are located at 1945 and 1933 Carolyn Sue Drive and 2110 Government Street in Baton Rouge. The facilities of both locations, including equipment, supplies and support staff, is available to support this project.

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?

We utilize hundreds of volunteers in many ways, such as:

- Homework Helpers that assist the children completing homework during the school year (4-12 hours per week)
- Sponsoring birthday parties and gifts (2 hours per month)
- Sponsoring Christmas parties and gifts (15 hours per year)
- Sponsoring school uniforms, school supplies, shoes and back packs (in kind)
- Sponsoring recreational and enrichment activities, such as ice cream parties, skating, bowling or the movies (in kind)
- Completing yardwork, household tasks, cooking, maintenance work and administrative support work (200 hours per year)
- Providing pet therapy or Paws to Read (1 hour per week)

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.

The victims of child abuse served by Parker House and Baton Rouge Youth are in the care and legal custody of the State of Louisiana Department of Children and Family Services. As the legal custodian, they would have to file for victim compensation for the children and youth. We do inform them about victim compensation.

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.

We do prepare our children and youth if they have to testify in criminal court and support them through the process. We regularly consult with the placing agency and other community providers to implement the child's individual treatment plan. Most of our consultation is with medical and educational providers.

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.

The children and youth placed with us are already in state custody. The crimes against them have already been reported to the District Attorney and have already been heard in Family Court. Family Court reviews the cases annually and we are often called to testify. Most of the cases are not prosecuted in criminal court.

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 staff, student interns, and mentors are screened as per LRS 15:587.1. We have a policy that does not allow volunteers to be unsupervised with our children. It would place our children at risk because we have so many volunteers. It would also place volunteers at risk since some of our children can be violent.