

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: M10-8-023

APPLICANT: Catholic Charities Archdiocese Of N. O.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 12,416 100.00%

MATCH: \$ 0 0.00%

TOTAL: \$ 12,416 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2011

END DATE: 04/30/2012

Continuation of M09-8-023

PROJECT SUMMARY:

This is a new grant to cover the supervision and development of the sexual assault medical advocate program at Crescent House. Trained medical advocates are a vital part of the Sexual Assault Nurse examiner (SANE) treatment team in the emergency room. When a rape survivor is presented for care, the medical advocate is present to support the survivor waiting for the medical exam, provide support during the medical exam, providing information about community and social services, offering emotional support and providing for safe shelter and transportation, if necessary.

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 04/05/2011 IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE**

**S.T.O.P. VIOLENCE AGAINST  
WOMEN FORMULA GRANT  
PROGRAM**

CFDA #16.588

FOR LCLE USE ONLY: Project ID: M10-8-023 VAWA Purpose Area: 12

<b>1. TITLE OF PROJECT</b> Sexual Assault Program		<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: M09 - 8 - 023	
<b>3. PROJECT DURATION</b> Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: <u>5/1/2011</u> Desired End Date: <u>4/30/2012</u>		<b>4. PROJECT FUNDS</b> Federal Funds: \$12,416 Cash Match: \$0 In-Kind Match: \$0 Total Project: \$12,416	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Catholic Charities Archdiocese of New Orleans Physical Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1916 Mailing Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1916 Phone: (504) 596-3086 FAX: (504) 310-6876 Email: <u>cturner@ccano.org</u>		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: James Kelly Title: Co-CEO/Co-President Agency Name: Catholic Charities Archdiocese of New Orleans Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1916 Phone: (504) 592-5683 FAX: (504) 523-2789 Email: <u>jkelly@ccano.org</u>	
Fed Employer Tax Id: <u>72 - 0408911</u> DUNS: <u>795171297 -</u> CCR CAGE/NCAGE: <u>1L6S9</u> CCR Expiration Date: <u>01/21/2012</u>			
<b>6. IMPLEMENTING AGENCY</b> Name: James R. Kelly Title: Co-CEO/Co-President Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1916 Phone: (504) 592-5683 FAX: (504) 523-2789 Email: <u>jkelly@ccano.org</u>	<b>7. PROJECT DIRECTOR</b> Name: Mary Claire Landry Title: Director Agency: Catholic Charities Archdiocese Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1916 Phone: (504) 310-6926 FAX: (504) 310-6876 Email: <u>mclandry@ccano.org</u>	<b>8. FINANCIAL OFFICER</b> Name: Cheryl LaBorde Title: Chief Financial Officer Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1916 Phone: (504) 310-8720 FAX: (504) 523-1119 Email: <u>cdlaborde@ccano.org</u>	

**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below.)  
This funding will be used to supervise and further develop the sexual assault patient advocate program at Crescent House. Trained patient advocates are a vital part of the Sexual Assault Nurse Examiner (SANE) treatment team in the emergency room. When a rape survivor is presented for care, the patient advocate is present to provide support for the survivor, providing information about community and social services, offering emotional support, and providing safe shelter and transportation, if necessary. Additionally, we are requesting funding for a contracted sexual assault counselor to assist with counseling of sexual assault survivors.

VAWA - 1

Revised JULY 2010

VAWA PURPOSE AREAS

Check the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

- 1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.
- 3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including the crimes against women, including sexual assault and domestic violence.
- 4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutors, and the courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System.
- 5. Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence.
- 6. Developing, enlarging, or strengthening programs addressing stalking.
- 7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.
- 8. Supporting formal and informal statewide, multi-disciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.
- 10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence of assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.
- 11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.
- 12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.
- 13. Provide for special victim assistants in law enforcement agencies to serve as liaisons between victims and law enforcement in order to improve the enforcement of protection orders. (Jessica Gonzales Victim Assistants)
- 14. Improving responses to police-perpetrated domestic violence. (Crystal Judson Domestic Violence Protocol Program)

VAWA - 2

Revised JULY 2010

**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, enter the percentage of STOP funds directed to each area that this project will address.

**CHECKLIST:**

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <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 in each budget section.

Person Completing Budget Section: Cory Turner Title: Business Manager  
 Phone: (504) 596-3086 Fax: (504) 310-6876 E-Mail: cturner@ccano.org

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$7,915	\$0	\$0	\$7,915
SECTION 200 FRINGE BENEFITS	\$1,512	\$0	N/A	\$1,512
SECTION 300 TRAVEL	\$0	\$0	\$0	\$0
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600 CONTRACTUAL	\$2,989	\$0	N/A	\$2,989
SECTION 800 OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
<b>TOTAL:</b>	<b>\$12,416</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,416</b>

Provide Source of Cash Match:

Provide Source of In-Kind Match:

**USE OF STOP FUNDS IN PERCENTAGES**

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	100%
Domestic Violence/Dating Violence	0%
Stalking	0%
Total (must equal 100 percent)	100%

**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 SAL-ARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F C
Program Manager	Pam Albers, LCSW	FT	\$3,880.00	17.00%	12.00	\$7,915.20	<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						\$7,915.20	F = Fed Funds C = Cash Match

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	PE 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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$7,915
CASH MATCH	\$0
IN-KIND MATCH	\$0
<b>PERSONNEL TOTAL</b>	<b>\$7,915</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:

The Program Director will train and oversee patient advocates who will be in volunteer and paid positions. Patient advocates are a vital part of the Sexual Assault Nurse Examiner (SANE) treatment team in the emergency room. When a rape survivor is presented for care, the patient advocate is present to support the survivor as she/he waits for the medical exam, support during the medical exam, providing information about community and social services, offering emotional support and providing for safe shelter and transportation if necessary.

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

The salary range for this position is determined by the Catholic Charities Human Resources Department, which compares comparable positions and duties from within the community. Ms. Pam Albers is an LCSW will provide the supervision envisioned for this project.

C) Project duties of each position requested:

The Program Director provides supervision, training, and support for the patient advocates.

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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

The Program Director is an existing position that has not been backfilled.

**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 Pam Albers	.062		\$7,915	\$490	5	.062		\$0	\$0
2	.062		\$0	\$0	6	.062		\$0	\$0
3	.062		\$0	\$0	7	.062		\$0	\$0
4	.062		\$0	\$0	8	.062		\$0	\$0
MEDICARE					MEDICARE				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1 Pam Albers	.0145		\$7,915	\$114	5	.0145		\$0	\$0
2	.0145		\$0	\$0	6	.0145		\$0	\$0
3	.0145		\$0	\$0	7	.0145		\$0	\$0
4	.0145		\$0	\$0	8	.0145		\$0	\$0
HEALTH LIFE INSURANCE Provide monthly insurance cost					HEALTH LIFE INSURANCE Provide monthly insurance cost				
	RATE	MONTHS	PERCENTAGE TO PROJECT	TOTAL		RATE	MONTHS	PERCENTAGE TO PROJECT	TOTAL
1 Pam Albers	325.00	12.00	17.00%	\$663	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1 Pam Albers	0.02		\$7,915	\$158	5			\$0	\$0
2			\$0	\$0	6			\$0	\$0
3			\$0	\$0	7			\$0	\$0
4			\$0	\$0	8			\$0	\$0
UNEMPLOYMENT TAX Based on the SUTA or LA					UNEMPLOYMENT TAX Based on the SUTA or LA				
	RATE	TYPE	SALARY	TOTAL		RATE	TYPE	SALARY	TOTAL
1 Pam Albers	0.011	CHECK TYPE	\$7,915	\$87	5		CHECK TYPE	\$0	\$0
2			\$0	\$0	6			\$0	\$0
3		<input type="checkbox"/> P.T.A.	\$0	\$0	7		<input type="checkbox"/> P.T.A.	\$0	\$0
4		<input type="checkbox"/> SUTA	\$0	\$0	8		<input type="checkbox"/> SUTA	\$0	\$0
PUBLIC PRIVATE RETIREMENT					PUBLIC PRIVATE RETIREMENT				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1			\$0	\$0	5			\$0	\$0
2			\$0	\$0	6			\$0	\$0
3			\$0	\$0	7			\$0	\$0
4			\$0	\$0	8			\$0	\$0
OTHER					OTHER				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1			\$0	\$0	5			\$0	\$0
2			\$0	\$0	6			\$0	\$0
3			\$0	\$0	7			\$0	\$0
4			\$0	\$0	8			\$0	\$0
FRINGE BENEFITS TOTAL (A):				\$1,512	FRINGE BENEFITS TOTAL (B):				\$0

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

FRINGE BENEFITS TOTAL (A+B): \$1,512

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,512
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$1,512

**SECTION 600, CONTRACTUAL**

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	FEDERAL FUNDS	CASH MATCH
Name: Deidre Hayes, LCSW Title: Social Worker, LCSW	Counseling for survivors of sexual assault	74.72	\$40.00	\$2,988.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>

SUBTOTAL OF CONTRACTUAL COSTS: **\$2,988.80**

CONTINUED FROM ABOVE TABLE	TRAVEL RATE	TOTAL MILES	MILE COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	FEDERAL FUNDS	CASH MATCH
Auto			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Auto			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Auto			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>

SUBTOTAL FOR NON-LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COSTS: **\$0.00**

**BRIEFLY EXPLAIN:**

A) Purpose of each consultant or other contractual service requested:  
This will allow for counseling services after-hours and during periods when other counselors are unavailable. The contract counselor meets survivors around their work schedules, etc. This will allow for 1.5 hours of counseling services to clients each week.

B) Why the service requested is necessary and cost effective:  
We are requesting the addition of this contract service, due to the numbers of clients who request counseling. We currently use this contract to provide counseling services under another contract, and will allocate one sexual assault survivor at any given time for services under this funding.

C) Method of procurement and basis for determining rate of pay:  
This contractor is a long-time contractor with our agency. Due to organizational insurance requirements and in consideration of other expenses the contractor bears to provide services, we have determined that this rate allows for the professional counseling of clients in a cost-effective manner, while fairly compensating for the services rendered.

SECTION 600, CONTRACTUAL SUMMARY	
FEDERAL FUNDS	2,989
CASH MATCH	\$0
CONTRACTUAL TOTAL	2,989

**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 or state data, if local data is not available, 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.

Sexual assault survivors have extensive post-assault medical and mental health needs. Injury detection, medical forensic examination, screening and treatment for STIs (sexually transmitted infections or diseases), pregnancy testing and emergency contraception are all very important issues to be addressed quickly. In addition, are the many emotional and psychological injuries that need to be addressed and supported. When a survivor arrives to the emergent care unit of the hospital her/his emotional and physical state is fragile and vulnerable. There are quite often no family or friends present to support the survivor.

In 1970, to address many of the shortcomings in the usual hospital emergency room treatment - long wait times, incorrect evidence collection, improper treatment and patient reports of feeling like they were being blamed for provoking the assault, SANE (sexual assault nurse examiner) programs were developed. The patient advocate is part of this program that works to circumvent the many shortcomings of usual emergency room care.

SANE programs place a strong emphasis on treating survivors with dignity and respect in order to decrease post-assault trauma. Many SANE programs work with local rape crisis centers to provide survivor advocates to provide emotional support, family support, information, referrals and connections with local and state rape crisis support programs. That is the role of the patient advocates that this grant is applying for.

We are currently placing advocates in University Hospital (LSUHSC), in New Orleans, to assist the SANE program on their site. The SANE program there reports between 5-7 rape survivors having a need for a patient advocate. Additionally, we are working to start services at Children's Hospital in New Orleans. We are in the process of entering into an MOU with the facility in order to begin implementation of the program there.

Victim experiences receiving post-assault medical care in SANE programs are markedly different than traditional hospital emergency departments. Patients reported feeling respected, safe, reassured, in control and informed. Survivors also note that they appreciated the joint efforts of the SANE nurses and the rape crisis patient advocate. Survivors have noted that the nurses and advocates work well as a team to provide comprehensive psychological support to them as well as their families.

This Program Director will train and oversee patient advocates who will be engaged in services as either volunteer or paid patient advocates. In this position the Program Director will train, manage, schedule, and support those in patient advocate positions.

We have also included 1.5 counseling hours per week, through a contractor, to allow for counseling services for one additional client at any given time.

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

University Hospital (LSUHSC) in New Orleans requested that Crescent House work with them to provide services in the hospital. We are also hoping to start services at Children's Hospital in New Orleans, and are currently working with them on an MOU. The SANE Unit at University Hospital has between 5-7 rape survivors presenting at their unit each month that require a patient advocate. At Children's Hospital, we will cover periods that other social workers are not available to assist patients. Without these services, many clients might not have the extra supports offered, or the slate of referrals that can be provided to them.

### 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 train and establish a special team of patient advocates to provide emotional support for survivors, families and friends, information, referrals, emergency shelter, transportation, and access to rape crisis services.

Goal 2: To begin patient advocacy services at Children's Hospital in New Orleans.

Goal 3: To contract with a LCSW social worker to provide counseling for one survivor, at 1.5 hours per week.

### 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.

Objectives:

Goal 1: \*To provide and/or supervise advocacy services to University Hospital rape survivors

\*To increase the number of patient advocates providing support, including volunteers. Currently, we have a minimum of four active advocates at any given time. With the addition of a new facility (Children's Hospital), we will need to double the available advocates in the program. The goal is to have an additional four trained advocates during this period.

\* To oversee the training of a minimum of four patient advocates during the grant period

Goal 2: \*To successfully implement services at Children's Hospital

\*To provide and/or supervise advocacy services to Children's Hospital sexual assault/rape survivors

Goal 3: \*To provide sexual assault counseling services to one survivor, at hours convenient to the survivor.

### 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

The Program Director is a Licensed Clinical Social Worker (LCSW), who will provide training, supervision, and support for patient advocates. This Program Director is responsible for developing a team of patient advocates who will respond to advocacy calls from the University Hospital SANE program, and to Children's Hospital (upon approval of an MOU).

The program, through the Patient Advocates, will be available to provide:

- \* In person advocacy services to rape survivors, family and friends as requested by the survivor and or hospital
- \* A community information and resource packet will be given to each survivor and or family member that includes:

Information on state and local rape crisis programs

Survivor information brochure:

Educational pamphlet about rape and sexual assault

Information about rape trauma symptoms

Local health clinics

Local mental health clinics

State rape crisis hotline number

Counseling services available through Crescent House

- \* A care kit will be offered to each rape survivor that includes:

New underwear

Shorts and a t-shirt

Socks

Toothbrush and toothpaste

Comb

Soap

- \*Provide hotel accommodations for at least one night for a rape survivor who is not safe staying in the home. The advocate on call would do a needs assessment and danger assessment with the survivor and based on need and danger levels will make a reservation at a contracted hotel service provider for the survivor.
- \*Provide transportation for survivor to a safe location. The advocate on call would make a needs assessment and based on the need provide transportation to a safe location.
- \*Advocates will complete 40 hours of sexual assault training as well as a specialized training from University Hospital
- \* Advocate would ask survivor to fill out a brief survey (5 questions) to evaluate efficacy of program and service quality.

We will also contract with an LCSW to provide counseling service at 1.5 hours per week. This will allow us to serve an additional sexual assault survivors on days and times convenient to the survivor.

\*\*\*Services have already started and will continue during the length of the grant period.\*\*\*

**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 checked="" 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: Pam Albers PHONE: (504) 310-6925 EMAIL: palbers@ccano.org
- 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 LAVN 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.)  
 Through December 2010, we have served 21 survivors through this grant. We have trained six patient advocates to respond to University Hospital's SANE unit. Our outcomes for the past period were:  
 Goal: To train and establish a special team of patient advocates to provide emotional support for survivors, families and friends, information, referrals, emergency shelter, transportation, and access to rape crisis services.
- Objectives:  
 \*To provide and/or supervise advocacy services to University Hospital rape survivors  
 \* To increase the number of patient advocates providing support to 3 advocates  
 \* Establish support services for rape survivors  
 \* To oversee the training of a minimum of four patient advocates during the grant period
- We have met these goals.
2. Did the project work as expected? Explain.  
 Yes, the program worked as expected. The nurses and administration at University Hospital have been very supportive and value the services we offer. We are hoping to expand to Children's Hospital within the next few months and have an MOU submitted to them for approval.

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?  
 We will continue to train advocates during this continuation grant period, and will expand services to include Children's Hospital in New Orleans.

### 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?

The data will be collected from clients who agree to fill out a short, five question, client satisfaction survey. Clients are told that the survey is not mandatory and that their participation or lack of participation has no impact on seeking other services.

2. When will the data be collected?

After services are delivered.

3. Who will collect and analyze the data?

Data will be collected by advocates at the time services are delivered. The program manager and the project director will analyze the data to determine the quality of services offered by the program through this project.

4. Who will be responsible for submitting the data for the VAWA Annual Report: State name and contact information.

Name Pam Albers

Phone (504) 310-6925

Email palbers@ccano.org

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

Survey information and service delivery are reviewed quarterly. Following the quarterly reports an overview of that quarter is done to assure that the program is meeting goals and is providing quality services. The program manager, Pam Albers, will request any updating of, or revision to, strategy.

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.

Recipients to receive project results on a monthly, quarterly and yearly basis are:

LACLE (quarterly)

LAFASA

Program Director

Business Manager (grants manager)

Case managers

Counselors

Group facilitators

Board of Directors (quarterly)

VAWA - 20

Revised JULY 2010

### J. CONTINUATION

Yes  No Do you plan to continue this project at the conclusion of federal support?  
Since continued STOP 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.

We are consistently working with local stakeholders to maintain funding for programs. Currently, municipal funding for programs is very limited, and, though we keep the need for services in the public eye, other needs are often addressed through the use of local funding. This project is funded with the City of New Orleans as the oversight agency. We continue to work with the United Way and other area funders to increase amounts dedicated for program services. Working with Catholic Charities' Development Office, we constantly seek new funding sources for our programs.

### 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.

Services are provided at Crescent House (2814 South Carrollton Avenue ) and at the New Orleans Family Justice Center Annex (1000 Howard Avenue). At both locations, staffing is available to assist survivors throughout the day, and 24 hours a day, by way of the Crisis Line. Survivors who are in need of emergency housing in Orleans Parish are also assisted by a case manager dedicated to survivors living within the parish. Additionally, we have transitional housing resources for sexual assault survivors who are homeless due to sexual abuse. Of course, patient advocacy services are provided on-site at University Hospital. We hope to include Children's Hospital during this funding period.

### 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:	6/30/2010
2. Dates covered by last audit:	7/1/2009 - 6/30/2010
3. Date of next audit:	6/30/2011
4. Dates to be covered by next audit:	7/1/2010 - 6/30/2011
5. Date next audit will be forwarded in LACLE:	12/31/2011

This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

VAWA - 21

Revised JULY 2010

M. VOLUNTEERS

Yes  No Are you using volunteers as match?  
If yes, describe the duties and functions to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their 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?

Our agency is in full compliance with the Louisiana Child Protection Act in screening prospective employees and volunteers.

N. CONSULTATION

Law enforcement, prosecution, the courts, probation and parole agencies and victim services providers must consult with each other. Briefly describe the process used to consult, coordinate, and collaborate with each agency. Attach original current letters of support and/or written cooperative agreements indicating awareness and cooperation/role with this project.

Crescent House has a long history of collaboration with many other organizations in the community. We are integral members of the Mayor's Advisory Task Force on Domestic Violence, and have been since its beginning, 16 years ago. We continue to be at the forefront in providing leadership and vision to address the needs of victims of domestic violence, violence, sexual assault and stalking in the greater New Orleans area. We work very closely with the New Orleans Police Department's Domestic Violence Unit, and through the New Orleans Family Justice Center and Project SAVE, have a close working relationship with the courts, district attorneys, and city attorneys. Also, we have a memorandum of understanding with University Hospital to provide patient advocacy, as outlined in this proposal. We are working to create an MOU for working with Children's Hospital.

Rutha Chatwood

**From:** Rutha Chatwood  
**Sent:** Tuesday, April 05, 2011 4:19 PM  
**To:** Judy Benitez; Martha Angelette  
**Cc:** Cory Turner; Mary Claire Landry  
**Subject:** M10-8-023; Catholic Charities Archdiocese of New Orleans; "Sexual Assault Program"

April 5, 2011

Mr. Cory Turner  
Catholic Charities Archdiocese of New Orleans  
c/o Ms. Judy Benitez  
LA Foundation Against Sexual Assault  
1250 SW Railroad Avenue, Suite 170  
Hammond, LA 70403-5011

RE: M10-8-023; Catholic Charities Archdiocese of New Orleans; "Sexual Assault Program"

Dear Mr. Turner:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings scheduled for May 25, and 26, 2011, respectively. Since this application request is to continue this project and is under \$20,000, you are only required to attend the Victim Services Advisory Board meeting.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and 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. Page 1; Sections 5B and 6; Authorized Official: All information regarding Mr. James Kelly must be replaced with the current Authorized Official's information, including Position Title, address, phone and fax numbers, email address, etc. If the new person is not Mr. Gordon Wadge, Pages 29 and 30 will need to be signed and dated by the current Authorized Official.
2. Page 1; CCR Expiration Date: The CCR expiration date was not provided on the application. Please provide a current printout of your DUNS, CCR CAGE/NCAGE, and the CCR Expiration Date information from the Central Contractor Registration website so we may verify that the registrations are current.
3. Page 4; Section 100, Personnel: A job description is required for budgeted personnel position and must include the salary range, functions and job duties, level of education and work experience required for hire. In addition, a resume for Pam Albers is needed and must list her qualifications, such as education and work experience.

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 Friday, April 22, 2011. Please contact Judy Benitez at the Louisiana Foundation Against Sexual Assault Coalition if you have any questions.

Sincerely,