

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-7-012

APPLICANT: Family Service Of Greater New Orleans

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND:	\$	<u>32,967</u>	80.00%
MATCH:	\$	<u>8,242</u>	20.00%
TOTAL:	\$	<u>41,209</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2011

END DATE: 09/30/2012

Continuation of C98-7-008

PROJECT SUMMARY:

To assist primary and secondary victims of crime in order to stabilize their lives after victimization by providing psychotherapy services and to expand awareness of services. This project serves Jefferson Parish. Goals of the program are to facilitate resolution of trauma, provide psychoeducational interventions and to expand awareness of services available, including the Crime Victims Reparations Fund and the Louisiana Automated Victims Notification System (LAVNS).

RECOMMENDATION: FUND 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: C11-7-012

CVA Purpose Area: 1,2,3,4

1. TITLE OF PROJECT Victim Assistance Program - Jefferson		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-7-013	
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: \$32,967 Cash Match In-Kind Match: \$8,242 Total Project: \$41,209	
5A. APPLICANT AGENCY INFORMATION Agency Name: Family Service of Greater New Orleans Physical Address: 201 Evans Road; Suite 311 City: Harahan Zip: 70123- Mailing Address: 201 Evans Road; Suite 311 City: Harahan Zip: 70123- Phone: (504) 733-4031 FAX: (504) 733-4033 Email: family@fsgno.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Ronald P. McClain, JD, LCSW Title: President/CEO Agency Name: Family Service of Greater New Orleans Address: 2515 Canal Street; Suite 201 City: New Orleans Zip: 70119- Phone: (504) 822-0800 FAX: (504) 822-0831 Email: rmcclain@fsgno.org	
Fed Employer Tax Id: 72 - 0408931 DUNS: 122622723 - CCR CAGE/NCAGE: 5DPM2 CCR Expiration Date: 2/7/2012			
6. IMPLEMENTING AGENCY Name: Ronald P. McClain, JD, LCSW Title: President/CEO Agency: Family Service of GNO Address: 2515 Canal Street; Suite 201 City: New Orleans Zip: 70119- Phone: (504) 822-0800 FAX: (504) 822-0831 Email: rmcclain@fsgno.org	7. PROJECT DIRECTOR Name: Dave Haynik, LCSW Title: Clinical Administrator Agency: Family Service of GNO Address: 2515 Canal Street; Suite 201 City: New Orleans Zip: 70119- Phone: (504) 827-4015 FAX: (504) 822-0831 Email: dhaynik@fsgno.org	8. FINANCIAL OFFICER Name: Jim Hubbard Title: Vice President of Finance Agency: Family Service of GNO Address: 2515 Canal Street; Suite 201 City: New Orleans Zip: 70119- Phone: (504) 822-0800 FAX: (504) 822-0831 Email: jhubbard@fsgno.org	

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

Family Service of Greater New Orleans seeks to continue to provide services to assist primary and secondary victims of crime in order to stabilize their lives after victimization by providing psychotherapy services. Goals of the program are to facilitate resolution of trauma, provide psychoeducational interventions and to expand awareness of services available, including the Crime Victims Reparations Fund and the Louisiana Automated Victims Notification System (LAVNS). Family Service only utilizes treatment models that are evidence-based and have been thoroughly research, such as cognitive-behavioral therapy. Through the use of the evidence-based models, clients are provided with the tools necessary to reprocess the traumatic event, change patterns of thinking, and improve overall quality of life for victims of Crime.

LA COMMISSION
ON LAW ENFORCEMENT
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Revised JULY 2010

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):

<input checked="" type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input checked="" type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved

State Type of Previously Underserved: Adult survivors of abuse, racial and ethnic minority.

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: Dave Haynik Title: Clinical Administrator
Phone: (504) 827-4015 Fax: (504) 822-0831 E-Mail: dhaynik@fsgno.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$22,686	\$0	\$8,242	\$30,928
SECTION 200. FRINGE BENEFITS	\$3,150	\$0	N/A	\$3,150
SECTION 300. TRAVEL	\$143	\$0	\$0	\$143
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$600	\$0	\$0	\$600
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$6,388	\$0	\$0	\$6,388
TOTAL:	\$32,967	\$0	\$8,242	\$41,209

Provide Source of Cash Match: NA

Provide Source of In-Kind Match: Masters Level Social Worker and Counselor Interns (volunteers).

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Revised JULY 2010

SECTION 100. PERSONNEL

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH:	
							F	C
Project Director	Dave Haynik	FT	\$5,126.00	3.00%	12.00	\$1,845.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Supervisor	Sarah Keith	FT	\$3,898.00	10.00%	12.00	\$4,677.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinician	Ruth Austin	FT	\$2,826.00	15.00%	12.00	\$5,086.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinician	Lynne Capone	FT	\$3,265.00	15.00%	12.00	\$5,877.00	<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:						\$17,486.76	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
Clinician	Sarah Shelton	PT	\$25.00	20.00	20.00%	52.00	\$5,200.00	<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:							\$5,200.00	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
Masters Level Student Interns provide clinical counseling services to primary and secondary victims of crime in Jefferson Parish. They complete intake assessments and ongoing treatment.	824.20	\$10.00	\$8,242.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$8,242.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$22,686
CASH MATCH	
IN-KIND MATCH	\$8,242
PERSONNEL TOTAL	\$30,928

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 Project Director provides oversight to all aspects of the program. The Project Director completes administrative tasks, ensures appropriate services are being delivered to clients, and reviews outcomes and goals.

The Program Supervisor provides direct supervision to the clinicians working within the program, including student interns. The Program Supervisor also provides direct service to clients. The Program Supervisor conducts marketing activities within the community.

The clinicians provide the direct therapeutic services to the clients served.

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

Salaries are based upon position duties, experience, levels of responsibility and credentials. Family Service utilizes a system that helps promote equality amongst paid staff and provides a range of salaries depending upon the above criteria.

C) Project duties of each position requested:

The Project Director provides oversight to all aspects of the program. The Project Director completes administrative tasks, ensures appropriate services are being delivered to clients, and reviews outcomes and goals.

The Program Supervisor provides direct supervision to the clinicians working within the program, including student interns. The Program Supervisor also provides direct service to clients. The Program Supervisor conducts marketing activities within the community.

The full time clinicians provide the direct therapeutic services to the clients served.

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.]

New Personnel include Sarah Shelton. Sarah Keith, Ruth Austin and Lynne Capone were originally hired for the VOCA Program. Dave Haynik's position was 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 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 Dave Haymik	.062		\$1,845	\$114	5 Sarah Shelton	.062		\$5,200	\$322
2 Sarah Keith	.062		\$4,677	\$289	6	.062			\$0
3 Ruth Austin	.062		\$5,086	\$315	7	.062			\$0
4 Lynne Capone	.062		\$5,877	\$364	8	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1 Dave Haymik	.0145		\$1,845	\$26	5 Sarah Shelton	.0145		\$5,200	\$75
2 Sarah Keith	.0145		\$4,677	\$67	6	.0145			\$0
3 Ruth Austin	.0145		\$5,086	\$73	7	.0145			\$0
4 Lynne Capone	.0145		\$5,877	\$85	8	.0145			\$0
HEALTH/LIFE INSURANCE	RATE	MONTHS	THRESHOLD TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	THRESHOLD TO PROJECT	TOTAL
1 Ruth Austin	215.00	12.00	15.00%	\$387	5				\$0
2 Lynne Capone	215.00	12.00	15.00%	\$387	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1 Dave Haymik	0.023		\$1,845	\$42	5 Sarah Shelton	0.023		\$5,200	\$119
2 Sarah Keith	0.023		\$4,677	\$107	6				\$0
3 Ruth Austin	0.023		\$5,086	\$116	7				\$0
4 Lynne Capone	0.023		\$5,877	\$135	8				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1		CHECK		\$0	5		CHECK		\$0
2		TYPE:		\$0	6		TYPE:		\$0
3		<input type="checkbox"/> PUTA		\$0	7		<input type="checkbox"/> PUTA		\$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: LTD	RATE		SALARY	TOTAL	OTHER: Group Life	RATE		SALARY	TOTAL
1 Dave Haymik	.0036		\$1,845	\$6	1 Dave Haymik	.0038		\$1,845	\$7
2 Sarah Keith	.0036		\$4,677	\$17	2 Sarah Keith	.0038		\$4,677	\$17
3 Ruth Austin	.0036		\$5,086	\$18	3 Ruth Austin	.0038		\$5,086	\$19
4 Lynne Capone	.0036		\$5,877	\$21	4 Lynne Capone	.0038		\$5,877	\$22
FRINGE BENEFITS TOTAL (A):				\$2,569	FRINGE BENEFITS TOTAL (B):				\$581

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

Fringe Benefits Total (A+B): \$3,150

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,150
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,150

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is allowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: Sarah Keith TITLE: Program Supervisor/Clinical Director PURPOSE: Marketing and collaboration	\$0.51	281.00	\$143.31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$143.31	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	FUEL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$143
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$143

SECTION 800. OTHER DIRECT COSTS

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
Rent at East Jefferson	\$3176.25 x 10%	12.00	\$317.63	\$3,811.56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent at West Jefferson	\$354 x 5%	12.00	\$17.70	\$212.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet lines	4.92 per office	12.00	\$9.84	\$118.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Service	\$30.00 per line per office	12.00	\$60.00	\$720.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copier at East Jefferson	\$172.02 x 10%	12.00	\$17.20	\$206.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copier at West Jefferson	\$212.66 x 5%	12.00	\$10.63	\$127.56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurances (D&O Liability)	\$19710 x 3%	1.00	\$591.00	\$591.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit Fees	\$18,500 x 3%	1.00	\$555.00	\$555.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll Processing	\$25.67 x 5 employees @ 3%	12.00	\$3.85	\$46.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$6,388.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Rent is needed in order to provide a safe working space for clients and staff. Internet lines and telephone service is necessary to communicate with clients and community contacts. Copies are needed for appropriate documentation of services and reporting to funders. Audit fees are necessary because an annual audit is required by State and Federal Law. Janitorial services are needed to maintain a clean and safe space for staff and clients. Payroll processing is needed in order for staff to accurately be paid for the services provided. Insurance is necessary because of legal requirements and obligations.

B) Its relationship to project.

All of the above items are related to the project because they are necessary to operate an organization that provides services to clients in a safe and professional manner.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$6,388
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$6,388

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.

According to the Jefferson Parish Sheriff's Office website (www.jpso.com), Jefferson Parish has reported a total of 8,414 crimes between January 1, 2011 and July 31, 2011. While this number is lower than the previous year for the same period of time, the high crime rate that exists in New Orleans has a ripple effect throughout the nearby communities. According to "A Portrait of Louisiana" by the Louisiana Development Project, 2009, Louisiana has more than double the national average of murders per 100,000 people. This indicator of violence in the state is greater than less developed countries such as Nicaragua and Swaziland. With violent crime and exposure to disasters, stress reactions can occur and sometimes lead to posttraumatic stress disorder (PTSD). Looking at poverty and violence, it is clear that additional supports are needed within the community provide mental health services, safety and community cohesion. Providing easily accessible mental health services through the collaboration of the Louisiana Commission on Law Enforcement, those that have been exposed to the high levels of violence can seek treatment for related symptoms of stress and anxiety. Family Service's Mission Statement of "...strengthens the emotional health and fosters the self-sufficiency of families and individuals," describes the work and the benefit of providing the services mentioned within this application. According to Melinda Smith, M.A., and Jeanne Segal, Ph.D., authors of "Post Traumatic Stress Disorder" on www.helpguide.org, early treatment of PTSD can help improve family life, physical health and overall functioning (2011). Family Service can provide the early treatment recommended by being accessible to the community. Family Service has offices on both banks of the Mississippi River in Jefferson Parish and utilizes trained and qualified clinicians to work with the underserved population of victims of crime.

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

It can be challenging to find services that are free to the client and are specifically designated to those who have been victims. Based on "A Portrait of Louisiana" by the Louisiana Development Project, 2009, one of the recommendations is to improve the access to mental health services. The gap identified is accessible and affordable mental health services that will allow people to process their victimization and integrate their experience into productive lives. Family Service fills this gap in the community need, especially with the collaboration of the Louisiana Commission on Law Enforcement, by providing no cost services by staff trained to deal with trauma. By continuing to fill this gap, the Jefferson Parish Community can continue to strengthen and develop more resiliency to crime and trauma.

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.

Family Service of Greater New Orleans, Jefferson Offices, will improve the behavioral health and foster the self-sufficiency of 100 unduplicated adults, adolescents, and child victims between October 1, 2011 - September 30, 2012.

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

1. Family Service of Greater New Orleans will provide 750 hours of therapeutic interventions to 100 unduplicated victims of crime in order to improve behavioral health functioning.
2. Family Service of Greater New Orleans will demonstrate an overall increase in mental health functioning through the use of evidence based practices by 10% as measured by the Mental Health Inventory 5, an evidence based outcome measurement tool.

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.

In order to strengthen the emotional health and foster the autonomy of the victims served in the program, the following intervention process will be implemented.

1. An intake assessment will be used by the clinicians and volunteer interns throughout the grant period as victims of crime present in order to establish each client's eligibility for the Victims of Crime Program. The client will also be assessed for either individual or family therapy.
2. Clinicians and volunteer interns will implement the use of evidence-based treatment models to work with clients experience symptoms resulting from victimization.
3. Clients served by the program may attend an average of twelve individual or family sessions, but the length of treatment is determined by the agreed-upon treatment plan that is developed.
4. Outcome measurement tools will be given to each client at the first counseling session, the fourth session and quarterly thereafter to measure clients' progress toward the goal of returning to a healthy level of functioning.
5. The Program Supervisor will contact local schools, agency representatives and attend community meetings in order to disseminate information regarding the program.
6. Referrals will be accepted from local schools, agencies, and community organizations.

E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)

- 1 2 3 4 5 6 7 All (Statewide Project)

2. Type of Organization:

Applicant Agency: Law Enforcement Prosecution Court Non-Profit Organization Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Sexual Assault State Coalition |
| <input type="checkbox"/> Domestic Violence State Coalition | <input type="checkbox"/> Tribal Coalition |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency | <input type="checkbox"/> Other (Specify): |

- Yes No Is this a faith-based organization?
 Yes No Is this a culturally specific community-based organization?

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: Sarah Keith PHONE: (504) 733-4031 EMAIL: skeith@fsgno.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 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 no, 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. BEHAVIOR 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.)

As of August 26, 2011, Family Service has provided services to a total of 56 unduplicated victims of crime in Jefferson Parish. A total of 667 hours of service have been provided to the victims receiving service. While this number is lower than the goal of 100 people served, it is expected that numbers will pick up as the busiest time of year begins. It is also expected that the total hours of service goal will be met and reach 750 before the contract expires.

Of the clients who have completed that pre and post tests, an average increase of 10% was noted, as reported by the Performance and Quality Improvement Quarterly Report.

2. Did the project work as expected? Explain.

Yes. The program has increased the numbers served over the previous year. While more clients are needed in the program to fully meet the goal, it is expected that more clients will be entering treatment as the fall approaches.

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?

The number of unduplicated clients has changed from 150 to 100. This change took place because clients are staying in treatment for longer periods of time due to the extent of trauma experienced. The service hours remain the same at 750.

An objective has been added that includes documented improvement based on the evidence-based outcome measurement tool, the Mental Health Inventory-5. It is expected that clients will improve, on average, at least 10% from pre test to post test.

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 clients complete the Mental Health Inventory 5.

2. When will the data be collected?

At the first session, fourth session, quarterly and case closing.

3. Who will collect and analyze the data?

The Performance and Quality Improvement (PQI) Coordinator collects that data, analyzes the data, and then reports on it.

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

Name: Sarah Keith, LPC Phone: (504) 733-4033 Email: skeith@fsgno.org

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

The Clinical Administrator will review the data reported on and make changes as necessary. The Clinical Administrator will work with the Program Supervisor/Clinical Director to ensure that the project's strategy is valid and effective.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

The Louisiana Commission on Law Enforcement will receive quarterly reports to update them of the progress of the VOCA Program. The Louisiana Commission on Law Enforcement will also receive either monthly or quarterly expenditure reports.

The entire staff of Family Service of Greater New Orleans will receive the Performance and Quality Improvement Quarterly Report, which provides data on the entire organization. This information is also provided to the Board of Directors.

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.

Family Service of Greater New Orleans is always seeking additional funding to help support client service programs. United Way continues to fund Family Service for the Counseling Programs. Family Service has received funding from the Carter Foundation, the Azby Foundation, and the Harper/Glittenger Foundation to help support counseling 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 the East and West Jefferson Offices of Family Service of Greater New Orleans. The offices provides a quiet, confidential, and safe place for clients to process their trauma. Computers and made available for the staff. A receptionist is staffed at the East Jefferson site full time to check clients in and receive phone calls.

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 | 9/1/10 |
| 2. Dates covered by last audit: | 07/01/09 - 6/30/10 |
| 3. Date of next audit: | 9/1/11 |
| 4. Dates to be covered by next audit: | 7/01/10 - 6/30/11 |
| 5. Date next audit will be forwarded to LCLE: | As soon as it is made available to the organization |

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?

All volunteers utilized by this program are Masters Level Counselors or Social Workers. Volunteers working within the VOCA program perform two essential job categories:

1. Counselors: Volunteers will assist clinicians by providing therapeutic services for victims of crime.
2. Educators: Volunteers will provide information and psychoeducation for crime victims during the course of therapy.

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 Service currently assists clients in the filing of Louisiana Crime Victim's Reparations Program claims. Clients are informed about the program and provided with the person's name and telephone number at the appropriate agency. Subsequent to the client's submission of claim forms, Family Service clinicians complete the Crime Victims Reparation Mental Health Treatment Plan and all required reviews and updates.

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.

Family Service has participated in several community collaboratives such as the Crime Victims' Rights Week Planning Committee, and the Regional Domestic Violence Planning Committee. Family Service is also currently represented on the Jefferson Parish Mental Health Task Force as well as the Anti-Stalking Advisory Committee. Furthermore, Family Service collaborates with Jefferson Parish Juvenile Services, the Department of Children and Family Services and the local law enforcement.

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.

During the course of services, the clients will increase their awareness of options for reporting crimes to law enforcement. They will receive specific information regarding appropriate contacts according to their type of victimization.

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 Service is in compliance with the Louisiana Child Protection Act (LRS: 15:587.1).