



**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:**

**CVA Purpose Area:**

**1. TITLE OF PROJECT**

Crime Victims Trauma Recovery Program

**2.  NEW PROJECT**

**CONTINUATION PROJECT OF: C11-1-006**

**3. PROJECT DURATION**

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

Desired Start Date: 1/1/2013

Desired End Date: 12/31/2013

**4. PROJECT FUNDS**

Federal Funds: \$25,948

Cash Match \$4,779

In-Kind Match: \$1,708

Total Project: **\$32,435**

**5A. APPLICANT AGENCY INFORMATION**

Agency Name: Methodist Childrens Home & Family Serv

Physical Address: 904 DeVille Lane Pvt

City: Ruston Zip: 71270-

Mailing Address: P.O. Box 929

City: Ruston Zip: 71273-0929

Phone: (318) 255-5020 FAX: (318) 255-6623

Email: lori.allen@lmch.org

**5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY**

Authorized Official: Rick Wheat

Title: CEO

Agency Name: Methodist Childrens Home & Family Serv

Address: 904 DeVille Lane Pvt

City: Ruston Zip: 71270-

Phone: (318) 255-5020 FAX: (318) 255-6623

Email: rick.wheat@lmch.org

Fed Employer Tax Id: 72 - 0435081

DUNS: 12028 - 2330

CCR CAGE/NCAGE: 4FXM5

CCR Expiration Date: 4/14/2012

**6. IMPLEMENTING AGENCY**

Name: Rick Wheat

Title: Chief Executive Officer

Agency: Methodist Childrens Home

Address: 904 DeVille Lane Pvt

City: Ruston Zip: 71270-

Phone: (318) 255-5020 FAX: (318) 255-6623

Email: rick.wheat@lmch.org

**7. PROJECT DIRECTOR**

Name: Lori Allen

Title: CVA Program/Outpatient Therapist

Agency: Methodist Childrens Home

Address: 904 DeVille Lane Pvt

City: Ruston Zip: 71270-

Phone: (318) 242-4644 FAX: (318) 242-4698

Email: lori.allen@lmch.org

**8. FINANCIAL OFFICER**

Name: Tad Ingram

Title: Chief Financial Officer

Agency: Methodist Childrens Home

Address: 904 DeVille Lane Pvt

City: Ruston Zip: 71270-

Phone: (318) 255-5020 FAX: (318) 242-4653

Email: tad.ingram@lmch.org

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

One licensed therapist provides therapy sessions, counseling services, and personal advocacy for clients in the community who have been victims of crime including domestic violence, sexual assault, and child physical and sexual abuse. Ten sessions are provided free of charge through the grant. After the 10<sup>th</sup> session, the office manager works with the clients to determine if they qualify for any additional financial aid, such as the United Way Grant, or the sliding scale. Therapist interns and other professional therapists are used as volunteers in the program. Therapists use EMDR (Eye Movement Desensitization and Reprocessing), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Non-Directive Play Therapy, which are all highly evidenced based and successful interventions, to address the various traumas that the clients are experiencing. The program therapist also collaborates with other agencies, programs, and schools in the community to coordinate services. The Pine Hills Sexual Assault Center refers clients to our program after a forensic interview has been completed, for more long term services.

2012 SEP 18 PM 2:14  
LA COMMISSION  
LAW ENFORCEMENT



**SECTION 100. PERSONNEL**

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

**FULL-TIME EMPLOYEES:**

| POSITION TITLE                                   | EMPLOYEE NAME | FT | ACTUAL MONTHLY SALARY | TIME DEVOTED TO PROJECT | NUMBER OF MONTHS | TOTAL SALARY PAID BY GRANT | PAID WITH                           |                          |
|--|---------------|----|-----------------------|-------------------------|------------------|----------------------------|-------------------------------------|--------------------------|
|  |               |    |                       |                         |                  |                            | F                                   | C                        |
| Program Therapist                                | Lori Allen    | FT | \$3,458.00            | 62.50%                  | 12.00            | \$25,935.00                | <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: |               |    |                       |                         |                  | \$25,935.00                | F = Fed Funds<br>C = Cash Match     |                          |

**PART-TIME OR OVERTIME EMPLOYEES:**

| POSITION TITLE   | EMPLOYEE NAME | PT<br>OT | ACTUAL EMPLOYEE HOURLY SALARY RATE | NUMBER OF HOURS | TIME DEVOTED TO PROJECT | NUMBER OF WEEKS | TOTAL SALARY PAID BY GRANT | PAID WITH                       |                          |
|--|---------------|----------|------------------------------------|-----------------|-------------------------|-----------------|----------------------------|---------------------------------|--------------------------|
|  |               |          |                                    |                 |                         |                 |                            | F                               | C                        |
|  |               |          |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|  |               |          |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|  |               |          |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|  |               |          |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|  |               |          |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|  |               |          |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|  |               |          |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|  |               |          |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
| SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES: |               |          |                                    |                 |                         |                 | \$0.00                     | F = Fed Funds<br>C = Cash Match |                          |

**VOLUNTEERS:**

| DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions. | NO. OF HOURS | VALUED RATE OF HOURLY PAY | IN-KIND TOTAL |
|--|--------------|---------------------------|---------------|
| Student interns and volunteers are used in our program but not used for in kind match.   |              |                           | \$0.00        |
|  |              |                           | \$0.00        |
| SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:  |              |                           | \$0.00        |

| SECTION 100. PERSONNEL SUMMARY |                 |
|--------------------------------|-----------------|
| FEDERAL FUNDS                  | \$25,935        |
| CASH MATCH                     | \$13            |
| IN-KIND MATCH                  | \$0             |
| <b>PERSONNEL TOTAL</b>         | <b>\$25,948</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:

One licensed professional therapist to provide therapy, counseling, referrals, and other services to victims, as well as community collaboration.

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

The Program Therapist's salary is within the range of pay for licensed therapists established by La. United Methodist Children and Family Services, Inc. and is mid range for agency therapists as well as for professional therapists at other local non-profit agencies.

C) Project duties of each position requested:

The Program Therapist conducts intake and assessments to determine if clients meet the CVA criteria, provides information regarding victim's reparation, provides therapy for primary and secondary victims of crime, refers clients for additional services when needed, aids victims in reporting crimes, offers training for professionals serving victims in the community, collaborates with other community agencies, keeps accurate records of hours worked, types of services provided, number of victims that are serviced, training information, and financial information, and submits timely records as required by grant instructions. 25 of the 40 hours per week worked are dedicated to CVA duties.

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 Program Therapist is an existing employee who worked for the agency for almost 10 years as a residential therapist prior to transitioning to the Crime Victims Trauma Recovery Program in February 2012. Her original position as residential therapist was filled shortly after she changed positions.

**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. Lori Allen  | .062  |                               | \$25,948                | \$1,608 | 5.   | .062  |                               |                         | \$0   |
| 2.   | .062  |                               |                         | \$0     | 6.   | .062  |                               |                         | \$0   |
| 3.   | .062  |                               |                         | \$0     | 7.   | .062  |                               |                         | \$0   |
| 4.   | .062  |                               |                         | \$0     | 8.   | .062  |                               |                         | \$0   |
| MEDICARE   | RATE  |                               | SALARY                  | TOTAL   | MEDICARE   | RATE  |                               | SALARY                  | TOTAL |
| 1. Lori Allen  | .0145 |                               | \$25,948                | \$376   | 5.   | .0145 |                               |                         | \$0   |
| 2.   | .0145 |                               |                         | \$0     | 6.   | .0145 |                               |                         | \$0   |
| 3.   | .0145 |                               |                         | \$0     | 7.   | .0145 |                               |                         | \$0   |
| 4.   | .0145 |                               |                         | \$0     | 8.   | .0145 |                               |                         | \$0   |
| HEALTH/LIFE INSURANCE<br>Provide monthly insurance rates | RATE  | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL   | HEALTH/LIFE INSURANCE<br>Provide monthly insurance rates | RATE  | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL |
| 1. Dental  | 47.76 | 12.00                         | 62.53%                  | \$358   | 5.   |       |                               |                         | \$0   |
| 2.   |       |                               |                         | \$0     | 6.   |       |                               |                         | \$0   |
| 3.   |       |                               |                         | \$0     | 7.   |       |                               |                         | \$0   |
| 4.   |       |                               |                         | \$0     | 8.   |       |                               |                         | \$0   |
| WORKMAN'S COMPENSATION                                   | RATE  |                               | SALARY                  | TOTAL   | WORKMAN'S COMPENSATION                                   | RATE  |                               | SALARY                  | TOTAL |
| 1. Lori Allen  | 0.031 |                               | \$25,948                | \$804   | 5.   |       |                               |                         | \$0   |
| 2.   |       |                               |                         | \$0     | 6.   |       |                               |                         | \$0   |
| 3.   |       |                               |                         | \$0     | 7.   |       |                               |                         | \$0   |
| 4.   |       |                               |                         | \$0     | 8.   |       |                               |                         | \$0   |
| UNEMPLOYMENT TAX<br>Based on first \$7,000 or Less       | RATE  | TYPE                          | SALARY                  | TOTAL   | UNEMPLOYMENT TAX<br>Based on first \$7,000 or Less       | RATE  | TYPE                          | SALARY                  | TOTAL |
| 1. Lori Allen  | 0.003 | CHECK                         | \$25,948                | \$77    | 5.   |       | CHECK                         |                         | \$0   |
| 2.   |       | TYPE:                         |                         | \$0     | 6.   |       | TYPE:                         |                         | \$0   |
| 3.   |       | <input type="checkbox"/> FUTA |                         | \$0     | 7.   |       | <input type="checkbox"/> FUTA |                         | \$0   |
| 4.   |       | <input type="checkbox"/> SUTA |                         | \$0     | 8.   |       | <input type="checkbox"/> SUTA |                         | \$0   |
| PUBLIC/PRIVATE RETIREMENT                                | RATE  |                               | SALARY                  | TOTAL   | PUBLIC/PRIVATE RETIREMENT                                | RATE  |                               | SALARY                  | TOTAL |
| 1. Lori Allen  | .06   |                               | \$25,948                | \$1,556 | 5.   |       |                               |                         | \$0   |
| 2.   |       |                               |                         | \$0     | 6.   |       |                               |                         | \$0   |
| 3.   |       |                               |                         | \$0     | 7.   |       |                               |                         | \$0   |
| 4.   |       |                               |                         | \$0     | 8.   |       |                               |                         | \$0   |
| OTHER:   | RATE  |                               | SALARY                  | TOTAL   | OTHER:   | RATE  |                               | SALARY                  | TOTAL |
| 1.   |       |                               |                         | \$0     | 5.   |       |                               |                         | \$0   |
| 2.   |       |                               |                         | \$0     | 6.   |       |                               |                         | \$0   |
| 3.   |       |                               |                         | \$0     | 7.   |       |                               |                         | \$0   |
| 4.   |       |                               |                         | \$0     | 8.   |       |                               |                         | \$0   |
| FRINGE BENEFITS TOTAL (A):                               |       |                               |                         | \$4,779 | FRINGE BENEFITS TOTAL (B):                               |       |                               |                         | \$0   |

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

**Fringe Benefits Total (A+B): \$4,779**

| SECTION 200. FRINGE BENEFITS SUMMARY |                |
|--------------------------------------|----------------|
| FEDERAL FUNDS                        | \$13           |
| CASH MATCH                           | \$4,766        |
| <b>TOTAL FRINGE BENEFITS</b>         | <b>\$4,779</b> |

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is unallowable 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:<br>TITLE:<br>PURPOSE:                         |              |             | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:                         |              |             | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:                         |              |             | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:                         |              |             | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR LOCAL TRAVEL:                          |              |             | \$0.00     | F = Federal Funds<br>C = Cash Match<br>IK = In-Kind Match |                          |                          |

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

| SECTION 300. TRAVEL SUMMARY |            |
|-----------------------------|------------|
| FEDERAL FUNDS               |            |
| CASH MATCH                  |            |
| IN-KIND MATCH               |            |
| <b>TRAVEL TOTAL</b>         | <b>\$0</b> |

**SECTION 400. EQUIPMENT**

List each type separately. The unit cost should include tax and shipping and handling when applicable. Do not use Brand Names. Sole source requires LCLE's approval. Submit a Sole Source justification, if applicable. Please refer to application instructions for direction.

| TYPE OF EQUIPMENT      | QUANTITY | UNIT PRICE | TOTAL COST | PAID WITH  |                          |                          |
|------------------------|----------|------------|------------|--|--------------------------|--------------------------|
|                        |          |            |            | F  | C                        | IK                       |
|                        |          |            | \$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"/> |
|                        |          |            | \$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"/> |
|                        |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL OF EQUIPMENT: |          |            | \$0.00     | <small>F = Federal Funds<br/>C = Cash Match<br/>IK = In-Kind Match</small> |                          |                          |

**BRIEFLY EXPLAIN:**

A. Justify the need for each equipment item requested; [\*NOTE: Computer equipment (hardware and/or software) requires a completed Computer Questionnaire.]

B. Indicate procurement method; and

C. Relationship to this project:

| SECTION 400. EQUIPMENT SUMMARY |            |
|--------------------------------|------------|
| FEDERAL FUNDS                  |            |
| CASH MATCH                     |            |
| IN-KIND MATCH                  |            |
| EQUIPMENT TOTAL                | <b>\$0</b> |

## SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

2. How will the computer(s) be integrated into and/or enhance your current system?

3. What is the cost of each of the following:

A. Installation?

B. Staff training to use the computer equipment?

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

**SECTION 500. SUPPLIES**

**SECTION A:** List items within this category by major type; e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average \$50 per month or less, i.e., \$600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

| TYPE OF SUPPLIES                | QUANTITY | UNIT PRICE | TOTAL COST | PAID WITH                |                          |                                     |
|---------------------------------|----------|------------|------------|--------------------------|--------------------------|-------------------------------------|
|                                 |          |            |            | F                        | C                        | IK                                  |
| Basic Supplies Allowance        | 12.00    | \$50.00    | \$600.00   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/>            |
|                                 |          |            | \$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"/>            |
|                                 |          |            | \$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 SECTION A SUPPLIES: |          |            | \$600.00   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

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

**BRIEFLY EXPLAIN:**

A) Need for and use of each major supply type requested:  
Basic supplies such as pens, paper, ink, toner, binders, and postage are necessary to maintain the project.

B) Its relationship to this project.  
Supplies are needed in order to document and maintain appropriate client records.

**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

| TYPE                            | TITLE OF PUBLICATIONS/FILMS | QUANTITY | UNIT PRICE | TOTAL COST | PAID WITH  |                          |                          |
|---------------------------------|-----------------------------|----------|------------|------------|--|--------------------------|--------------------------|
|                                 |                             |          |            |            | F  | C                        | IK                       |
|                                 |                             |          |            | \$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"/> |
|                                 |                             |          |            | \$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"/> |
|                                 |                             |          |            | \$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 SECTION B SUPPLIES: |                             |          |            | \$0.00     | <small>F = Federal Funds<br/>C = Cash Match<br/>IK = In-Kind Match</small> |                          |                          |

**BRIEFLY EXPLAIN:**

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

| SECTION 500. SUPPLIES SUMMARY |              |
|-------------------------------|--------------|
| FEDERAL FUNDS                 |              |
| CASH MATCH                    |              |
| IN-KIND MATCH                 | \$600        |
| <b>SUPPLIES TOTAL</b>         | <b>\$600</b> |

**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 | PAID WITH                           |                          |
|-------------------------------|-------------------------|---------------|---------------|------------|-------------------------------------|--------------------------|
|                               |                         |               |               |            | F                                   | C                        |
| Name:<br>Title:<br>Agency:    |                         |               |               | \$0.00     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Name:<br>Title:<br>Agency:    |                         |               |               | \$0.00     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Name:<br>Title:<br>Agency:    |                         |               |               | \$0.00     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Name:<br>Title:<br>Agency:    |                         |               |               | \$0.00     | <input type="checkbox"/>            | <input type="checkbox"/> |
| SUBTOTAL OF CONTRACTUAL COSTS |                         |               |               | \$0.00     | F = Federal Funds<br>C = Cash Match |                          |

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

**BRIEFLY EXPLAIN:**

A) Purpose of each consultant or other contractual service requested:

B) Why the service requested is necessary and cost effective:

C) Method of procurement and basis for determining rate of pay:

| SECTION 600. CONTRACTUAL SUMMARY |            |
|----------------------------------|------------|
| FEDERAL FUNDS                    |            |
| CASH MATCH                       |            |
| <b>CONTRACTUAL TOTAL</b>         | <b>\$0</b> |

**SECTION 700. RENOVATION**

**Note:** Do not budget this category unless LCLE gives prior approval for proposed renovations – even if funded as In-Kind Match.

Is your building registered or does your building qualify with the National Historic Society?     YES     NO

If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended). List planned renovations and itemized costs explain the need for each.

| PRE-APPROVED RENOVATIONS      | TOTAL COST | PAID WITH                |                          |                          |
|-------------------------------|------------|--------------------------|--------------------------|--------------------------|
|                               |            | F                        | C                        | IK                       |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL OF RENOVATION COSTS: |            | \$0                      |                          |                          |

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

| SECTION 700. RENOVATION COSTS SUMMARY |            |
|---------------------------------------|------------|
| FEDERAL FUNDS                         |            |
| CASH MATCH                            |            |
| IN-KIND MATCH                         |            |
| <b>RENOVATION COSTS TOTAL</b>         | <b>\$0</b> |

**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                                  |
| Office and meeting space        | 538 sq. ft @ 1.69 per sq. ft.  | 538.00   | \$1.69     | \$909.22   | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Campus facility usage           | 6,626 sq. ft @ 0.03 per sq. ft | 6,626.00 | \$0.03     | \$198.78   | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input checked="" 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"/>            |
|                                 |                                |          |            | \$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: |                                |          |            | \$1,108.00 | F = Federal Funds<br>C = Cash Match<br>IK = In-Kind Match |                          |                                     |

**BRIEFLY EXPLAIN:**

A) Need for each type listed; and  
 Clients need a safe, comfortable, and healthy environment for therapy and counseling services. Project staff must have an adequate working environment that includes a therapy office, and a play room for play therapy within the Family Counseling Center building. Additional space is needed for offices as well as trainings, groups, and staff development. Therefore, other areas on the Methodist Children's Home Campus will be utilized including the chapel, residential houses, administration building, and the Outdoor Wilderness Learning Center.

B) Its relationship to project.  
 Square footage office and meeting space will be utilized to provide direct services to victims including personal advocacy, counseling, and therapy. Meeting areas will be used to provide training for staff and volunteers and peer supervision. Other campus facilities will be utilized for additional trainings, additional business offices, staff meetings, and staff and group development activities.

| SECTION 800. OTHER DIRECT COSTS SUMMARY |                |
|---|----------------|
| FEDERAL FUNDS                           |                |
| CASH MATCH                              |                |
| IN-KIND MATCH                           | \$1,108        |
| <b>OTHER DIRECT COSTS TOTAL</b>         | <b>\$1,108</b> |

## PROGRAM NARRATIVE

### A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions.** Be sure to include current **valid local data** to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

Child Abuse, Sexual Assault, & Domestic Violence are significant problems in Louisiana. According to the latest data collected by The Child Welfare League of America, Louisiana had 37,534 referrals for child abuse and neglect in 2009. 5,909 cases were substantiated. This was a 6% increase from 2006, indicating that child abuse is on the rise in the state. 28% of the substantiated cases were children who had been physically abused & 7.8% had been sexually abused. According to the Department of Children and Family Services, Lincoln Parish (where our CVA program is located) had 65 validated child protection investigations in 2008. Ouachita Parish had 262, and Union Parish had 40 cases. Therefore, 367 cases of validated abuse occurred within our immediate community. These numbers demonstrate a significant problem, however, it is also important to realize that many cases go unreported & the true numbers are thought to be much higher. According to the 2009 Kids Count: Data Book on Louisiana's Children, children who have been abused or neglected are more likely to engage in high risk behaviors and cause more problems for the community in general. National Child Abuse statistics, reported by Childhelp.org, showed that children who are abused are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crimes. Prevent Child Abuse America estimates that child abuse and neglect costs the nation \$103 billion each year. According to the La. Foundation Against Sexual Assault (LFASA), 20-25% of women in Louisiana will experience a completed or attempted rape during their college career. In addition 11% of Louisiana high school girls report having been forced to have sexual intercourse, & it is suspected that numerous more girls do not report their crime. LFASA also reported that victims of sexual assault are 3 times more likely to suffer from depression, 6 times more likely to develop PTSD, 13 times more likely to abuse alcohol, 26 times more likely to abuse drugs, and 4 times more likely to contemplate suicide. Girls who are raped are 3 times more likely to suffer from psychiatric disorders. Our CVA program is seeing an increased number of high school victims from the surrounding community. In addition, there are 3 major universities within a 30 mile radius of our counseling center, which enables us to provide services to a great number of college females. Since 1997, Louisiana has consistently been ranked in the top 5 states for for women who were murdered by males who were known to them. The latest report by The Violence Policy Center shows that Louisiana was #1 in the nation in 2009, at a rate of 2.53 victims per 100,000 females, double the national average. From 1997-2009, 70% of the people killed in domestic violence incidents were female. Without effective intervention, the trends will continue. The victims in our community are in desperate need of services including intensive therapy to develop skills and resources & re-process the irrational beliefs associated with their traumas, helping them to overcome the negative impact on their lives, and break the pattern of violence. They also need support in reporting their crimes. The community needs to be educated on the overwhelming occurrence of abuse and assault in our area, as well as how to prevent, identify and intervene.

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

Our program provides resources for small children, including two complete state of the art play therapy rooms, which is lacking elsewhere in our community. We also provide more long term services for victims of all ages than what is offered by other agencies in our area. Other programs refer clients to our program once they have provided their unique services, such as forensic interviews, and/or once the client no longer meets their criteria or has exhausted their allowed number of sessions. Our therapists are highly trained professionals who provide evidenced based therapies including EMDR, TF-CBT, and Non-Directive Play Therapy free of charge for the first ten sessions, which is not provided anywhere else in the surrounding area.

## **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 Assist at least 60 of victims in reducing the intensity and frequency of trauma related symptoms including anxiety, depression, and PTSD.

Goal #2 Educate at least 350 people on the occurrence of violent crimes in our area, the effects of abuse and assault, and the services available for victims through various community resources.

## **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 A 45 out of 60 Clients will reduce SUDS (Subjective Units of Distress) level at least 5 points on a 1-10 scale. Clients' SUDS levels will be measured throughout therapy.

Objective B 45 out of 60 Clients will report a reduction in frequency and/or intensity for at least 2 of their presenting symptoms, which will be measured on the Trauma Symptoms Survey.

Goal #2

Objective A Therapists will organize at least 2 community forums in 2013 to provide psychoeducational services to at least 250 people in the community .

Objective B Therapists will create and distribute educational materials to hand out in the community and post on the agency Facebook Page at least 3 times per year, reaching an additional 100 people.

#### **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.

1. Therapists will conduct an intake session with each CVA client and will administer the SUDS, which is a 10 point scale, in order to determine the client's anxiety and stress level upon entering therapy.
2. Therapists will administer the SUDS scale at least 5 times throughout the course of therapy. Ratings will be monitored.
3. Therapists will have the client complete the Trauma Symptoms Survey following their 10<sup>th</sup> CVA session.
4. Therapists will provide therapy designed to reduce SUDS levels and symptoms of trauma.
5. Therapists will use the monthly session count to record number of clients seen, services provided, SUDS ratings (the initial and most recent).
6. Therapists will turn in the monthly session count sheets to the Program Therapist by the 5<sup>th</sup> day of each month.
7. Therapists will turn in all Trauma Symptoms Surveys to the Program Therapist on a monthly basis.
8. The Program Therapist will send reminders to all other therapists at the end of each month.
9. The Program Therapist will gather and record all data and maintain a running list of clients.
10. The Program Therapist will compile educational materials to hand out to the public at least 3 times per year.
11. Therapists will organize a community forum to be held 2 times in 2013 to provide pertinent local information on abuse and crimes in our community and keep track of number of attendees on sign in sheets.
12. The Program Therapist will post psychoeducational information on the agency Facebook Page and monitor the number of people reached.

## D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.



## **H. PRIOR RESULTS (For Continuation Projects Only)**

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

In 2012, Goal #1 was to provide assessment & therapy for 60 victims in reducing the intensity & frequency of symptoms such as anxiety, depression, & PTSD, with a specific objective to assist 20 children. Based on information we have so far from 2012, we have provided assessment & therapy for 44 victims, and hope to reach 60 by 12/12. Of the 44, 22 were children. Another objective was to assist 40 out of the 60 victims in reducing negative symptoms as evidenced by the ORS (Outcome Rating Scores). The ORS was discontinued & the Trauma Symptoms Survey was developed in May of 2012 to more accurately measure reported reduction in symptoms. According to the 11 surveys that were collected from May-September, 10 people reported a reduction of trauma related symptoms after completing 10 sessions of therapy. Because the Trauma Symptoms Survey was developed mid year, we do not have as much data as anticipated. Goal #2 was to assist up to 40 additional victims with daily functioning, safety, &/or stability, by providing support services. Due to the change of focus in the population that the program was previously servicing, (the decrease in residential youth placed at LMCH) this goal was not met. However, the 44 CVA clients seen so far in 2012 have all been assessed for deficits in functioning and safety during the initial phases of treatment & any specific needs have been documented on the treatment plan and addressed in direct therapy.

In 2011, Goal #1 was to serve 75 victims, 50 of those receiving therapy & 25 receiving other services. According to records from 2011, we served 101 victims, with 61 of those receiving therapy & 40 receiving other services. Therefore, we met and exceeded our goal. Goal #2 was to provide training each quarter to at least 200 direct care staff & 20 licensed professional staff. We met this goal by having all LMCH employees trained to enhance services they provided to victims, including 400 direct care staff & 51 licensed staff.

2. Did the project work as expected? Explain.

The program was able to provide direct therapy to the number of victims expected. However, the number of victims receiving additional support services decreased significantly due to the change in focus of population this year. However, the number of direct therapy sessions was increased from 5 to 10 sessions per client. Therefore, although the number of overall victims is lower, we believe the program is providing more beneficial, effective, and quality services. Additionally, it was determined that the ORS was not a sufficient measurement and was not very helpful in obtaining pertinent information regarding clients' actual progress in therapy. ORS ratings tended to fluctuate and were not providing a true test of the clients' overall progress. Overall functioning can often be rated very high before the client begins therapy, due to their defense mechanisms of blocking or avoiding the issue, and can actually worsen throughout the therapeutic process, since the client is addressing and processing very traumatic experiences. Lower ratings do not necessarily indicate lack of progress, and higher ratings could actually indicate that the client is not dealing sufficiently with the issue. Therefore, the ORS was discontinued. The Trauma Symptoms Survey was developed to gather more beneficial information from the clients regarding their intensity and frequency of symptoms.

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?

With the onset of the Coordinated System of Care being implemented in Louisiana, the residential therapists at the Methodist Children's Home are required to provide 3 hours of individual therapy per week for the residential youth. Also, the residential therapists have been trained in EMDR and TF-CBT in order to meet the needs of the residential youth that would typically qualify for the Crime Victims Program. Because these youth are now being provided with appropriate services through the residential program, there is no longer a need for the Crime Victims program to incorporate them. Therefore, the Crime Victims Program Therapist will focus solely on non-residential clients in the community with no other therapeutic intervention or services available to them, and has increased the number of sessions provided through the grant from 5 to 10. This seems to be a more effective use of the funds. In order to encompass the variety of crimes and clients to be seen from the community, the name of the program is being changed to the Crime Victims Trauma Recovery Program.

## 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?

All therapists will use the "New CVA Client Intake Form" to document CVA client information including client demographics, initial date of service, & type of victimization and will use the Monthly Session Count Sheet to document number of sessions and types of services. Therapists will also use the SUDS Scale and Trauma Symptoms Survey.

2. When will the data be collected?

New CVA Client Intake Forms are collected as new clients are assigned to the Crime Victims Trauma Recovery Program. Session Count Sheets, therapist time sheets, SUDS ratings, and Trauma Symptom Surveys are collected monthly.

3. Who will collect and analyze the data?

The Program Therapist will collect and analyze the data.

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

Name: Lori Allen

Phone: (318) 242-4644

Email: lori.allen@lmch.org

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

Copies of all evaluative reports including CVA quarterly reports will be distributed to the Authorized Official and CEO, Rick Wheat. When the data indicates the need, the Program Therapist will arrange a meeting with Mr. Wheat to review and revise the project. The Program Therapist meets monthly with the Family Counseling Center Staff and volunteers to review goals, concerns, and needs. Peer supervision will also be held monthly to provide opportunity for consultation regarding client needs. Copies of all reports will also be submitted to Red River Delta Law Enforcement Planning Council and to the Louisiana Commission on Law Enforcement.

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.

Project results will be disseminated in the form of CVA Quarterly Progress Reports and Quarterly Expenditure Reports and will be sent to the Louisiana Commission on Law Enforcement and to the Red River Delta Law Enforcement Planning Council by the 15<sup>th</sup> day of the month following the quarter. An annual report of the project will be provided to the La. Methodist Children and Family Services, Inc. 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.

The Family Counseling Center has secured other grants from The United Way, which provide additional funding for clients that do not meet the CVA criteria, or who have completed the 10 sessions provided by the CVA Grant. The Program Therapist continues to advocate for the continuation of the Crime Victims Trauma Recovery Program if and when Federal funds are no longer available.

### 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.

LMCH provides the main facilities at 902 DeVille Lane, Ruston, La., including office space, playrooms, resources including toys, books, and videos, a comfortable lobby and waiting area, an office manager to check in clients and schedule appointments, a secure records room, as well as a Health Information Department that ensures HIPAA compliance, a maintenance staff, and other campus facilities as needed.

### 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?

Licensed Therapists and Student Interns who volunteer for the Crime Victims Program are screened by law enforcement with a background check and fingerprints. They must also adhere to LMCH staff policies.

## 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.

Clients are provided with a handout on legal rights of victims that contains information on applying for victims reparation and clients are offered assistance in applying at the Lincoln Parish Sheriff's Office.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

The Program Therapist will collaborate with the District Attorney's Office, the City Attorney's Office, Lincoln Parish Sheriff's Office, Ruston Police Department, Pine Hills Sexual Assault Center, the Department of Children and Family Services, and the Victims Reparation Officer to coordinate services in order to ensure all needs are being met and maintain awareness of each program and their unique services. This will be done by networking with phone calls, face to face meetings, as well as CVA brochures that are handed out to other programs. Therapists also maintain a close working relationship with the local schools, ministers, counselors, and physicians who often refer clients to our program.

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.

Therapists will explain the Duty to Warn policy which is their legal and ethical obligation to report any crimes and warn anyone who is in perceived imminent danger. This exception to confidentiality is clearly explained in the Declaration of Practices that each client signs before participating in therapy. Therapists will encourage clients to report themselves if possible in order to increase their personal empowerment, but will make it clear that if they choose not to report the crime, the therapist will do so.

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.

The Louisiana Methodist Children and Family Services, Inc. Crime Victims Trauma Recovery Program will comply with the Louisiana Child Protection Act (LRS 15:587.1). All staff and employees are screened with fingerprints and a background check.