NATIONAL CHILDREN'S ALLIANCE®

SNAPSHOT 2017

ADVOCACY, EFFICACY, AND FUNDING IN CACS

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AUTHORS

Bryan Boeskin, Senior Director of Development
National Children's Alliance

Denise Edwards, Director of Government Affairs
National Children's Alliance

Will Laird, State Government Affairs Officer
National Children's Alliance

Kaitlin Lounsbury, Outcome Measurement System Coordinator
National Children's Alliance

EDITORS

Teresa Huizar, Executive Director
National Children's Alliance

Kimberly Day, Deputy Director
National Children's Alliance

Kathleen McCormac, Development Associate
National Children's Alliance

Kate Southerton
Copy Editor

Blake Warenik, Director of Communications
National Children's Alliance

CONTRIBUTORS

State Chapters Interviews

Joy Barrett, Executive Director
The Granite State Children's Alliance, NH

Joy Hughes Rauls, Executive Director
Children's Advocacy Centers of Texas, Inc.

Andi Leopoldus, Colorado Chapter Coordinator
Colorado Children's Alliance

Jasmine Mau-Mukai, Administrator
Hawaii State Chapter of Children's Justice Centers

Marcia Milliken, Executive Director
Minnesota Children's Alliance

Patty Terzian, Executive Director
The Oregon Network of Child Abuse Intervention Centers

Stacy Thompson, Executive Director
Children's Advocacy Centers of Arkansas

Children's Advocacy Centers Interviews

Eliot Brenner, President and CEO
Setta Mushegian, Director of Victim Services
Child Guidance Center of Southern Connecticut
Stamford, CT

Kevin Dowling, Program Manager
CARES Northwest
Portland, OR

Gina Earles, Executive Director
Blue Sky Bridge
Boulder, CO

Amy Feath, Executive Director
The Carousel Center, Inc.
Wilmington, NC

Susan Goldfarb, Executive Director
Children's Advocacy Center of Suffolk County
Boston, MA

Julie Hurst, Chief Executive Officer
Emerald Coast Children's Advocacy Center, Inc.
Niceville, FL

Christina Kirchner, Executive Director
Philadelphia Children's Alliance
Philadelphia, PA

Gene Klein, Executive Director
Project Harmony
Omaha, NE

Rebecca League, Executive Director
Family and Children's Place
Louisville, KY

Shelley McGraw, Executive Director
Children's Advocacy Center of Hamilton County, Inc.
Chattanooga, TN

Susanne Mitchell, Director
Avenues Children's Justice Center
South Valley Children's Justice Center
Salt Lake City, UT & West Jordan, UT

Liza Mizell, Chief Executive Officer
Child Protection Center, Inc.
Oklahoma City, OK

Trevor Peterson, Chief External Affairs Officer
Chicago Children's Advocacy Center
Chicago, IL

Erinn Portnoy, Executive Director
Child Abuse Program at the Children's Hospital
of The King's Daughters
Norfolk, VA

Adam Rosenberg, Executive Director
Baltimore Child Abuse Center
Baltimore, MD

Elaine Stolte, Executive Director
The Children's Assessment Center
Houston, TX

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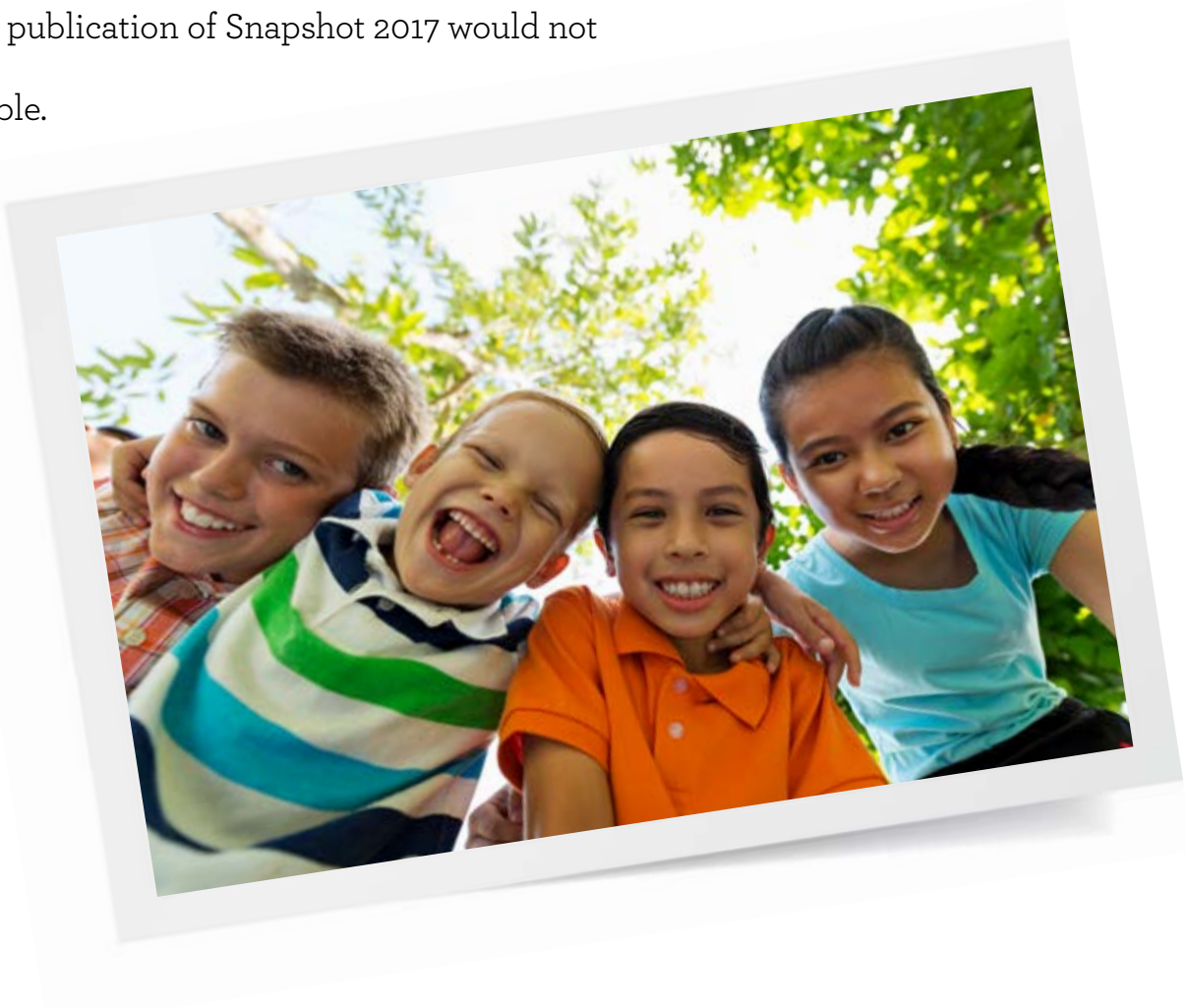

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Executive Summary

Snapshot 2017 is a report that provides data and primary information on how Children's Advocacy Centers (CACs) are organized and funded, and identifies the key characteristics and attributes of high-performing CACs. This report was commissioned by the Ben and Lucy Ana Fund of the Walton Family Foundation and prepared by the National Children's Alliance. The report is intended to provide a range of informational sources and datasets collected from CACs across the United States and to compare national trends to those of CACs operating in individual states.

What are Children's Advocacy Centers?

Children's Advocacy Centers are child-friendly facilities that offer safety, security and a wide range of victim services for children and families that have been exposed to violence and abuse. These community-based centers and their staff serve as first responders in allegations of all types of child abuse, and they provide direct services to children in need and in crisis. The CAC response works to reduce the impact of child abuse by bringing together law enforcement, criminal justice, child protection, forensic interviewers, prosecution, mental health, medical and victim advocacy professionals in a child-friendly setting to investigate abuse, hold offenders accountable, and most importantly help children heal from the trauma of abuse.

Purpose and Scope

The report shows how Children's Advocacy Center programs and services are paid for, who is paying for them, and how centers can most effectively and sustainably provide services to their clients. There are three areas of focus within the report: 1) Policy & Regulatory Landscape Affecting CAC Operations, 2) CAC Organization, Funding Sources, & Sustainability; and 3) Effective Organizational Characteristics & Practices.

POLICY & REGULATORY LANDSCAPE AFFECTING CAC OPERATIONS

This focus area targets and analyzes state and federal legislative policies, rules, and regulations impacting CACs, in order to identify opportunities for public funding for Children's Advocacy Centers, and to discuss the implications of the changing state and federal landscape.

Key Findings

- Federal Victims of Child Abuse Act (VOCAA) funding has modestly increased in recent years, but has been outpaced by Children's Advocacy Center growth and development.
- Recent changes in federal Victims of Crime Act (VOCA)[1] regulations, as well as recent congressional actions to lift the cap on such funding, provide CACs a rich opportunity to access funding for a range of core services.
- Investing in Chapter infrastructure and advocacy efforts to assist CACs in accessing VOCA funds has the potential to provide a high return on investment in the development of sustainable funding models within CACs.
- Investing in capacity-building within Chapters and Children's Advocacy Centers to increase their ability to conduct third party billing (to both Medicaid and private insurers) holds promise for CACs.

Key Recommendations

1) Advocates should strive to maintain level funding for the Victims of Child Abuse Act with a goal of modest increases each year to keep pace with growing needs and children being served, and ensure VOCAA is continually reauthorized so this foundational funding source is never in jeopardy.

2) Accessing Victims of Crime Act funds must be a top priority for CACs and Chapters, and strategies for accessing these funds should include continual advocacy and education of state VOCA administrators on CAC services. The CAC community must work with administrators to ensure that CACs have a seat at the table and are able to successfully compete annually for these funds with other providers of direct victim services. The CAC community must furthermore strongly advocate to Congress for maintaining significant funding levels to be released from the Crime Victims Fund each year.

3) The CAC community can build and develop funding opportunities for itself by aligning its advocacy efforts with the issues that are priorities for policymakers and have strong connections to the CAC mission, such as child sex trafficking. CACs and Chapters should also be knowledgeable on related funding streams—such as the Justice for Victims of Trafficking Act (JVTA)—and how to access these funds.

4) If not already in statute, CACs and Chapters should work to adopt legislation that clearly defines Children's Advocacy Centers and/or multidisciplinary teams as the state's best practice for serving child abuse victims.

HOW DO CACs SECURE PUBLIC SUPPORT?

Read more public policy and regulatory landscape findings and recommendations beginning on page 4.

[1] The Victims of Child Abuse Act (VOCAA) provides seed money for the development and ongoing maintenance and training of CACs, specifically in the MDT model concept. The Victims of Crime Act (VOCA), while a complement to VOCAA funding, is not focused on any one specific victim service model, but instead provides dollars specifically for programs and services that directly support the victim, such as forensic interviews, forensic medical exams and mental health therapy.

CAC ORGANIZATION, FUNDING SOURCES & SUSTAINABILITY

This focus area examines the organizational structures and funding sources of CACs.

Key Findings on Organizational Structure

- More than three-quarters of CACs nationally are nonprofits, 14% are government-based and 8% are hospital-based. Organizational structure is not determinant of overall effectiveness or performance, but there are variations in how these structures affect funding per child.
- Nationally, hospital-based CACs have higher average spending per child, number of children served and have higher average budget sizes than other types of CACs.

Key Findings on CAC Funding

- National annual funding/spending for CACs exceeds $456 million.
- The average national spending/funding per child based on CAC budget information is about $1,490.
- Nearly all CACs are being funded by multiple sources. Only 2.3% of CACs nationally are funded by a sole source. However, these sole-source funding CACs are at extremely high risk.
- About one-fifth of CACs are funded by three funding sources or fewer. This funding model carries inherent risk.
- Nationally, the average funding blend for CACs is 68% public funding and 32% private funding. The largest contributor in the national average funding blend is state government, with more than one-third of all CAC funding coming from this source.
- CACs provide an array of costly medical and mental health services, yet nationally less than 3% of CAC funding is derived from billing insurers for these services.

Key Recommendations for Philanthropic Organizations

1) Philanthropic organizations should embrace that private philanthropic support is integral to the CAC funding model and consider investing in areas that will allow CACs to tap and leverage other natural revenue streams that are available, but are not currently being accessed.

2) Philanthropic organizations should consider evidence of the proven effectiveness of the CAC model and could assist CACs in reducing the burden of time-, resource-, and labor-intensive fund development activities that can drain resources from the CAC mission with only modest yields on investment.

Key Recommendations for CACs:

1) To avoid over-reliance on a single source, CACs should maintain a good blend of public and private funders. The national average blend is 68% public and 32% private.

2) Ideally, CACs should strive to develop a minimum of five to seven different reliable funding sources. Having three or fewer has inherent risks and is not recommended.

3) CACs that are spending far less or far greater per child than the national average ($1,490) may want to explore why there is a significant variance from the average.

WHAT'S THE RIGHT BALANCE?

Read more organizational structure, funding source, and sustainability findings and recommendations beginning on page 14.

EFFECTIVE ORGANIZATIONAL CHARACTERISTICS & PRACTICES

This focus area looks at characteristics and attributes that are common to high-performing CACs.

Key Findings on Characteristics Common to High-Performing CACs

- Are more likely to complete and maintain national accreditation.
- Demonstrate commitment to systematic evaluation of services and systems, based on performance measurement and data-driven decision-making.
- Have a funding model that is built on a highly diversified and balanced blend of funding sources.
- Have a comprehensive array of services and programs available to their clients.
- Demonstrate community leadership, facilitate collaboration, and are open to sharing information and resources with other organizations.

Key Recommendations for Philanthropic Organizations

1) Funding agencies should consider accreditation status when providing support to CACs and may consider giving priority to CACs that are nationally accredited and to those demonstrating steady progress toward accreditation.

2) Funding organizations should invest in innovations and enhancements in CAC services that will allow them to offer the clients they serve the most effective comprehensive services, programs, and treatments that are available.

3) Funding organizations could help CACs achieve greater efficiency and improved service delivery through willingness to invest in program and organizational-level evaluation efforts.

Key Recommendations for CACs

1) CACs striving toward greater effectiveness should be nationally accredited, or be moving toward accreditation.

2) CACs should participate in the national Outcome Measurement System (OMS) and use the real-time results to benchmark their results against their peers and guide their quality improvement efforts. OMS is focused on general client and MDT satisfaction with CAC services.

3) CACs can benefit from evaluating financial health, specific programs, initiatives and medical and mental health outcomes. These are important areas that can be informed by consistent evaluation and data-informed decision-making that drives continuous quality improvement.

Read more findings and recommendations on effective organizations and practices beginning on page 21.

HOW DOES YOUR STATE COMPARE?

The data and information found in this report can be used as a guide for benchmarking Chapters and CACs in comparing funding models and key aspects of operations and how they stack up against the national average and other comparable states. Read more on how CACs in your state compare to national average in Appendix B beginning on p. 31.

Introduction

This report was prepared by National Children's Alliance (NCA) and commissioned by the Ben and Lucy Ana Walton Fund of the Walton Family Foundation. National Children's Alliance is the national association and accrediting body for more than 800 Children's Advocacy Centers. Since 1988, NCA has supported local communities across the country in providing a coordinated investigation and comprehensive response to child victims of abuse through Children's Advocacy Centers (CACs) and multidisciplinary teams (MDTs).

The Ben and Lucy Ana Walton Fund of the Walton Family Foundation (the Fund) invests in systems-level work to ensure that parents have the tools and services they need to best support their child's earliest years of development. Understanding the important role of Children's Advocacy Centers in responding to the needs of victimized children and their families, the Ben and Lucy Ana Walton Fund has been a generous and steadfast benefactor of CACs in the Greater Denver area. During the last few years, the Fund has become more deeply engaged and has taken a deeper interest in understanding how these individual CACs operate at an organizational level and how they operate in coordination with other CACs operating in the broader local area.

This report, commissioned by the Fund, explores sustainable funding models and core components of high functioning Children's Advocacy Centers across the country, particularly in urban and suburban environments. It explores how these CACs and the 49 Accredited state Chapters (Chapters) that support them operate effectively to optimize funds and handle challenges in securing additional funding to keep pace with additional needs for service. This report also identifies national practice benchmarks, and recommends specific practice models that are proven effective. Each of these has implications for increasing sustainable funding and expanding services at the local, state, and national levels.

BACKGROUND

Purpose and Scope of Report

This report examines CACs through a national lens and draws its data from an expansive national network of more than 800 CACs with thousands of victims' services providers, employees, and multi-disciplinary team members. This report explains the common methodology and practice that connects the CAC movement and discusses how CACs also simultaneously operate as unique entities. This report does not focus on the more than 300,000 clients that CACs serve each year—i.e., child victims of all forms of abuse, not counting members of their families—but instead focuses on how clients can best be served, and specifically, how those vital services get paid for, and who is paying for them.

There are three areas of focus within this report:

- Policy & Regulatory Landscape Affecting CAC Operations;
- CAC Organization, Funding Sources, & Sustainability; and
- Effective Organizational Characteristics & Practices.

METHODOLOGY AND SOURCES OF INFORMATION

In preparing this report, NCA undertook the following activities:

- Conducted a 2016 NCA Member Census and Chapter Survey;
- Conducted in-depth interviews with leaders of more than a dozen CACs and Chapters identified as high-performing through a review of service and performance data;
- Analyzed existing national data sets, including CAC Statistical Reports and Outcome Measurement data; and
- Analyzed our most recent "VOCA by State" 50-state survey of Victims of Crime Act Funding, as well as federal law and policy that directly relate to services provided by Children's Advocacy Centers.

National Children's Alliance is the country's single, largest repository of primary data and information concerning Children's Advocacy Centers. Key data and informational sources mined in the preparation of this report are described in more detail below.

2016 NCA Member Census and Chapter Survey: The 2016 NCA Member Census focuses on specialized operations/services and management functions. The survey contains items on numerous topics, including:

- Organizational Demography
- Services to Victims of Physical Abuse
- Engagement in the FBI MOU, and Services to Victims of Federal Crimes
- Commercial Sexual Exploitation of Children/ Trafficking Programs
- Services to Tribal Communities
- Mental Health Services

The 2016 Member Census Survey had a response rate of 87% (709 of 812 members CACs at time of survey). This response rate represents a sample size that is statistically significant and is representative of the broader national CAC network. A detailed overview of the methodology for selecting the CACs to be interviewed and for conducting the interview is provided in Appendix A: Methodology for CAC Interviews on page 28.

CAC State and National Statistical Reports: All nationally accredited and associate/developing member CACs are required to provide statistical data to NCA every six months. This data includes organizational type, number of children served, client and perpetrator demographic data, victim services provided, CAC budget information, and case disposition.

Healing, Justice, and Trust: A National Report on Outcomes for Children's Advocacy Centers 2015 Report: Since 2012, hundreds of Children's Advocacy Centers across the nation have gathered feedback through NCA's Outcome Measurement System (OMS). Through OMS, CACs collect surveys from the families they serve and the multidisciplinary team members with whom they partner to ensure that their centers are providing the best quality of service to clients. In 2015, approximately 580 CACs in all 50 states participated in OMS. This report reflects the findings of 41,593 caregiver surveys and 11,472 multidisciplinary team member surveys. These surveys provide robust data on a number of performance and quality indicators for CACs and allows for comparison and benchmarking across centers and states.

CHILDREN'S ADVOCACY CENTER COMMUNITY AND STRUCTURE

To fully understand the analysis, findings, and recommendations that follow, one must start by understanding the structure of the Children's Advocacy Center movement. All strata of the CAC community is tightly knit and highly integrated with the whole, and the work of each affects the actions and successes of the others. More detailed information on each of these key pieces of the CAC community and how each affects organizational structure, funding, and effectiveness is provided in the next element of the report.

National Children's Alliance

NCA is the national association and accrediting body for CACs and Chapters. NCA provides a range of services including: accreditation, advocacy, public outreach, funding, training, research, and national leadership to the CAC community. As a membership organization, more than 800 CACs and 49 state Chapters are members of NCA. In 2015, our member CACs served more than 300,000 victims of child abuse, provided child abuse and prevention training to 1.8 million children and families, and provided specialized training to 67,000 multidisciplinary team professionals.

National Children's Alliance has been funded by the Victims of Child Abuse Act, through the U.S. Department of Justice, since 1992 to develop CACs around the nation and to assist existing CACs in improving the quality of those services. National Children's Alliance carries out a key component of the Victims of Child Abuse Act. The law created a dedicated funding stream for CACs, of which NCA administers a large portion. NCA has a cooperative agreement with the U.S. Department of Justice to annually administer the Victims of Child Abuse Act program funds. In this role, NCA has the responsibility of ensuring that Victims of Child Abuse Act funds are disbursed and used appropriately by its CAC and Chapter grantees. NCA's role as national advocate and voice for the Children's Advocacy Center movement in Washington, D.C., is perhaps its most critical role. Each year, NCA actively engages with congressional CAC champions, state Chapters and local CACs to ensure Victims of Child Abuse Act appropriations are provided. NCA also closely monitors and responds to other federal legislation, policy, and rulemaking that might impact CAC operations and services. NCA is recognized by federal policy-makers and government officials as the authoritative source concerning the CAC response to child abuse in the U.S.

Local Children's Advocacy Centers (CACs)

Children's Advocacy Centers are child-friendly facilities that offer safety, security, and a wide range of victim services for children and families that have been exposed to violence and abuse. These community-based centers and their staff serve as first responders in allegations of all types of child abuse, and they provide direct services to children in need and in crisis. In a child-friendly setting, the CAC response works to reduce the impact of child abuse by bringing together law enforcement, criminal justice, child protection, forensic interviewers, prosecution, mental health, medical, and victim advocacy professionals to investigate abuse, hold offenders accountable, and most importantly help children heal from the trauma of abuse. The CAC model has long been recognized by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention as an evidence-supported program for responding to child sexual and physical abuse. CACs have been demonstrated through research to:

A) serve as a cost-effective and efficient child abuse response[i];

B) increase the rates of prosecution[ii];

C) reduce the length of time to disposition in child abuse cases[iii];

D) increase the likelihood that maltreated children receive medical care;

E) increase a child victim's access to mental health treatment[iv]; and

F) increase parental/caregiver satisfaction in the investigation and prosecution of the case involving their child(ren)[v].

State Chapter Organizations

Chapter organizations are statewide, autonomous networks of local CACs. All state Chapters are NCA members and must meet Chapter-specific standards for accreditation as defined by NCA. The Chapter organizations coordinate state program and training initiatives involving their constituent member CACs, and spearhead state advocacy and awareness efforts. These organizations range in size from a single part-time staff person to more than 20 staff members.

State Chapters provide critical technical assistance and quality training for local centers, while also advocating for CACs in state policy. Most importantly, state Chapters continually advocate for increased CAC funding within state budgets. State Chapters are a critical link between the national movement and local centers and are vital and cohesive support systems for their constituent CACs.

Regional CACs

There are four Regional CACs (Northeast, Southern, Midwest and Western) that are separately funded by the U.S. Department of Justice. Their focus is on coordination and provision of training as well as technical assistance for CAC professionals and MDTs. These Regional CACs (RCACs) were created by the Victims of Child Abuse Act statute, which specifically authorizes federal funding for the RCACs to train and assist local centers and Chapters. Regional CACs (RCACs) and NCA also work in partnership on national projects and on the basis of a collaborative memorandum of understanding (MOU).

POLICY & REGULATORY LANDSCAPE AFFECTING CAC OPERATIONS

The purpose of this section is to identify and analyze federal legislative policies, rules, and regulations impacting Children's Advocacy Centers, to identify opportunities for public funding for CACs, and to discuss the implications of the changing federal landscape.

Key Points

- While Victims of Child Abuse Act funding has experienced modest gains in recent years, the funding has been outpaced by Children's Advocacy Center growth and development.
- Recent changes within the Victims of Crime Act (VOCA) regulations, as well as recent congressional actions to lift the cap on such funding, have provided a unique opportunity for CACs to access funding for victim advocacy, mental healthcare, medical evaluations, and forensic interviews.
- While Medicaid expansion and the Mental Health Parity Act hold long-term promise for increased billing for services by CACs, such billing is now very limited.
- Investing in state Chapter infrastructure and advocacy efforts to assist CACs in accessing VOCA funds has the potential to provide a high return on investment in the development of sustainable funding models within CACs.
- Investing in capacity-building within state Chapters and Children's Advocacy Centers in order to increase capacity to conduct third party billing (both Medicaid and private insurers) holds promise long-term.

Federal funding for Children's Advocacy Centers is often the catalyst for an emerging CAC. Federal funds are not only a recognition that the federal government acknowledges the effectiveness of CACs and supports the model as the best way to serve victims of child abuse, but also signals to state/local governments and private donors that it has full faith in the program, and that other public and private funding sources should partner with the federal government to financially support the effective program. In the current congressional climate, federal funding is not intended to be the sole source of financial support for a CAC. More specifically, lawmakers in Washington, D.C., have championed the public-private model of CAC appropriation because this diversity in funding is sustainable.

Federal funding commonly secured by CACs comes from a number of federal Department of Justice programs, as well as from programs funded by the Department of Health and Human Services. The key federal funding programs often accessed by CACs are discussed in detail below.

Department of Justice Funding Programs

USDOJ – Office of Juvenile Justice and Delinquency Programs (OJJDP)

OJJDP, an agency of the Office of Justice Programs within the U.S. Department of Justice, accomplishes its mission by supporting states, local communities, and tribal jurisdictions in their efforts to develop and implement effective programs for juveniles. The Office strives to strengthen the juvenile justice system's efforts to protect public safety, hold justice-involved youth appropriately accountable, and provide services that address the needs of youth and their families.

Victims of Child Abuse Act (VOCAA)

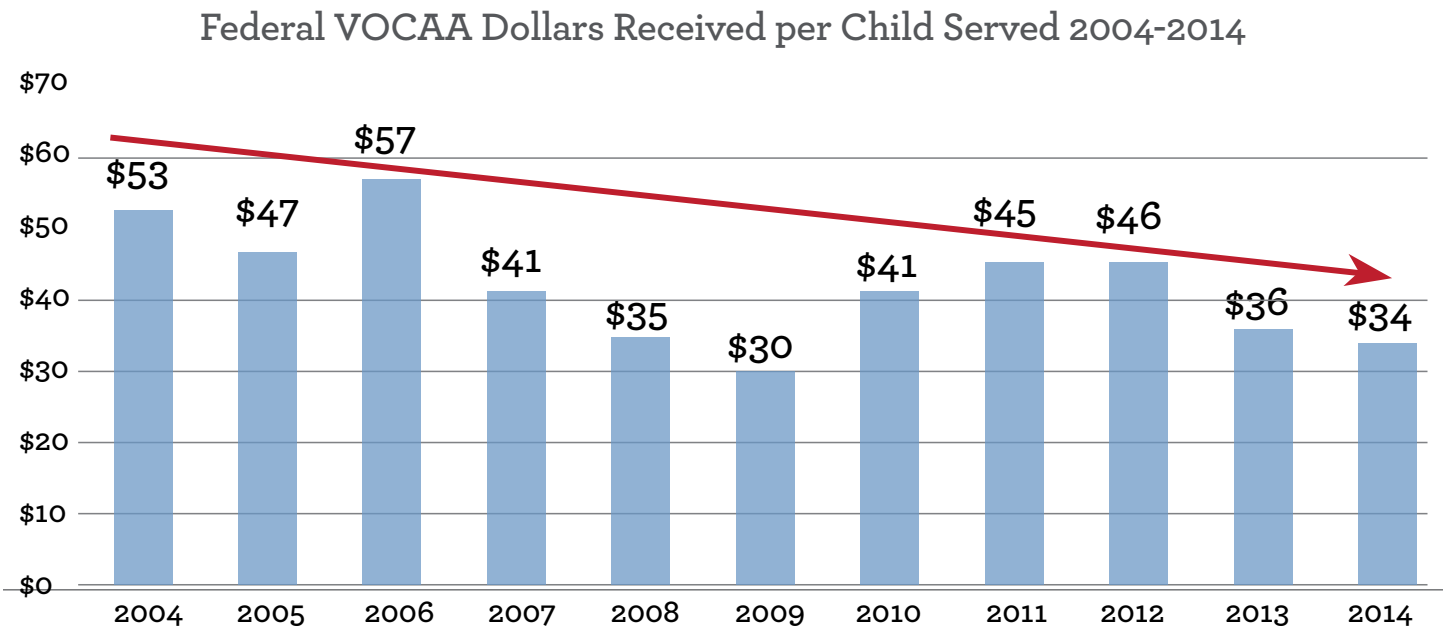
Although funded in part through public dollars, a majority of CACs are private, nonprofit 501(c)(3) organizations that annually raise more than $436 million in federal, state, local, and private monies by leveraging $20 million in Department of Justice (DOJ)

funding provided for the programs outlined and established by the Victims of Child Abuse Act. The Victims of Child Abuse Act, first authorized in 1990 and first funded in 1992, provides competitively awarded monies through the Department of Justice for new CAC development, training and technical assistance, and program support. Since its first federal funding award in 1992, Victims of Child Abuse Act funding has helped in the establishment and maintenance of more than 800 Children's Advocacy Centers in communities across the country. NCA has disbursed more than $139 million in VOCAA funding to CACs since the program began.

The Victims of Child Abuse Act, administered by OJJDP, provides annual federal funding for the development of Children's Advocacy Centers, and for the training and technical assistance for CACs, law enforcement, prosecutors, and child abuse professionals. This critical federal funding stream is used as seed money, and is the foundation for accessing numerous additional sources of public and private funding. $20 million in annual VOCAA funding for CACs is primarily distributed through grants administered by National Children's Alliance (approximately $12 million total); these funds are disbursed to the CACs through a combination of formula grants and competitive awards. There is also training and technical assistance grant funding administered by the four Regional Children's Advocacy Centers ($5 million); national trainings by the National Children's Advocacy Center in Huntsville, Alabama, ($1 million); and training for prosecutors on the CAC model by the Association of Prosecuting Attorneys ($1 million). Note that all of the figures noted here are approximate and may vary from year to year. OJJDP utilizes a portion of the funds for administering the program.

What has made the Victims of Child Abuse Act so successful and widely supported, especially in Congress, is that this public-private partnership of combining federal, state, local, and private monies is an excellent example of the positive impact that can be made by leveraging federal dollars and combining them with other private resources to achieve an important common goal: protecting, defending, and healing children.

VOCAA has been the longest and most reliable source of public funding for CACs for more than two decades. However, the level of funding has not kept pace with the growth of the movement or the number of children being served. With more than 800 centers serving more than 300,000 children and families each year, the net effect is a decline in VOCAA funding per child over time. See the following chart:



Given federal budget realities and rapid continuing growth of the CAC movement, it is unlikely that support on a per-child basis will reach pre-recession highs in the near term. VOCAA funds are critical in developing CACs and improving services within existing centers; however, ongoing, significant, sustainable program funding streams for CACs require development elsewhere. Despite the importance of VOCAA funds to CAC development, a key point of understanding for both CACs and funding organizations is that there is a significant gap between dedicated federal funds and the cost of serving children. The national average spending per child for CACs is around $1,490, but in a given year, only $30-$50

per child is available to CACs through VOCAA funds, leaving a significant gap that must be filled by other state, local, and private sources. This report provides Chapters and CACs with most of the information and data needed to make benchmark comparisons.

USDOJ – Office for Victims of Crime (OVC)

OVC administers the Crime Victims Fund (CVF), which is financed by fines and penalties paid by convicted federal offenders. Federal revenues deposited into the CVF also come from gifts, donations, and bequests by private parties. OVC channels funding for victim compensation and assistance throughout the United States; raises awareness about victims' issues; promotes compliance with victims' rights laws; and provides training, technical assistance, publications, and products to victim assistance professionals.

Victims of Crime Act/VOCA

First passed in 1984, the Victims of Crime Act (VOCA) established a Crime Victims Fund (CVF), or "the Fund" to provide resources to states, localities, local organizations, and nonprofits that directly serve victims of crime. These dollars come from federal penalties, asset seizures, etc. and are deposited into the Fund to be used for victims' services. These monies are not taxpayer dollars, and can only be used to fund those items authorized under the VOCA guidelines. Each year, Congress decides the funding level it will release for VOCA through its annual appropriations process. Once approved in the annual federal budget, the Department of Justice, through the Office for Victims of Crime, disburses VOCA grants to the states in a formula that is comprised of a minimum base, plus additional dollars according to a state's population.

While many Children's Advocacy Centers have historically received Victims of Crime Act (VOCA) funds to support victim advocacy services, until recently CACs faced two broad challenges in accessing these funds:

- Limitations regarding the types of victims services that were fundable under VOCA, especially as it related to forensic interviews and other core components within Children's Advocacy Centers; and
- A low cap on the amount of funds disbursed which resulted in adult services (particularly adult domestic violence and sexual assault) receiving a majority of the funding within many states.

Recognizing a unique opportunity to create a sustainable federal funding stream for core CAC services, NCA crafted and led a three-year legislative advocacy strategy that would effectively reduce or eliminate these barriers. This multi-year effort required extensive collaboration and labor at all levels of the CAC movement, and resulted in new VOCA regulations specifically allowing all four core service components—forensic interviews, medical evaluations by a trained provider, evidence-based mental healthcare, and victim advocacy—as billable services under VOCA. VOCA can also be used to fund case management and case review, and can be utilized to pay the salaries of direct service providers, as well as a portion of the salary of the staff member supervising these employees. In perhaps the most critical aspect of this change, OVC stated that it believes so emphatically in the importance of the forensic interview that it has waived the supplanting rule for forensic interviews only. This means that as it relates to forensic interviews, this funding can be used to pay for existing services (previously funded from other sources) and not simply for the expansion of services. Though only finalized in July 2016, these new regulations are already having a broad impact in terms of new sources of funding to local CACs.

Additionally, recent changes in the federal statute on how and when funds are disbursed resulted in an increase in available funding from $700 million $2.36 billion in FY15 alone. The following year (FY16), Congress again released the funding that came into the CVF, ultimately providing $2.66 billion for VOCA. For the coming year (FY17), Congress is currently debating the funding level it will release for annual VOCA grants but anticipates that recent statute changes will result in a similar disbursement level.

All of these efforts and achievements have radically changed the public funding landscape for CACs. Though some states continue to face significant challenges in securing VOCA funds for their CACs, the trend is mostly positive. With the overall VOCA funding increases, as well as the recent eligibility of all CAC services for funding, CACs and Chapters now have a new and viable funding stream to use for new development and the enhancement of services.

These changes have already made a meaningful difference for CACs in a number of states previously excluded from applying for VOCA funding to pay for forensic interviews, including Alaska, Mississippi, Tennessee, Utah, Washington, and West Virginia. Centers in these states are now using these increased VOCA funds to pay for new forensic interviewers in all of their centers. It is important to keep in mind that these funds are competitively awarded, and much hinges on the effective grant-writing capabilities of the CACs as well as on the state Chapter's ability to effectively advocate for the use of VOCA funds for CAC purposes.

USDOJ – OVC Trafficking Grants and OJJDP Trafficking Grants (JVTA)

Annual trafficking grants and the Justice for Victims of Trafficking Act (JVTA)

Recognizing the need for additional resources aimed specifically toward serving domestic child/youth victims of trafficking, Congress passed the Justice for Victims of Trafficking Act (JVTA). Signed into law in May 2015, this new Act is a comprehensive approach to combat child trafficking that provides much needed funding (up to $60 million) for critical services to victims. NCA worked closely with congressional champions and advocates, not only in passing this bill, but also in drafting the legislation to ensure CACs were represented as first responders for this critical and underserved victim population. Because of NCA's efforts and support of fellow advocates, this new law sets aside $2 million directly for CACs to develop trafficking response programs within CACs themselves. CACs are the only victim service group that has a specific set-aside in this legislation, further demonstrating congressional support for CACs. NCA will issue a solicitation to the field for competitive awards in Winter 2016-17.

Edward Byrne-Justice Assistance Grants (Byrne-JAG)

The Byrne-JAG program, administered by the Bureau of Justice Assistance (BJA), is the leading source of federal justice funding to state and local jurisdictions. The Byrne-JAG program provides states, tribes, and local governments with the funding necessary to support a range of program areas including law enforcement, prosecution and court, prevention and education, corrections and community corrections, drug treatment and enforcement, planning, evaluation, crime victim and witness initiatives, and technology improvement. Byrne-JAG funds are administered by the State Administering Agencies (SAAs) within each state, and are one of the primary funding sources for state and local law enforcement. While some CACs are currently receiving funds from this source, it is important to highlight that the Byrne-JAG block grant program, similar to other federal grant funding used primarily by state and local law enforcement, is in decline and has been cut by more than 20% as part of the current federal budget cuts. The 2011 Budget Act required all funding—both domestic and defense spending—to absorb across-the-board cuts of approximately 9%. However, federal grant funding for law enforcement has actually been cut significantly more. Because of these deeper cuts to programs like Byrne-Jag, CACs must understand that the likelihood of securing Byrne-JAG dollars to help fund CAC services is extremely low. However, it is recommended that state Chapters develop relationships with their SAAs to position CACs to potentially access these scarce dollars should they become available in the future.

Department of Health and Human Services Program Funding

Temporary Assistance for Needy Families (TANF)
TANF is a federal block grant for states designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program. The four purposes of the TANF program are to:

- Provide assistance to needy families so that children can be cared for in their own homes;
- Reduce the dependency of needy parents by promoting job preparation, work, and marriage;
- Prevent and reduce the incidence of out-of-wedlock pregnancies; and
- Encourage the formation and maintenance of two-parent families.

Because TANF funds flow to the state in the form of a block grant, states have flexible discretion in their uses, including funding CAC services such as salaries and building expenses. The states of Alaska and Georgia are the only two states currently using a portion of their federal TANF dollars to support CACs, and are allotting CACs the approximate amounts of $1.2 and $1.4 million, respectively.

Children's Justice Act

The Children's Justice Act (CJA), while funded from monies in the Crime Victims Fund, is administered by the Department of Health and Human Services' Administration for Children and Families (ACF). It provides grants to states to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. CJA funds are also disbursed to the states by a formula. Unlike VOCA, which is administered as an OVC grant to the states, CJA funds are administered by ACF and are distributed to states to be used by state CJA Task Forces. CJA Task Forces, usually appointed by a state's governor, then determine how these funds are used annually. In many states, the distribution of CJA funds is at the sole discretion of the CJA Task Force Chair, and as a result—as with VOCA—CACs may be prevented from accessing these dollars. In practice, many CJA Task Force Chairs use "their" CJA funds to fill in the holes in their respective state budgets to fund child protective services. That is, they use federal funds to support

functions that are traditionally supported by the state. And while adequately funding child welfare and child protective services (CPS) is of great importance, and even more so as CPS is a valued member of the CAC's multidisciplinary team, CACs are short-changed when federal CJA funds are used for purposes that are traditionally paid for by the state budget. The Children's Justice Act was written with the services CACs provide in mind. In recent years, many CAC Chapters have had success in securing a seat on their CJA Task Force to better ensure CACs are represented in CJA funding decisions. Recently, several CAC Chapters attended the CJA grantee meeting in Washington, D.C., and reported that CACs and Chapters are developing a significant presence within this program. However, in many states this is still a largely untapped source that could be advocated for by Chapters on behalf of CACs in their states.

HHS-Center for Medicaid Services

Medicaid

Medicaid is a program that provides federal match dollars to states in order to help fund healthcare for both children (Children's Health Insurance Program or CHIP) and adults/seniors with limited means. States have considerable discretion on how Medicaid is used and disbursed. It is important to note that the Affordable Healthcare Act (AHA) expanded Medicaid coverage, as well as increased available funds, to help insure more individuals—including adults with no dependents. But even with this increase, Medicaid dollars are being stretched thin to cover healthcare needs. Even more, 19 states chose not to expand Medicaid within their respective states, and the political climate in these 19 states also adds to the challenge in accessing these funds. Thus, it is important for Chapters to establish strong relationships with their respective state Medicaid offices to ensure necessary funding. A limited number of CACs, primarily hospital-based CACs, are currently billing Medicaid for some medical and mental health services, but this is another largely untapped source that other, particularly larger urban and suburban CACs could benefit from exploring.

Mental Health Parity

Parity for mental health treatment has been a goal for numerous public officials for more than twenty years. In 1996, Congress passed the Mental Health Parity Act (MHPA), which prohibited large employee-based health plans from imposing higher annual/lifetime dollar limits on persons assessed for mental health benefits than those assessed for medical/surgical benefits. However, the 1996 law didn't require mental health coverage. It only classified mental health benefits as equal to medical/surgical benefits in those plans that offered mental health benefits.

In an effort to address the gaps in the MHPA, Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA) in 2008. Like the MHPA, the MHPAEA prohibited differences in treatment limits, cost sharing, and in- and out-of-network coverage. The Affordable Care Act (ACA) applied the MHPAEA to issuers in the individual market and to qualified health plans offered through an exchange or marketplace, including the small business exchange known as SHOP. Importantly, the ACA defined coverage of mental health and substance use treatment as one of the ten essential health benefits (EHBs). As a result, all health insurance plans in the individual and small-employer market—both inside and outside marketplaces—must now include coverage for the treatment of mental health. ACA's inclusion for mandating Mental Health Parity has significantly increased access to mental health services by requiring that coverage be comparable to general medical coverage. This most greatly impacts co-pays, deductibles, and limits and exclusions in services.

Last year more than 187,768[vi] children served by CACs nationally received, or were referred for, mental health services, about 62% of total children served. The ability for CACs to access funding to assist in supporting mental health services for their clients is another largely untapped area for most CACs across the country.

However, it is important to note that third-party billing (whether to Medicaid or private insurance) is complex and requires significant infrastructure. Moreover, Medicaid reimbursement rates are notoriously low. So, some state Chapters and CACs are exploring options such as contracting with vendors to process claims or piloting a consortium approach to back office billing operations. There may be significant opportunity for long-term sustainability if funders invest in CAC capacity-building within this area.

Federal Policy Recommendations

Strong Continued Federal Advocacy

Accessing adequate federal funding has been and will continue to be a great challenge for CACs, not because of lack of CAC support in Congress, but because of the budget challenges faced each year across the entire federal government. These challenges have been exacerbated by decades-long internecine warfare and polarization of the political parties as well as escalated gamesmanship between the executive and legislative branches (such as constant threats of shutdowns and credit defaults). It has been shown that even reliable, long-standing public programs with bipartisan support like VOCAA are not immune to the budgetary axe, and without constant vigilance and advocacy, these programs can be taken away at any time. The federal program that will now provide access to the highest upside potential in terms of new funding opportunities is the Victims of Crime Act (VOCA). Because this source is not funded through taxes, it has some insulation from typical political and budgetary volatility. Recent changes to the allowable uses of VOCA funds present the best opportunity for Chapters and individual CACs to access and secure additional funding that can be used to expand services and programs within their states and centers.

Victims of Child Abuse Act (VOCAA)

The Victims of Child Abuse Act funding is the foundation for which most, if not all, other forms of public funds are secured for CAC Chapters and local centers. VOCAA authorization runs through 2018, and the CAC community will make its reauthorization a priority in the next Congress to ensure this critical program is continued.

Recommendations Related to Victims of Child Abuse Act (VOCAA)

- The CAC community should strive to maintain level funding for the Victims of Child Abuse Act with a goal of modest increases each year to keep pace with growing needs and children being served.
- CACs and their supporters should also work to ensure this important law is continually reauthorized so this foundational funding source is never in jeopardy.

Victims of Crime Act (VOCA)

Given the recent changes in allowable uses, several core CAC services including forensic interviews, mental health services, medical exams, and victim advocacy can be funded through VOCA. This is clearly CACs' best and most viable source for new or increased funding. The fact that this source is not taxpayer funded is conducive to greater funding stability.

Recommendations Related to Victims of Crime Act (VOCA)

- Accessing VOCA funds must be a top priority for CACs and Chapters.
- Strategies to access these funds should include continual advocacy and education of state VOCA administrators on CAC services. CACs and their supporters should work with administrators to ensure CACs have a seat at the table and are able to compete annually for these funds with other providers of direct victims' services.
- The CAC community must push for maintaining significant funding levels to be released from the Crime Victims Fund each year.

Justice for Victims of Trafficking Act (JVTA)

Washington continues to place emphasis on funding programs that provide services for human trafficking victims, both adult and youth, and this is a large and growing pool of federal funding. CACs have established themselves as first responders for child abuse victims of all types, and Congress has recognized CACs as key players in this area.

Recommendations Related to Justice for Victims of Trafficking Act (JVTA)

- CACs and Chapters should be knowledgeable of the emerging JVTA funding stream and how to apply for these funds.
- The CAC community must be increasingly opportunistic in aligning CAC advocacy efforts with the issues that are of interest and priority for policymakers and have strong connections to our mission, such as victim services for commercially sexually exploited children (CSEC).

Mental Health Parity and Affordable Care Act (ACA)

This is another rich opportunity for CACs to tap into a new source of funding with high upside potential. Numerous benefits from the Mental Health Parity inclusions are supported in the ACA. Some of the biggest cost drivers in CACs are medical and mental health services and many of these services are now eligible for reimbursement through the ACA changes in Mental Health Parity.

Recommendations Related to Mental Health Parity Act and Affordable Care Act (ACA)

- CACs and Chapters should prioritize exploring options for creating infrastructure for medical billing to both public and private insurers for medical and mental health services.
- CACs have an opportunity to look to our colleagues who are currently benefitting from the Mental Health Parity Act and ACA, particularly our hospital-based CACs, to determine workable models and steps toward billing health insurers.

STATE LEGISLATION AND FUNDING

Defining Legislation

State statutes that define, promote, and/or require the use of the Children's Advocacy Center model clearly contribute to the success and long-term viability of the proven approach to providing justice and healing to victims of child abuse. It is for this reason that state legislatures adopting CAC defining legislation are signaling their support for CACs and providing their stamp of approval. The adoption of such legislation does so by clearly conveying the vision of policy makers; protecting the integrity of, and fidelity to, the CAC/MDT model; and laying a foundation whereby funders, both public and private, can be assured that their investment of resources will benefit their intended target. ***The adoption of defining legislation is a critical element in the success of Children's Advocacy Centers, particularly related to their ability to seek and secure funding.***

At present, at least 32 states have adopted defining legislation to varying degrees. Definitions range from a short paragraph as part of a larger child abuse statute, to an entire code section or chapter mandating the use of CACs, defining extensive requirements, and in some instances establishing a funding formula for the allocation of state funds. It is clear that a definition, to any degree, is foundational to securing integral public funds and in ensuring a strong state Chapter. Appendix C of this report (beginning on page 132) is a comprehensive scan of each state and of which states have defining legislation or other recent or pending legislation affecting CACs.

At the very least, a statutory definition is important to ensure that any organization representing itself as a Children's Advocacy Center is held to a consistent set of standards. Victims, law enforcement, prosecutors, therapists, judges, and the community at large deserve the assurance that the organization claiming to be a CAC serving their area is held to a set of standards and that adherence to such standards is required by law. As state Chapters promote the development and growth of CACs to serve all areas of their state, it is important that there is uniform clarity about what a CAC is. Furthermore, as CACs are written into an increasing number of pieces of federal legislation, rules, policies, and MOUs, a statutorily defined CAC is better positioned to take advantage of opportunities that may arise.

State Funding and Legislative Streams Impacting CACs

- **General Revenue** – General Revenue is the portion of state revenues over which appropriators have the most discretion. General Revenue funds are typically collected in the form of taxes on things such as consumer sales, personal income, property, and business, and may also include other miscellaneous revenues. General Revenue funds are subject to appropriation by the legislature and can be used for any lawful purpose.
- **Special Revenue –** Special Revenue consists of funds generated from agency collections for goods and services provided to the public and other agencies. They may consist of fines, fees, permits, and licenses. Special Revenue funds are typically dedicated for a specific purpose, usually related in some way to the method by which the funds were collected.

Chapter organizations are the critical linkage for supporting CACs in accessing state funding and in connecting local CACs to the national movement and public funding sources at the federal level. To better understand the role federal and state public funding and policy have on CACs, a 2016 NCA Chapter Survey was sent to all 50 state Chapters. The survey focused on federal and state funding streams that provide resources for Chapters, as well as federal and state funding that Chapters help secure for their individual CACs. Additionally, this survey asked for advocacy/policy initiatives that Chapters have undertaken to help advance the CAC mission or impact CAC operations within their respective states. The response rate for survey completion among the Chapter organizations was 84% (42 Chapters).

Innovative Funding Legislation within States

Several state Chapters have had success securing a state revenue stream in the form of Special Revenue for CACs. Because the distribution is spelled out in the law, Special Revenue funds are typically regarded as a more stable stream of funding for its recipients than General Revenue over which appropriators have more discretion. Because Special Revenues are less susceptible to the market forces that can cause wild swings in general fund collections, and because they are less susceptible to the whims of appropriators, Special Revenue collections are more likely to remain steady and usually grow slowly over time. While General Funds can grow rapidly with the stroke of an appropriator's pen, they can also disappear just as quickly. Special Funds, once in place, typically remain and do not have to be revisited by appropriators each budget cycle.

Based on the results of our Chapter survey, 12 states reported having a dedicated Special Revenue stream in place. Below are some examples of states and their Special Revenue streams representing a cross-section of the three main approaches: fines, fees, and special taxes.

Oregon

One of the best examples of utilizing Special Revenue funds can be found in the state of Oregon. In 1993 the Oregon Legislature created the Child Abuse Multidisciplinary Intervention (CAMI) program to support a multidisciplinary approach to child abuse intervention. A CAMI Account was established to receive funds transferred from the Criminal Fines and Assessment Account Public Safety Fund (CFAA). CFAA funds come from fines assessed on persons convicted of a crime, violation, or infraction by justice, municipal, district, circuit, and juvenile courts. The CAMI account is the primary source of state funding for child abuse intervention. CAMI funds are distributed through multidisciplinary teams that are required by Oregon law to be established in each county under the leadership of the local district attorney.

Funds are allocated according to a "base plus" formula model in which each county receives a base amount plus funds according to the county's crime rate and their population under the age of 18. For the biennial budget cycle for 2015-2017, a total of $10.6 million has been allocated for MDTs from the CAMI account. *Additionally, CAMI funds are distributed to five regional Child Abuse Intervention Centers for the provision of specialized regional assistance to the MDTs. This amount totals $1.1 million for the 2015-2017 biennium.* The state Chapter, The Oregon Network of Child

Abuse, receives approximately $100,000 annually for the purpose of offering forensic interviewer training and Chapter coordination.

Colorado

In 2006, Colorado created a system similar to Oregon's CAMI program by implementing a surcharge on each person convicted of a crime against a child (§18-24-102). The amount of the surcharge ranges from $1,500 for a class 2 felony to $75 for a class 3 misdemeanor. Of the surcharge funds collected, 95% is dedicated to programs that coordinate a multidisciplinary team response to child sexual abuse and intervention (§18-24-103). Recipients of the funds are required by law to meet the accreditation standards of National Children's Alliance. All accredited centers in Colorado receive a portion of these funds. Funds may be distributed through the state Chapter. The Chapter is authorized to retain up to 30% of the total amount for its own operations, though in practice it does not keep that much. In the current year it is anticipated that revenues from this fund will be approximately $300,000. Revenue from the fund has grown each year. These funds are used to supplement a General Fund appropriation of $500,000 for CACs, of which the Chapter is also authorized to retain up to 30%.

Arkansas

The state of Arkansas implemented the "sin tax" approach in 2007 by adding a tax of $0.01 to each beer sold in the state. A portion of the revenues derived from this tax are dedicated to Children's Advocacy Centers. In the most recently completed fiscal year, funding distributions included $70,000 to each of the 14 CACs, $40,000 to each of the four satellites, and an additional average of $32,000 to each of the 14 CACs to fund a mental health component. Remaining funds were distributed to outside agencies to provide for mental health research and training of mental health providers, as well as for training and for specific components of CAC medical programs.

Texas

In 1991 the Texas Legislature created a program that allows counties the option to collect an additional fee on vehicle registrations, ranging from $0.50 to $1.50, known as the "Child Safety Fee." Under the law, funds collected are distributed to municipalities in the county proportional to their respective populations and funds must be used for programs that promote the safety, health, or nutrition of children. Many Texas CACs have had success securing these funds, and annual revenues per center have been as high as $70,000. However, unlike other dedicated Special Revenue funds, the Child Safety Fee is both implemented and distributed at the discretion of county officials.

Pennsylvania

After years of attempts to increase court fees to fund CACs, in 2014 the Pennsylvania General Assembly adopted legislation that would raise the cost of obtaining a duplicate birth certificate from $10 to $20. The additional $10 per copy was dedicated to the operation of Children's Advocacy Centers and the training of mandated child abuse reporters by the Department of Public Welfare (DPW). It is anticipated that CACs' share will be $2 million annually with just under $1 million allotted to DPW. At the discretion of the Governor's Children's Advocacy Center Advisory Committee (CACAC), these funds will be distributed for general operations of centers as non-competitive grants, by Pennsylvania Commission on Crime and Delinquency (PCCD). In 2017, the distribution will be $50,000 per Accredited and Associate member, and $40,000 for developing centers. The Pennsylvania Chapter of Children's Advocacy Centers and Multidisciplinary Teams will receive $400,000 for training & technical assistance programs.

Washington

Upon conviction of possession of child pornography, the state of Washington imposes a fee of $1,000 for each depiction or image of visual or printed matter that constitutes a separate conviction (9.68A.107). Fees collected are deposited into the Child Rescue Fund which is administered by the Attorney General. Of the fees deposited into this fund, 25% are to be used for grants to Child Advocacy Centers with the remaining 75% going to the Internet Crimes Against Children Task Force. Funds are distributed in the form of grants at the discretion of the Attorney General.

STATE POLICY RECOMMENDATIONS

Defining Legislation

- If not already in statute, CAC and Chapters should work to adopt legislation that clearly defines Child Advocacy Centers and/or multidisciplinary teams as the state's best practice for serving child abuse victims.
- CACs and Chapters should work with states to explore options and adopt policies that provide a stable source of revenue for state Chapters and member centers. Examples of the innovative legislation in this report can serve as a guide.

Legislative Advocacy

Many nonprofits are reluctant to use a lobbyist; however, elected officials rely heavily on the expert of lobbyists to help them draft and ultimately pass legislation. The reason that many corporations, trade associations, and unions get policies and statutes that protect their interests is because they have effective, professional advocates.

NCA employs a lobbyist to lead its federal advocacy and government affairs efforts. This has provided critical insider knowledge in crafting and implementing a legislative strategy that makes CACs more effective and impactful in Washington. This has ensured CAC funding has not been cut through very rough budget climates in the past several years. In fact, there have been a consistent VOCAA funding increases—from $18 million in FY12 to this year's likely level of $21 million. Additionally, a $2 million carve-out for CACs was secured in the recent JVTA law. CACs were the only victim advocate service to receive such a designation. And most importantly, federal advocacy efforts led to the change in the VOCA rule allowing funds to be used for forensic interviews and other key CAC services.

Several state Chapters have employed lobbyists to lead state advocacy efforts. For example, Colorado CACs made this commitment by having their Chapter Coordinator be a Colorado-based lobbyist. This allows Colorado CACs to draft and file legislative proposals with the correct committees that ensure actual results. This annual investment of $1,500 in dues from Colorado CACs for a paid lobbyist translates into approximately $50,000 of public funding for each Colorado CAC each year. In another example, the New Jersey Children's Alliance hired a lobbyist to help lead its funding advocacy for N.J. CACs. This decision and commitment to allocate limited resources for this form of advocacy has helped N.J. CACs secure $4.8 million annually in the New Jersey state budget for CACs.

While not every Chapter or membership organization will be able to afford a designated lobbyist, it is worth exploring as a means for more effective legislative advocacy. One option for working with a lobbyist when funding is scarce is to secure a lobbyist as a member of the State Chapter Board. As a board member, the lobbyist has an already committed goal of helping the State Chapter succeed; thus, they may be more willing to offer services pro bono to achieve CAC success.

State Advocacy Recommendations for CACs

- CAC Chapters and philanthropic partners whose charters allow it should consider hiring/working with a qualified lobbyist on legislative and funding advocacy efforts.
- CACs and their supporters should undertake advocacy efforts to identify and adopt a Special Revenue funding stream to provide a stable source of revenue as well as General Revenue appropriation to allow for the opportunity to make quick and substantial funding increases when necessary or when the opportunity arises.
- Chapters and CACs should continue to actively participate in NCA's annual Hill Day events scheduled during the NCA Leadership Conference, as well as develop stronger relationships with their federal elected officials (and their staffs) with continued advocacy all throughout the year.
- The CAC community should endeavor to develop a current national public funding resource and educational toolkit so that CACs and Chapters better understand what, where, and how public funds flow to Chapters and CACs.

Key Points: CAC organizational structure, budget analysis, and spending per child

- More than three-quarters of CACs nationally are structured as nonprofits, 14% are government-based and 8% are hospital-based.
- Organizational structure of a CAC is not a determinant of overall effectiveness or performance; however, there are modest variations in how these structures affect funding per child
- Nationally, hospital-based CACs have higher average spending per child, higher number of children served, and higher average budget sizes than other types of CACs

CAC organizational types can be categorized into three general categories: nonprofit, hospital-based, and government-based. These three general categories will be used to examine differences across CACs on various indicators later in this report. Nonprofit and government-based CACs can also be broken down further into sub-categories (see chart below).

In total, 77.9% of NCA member CACs are nonprofit organizations. 59.4% of all NCA members are stand-alone, independent 501(c)(3) organizations. Another 18.5% are programs under a larger agency that is categorized as a 501(c)(3) organization. For example, some CACs are organized as programs within a nonprofit mental health services provider.

Hospital-based CACs make up 8.3% of NCA member CACs. Although this is captured as one category, there may still be a great deal of variation in terms of how CAC operations fit within the larger hospital system.

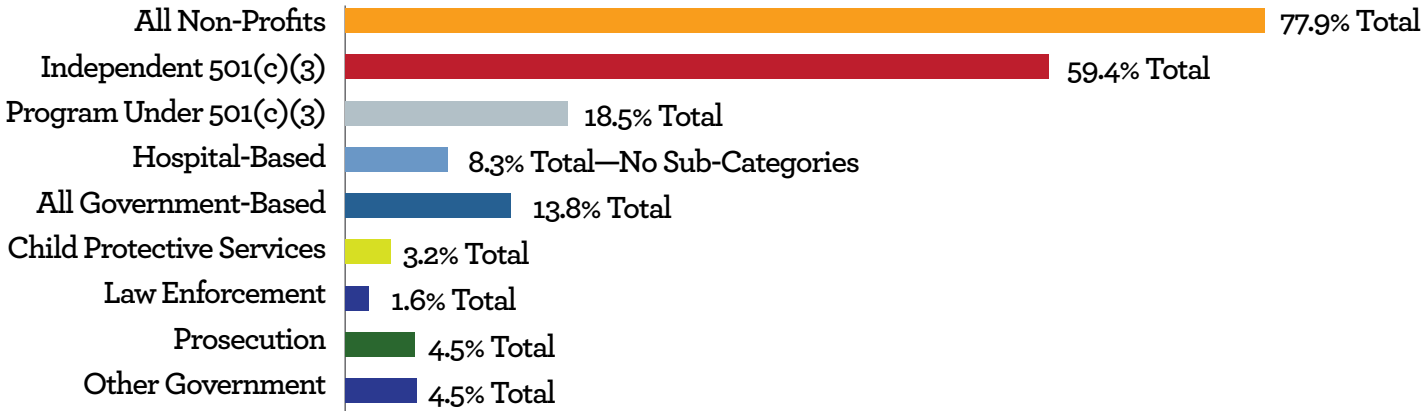
Government-based CACs make up the remaining 13.8% of NCA member CACs. NCA classifies sub-categories based on discipline: child protective services (CPS), law enforcement (LE), prosecution, and other. It is important to keep in mind that co-location of CACs with multiple agency partners may make it difficult for some CACs to classify themselves as belonging under just one specific discipline. For example, a CAC may be located within a building that houses both CPS and prosecution partners. Alternatively, some CACs are independent departments within a larger county government structure, so that they are not directly under another agency, such as a county attorney's office or sheriff's department. This is why NCA offers the category of "other," in order to capture these unique circumstances. According to self-report data, 3.2% of CACs are based within CPS departments, 1.6% are based within law enforcement, 4.5% are prosecution-based, and 4.5% classify themselves as falling under other government structures.

HOW DOES YOUR STATE COMPARE?

Want to see how CACs in your state compare to national averages on funding sources, spending per child, organizational structure, and more? Find the table for your state in Appendix B starting on page 31.

National Distribution of CACs by Organizational Structure

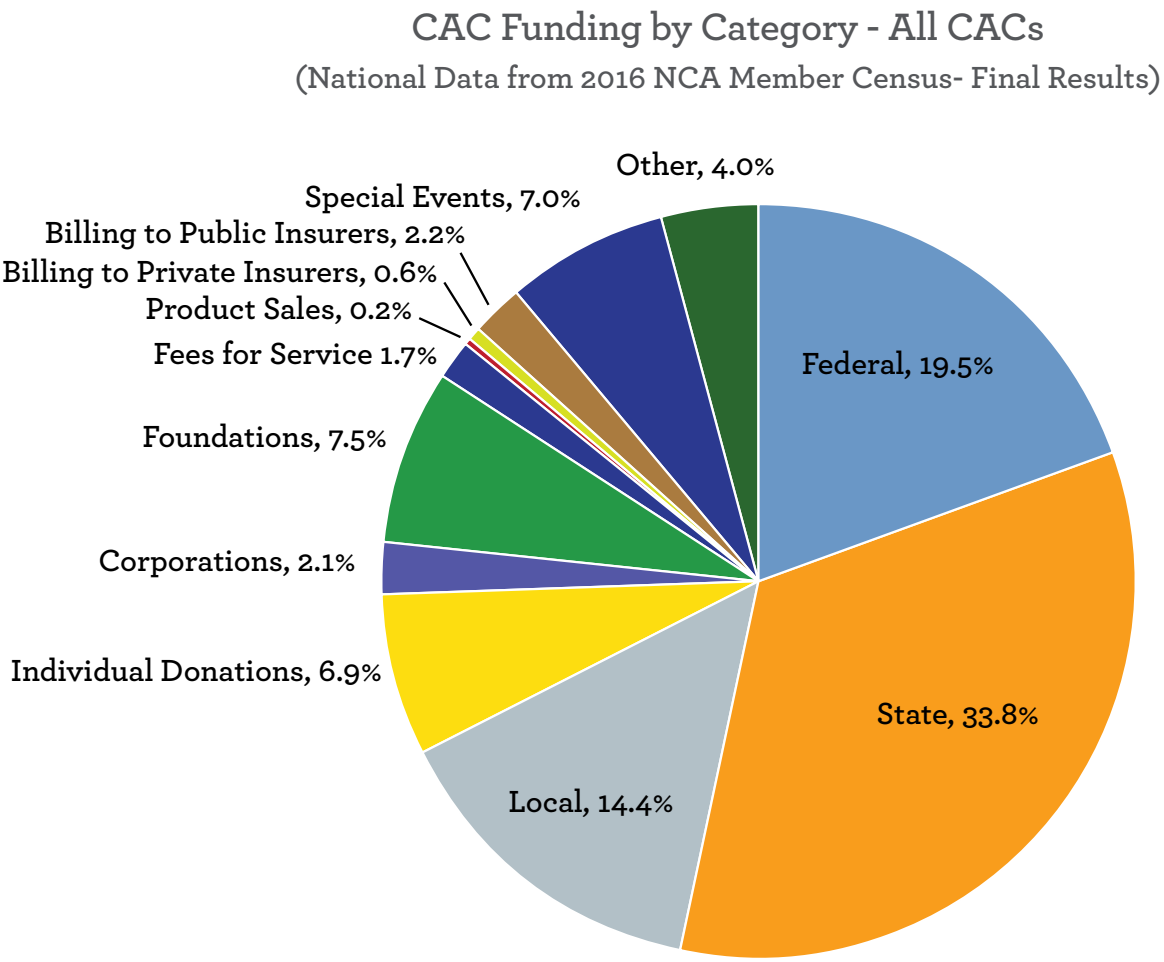
(2015 Annual NCA Statistics)



FUNDING DIVERSIFICATION WITHIN CACS NATIONALLY

Key Points: CAC funding

- National annual funding/spending for CACs exceeds $456 million
- The average national spending/funding per child based on CAC budget information is about $1,490. This doesn't factor any other costs/expenses related to external MDT resources/services
- Nearly all CACs are being funded by multiple sources. Only 2.3% of CACs nationally are funded by a sole source. However, these sole-source funding CACs are at extremely high risk
- About one-fifth of CACs are funded by three funding sources or fewer. This type of minimal-diversification funding model carries inherent and substantial risk
- Nationally, the average funding blend is 68% public funding and 32% private funding
- The largest contributor in the national average funding blend is state government, with more than one-third of all CAC funding derived from this source
- CACs provide an array of costly medical and mental health services, yet nationally less than 3% of CAC funding is derived from billing insurers for these services



Due to rounding, figures add up to less than 100%.

National Trends in CAC Funding — 2016 NCA Member Census

The 2016 NCA Member Census demonstrates that there are very few CACs that are funded by a single source (approximately 2.3% of centers received 100% of funding from one source) and, even within each category, there may actually be multiple funds. For example, CACs may receive federal funding through a combination of different programs, as described in the previous section. A center's organizational structure and accreditation status may also impact the blend of funding sources they receive.

While few centers are funded by one source, very few centers receive funding from all 12 funding categories included in the census. In fact, only about 1.6% of centers receive funding from 10 or more sources. Instead, the majority of centers indicated they receive funding from two to eight funding sources, with two-thirds of centers receiving funding from four to seven sources. On average, centers receive funding from a mean of 5.3 sources. And, the highest performing CACs average 7.8 types of funding—a well-diversified mix. Almost 20% of CACs reported receiving funding from only three or fewer sources, indicating potential for significant funding difficulties if one or more of those revenue streams were eliminated or cut by funders. The most common funding sources for centers to receive are public funding and individual donations. The exact percentage of CACs receiving any amount of funding from each source are as follows, in order of prevalence: state funding (90.6%), federal funding (79%), individual donations (74.9%), local funding (71.2%), foundation support (58.1%), funding from special events (54.5%), corporate donations (33.8%), other funding sources (25.7%), public insurance reimbursements (15.3%), revenue from fees for services (14.5%), private insurance reimbursements (8.8%), and revenue from product sales (4.3%)[vii].
In terms of the actual percentage of CAC budgets comprised of each type of funding, census results reveal that public funding streams are the largest source of CAC funding nationwide. More than two-thirds (68%) of CAC funding comes from a mix of federal, state, and local funds.

Based on the national average, about one-third of CAC funding derives from private sources. The largest sub-category of private CAC funding is foundation support, although at an average of 7.5% this still falls well below the percentage of funding received from public sources. This is followed by individual donations at 6.9% and special events at 7% of CAC funding. "Other" funding sources make up an additional 4%, while the remaining funding sources (corporate donations, billing to public and private insurance, and fees for service/product sales) account for 2.8 percentage points on average. The national average funding blend indicates that the largest investment in CACs is by government/taxpayers.

Funding from billing to private insurers accounts for between 0% and 23% of center funding in the sample of highest performing CACs, with an average of 1.8%. This is three times higher than the national average of 0.6%. Funding from billing to public insurers is slightly more common, but ranges from 0% to 12% of funding, averaging 2.5% of center funding in the sample of high-performing CACs, which is only slightly higher than the national average of 2.2%. In general, even the elite CACs do not seem to be fully tapping the potential of billing to insurers.

Hospital-based programs are much more likely to bill to insurers, as would be expected, but some nonprofits have entered into this funding arena as well. Neither of the government-based centers interviewed bill insurers.

FUNDING DIVERSITY AND PERFORMANCE

The highest-performing CACs in the interview sample, have double the national average proportion of funding coming from corporations and foundations, and 70% more in individual donations than the national average of all CACs. One distinguishing factor of the highest performing CACs may well be their ability to attract these types of community support. Moreover, they are more likely to conduct third-party billing, whether Medicaid, private insurers, or both.

BUDGET ANALYSIS AND BENCHMARKING PER CHILD SPENDING NATIONALLY

	Nonprofit	Hospital-Based	Government-Based	National
Annual Budget - Average, Range, and Total	Average: $574,369 Range: $28,913 to $8,000,000 Total: $329,687,542	Average: $1,084,303 Range: $41,422 to $9,104,158 Total: $67,226,813	Average: $597,037 Range: $40,000 to $8,775,850 Total: $59,703,668	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015 - Average, Range, and Total	Average: 392 Range: 2 to 4,301 Total: 224,723	Average: 625 Range: 14 to 2,932 Total: 38,777	Average: 430 Range: 51 to 3,308 Total: 42,989	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Number of Children Served)	$1,467	$1,734	$1,389	$1,490

Table. NCA member CACs: Budgets, number of children served in 2015, and average funding per child by CAC organizational structure

Per-child spending is 24% higher at hospital-based centers (highest spending per child) compared to government-based centers (lowest spending per child). All organizational type spending averages are within 16% of the national average. The data indicates that nationally hospital-based CACs have higher average budgets, see more children, and spend more per child than the national average for other types of CACs. The national average budget size for a CAC is $620,405 and the national average number of children served by CACs is 416 annually. The national average funding/spending per child by CACs is $1,490. Based on this nationally representative sampling of CAC budgets, the national average spending per child amount can be used as a meaningful benchmark for CACs across the country for the purposes of comparison. CACs can further compare their funding/spending per child by the benchmarks for organizational types.

DIVERSE AND BALANCED FUNDING MODELS

Diversity of funding sources hedges against declines, cuts, and elimination of other funding sources, and is an indicator to the community and funders of organizational health and stability. This is an essential "bandwagon effect" that can lead to more funding for the CAC from new sources, and an increase in the amount of funding that it can allocate toward services for each child. The CACs in the interview sample of high-performers have budgets that are more than four times larger than the average CAC. (Appendix A discusses the methodology for selecting the interview sample in detail.) Part of this may be due to need, since these CACs also tend to serve about three times as many children. This is likely due to centers being in higher population urban and suburban areas, but may also be due to the centers being better established, having greater "buy-in" from MDT partners, and receiving more referrals as a result. Even serving a higher number of children, CACs in this sample are able to spend approximately 38% more per child served ($2,068 in the CAC sample vs. $1,490 nationally, a difference of $578). Imagine everything a CAC could do with nearly $600 more funding per child: on-site mental health services, comprehensive follow-up by advocates, expanding prevention education programs in the community, and more. See Appendix A, Table I on page 28 for a detailed comparison of budget and average per child spending for the interview sample.

The highest performing CACs in our sample use these increased resources to reach more children and provide higher levels of service. For example, some centers have reached more children by extending their hours of operation, which is only possible because they have the funding to pay for additional staff to do this. Other centers have specialized programs for specific populations, such as trafficking programs for children involved in commercial sexual exploitation of children (CSEC). In addition to expanding capacity, these centers also use this funding to improve practices. Some centers used this funding to expand on-site evidence-based mental health treatment programs, allowing them to provide the highest quality therapy services to victims and help them heal from trauma inflicted by the abuse that led to their need for the CAC.

CAC services may not always be immediately recognizable as eligible for reimbursement by insurers. However, CACs do perform examinations and services focused on the health of children, such as medical evaluations and counseling services. These are services that, if they were not being provided at the CAC, would be provided by hospitals, clinics, or counseling centers that would absolutely bill insurers. Some of the high-performing CACs have abandoned the mindset that these services are not eligible for such reimbursements. In some cases, this may involve public policy changes to highlight the eligibility of CAC services, especially in the case of Medicaid. This is something that needs to be worked on at all levels—nationally by NCA, statewide by Chapters, and locally by CACs, and with support from the philanthropic community.

Even when centers are billing insurance companies for CAC services, it is often only for select services, such as mental health therapy, but not for the whole array of CAC services. It is true that some aspects of CAC services may be outside the realm of medical or mental health services and will always be difficult to bill for reimbursement. However, some CACs have found unique solutions to this. For example, one solution is to make medical partners a bigger part of the CAC process.

Finally, some CACs appear to be reluctant to ask for families' insurance information, believing that this somehow goes against the mission of the CAC to provide services free of charge to children and families. However, this puts a great deal of financial strain on centers and misses an important opportunity for funding. Centers may not realize that they can still use other funding sources to pay costs such co-pays and other expenses not covered by insurance, so that ultimately the service is still free for the family. Many high-performing centers recognize they are already using a variety of funding sources to pay for CAC services, and that billing to insurers could become an important, sizable addition to this funding pool.

RECOMMENDATIONS REGARDING FUNDING DIVERSITY

For Philanthropic Organizations:

- Philanthropic organizations should be knowledgeable of the funding blend of CACs they support, to consider gaps in funding, and to support a reasonable balance between various sources, i.e. government, corporations, foundations, individuals, and other sources.
- Philanthropic organizations should embrace that private philanthropic support is integral to the funding model of any high-performing CAC and understand that public funds are expected by government appropriators to prime the pump and serve as leverage for securing public-private partnerships in funding.
- Philanthropic organizations should consider investing in areas that will allow CACs to tap and leverage other natural revenue streams that are available, but currently not being accessed. A prime example being investing in CAC systems and infrastructure that will facilitate medical and mental health billing to insurers and supporting legislative advocacy that can effectively secure additional public funding.
- Philanthropic organizations should take to heart evidence of the effectiveness of the CAC model and could assist CACs in reducing the burden of time-, resource-, and labor-intensive fund development activities that can drain resources from the CAC mission with only modest yield on investment.
- Philanthropic organizations play a vital role in providing introductions and connect CACs with benefactors in the corporate sector. The level of corporate support for CACs nationally and locally is paltry and well below what is given to other charities nationally. This funding source has high upside potential for CACs.

For CACs:

- To avoid over-reliance on a single or limited number of funding sources, CACs should strive to maintain a good blend of public and private funders, and to use the benchmarks in this report for organizational type as a guide. The national average blend is 68% public and 32% private.
- Ideally, CACs should strive to develop a minimum of five to seven different reliable funding sources. Having three or fewer has inherent risks and is not recommended.
- The national average CAC spending per child is $1,490 annually, though this may vary based on budget size and organizational type. Benchmarks in this report can be used as a guide.
- CACs that are spending far less or far greater than the national average may want to consider why there is such a significant variance from the average, and to pay attention to the ratio of dollars spent to children served and the array and quality of services provided.
- CACs can invest in dedicated development staff to allow other direct service staff to stay mission-focused. Effective development staff can also result in a relatively quick return on investment.

KNOWLEDGE AND UNDERSTANDING OF PUBLIC RESOURCES

An attribute of high-performing CACs is their knowledge of the various public funding streams that could be available to them. Since on average about two-thirds of CAC funding comes from public sources, the better a CAC understands these streams and sources, the better they can access them for their facility. One issue that came up in CAC interviews is the confusion over the source and distribution process of funding sources. According to interviews, this is especially common for public funding, with many directors admitting to lack of full understanding about the ultimate source of some of these funds. This confusion occurs even with directors who have been with their programs for many years.

There are myriad potential funding sources for CACs, each with its own history, purpose, and requirements. It cannot be expected that every CAC director is fully knowledgeable about every possible funding source. However, sources such as Victims of Crime Act (VOCA) funding should be very familiar to every CAC director, as this is a key funding source for CACs with both the greatest opportunity for upside funding potential, as well as stability over time. NCA can support CACs by sharing this information in as simple a way to understand as possible, especially regarding federal funding sources. State Chapters, again with some support from NCA, can also educate themselves on the variety of state funding streams available to CACs and pass on this information to their member CACs. Finally, CAC directors and development staff can educate themselves on the funding sources available locally. In many cases, grant administrators are more than willing to discuss the process through which funds are administered and, by fostering these relationships, CACs may be better positioned to receive grant funds, prevent future cuts, or at least gain insight into who to contact if the CAC has future concerns about its funding from these sources. This report provides a detailed description and analysis of many federal and some state funding sources and can be a helpful first step in the education process for CACs and private funding institutions alike.

RECOMMENDATIONS REGARDING PUBLIC FUNDING SOURCES

For Philanthropic Organizations:

- Private funding institutions that routinely support CACs should be knowledgeable of the primary public funding sources that are available to CACs and be familiar with the allowable uses of the public funds, and those funds that require private matching contributions and allow their funding to be used as matches.
- Private funding institutions can assist CACs in making elected officials, policymakers, and related government agency officials aware of the investment and contributions that private institutions are providing to support CACs.

For CACs:

- CAC directors and their financial and program officers should be well-versed in the myriad public funding sources available to CACs, including eligibility requirements, allowable uses, and processes for accessing these funds.

Seventeen CACs were identified as high-performers and were included in an interview sample. The interview sample was selected based on a review and performance data discussed in detail in Appendix A. The goal of these interviews was to gather more in-depth, qualitative information on the funding practices and innovative organizational practices and programs that characterize these high-performing CACs.

Program Innovations and Effective Practices within High Performing CACs

A key indicator of organizational effectiveness is routine evaluation and performance measurement of programs, practices and service delivery systems. While corporations and government have long acknowledged and accepted the management practice of data-driven decision-making, this practice has come a bit slower to the nonprofit sector, and particularly the human and social service sectors. However, this lag in practice is rapidly being closed, and the CAC community has largely embraced the collection and utilization of data to measure operational effectiveness, client outcomes and satisfaction, and systems efficacy.

While nearly all CACs engage in some level of self-evaluation of performance, the best and the brightest of CACs across the country are driven by concrete indicators and measures that are constantly examined as part of a process of continuous quality improvement.

Evaluating Efficacy of Programs

The majority of centers interviewed (15 out of 17, 88.2%) participate in NCA's Outcome Measurement System (OMS), which involves collecting feedback from caregivers and multidisciplinary team (MDT) members. OMS is a standardized system of feedback surveys given to caregivers and MDT members to report on service usage, team procedures, and satisfaction with CAC/MDT practices. However, the surveys go above and beyond any feedback surveys that an individual organization might develop independently. The OMS surveys were developed through a rigorous, research-based process between CACs of Texas and the University of Texas at Austin. OMS is a state-of-the-art online survey system. In this system, all participating CACs have their own accounts to collect and report results of their OMS surveys. This data is automatically added to a national dataset, which can be used to create reports at all levels (local CACs, state Chapters, regional CACs, and national reports). The system also allows centers to benchmark their own performance against other centers in the larger groups in a variety of ways (e.g. all other centers in their state, other centers with the same organizational structure, centers with similar budget sizes, centers serving around the same number of children, etc.). Centers can also filter their reports to compare results from one timeframe to another, allowing them to track improvements over time. All of this allows centers participating in OMS to continually evaluate their programs, strive toward quality improvement, and showcase their areas of excellence.

In the interviews with the centers, the use of OMS was the most common response when centers were asked "How does your center evaluate the efficacy of service delivery for your clients?" Centers described reviewing survey results on a consistent basis to inform decisions and practices at their centers. Other examples included the specific tracking of various outputs and activities. In particular, multiple centers track the time between referrals and scheduling forensic interviews, with a goal of reducing this time for children, families, and agency partners.

When asked if centers had made significant improvements to service delivery based on these evaluation measures, many discussed this as a continuous process of incremental change and quality improvement that is a growing part of the organizational culture. One center had recently completed a strategic plan that includes a metrics chart showing the number of children served, services they received, and related outcomes. For example, under mental health services, the center tracks indicators such as wait list time, service completion rates, and what percentage have positive outcomes, such as a reduction in symptoms. Similarly, centers specifically mentioned the use of evidence-based assessments and treatments that they can have confidence, both in terms of using research-based techniques and in terms of using the structured tools and evaluations that are included as part of these techniques. Other centers described holding regular meetings with staff and key partner agency representatives specifically focused on improving collaboration, addressing problems, and brainstorming improvements for their programs. These meetings may be supplemented with tools such as the OMS multidisciplinary team (MDT) survey, administered once every six months, to collect feedback from the larger team and then address that feedback in the meetings. Since another important part of CAC work is prevention education, we also heard from centers using pre- and post-training surveys to evaluate community trainings.

Data-Driven Decision-Making, Performance Measurement and Continuous Quality Improvement

High-performing CACs are dynamic organizations that are consistently monitoring and evaluating their programs, services, and client satisfaction in meaningful and systematic ways. The CACs in our sample make extensive use of program evaluation methods, from standardized feedback surveys through OMS, to tracking key indicators of service delivery outcomes, to meeting with staff and partners on a regular basis to discuss performance and brainstorm ideas for improvement. These centers have a continuous focus on measuring the efficacy of services and using this data and information to implement solutions that improve practices and overall effectiveness. These efforts allow high-performing CACs to confidently and convincingly demonstrate to their peers, community, funding organizations, and themselves that they indeed have an impact on improving the lives of children and families they serve.

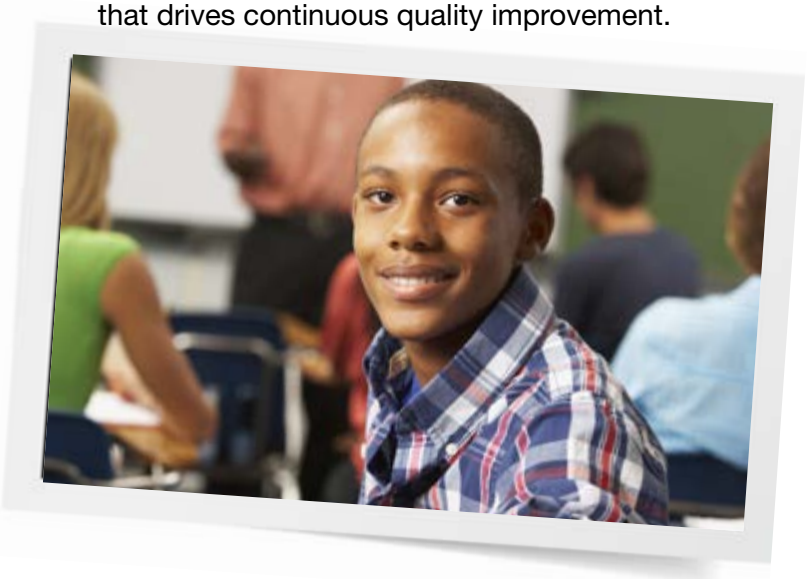
RECOMMENDATIONS RELATING TO PROGRAM EVALUATION AND QUALITY ASSURANCE

For Philanthropic Organizations:

- Funding organizations could help CACs achieve greater efficiency and improved service delivery through willingness to invest in program and organizational-level evaluation efforts.

For CACs:

- CACs can participate in the national Outcome Measurement System (OMS) and use the real-time results to benchmark their results against their peers and guide their quality improvement efforts. OMS is focused on general client and MDT satisfaction with CAC services.
- CACs can work to evaluate financial health, specific programs, initiatives and medical and mental health outcomes. These are important areas that can be informed by consistent evaluation and data-informed decision-making that drives continuous quality improvement.



RECOMMENDATIONS REGARDING ACCREDITATION

National Accreditation

One main indicator of a high-performing CACs is its ability to navigate, fulfill, and maintain the rigorous *Standards for Accredited Members*. It takes most CACs a few years of diligence and hard work to achieve national accreditation, and while most developing CACs aspire to national accreditation, there are some that do not have the resources, or level of practice necessary to complete the process. Although the Standards represent a baseline service requirement for all CACs, truly exceptional centers build on and exceed the Standards through innovation, excellence and understanding that in terms of effectiveness and performance, the national standards are the floor, not the ceiling. As shown, there are also tangible benefits in terms of community prestige, credibility, and funding for accredited CACs, as many public sources require accreditation as requisite for funding.

Recommendations:

- Funding agencies may want to consider accreditation status when providing support to CACs and may consider giving priority to CACs that are nationally accredited and to those demonstrating steady progress toward accreditation. Non-accredited and non-member CACs may be worthy of support but should be vetted very carefully by funding agencies.
- CACs striving toward greater effectiveness should be nationally accredited, or be moving toward accreditation.

INNOVATIONS IN PRACTICE TO IMPROVE SERVICE DELIVERY / DELIVERY OF SERVICE

In our interviews, high-performing centers described a variety of programs and practices that go above and beyond the *Standards for Accredited Members* with the goal of improving service delivery for clients. There are also a number of examples of innovation involving CACs across the country that are worth noting.

24/7 and Rapid Victim Response

One center recently implemented the practice of being open for extended hours (compared to what they had seen at other CACs), which allows them to accommodate their high volume of cases and team needs, such as law enforcement officers' shifts. This center is committed to a 24/7 response with no more than one hour to wait before the team can arrive for the process to begin in response to the victim. They pay their staff well to compensate them for this extra time, and staff will volunteer to come in for these extended hours in exchange for overtime compensation. This means interviews can occur at any time, based on the needs of the clients and agency partners.

Improved Response in Federal Investigations

The trafficking of children and commercial sexual exploitation of children (CSEC), such as involvement in the production of child pornography, is a growing problem that often involves multiple jurisdictions crossing state lines, which constitutes a federal crime. Historically, federal investigators had not developed strong working relationships with local CACs; in fact, in some cases, federal investigators would conduct interviews with alleged victims in hotels or squad cars rather than connecting with area CACs to use their facilities or resources. This was not because the federal agents were not familiar with CACs or because of territorial issues, but simply because the appropriate agreements, arrangements, and protocols were not in place for field agents to use CACs for interviews and investigations. This gap in victim services is being resolved and now hundreds of CACs across the country have entered into a memorandum of understanding with FBI field offices to ensure that federal investigators have access to the facilities and resources of CACs when they have investigations involving children.

Expansion of Evidence-based Mental Health Services

A central part of the CAC mission is to ensure that child victims have a path to healing after they have been harmed by abuse. Though all CACs must provide victims with access to mental health services, the range of mental health services available from one CAC to another can vary widely. CACs in the state of Mississippi recently offered grant-funded training to their mental health practitioners on how to administer standardized mental health assessments that would assist them in preparing treatment plans and recommending evidence-based treatments that are most appropriate for the trauma symptoms of the child victims. Similarly, in the states of North Carolina and South Carolina, CACs have been leading the charge to expand mental health services for child victims. Recently private funding has been used to train mental health clinicians and help them implement a new evidence-based early mental health intervention for CAC clients that can help prevent the onset of post-traumatic stress disorder.

Early Interventions to Prevent Abuse

Children with untreated trauma or mental health conditions are likely to come to the attention of school personnel because of inattention or acting out in the classroom, attendance problems, depression/anxiety, withdrawn behavior, or social problems with peers. They may be bullies or be bullied. At home, these are children who may test the patience of parents or, alternately, are considered compliant, perfect children. One may be at risk for child abuse, the other for child neglect. All need help. One innovative CAC in the Midwest has used private-funding to implement early intervention to detect and confront mental health problems in children and to seek appropriate solutions that help all children reach their fullest potential. The program works with school and medical professionals to identify children in need of services. The CAC then matches children with community therapists who are trained in evidence-based practices and provide ongoing follow-up to families, referral sources, and providers. This is a voluntary program and referrals are based on parent consent.

Comprehensive Range of Services and Innovation

Another characteristic of high-performing CACs is that they seek to go beyond the core requirements for services to offer the most robust package of victim services possible. This is also part of the cycle of continuous quality improvement, i.e., not only adding additional services but making continual improvements, refinements, and innovations in existing services and in the delivery of those services. This translates to things like introducing a broader range of evidence-based mental health interventions (instead of just offering a single type of therapy), opening CAC resources to allied partners such as the FBI, staying open extra hours, and having rapid MDT response to clients in need.

Recommendations Regarding Innovations and Range of Services

- Funding organizations should encourage and invest in innovations and enhancements in CAC services that will allow them to excel and offer the children and families they serve the most comprehensive and effective services, programs, and treatments that are available.
- CACs should strive to maintain a dynamic and forward focus that builds capacity to offer robust, quality services that exceed core accreditation requirements.

LEADERSHIP, PARTNERSHIP, AND COLLABORATION

The CAC model is built on multidisciplinary partnership and collaboration among stakeholder agencies. Collaboration is part of CACs' DNA, though like all organizations there can sometimes be parochialism and territorialism when it comes to allocation of limited resources. Highly-effective CACs do not isolate themselves from the rest of the field, accumulating resources for the sole benefit of their own center. Instead, these high-performing centers demonstrate community leadership through seeking partnerships with other organizations, embodying the old adage that "a rising tide lifts all boats." Many centers have partnered with organizations that might otherwise be competitors, such as domestic violence and rape crisis centers, for resources. By working together, the CAC and these partners are able to secure grants for community-wide efforts such as prevention education programs, which in many cases neither organization may have been able to secure on their own. Similarly, centers also demonstrate leadership by helping other CACs, especially new centers in smaller communities, to grow and develop their programs. The fact that these 17 high-performing centers were willing to participate in these interviews speaks to their willingness to share their secrets for success and help others in the field. Some of the most successful statewide and regional CAC initiatives have occurred when state Chapters and local CACs were willing to introduce and "share" their established funding partners with other CACs, Chapters, and even NCA.

Recommendations

- CACs can embrace the role of community and/or regional convener/leader in bringing together other CACs and victims' services groups to work collaboratively to seek and secure funding on initiatives of mutual benefit and common interest.

CONCLUSION

The Children's Advocacy Center movement is a vast, dynamic, and multi-layered national movement that continues to grow in response to the needs of children and their families that have been exposed to violence, abuse, and neglect. This exponential growth over the last three decades from a single CAC in rural Alabama to more than 800 centers spread across every part of the U.S. today has been fueled by a uniquely effective and sustainable funding model built on shared contribution from public, private, and individual sources of support.

The direct annual spending for CACs across the country exceeds $456 million and continues to grow. The national funding model for CACs is built upon a foundation of public funding, with two-thirds of CAC funding coming from federal, state, and local government. Funding from the federal government, specifically the Victims of Child Abuse Act (VOCAA), serves as a catalyst and primes the pump from which all other funds, both public and private, can be leveraged. However, VOCAA funding has not been able to keep pace with the steadily increasing number of children being served. New federal commitments, through the Justice for Victims of Trafficking Act (JVTA), as well as changes in disbursements and rules governing the Victims of Crime Act (VOCA) and Mental Health Parity have resulted in very real, robust, and varied opportunities for CACs to access public funding sources that in most cases have not been available to them before. State government is the largest single funding source for CACs nationally. Through General Revenue allocations, and in a number of states, dedicated Special Revenue streams, states are the linchpin of the CAC funding model, and new funding streams for CACs are being enabled in many states. In federal statutes, and in many state statutes, CACs have been endorsed and invested in with the full faith of the government through defining legislation that serves as a guarantor to other public and private funding sources that CACs are worthy of community investment. CACs, Chapters and the private funding institutions that support CACs must be familiar with these vital public funding sources and how to effectively access these sources. Most importantly, community stakeholders and private funding institutions need to understand that the guiding principal of the national CAC funding model, as envisioned by policy-makers, is one of shared contribution based on public-private partnership, with government shouldering most of the load, and community partners bearing a fair share.

Though nearly all CACs have a diversity of funding streams, some have funding models that are much more diverse than others. Some of the best-diversified CACs have as many as ten different funding sources, but one-fifth of CACs have three funders or less, which can be cause for concern. There are a number of factors that can affect CAC funding per child including organizational type, array of services provided, demography, and local economic conditions. Hospital-based CACs were found on average to have the largest budgets, serve the most children, and have the highest funding per child. However, these type of CAC represent just 8% of the centers nationally, with three-quarters of CACs organized as nonprofits. Our interview sample of high-performing CACs demonstrated unusually diverse funding models, larger-than-average budgets, more children served, and higher-than-average per-child spending. One of the most significant findings was that although every CAC provides for an array of medical, mental health, and advocacy services that are eligible for billing to public and private insurers, very few CACs are doing this. This is a costly missed opportunity that merits the focused attention of CACs, state Chapters and the philanthropic institutions that support them.

Finally, there are a number of characteristics and attributes that are common to high-performing CACs. These characteristics can serve as benchmarks for other CACs aspiring to excellence, and as guideposts for state Chapters and funding organizations that are engaged in supporting and investing in CACs. Centers

that are nationally accredited demonstrate diligence, determination, and commitment to quality services for children. Truly exceptional CACs understand that the national accreditation standards are a baseline for performance, not a ceiling, and they constantly work to exceed the standards. This includes offering the most comprehensive array of programs and services possible to their clients, as well as being both innovative and effective in what services are provided and how those services are delivered. Another key attribute of the high performers is dedication to program and process evaluation that is harnessed to data-driven decision-making. CACs that are invested in systematic, performance evaluation geared toward continuous quality improvement are the ones that distinguish themselves as high-performers.

There are some CACs that are recognized as pillars in their communities, and these centers embrace partnership, collaboration, and assume a leadership role in advocating for all types of victims and victim serving organizations. These centers are committed to sharing resources and information. They understand that the problems of abuse, neglect, and violence do not begin or end at their doorsteps, and that real impact and change involves bringing in neighboring CACs, other types of victims' service providers, funding organizations, government, and many other community stakeholders.

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vii Many more centers are likely receiving federal funding, but are not aware of it due to it being passed through other organizations/agencies, as is described in more detail later. In particular, every accredited CAC receives $9,000 in federal funding that is passed through NCA. It is possible that, especially in centers with very large budgets, this may account for a very small percentage, and some non-accredited centers may in fact not receive any federal funding, so even with this in mind, federal funding may not be a significant funding source for some CACs.
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APPENDICES

Appendix A: Methodology For Selecting and Conducting CAC Telephone Interviews

Linking Census Responses to NCA Membership Data

The preliminary dataset from the 613 responding centers in the Membership Census Survey was used to select CACs with best practices to participate in more in-depth telephone interviews. The first stage of selection criteria included the following components based on the 2016 NCA Member Census:

- Completed response to the 2016 NCA Member Census (incomplete surveys were not included),
- Accredited centers (according to membership data linked to census responses),
- Centers self-reporting to primarily serve either an "urban" or "suburban" area (note that this excluded over half of NCA members, as 53.2% of centers serve either rural or frontier populations, as outlined in the chart below),
- Centers reporting no more than 75% funding from public sources (combination of federal, state, and local sources), and
- Centers reporting at least 1% funding from individual donations (ideally higher, but we observed that setting this any higher seemed to disproportionately exclude government-based centers).

Criteria up to this point resulted in a sample of 127 potential CACs to interview. The second stage to further narrow the pool involved matching census responses based on the criteria above to information available in other NCA data sources in an attempt to select a representative sample. One step was to link to information available through NCA's membership database (GIFTS). In addition to the center's membership status (Accredited, Satellite, Associate/ Developing, or Affiliate), which was included in the first stage, this second stage also included the center's regional location (Northeast, Midwest, Southern, or Western) and budget size according to self-reported data on file with NCA. Another step was to match information about the center's organizational type (nonprofit, hospital-based, or government-based) collected through the 2015 annual statistical collection process. Once this information was matched to the census data, the following selection criteria were used:

- Representative sample by organizational type (according to national statistics on organizational types, as reviewed above);
- Representative sample by region (national data according to membership lists as of July 2016 indicated the following composition: 42.4% Southern, 24.3% Midwestern, 17.2% Western, and 15.6% Northeastern—the remaining 0.5% were international CAC locations and were not included in the selection criteria); and
- A budget size capable of meeting the number of children served (although there was no set cut-off, centers with exceptionally low funding per child were less likely to be selected).

The final sample of centers selected for interviews also included three additional components:

- Inclusion of at least one center currently receiving support through the Walton Family Foundation, as well as at least one other metropolitan center not currently receiving Walton Family Foundation support.
- Overall diversity in funding sources (in addition to specific criteria above for public funding and individual donations); preference was given to centers with a diversity of funding sources.
- Review by NCA staff members involved in the project and NCA leadership to exclude any centers with current difficulties (i.e., pending accreditation status, significant staff transitions, etc.).
- Centers that were outliers (i.e., had circumstances that were so unique that they could not be replicated elsewhere) were excluded.

Comparison to Outcome Measurement System (OMS) Scores

To ensure the resulting sample would also include centers that have demonstrated excellence in client and team member satisfaction and service usage, participation in NCA's Outcome Measurement System (OMS) was also examined. OMS is a standardized, research-based system of surveys designed to measure CAC performance based on stakeholder satisfaction. It was developed by researchers and piloted in Texas in 2009 and began to be offered on a national basis by NCA in 2012. Indicators are based on issues of most importance to CACs, MDTs, and families. The surveys are periodically revised based on feedback from users and current research on best practices. The purpose of OMS is to help CACs evaluate their programs to: 1) increase the quality of services provided to children and families, and 2) improve the collaborative efforts of multidisciplinary team (MDT) members. OMS consists of five survey tools for CACs, three of which are used to create

national reports. As of June 2016, 635 CACs across the United States, Canada, and Australia are participating in OMS, with participation growing steadily each year. The most widely used of these survey types is the Initial Visit Caregiver Survey, with close to 120,000 of these surveys collected nationally to date. This survey is offered to caregivers at the conclusion of their first visit with their children to a CAC, generally after the completion of the forensic interview and meeting with victim advocates to discuss availability of services for the children and families.

The Initial Visit Caregiver Survey primarily consists of multiple-choice items on which caregivers rate their level of agreement with statements connected to best practices at the initial visit. Examples include, "My child felt safe at the center," and, "The process for the interview of my child at the center was clearly explained to me." Using a Likert Scale, in which the highest level of agreement, "Strongly Agree," is rated as a 4, "Somewhat Agree" is rated as a 3, "Somewhat Disagree" is rated as a 2, "Strongly Disagree" is rated as a 1, and, "I Don't Know" is rated as a 0 (because this indicates a missed opportunity for the CAC to convey information to a caregiver), an average score can be calculated for each survey and for each center based on all the surveys they have collected in a given period. In the 2015 annual collection period (January to December 2015), the national average score was 3.72 (compared to a maximum score of 4), or approximately 93% agreement on survey items.

Telephone Interview Sample Characteristics

Using the above criteria resulted in a sample of 18 centers that met the designed criteria for effective, high-performing CACs. The response rate was much higher than anticipated. All 18 selected centers were contacted at least twice to request participation and 17 out of the 18 responded and agreed to participate in the interviews. (The remaining one center did not respond.) Sample characteristics in this section are based on a final sample of 17 centers.

A set of 30 questions was developed based on the requirements of this report, preliminary results of the 2016 NCA Member Census, coordination between team members, and review by NCA leadership. The questions focus on gathering more in-depth information about both the various funding sources reported in the 2016 NCA Member Census, as well as about the process to obtain those funding sources, including areas of success as well as challenges. Items also included questions about overall funding, such as increases or decreases in recent years, competition with other organizations, and innovative funding practices. Questions about organizational practices were also included, such as questions about evaluation practices and innovative programs. A full copy of the interview questions can be found in the Appendix F.

Seventeen interviews were conducted between August 18, 2016 and September 7, 2016. The interviews were conducted by the OMS Coordinator and lasted approximately one hour on average. Most interviews were conducted with the Executive Director of the CAC, often with other team members present (especially fundraising/development staff).

Sample characteristics of these 17 centers can be found in the table below (beyond budget size and number of children served, which are included in a later table in the results section). Centers from the Western Region were purposely overrepresented to accommodate the needs of the funding organization. The Midwest Region ended up being underrepresented, as the one center that did not respond to a request for an interview was from this region. Center organizational types were similar to national membership, although hospital-based centers were slightly overrepresented given the small sample size and the desire to include at least two such centers for better representation. We found that government-based centers were less likely to meet funding requirements (no more than 75% public funding and at least 1% individual donations), given that the average government-based center's budget comprised of almost 93% public funding sources as mentioned previously. As a result, it was more difficult to find centers in this category meeting the criteria and as such, government-based centers are slightly underrepresented. Both of the government-based centers in the sample self-reported being in the "Other Government" sub-category in the statistics, but one of these centers could also be considered "Prosecution-Based," as they are located in a state in which all centers are run through the Attorney General's Office. Given that the centers included in this study were only urban or suburban centers (82.4% and 17.6% respectively in the sample, with a preference for urban centers given the foundation's focus on "metropolitan" centers), the number of children they served in 2015 is higher than the national average, likely due to rural centers in the national group serving fewer numbers of children. Similarly, the budget sizes of the centers in the sample are also well above national averages, with all but two centers having budgets over $500,000 and an average budget of over $2.4 million.

Of these 17 centers, 11 had an average OMS Initial Visit Caregiver Survey score at or above the national

mean (3.72 or 93% agreement), indicating exceptionally high satisfaction. Another four centers were below the national average, but had an average score of at least 3.5 (87.5% agreement), and the remaining two centers were not yet participating in the program as of December 2015. (One began participating in May 2016 and the other plans to begin participating in 2017.)

The CAC budget amount was pulled from NCA's membership database (GIFTS). In the interviews, CACs were asked to verify the annual budget for the most recent fiscal year and some centers made adjustments, while others indicated that the information NCA had on file already reflected the most recent completed fiscal year. It is also important to note that selection criteria involved a brief look at the centers' budget sizes (mostly to avoid choosing centers with dramatically low budgets compared to the number of children served), so this difference in average funding per child was expected.

TABLE I

Additional Table. Breakdown of CAC Interview Sample vs. National Averages: Budget, number of children served in 2015, and average funding per child.

	Interview Sample	National
Annual Budget - Average, Range, and Total	Average: $2,672,981 Range: $131,256 to $8,775,850 Total: $45,440,682	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015 - Average, Range, and Total	Average: 1,292 Range: 62 to 3,541 Total: 21,970	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Number of Children Served)	$2,068	$1,490

For the purposes of this table, the two CACs in Salt Lake City, which participated in the interview as one center, were combined (i.e. budgets and number of children added together). They function as one organization, but are considered separately accredited centers by NCA.

Appendix B: State vs. National Tables

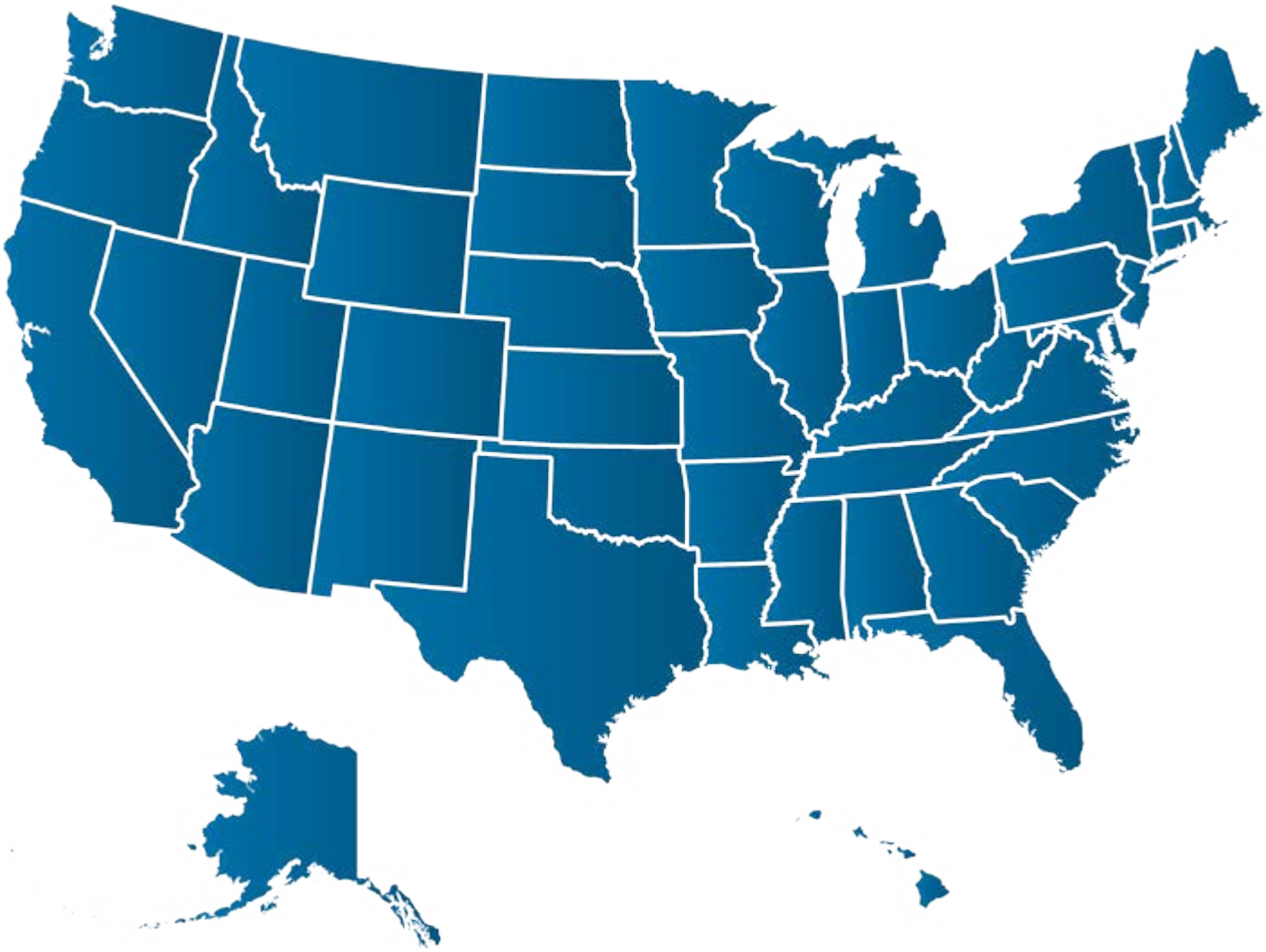
In this section, data on budget, organization type, funding sources, demography, staffing, service delivery and more can be found for each of the 50 states, comparing state averages with national averages.

The state data tables can be used as a guide for benchmarking Chapters and CACs in comparing funding models and key aspects of operations, and how they stack up against the national average and other comparable states.

State-by-state data tables are in alphabetical order by state. This data was sources from NCA's 2016 Member Census and from the U.S. Census.

Please note that while overall, the national response rate to the census was at 86%, and represented no significant deviation from NCA's overall membership composition, response rates within individual states may vary.

Due to the high number of centers in certain states that did not respond to the Census, results should be interpreted with caution, as they may not be representative of the remaining centers that did not submit key information to NCA. Where low response rates of individual states may have significant impacts on data, it is indicated on those states' respective tables.



ALABAMA

	Alabama	National
NCA MEMBER CACS AS OF 11/15/2016	N = 23	N = 823
% Accredited	73.9% (17/23)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	30.4% (7/23)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 20	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $353,618 Range: $196,537 to $870,389 Total: $7,072,351	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 249 Range: 51 to 993 Total: 4,984	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,419	$1,490

2016 NCA MEMBER CENSUS DATA	**20 Responding Centers from Alabama****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	20 centers completed this section	681 centers completed this section
Federal	31.1%	19.5%
State	28.3%	33.8%
Local (includes Municipal/City and County)	9.7%	14.4%
Individual donations	9.9%	6.9%
Corporations	3.7%	2.1%
Foundations	5.7%	7.5%
Fees for Service (for direct service provision only)	0.6%	1.7%
Product Sales (i.e. training, etc.)	1%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	7.8%	7.0%
Other	2.2%	4.0%

	Alabama	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 20% (4/20) Suburban: 15% (3/20) Rural: 65% (13/20) Frontier: 0	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.50 Part Time: 2.80 Total: 8.30 Out of all 20 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.20 Part Time: 0.10 Total: 0.30 Out of all 20 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	65% (13/20)	58.5% (409/699)

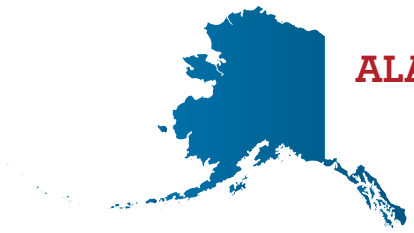
SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	55% (11/20)	52.2% (370/709)
Centers Signed On to FBI MOU	20% (4/20)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (20/20)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	5% (1/20)	17.4% (123/706)
Method of Providing MH Services	Onsite: 65% (13/20) Linkage Agreements: 5% (1/20) Both: 30% (6/20)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	85% (17/20)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.76	2.69
% Using Evidence-Based MH Treatments	95% (19/20)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.32	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$43,511	$53,482
Per capita income	$23,936	$28,555
% Population in Poverty	18.5%	13.5%
Population per square mile	94.4	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Alabama: http://www.census.gov/quickfacts/table/PST045215/01
National: https://www.census.gov/quickfacts/table/PST045215/00



ALASKA

	Alaska	National
NCA MEMBER CACS AS OF 11/15/2016	N = 10	N = 823
% Accredited	50% (5/10)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	90% (9/10)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 10	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 20% Non-Profit: 80%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $786,053 Range: $238,341 to $1,796,521 Total: $7,860,531	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 180 Range: 14 to 850 Total: 1,803	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$4,360	$1,490

2016 NCA MEMBER CENSUS DATA	**9 Responding Centers from Alaska****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	9 centers completed this section	681 centers completed this section
Federal	33.3%	19.5%
State	49.7%	33.8%
Local (includes Municipal/City and County)	1%	14.4%
Individual donations	4.6%	6.9%
Corporations	5.6%	2.1%
Foundations	2.8%	7.5%
Fees for Service (for direct service provision only)	0.8%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.6%	2.2%
Special Events	0.6%	7.0%
Other	1.2%	4.0%

	Alaska	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 11.1% (1/9) Suburban: 22.2% (2/9) Rural: 44.4% (5/9) Frontier: 22.2% (2/9)	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 4.11 Part Time: 2.11 Total: 6.22 Out of all 9 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0 Part Time: 0 Total: 0 Out of all 9 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	55.6% (5/9)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	77.8% (7/9)	52.2% (370/709)
Centers Signed On to FBI MOU	44.4% (4/9)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (9/9)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	88.9% (8/9) *Remaining one center is known to provide courtesy interviews to children from tribal communities, but indicated "Not Applicable, there are no tribal communities in our area" on the census. This is accurate - the tribal communities are in other parts of the state.*	17.4% (123/706)
Method of Providing MH Services	Onsite: 22.2% (2/9) Linkage Agreements: 44.4% (4/9) Both: 33.3% (3/9)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	55.6% (5/9)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.80	2.69
% Using Evidence-Based MH Treatments	55.6% (5/9)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	3.4	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$71,829	$53,482
Per capita income	$33,129	$28,555
% Population in Poverty	10.3%	13.5%
Population per square mile	1.2	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Alaska: http://www.census.gov/quickfacts/table/PST045215/02
National: https://www.census.gov/quickfacts/table/PST045215/00

ARIZONA

	Arizona	National
NCA MEMBER CACS AS OF 11/15/2016	N = 13	N = 823
% Accredited	61.5% (8/13)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	46.2% (6/13)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 8	N = 736
Organizational Structure	Government-Based: 25% Hospital-Based: 12.5% Non-Profit: 62.5%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $1,067,172 Range: $288,479 to $3,836,414 Total: $8,537,377	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 677 Range: 123 to 1,710 Total: 5,416	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,576	$1,490

2016 NCA MEMBER CENSUS DATA	**11 Responding Centers from Arizona****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	11 centers completed this section	681 centers completed this section
Federal	11.6%	19.5%
State	10.4%	33.8%
Local (includes Municipal/City and County)	52.5%	14.4%
Individual donations	6.7%	6.9%
Corporations	3.4%	2.1%
Foundations	3.6%	7.5%
Fees for Service (for direct service provision only)	3.8%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	1.8%	2.2%
Special Events	6.0%	7.0%
Other	0.1%	4.0%

	Arizona	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 36.4% (4/11) Suburban: 9.1% (1/11) Rural: 54.5% (6/11) Frontier: 0.0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 9.55 Part Time: 2.09 Total: 11.64 Out of all 11 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.18 Total: 0.18 Out of all 11 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	45.5% (5/11)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	81.8% (9/11)	52.2% (370/709)
Centers Signed On to FBI MOU	63.6% (7/11)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	90.9% (10/11)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	63.6% (7/11)	17.4% (123/706)
Method of Providing MH Services	Onsite: 18.2% (2/11) Linkage Agreements: 36.4% (4/11) Both: 45.5% (5/11)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	45.5% (5/11)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.00	2.69
% Using Evidence-Based MH Treatments	54.5% (6/11)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.50	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$49,928	$53,482
Per capita income	$25,537	$28,555
% Population in Poverty	17.4%	13.5%
Population per square mile	56.3	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA). **Due to the high number of centers in Arizona that did not submit both pieces of this information (i.e. only 8 out of 13 submitted both statistics and budget information), results should be interpreted with caution, as they may not be representative of the 5 remaining centers that did not submit this information to NCA.**

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Arizona: http://www.census.gov/quickfacts/table/PST045215/04
National: https://www.census.gov/quickfacts/table/PST045215/00

ARKANSAS

	Arkansas	National
NCA MEMBER CACS AS OF 11/15/2016	N = 14	N = 823
% Accredited	71.4% (10/14)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	57.1% (8/14)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 13	N = 736
Organizational Structure	Government-Based: 0.0% Hospital-Based: 7.7% Non-Profit: 92.3%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $383,206 Range: $120,800 to $943,121 Total: $4,981,674	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 353 Range: 72 to 798 Total: 4,595	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,084	$1,490

2016 NCA MEMBER CENSUS DATA	**10 Responding Centers from Arkansas****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	10 centers completed this section	681 centers completed this section
Federal	14.7%	19.5%
State	34.4%	33.8%
Local (includes Municipal/City and County)	4.5%	14.4%
Individual donations	9.5%	6.9%
Corporations	4.1%	2.1%
Foundations	8.7%	7.5%
Fees for Service (for direct service provision only)	5.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	8.1%	7.0%
Other	11.0%	4.0%

	Arkansas	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 30% (3/10) Suburban: 30% (3/10) Rural: 40% (4/10) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 6.00 Part Time: 1.60 Total: 7.60 Out of 10 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.20 Part Time: 0.10 Total: 0.30 Out of 10 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	80% (8/10)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	50% (5/10)	52.2% (370/709)
Centers Signed On to FBI MOU	70% (7/10)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (10/10)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (Not Applicable for All)	17.4% (123/706)
Method of Providing MH Services	Onsite: 40% (4/10) Linkage Agreements: 0% Both: 60% (6/10)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	100% (10/10)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.30	2.69
% Using Evidence-Based MH Treatments	100% (10/10)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.50	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$41,264	$53,482
Per capita income	$22,595	$28,555
% Population in Poverty	19.1%	13.5%
Population per square mile	56.0	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N. **Due to the high number of centers in Arkansas that did not respond to the 2016 NCA Member Census (i.e. only 10 out of 14 responded), results should be interpreted with caution, as they may not be representative of the 4 remaining centers that did not submit this information to NCA.

***United States Census Bureau:
Arkansas: http://www.census.gov/quickfacts/table/PST045215/05
National: https://www.census.gov/quickfacts/table/PST045215/00

CALIFORNIA

	California	National
NCA MEMBER CACS AS OF 11/15/2016	N = 25	N = 823
% Accredited	92% (23/25)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	8% (2/25)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 23	N = 736
Organizational Structure	Government-Based: 47.8% Hospital-Based: 26.1% Non-Profit: 26.1%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $933,787 Range: $33,220 to $9,104,158 Total: $21,477,110	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 463 Range: 67 to 1,740 Total: 10,656	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$2,015	$1,490

2016 NCA MEMBER CENSUS DATA	**18 Responding Centers from California****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	17 centers completed this section	681 centers completed this section
Federal	17.1%	19.5%
State	23.6%	33.8%
Local (includes Municipal/City and County)	33.2%	14.4%
Individual donations	1.5%	6.9%
Corporations	0.8%	2.1%
Foundations	8.0%	7.5%
Fees for Service (for direct service provision only)	4.2%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	1.1%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.2%	2.2%
Special Events	1.7%	7.0%
Other	8.5%	4.0%

	California	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 50% (9/18) Suburban: 38.9% (7/18) Rural: 11.1% (2/18) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 6.69 Part Time: 3.25 Total: 9.94 Out of 16 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.06 Total: 0.06 Out of 16 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	44.4% (8/18)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	44.4% (8/18)	52.2% (370/709)
Centers Signed On to FBI MOU	61.1% (11/18)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	83.3% (15/18)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	38.9% (7/18)	17.4% (123/706)
Method of Providing MH Services	Onsite: 16.7% (3/18) Linkage Agreements: 38.9% (7/18) Both: 44.4% (8/18)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	66.7% (12/18)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.92	2.69
% Using Evidence-Based MH Treatments	66.7% (12/18)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.17	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$61,489	$53,482
Per capita income	$29,906	$28,555
% Population in Poverty	15.3%	13.5%
Population per square mile	239.1	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N. **Due to the high number of centers in California that did not respond to the 2016 NCA Member Census (i.e. only 18 out of 25 responded), results should be interpreted with caution, as they may not be representative of the 7 remaining centers that did not submit this information to NCA.

***United States Census Bureau:
California: http://www.census.gov/quickfacts/table/PST045215/06
National: https://www.census.gov/quickfacts/table/PST045215/00

COLORADO

	Colorado	National
NCA MEMBER CACS AS OF 11/15/2016	N = 16	N = 823
% Accredited	93.8% (15/16)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (16/16)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 16	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $531,756 Range: $200,814 to $1,600,000 Total: $8,508,136	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 337 Range: 77 to 843 Total: 5,390	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,579	$1,490

2016 NCA MEMBER CENSUS DATA	**15 Responding Centers from Colorado****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	14 centers completed this section	681 centers completed this section
Federal	18.5%	19.5%
State	15.9%	33.8%
Local (includes Municipal/City and County)	21.3%	14.4%
Individual donations	8.0%	6.9%
Corporations	2.8%	2.1%
Foundations	10.3%	7.5%
Fees for Service (for direct service provision only)	2.7%	1.7%
Product Sales (i.e. training, etc.)	0%	0.2%
Billing to Private Insurers	0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.1%	2.2%
Special Events	16.5%	7.0%
Other	3.8%	4.0%

	Colorado	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban:26.7% (4/15) Suburban: 33.3% (5/15) Rural: 40% (6/15) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.77 Part Time: 3.77 Total: 9.54 Out of 13 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.46 Part Time: 0.38 Total: 0.85 Out of 13 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	46.7% (7/15)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	40% (6/15)	52.2% (370/709)
Centers Signed On to FBI MOU	80% (12/15)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	80% (12/15)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	6.7% (1/15)	17.4% (123/706)
Method of Providing MH Services	Onsite: 6.7% (1/15) Linkage Agreements: 46.7% (7/15) Both: 46.7% (7/15)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	46.7% (7/15)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.86	2.69
% Using Evidence-Based MH Treatments	53.3% (8/15)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.25	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$59,448	$53,482
Per capita income	$31,674	$28,555
% Population in Poverty	11.5%	13.5%
Population per square mile	48.5	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Colorado: http://www.census.gov/quickfacts/table/PST045215/08
National: https://www.census.gov/quickfacts/table/PST045215/00

CONNECTICUT

	Connecticut	National
NCA MEMBER CACS AS OF 11/15/2016	N = 11	N = 823
% Accredited	72.7% (8/11)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	90.9% (10/11)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 10	N = 736
Organizational Structure	Government-Based: 10% Hospital-Based: 30% Non-Profit: 60%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $195,642 Range: $42,317 to $911,099 Total: $1,956,421	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 165 Range: 53 to 659 Total: 1,652	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,184	$1,490

2016 NCA MEMBER CENSUS DATA	10 Responding Centers from Connecticut**	709 Responding Centers Nationally**
Average Funding Blend Breakdown	8 centers completed this section	681 centers completed this section
Federal	15.0%	19.5%
State	61.0%	33.8%
Local (includes Municipal/City and County)	2.0%	14.4%
Individual donations	3.4%	6.9%
Corporations	0.6%	2.1%
Foundations	9.9%	7.5%
Fees for Service (for direct service provision only)	2.6%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	4.3%	7.0%
Other	1.2%	4.0%

	Connecticut	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 40% (4/10) Suburban: 50% (5/10) Rural: 10% (1/10) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 3.00 Part Time: 2.90 Total: 5.90 Out of 10 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.20 Part Time: 0.00 Total: 0.20 Out of 10 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	30% (3/10)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	70% (7/10)	52.2% (370/709)
Centers Signed On to FBI MOU	30% (3/10)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (10/10)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	10% (1/10)	17.4% (123/706)
Method of Providing MH Services	Onsite: 20% (2/10) Linkage Agreements: 70% (7/10) Both: 10% (1/10)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	50% (5/10)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.00	2.69
% Using Evidence-Based MH Treatments	70% (7/10)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.57	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$69,899	$53,482
Per capita income	$38,480	$28,555
% Population in Poverty	10.5%	13.5%
Population per square mile	738.1	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Connecticut: http://www.census.gov/quickfacts/table/PST045215/09
National: https://www.census.gov/quickfacts/table/PST045215/00

DELAWARE

	Delaware	National
NCA MEMBER CACS AS OF 11/15/2016	N = 3	N = 823
% Accredited	100% (3/3)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (3/3)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 3	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $485,931 Range: All 3 centers have the same budget size ($485,931) Total: $1,457,794	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 516 Range: 433 to 674 Total: 1,547	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$942	$1,490

2016 NCA MEMBER CENSUS DATA	**3 Responding Centers from Delaware****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	3 centers completed this section - all have the same funding blend	681 centers completed this section
Federal	23%	19.5%
State	62%	33.8%
Local (includes Municipal/City and County)	0%	14.4%
Individual donations	1%	6.9%
Corporations	0%	2.1%
Foundations	0%	7.5%
Fees for Service (for direct service provision only)	0%	1.7%
Product Sales (i.e. training, etc.)	0%	0.2%
Billing to Private Insurers	0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0%	2.2%
Special Events	0%	7.0%
Other	14% (In-Kind)	4.0%

	Deleware	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 33.3% (1/3) Suburban: 66.7% (2/3) Rural: 0% Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.00 Part Time: 0.00 Total: 5.00 Out of 3 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 3 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	0%	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	100% (3/3)	52.2% (370/709)
Centers Signed On to FBI MOU	100% (3/3)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (3/3)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0%	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 100% (3/3) Both: 0%	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	0%	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	N/A	2.69
% Using Evidence-Based MH Treatments	33% (1/3) (This 1 CAC selected "other" treatment type used, but in stated in the comment section they do not provide therapy at the CAC, so 0% may be more accurate)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.00 (but see comment above; likely N/A)	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$60,231	$53,482
Per capita income	$30,191	$28,555
% Population in Poverty	12.4%	13.5%
Population per square mile	460.8	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Delaware: http://www.census.gov/quickfacts/table/PST045215/10
National: https://www.census.gov/quickfacts/table/PST045215/00

FLORIDA

	Florida	National
NCA MEMBER CACS AS OF 11/15/2016	N = 29	N = 823
% Accredited	72.4% (21/29)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	48.3% (14/29)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 25	N = 736
Organizational Structure	Government-Based: 12% Hospital-Based: 4% Non-Profit: 84%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $1,341,086 Range: $171,544 to $3,717,000 Total: $33,527,149	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 1,329 Range: 51 to 4,301 Total: 33,218	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,009	$1,490

2016 NCA MEMBER CENSUS DATA	**23 Responding Centers from Florida****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	21 centers completed this section	681 centers completed this section
Federal	11.1%	19.5%
State	41.4%	33.8%
Local (includes Municipal/City and County)	20.3%	14.4%
Individual donations	7.1%	6.9%
Corporations	1.1%	2.1%
Foundations	7.2%	7.5%
Fees for Service (for direct service provision only)	1.7%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	2.1%	2.2%
Special Events	6.6%	7.0%
Other	1.3%	4.0%

	Florida	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 39.1% (9/23) Suburban: 30.4% (7/23) Rural: 30.4% (7/23) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 18.43 Part Time: 2.13 Total: 20.57 Out of 23 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.35 Part Time: 0.04 Total: 0.39 Out of 23 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	56.5% (13/23)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	78.3% (18/23)	52.2% (370/709)
Centers Signed On to FBI MOU	13.0% (3/23)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (23/23)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	17.4% (4/23)	17.4% (123/706)
Method of Providing MH Services	Onsite: 78.3% (18/23) Linkage Agreements: 4.3% (1/23) Both: 17.4% (4/23)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	87.0% (20/23)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.40	2.69
% Using Evidence-Based MH Treatments	100% (23/23)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.78	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$47,212	$53,482
Per capita income	$26,499	$28,555
% Population in Poverty	15.7%	13.5%
Population per square mile	350.6	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Florida: http://www.census.gov/quickfacts/table/PST045215/12
National: https://www.census.gov/quickfacts/table/PST045215/00

GEORGIA

	Georgia	National
NCA MEMBER CACS AS OF 11/15/2016	N = 35	N = 823
% Accredited	88.6% (31/35)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	60% (21/35)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 30	N = 736
Organizational Structure	Government-Based: 3.3% Hospital-Based: 6.7% Non-Profit: 90%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $668,362 Range: $142,445 to $3,247,050 Total: $20,050,848	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 339 Range: 78 to 1,540 Total: 10,160	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,974	$1,490

2016 NCA MEMBER CENSUS DATA	**28 Responding Centers from Georgia****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	27 centers completed this section	681 centers completed this section
Federal	43.1%	19.5%
State	21.3%	33.8%
Local (includes Municipal/City and County)	9.7%	14.4%
Individual donations	5.4%	6.9%
Corporations	1.1%	2.1%
Foundations	5.6%	7.5%
Fees for Service (for direct service provision only)	1.3%	1.7%
Product Sales (i.e. training, etc.)	1.3%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.7%	2.2%
Special Events	8.2%	7.0%
Other	2.1%	4.0%

	Georgia	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 25.9% (7/27) Suburban: 29.6% (8/27) Rural: 44.4% (12/27) Frontier: 0% 27 centers completed this section	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.77 Part Time: 3.77 Total: 9.54 Out of 13 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.33 Part Time: 0.15 Total: 0.48 Out of 27 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	29.6% (18/27)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	42.9% (12/28)	52.2% (370/709)
Centers Signed On to FBI MOU	26.9% (7/26)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	96.3% (26/27)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	3.6% (1/28)	17.4% (123/706)
Method of Providing MH Services	Onsite: 25.0% (7/28) Linkage Agreements: 35.7% (10/28) Both: 39.3% (11/28)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	75% (21/28)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.33	2.69
% Using Evidence-Based MH Treatments	78.6% (22/28)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.32	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$68,201	$53,482
Per capita income	$29,552	$28,555
% Population in Poverty	10.6%	13.5%
Population per square mile	211.8	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Georgia: http://www.census.gov/quickfacts/table/PST045215/13
National: https://www.census.gov/quickfacts/table/PST045215/00

HAWAII

	Hawaii	National
NCA MEMBER CACS AS OF 11/15/2016	N = 5	N = 823
% Accredited	100% (5/5)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (5/5)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 5	N = 736
Organizational Structure	Government-Based: 100% Hospital-Based: 0% Non-Profit: 0%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $267,480 Range: $206,019 to $401,535 Total: $1,337,404	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 245 Range: 72 to 714 Total: 1,223	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,094	$1,490

2016 NCA MEMBER CENSUS DATA	**5 Responding Centers from Hawaii****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	5 centers completed this section	681 centers completed this section
Federal	8.4%	19.5%
State	89.4%	33.8%
Local (includes Municipal/City and County)	0%	14.4%
Individual donations	2.0%	6.9%
Corporations	0%	2.1%
Foundations	0%	7.5%
Fees for Service (for direct service provision only)	0%	1.7%
Product Sales (i.e. training, etc.)	0%	0.2%
Billing to Private Insurers	0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0%	2.2%
Special Events	0%	7.0%
Other	0.2%	4.0%

	Hawaii	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 20% (1/5) Suburban: 0% Rural: 80% (4/5) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.77 Part Time: 3.77 Total: 9.54 Out of 13 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 3.20 Part Time: 0.00 Total: 3.20 Out of 5 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	20% (1/5)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	20% (1/5)	52.2% (370/709)
Centers Signed On to FBI MOU	80% (4/5)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (5/5)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (Not Applicable for All)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 60% (3/5) Both: 40% (2/5)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	40% (2/5)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.50	2.69
% Using Evidence-Based MH Treatments	20% (1/5)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	3.00	2.08

DATA FROM THE U.S. CENSUS BUREAU* **	$68,201	
Median Household Income	$29,552	$53,482
Per capita income	10.6%	$28,555
% Population in Poverty	211.8	13.5%
Population per square mile	411.2	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Hawaii: http://www.census.gov/quickfacts/table/PST045215/15
National: https://www.census.gov/quickfacts/table/PST045215/00

IDAHO

	Idaho	National
NCA MEMBER CACS AS OF 11/15/2016	N = 4	N = 823
% Accredited	100% (4/4)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (4/4)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 4	N = 736
Organizational Structure	Government-Based: 25% Hospital-Based: 50% Non-Profit: 25%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $583,449 Range: $204,710 to $1,338,085 Total: $2,333,795	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 496 Range: 252 to 998 Total: 1,984	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,176	$1,490

2016 NCA MEMBER CENSUS DATA	**4 Responding Centers from Idaho****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	4 centers completed this section	681 centers completed this section
Federal	34.5%	19.5%
State	5.5%	33.8%
Local (includes Municipal/City and County)	10.0%	14.4%
Individual donations	2.0%	6.9%
Corporations	1.0%	2.1%
Foundations	1.5%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	6.5%	0.6%
Billing to Public Insurers (e.g. Medicaid)	20.8%	2.2%
Special Events	1.5%	7.0%
Other	16.8%	4.0%

	Idaho	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 25% (1/4) Suburban: 25% (1/4) Rural: 50% (2/4) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 4.75 Part Time: 9.00 Total: 13.75 Out of 4 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.50 Total: 0.50 Out of 4 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	50% (2/4)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	75% (3/4)	52.2% (370/709)
Centers Signed On to FBI MOU	75% (3/4)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (4/4)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	75% (3/4)	17.4% (123/706)
Method of Providing MH Services	Onsite: 25% (1/4) Linkage Agreements: 25% (1/4) Both: 50% (2/4)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	100%	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.00	2.69
% Using Evidence-Based MH Treatments	75% (3/4)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	3.00	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$47,334	$53,482
Per capita income	$23,087	$28,555
% Population in Poverty	15.1%	13.5%
Population per square mile	19.0	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Idaho: http://www.census.gov/quickfacts/table/DIS010214/16
National: https://www.census.gov/quickfacts/table/PST045215/00

ILLINOIS

	Illinois	National
NCA MEMBER CACS AS OF 11/15/2016	N = 40	N = 823
% Accredited	97.5% (39/40)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	87.5% (35/40)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 39	N = 736
Organizational Structure	Government-Based: 28.2% Hospital-Based: 5.1% Non-Profit: 66.7%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $451,817 Range: $35,000 to $5,734,034 Total: $17,620,864	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 285 Range: 18 to 2,225 Total: 11,112	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,586	$1,490

2016 NCA MEMBER CENSUS DATA	**39 Responding Centers from Illinois****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	39 centers completed this section	681 centers completed this section
Federal	13.2%	19.5%
State	38.8%	33.8%
Local (includes Municipal/City and County)	28.4%	14.4%
Individual donations	5.4%	6.9%
Corporations	1.8%	2.1%
Foundations	3.0%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	4.1%	7.0%
Other	5.3%	4.0%

	Illinois	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 15.8% (6/38) Suburban: 31.6% (12/38) Rural: 52.6% (20/38) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.08 Part Time: 3.18 Total: 8.26 Out of 38 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.21 Part Time: 0.03 Total: 0.24 Out of 38 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	60.5% (23/38)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	38.5% (15/39)	52.2% (370/709)
Centers Signed On to FBI MOU	89.5% (34/38)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	89.7% (35/39)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0%	17.4% (123/706)
Method of Providing MH Services	Onsite: 7.7% (3/39) Linkage Agreements: 41.0% (16/39) Both: 51.3% (20/39)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	51.3% (20/39)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.25	2.69
% Using Evidence-Based MH Treatments	76.9% (30/39)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.57	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$57,166	$53,482
Per capita income	$30,019	$28,555
% Population in Poverty	13.6%	13.5%
Population per square mile	231.1	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Colorado: http://www.census.gov/quickfacts/table/PST045215/08
National: https://www.census.gov/quickfacts/table/PST045215/00

INDIANA

	Indiana	National
NCA MEMBER CACS AS OF 11/15/2016	N = 18	N = 823
% Accredited	27.8% (5/18)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	83.3% (15/18)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 12	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $490,494 Range: $68,050 to $2,587,447 Total: $5,885,924	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 479 Range: 102 to 1,504 Total: 5,753	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,023	$1,490

2016 NCA MEMBER CENSUS DATA	**17 Responding Centers from Indiana****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	16 centers completed this section	681 centers completed this section
Federal	27.9%	19.5%
State	40.0%	33.8%
Local (includes Municipal/City and County)	8.9%	14.4%
Individual donations	6.3%	6.9%
Corporations	3.3%	2.1%
Foundations	9.8%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	3.4%	7.0%
Other	0.6%	4.0%

	Indiana	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 17.6% (3/17) Suburban: 29.4% (5/17) Rural: 52.9% (9/17) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 3.29 Part Time: 1.94 Total: 5.24 Out of 17 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.06 Part Time: 0.06 Total: 0.12 Out of 17 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	58.8% (10/17)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	5.9% (1/17)	52.2% (370/709)
Centers Signed On to FBI MOU	29.4% (5/17)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	88.2% (15/17)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0%	17.4% (123/706)
Method of Providing MH Services	Onsite: 12.5% (2/16) Linkage Agreements: 62.5% (10/16) Both: 25% (4/16)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	35.3% (6/17)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.50	2.69
% Using Evidence-Based MH Treatments	47.1% (8/17)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.38	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$48,737	$53,482
Per capita income	$24,953	$28,555
% Population in Poverty	14.5%	13.5%
Population per square mile	181.0	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA). **Due to the high number of centers in Indiana that did not submit both pieces of this information (i.e. only 12 out of 18 submitted both statistics and budget information), results should be interpreted with caution, as they may not be representative of the 6 remaining centers that did not submit this information to NCA.**

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Indiana: http://www.census.gov/quickfacts/table/PST045215/18
National: https://www.census.gov/quickfacts/table/PST045215/00

IOWA

	Iowa	National
NCA MEMBER CACS AS OF 11/15/2016	N = 7	N = 823
% Accredited	85.7% (6/7)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	71.4% (5/7)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 6	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 66.7% Non-Profit: 33.3%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $705,845 Range: $200,684 to $1,385,616 Total: $4,235,068	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 479 Range: 102 to 1,504 Total: 5,753	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,291	$1,490

2016 NCA MEMBER CENSUS DATA	**6 Responding Centers from Iowa****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	6 centers completed this section	681 centers completed this section
Federal	1.0%	19.5%
State	43.2%	33.8%
Local (includes Municipal/City and County)	3.3%	14.4%
Individual donations	5.0%	6.9%
Corporations	1.7%	2.1%
Foundations	1.7%	7.5%
Fees for Service (for direct service provision only)	14.8%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	1.8%	0.6%
Billing to Public Insurers (e.g. Medicaid)	16.8%	2.2%
Special Events	1.2%	7.0%
Other	9.5%	4.0%

	Iowa	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 16.7% (1/6) Suburban: 16.7% (1/6) Rural: 66.7% (4/6) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.83 Part Time: 4.83 Total: 10.67 Out of 6 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.17 Total: 0.17 Out of 6 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	66.7% (4/6)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	100% (6/6)	52.2% (370/709)
Centers Signed On to FBI MOU	66.7% (4/6)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (6/6)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	33.3% (2/6)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 66.7% (4/6) Both: 33.3% (2/6)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	50% (3/6)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	4.33	2.69
% Using Evidence-Based MH Treatments	50% (3/6)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	4.33	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$52,716	$53,482
Per capita income	$27,621	$28,555
% Population in Poverty	12.2%	13.5%
Population per square mile	54.5	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Iowa: http://www.census.gov/quickfacts/table/PST045215/19
National: https://www.census.gov/quickfacts/table/PST045215/00

KANSAS

	Kansas	National
NCA MEMBER CACS AS OF 11/15/2016	N = 21	N = 823
% Accredited	100% (21/21)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	57.1% (12/21)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 19	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $262,624 Range: $48,575 to $1,549,035 Total: $4,989,857	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 218 Range: 32 to 1,804 Total: 4,148	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,203	$1,490

2016 NCA MEMBER CENSUS DATA	**18 Responding Centers from Kansas****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	17 centers completed this section	681 centers completed this section
Federal	23.9%	19.5%
State	39.8%	33.8%
Local (includes Municipal/City and County)	10.6%	14.4%
Individual donations	7.8%	6.9%
Corporations	0.8%	2.1%
Foundations	7.1%	7.5%
Fees for Service (for direct service provision only)	0.1%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.5%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.5%	2.2%
Special Events	8.2%	7.0%
Other	0.6%	4.0%

	Kansas	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 11.8% (2/17) Suburban: 17.6% (3/17) Rural: 41.2% (7/17) Frontier: 29.4% (5/17)	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 3.79 Part Time: 1.93 Total: 5.71 Out of 14 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.43 Part Time: 0.00 Total: 0.43 Out of 14 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	82.4% (15/17)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	16.7% (3/18)	52.2% (370/709)
Centers Signed On to FBI MOU	33.3% (6/18)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	94.4% (17/18)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	5.6% (1/18)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 38.9% (7/18) Both: 61.1% (11/27)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	22.2% (4/18)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.25	2.69
% Using Evidence-Based MH Treatments	50% (9/18)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.00	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$51,872	$53,482
Per capita income	$27,367	$28,555
% Population in Poverty	13.0%	13.5%
Population per square mile	34.9	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Kansas: http://www.census.gov/quickfacts/table/PST045215/20
National: https://www.census.gov/quickfacts/table/PST045215/00

KENTUCKY

	Kentucky	National
NCA MEMBER CACS AS OF 11/15/2016	N = 12	N = 823
% Accredited	83.3% (10/12)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	75% (9/12)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 11	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $518,597 Range: $223,000 to $1,000,000 Total: $5,704,565	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 398 Range: 97 to 908 Total: 4,376	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,303	$1,490

2016 NCA MEMBER CENSUS DATA	**9 Responding Centers from Kentucky****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	9 centers completed this section	681 centers completed this section
Federal	20.4%	19.5%
State	45.8%	33.8%
Local (includes Municipal/City and County)	2.3%	14.4%
Individual donations	6.9%	6.9%
Corporations	5.1%	2.1%
Foundations	6.9%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	6.8%	2.2%
Special Events	5.2%	7.0%
Other	0.6%	4.0%

	Kentucky	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 22.2% (2/9) Suburban: 11.1% (1/9) Rural: 66.7% (6/9) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.78 Part Time: 3.33 Total: 9.11 Out of 9 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.11 Part Time: 0.00 Total: 0.11 Out of 9 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	55.6% (5/9)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	44.4% (4/9)	52.2% (370/709)
Centers Signed On to FBI MOU	44.4% (4/9)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (9/9)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (Not Applicable for All)	17.4% (123/706)
Method of Providing MH Services	Onsite: 44.4% (4/9) Linkage Agreements: 0% Both: 55.6% (5/9)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	77.8% (7/9)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.57	2.69
% Using Evidence-Based MH Treatments	88.9% (8/9)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.13	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$43,342	$53,482
Per capita income	$23,741	$28,555
% Population in Poverty	18.5%	13.5%
Population per square mile	109.9	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Colorado: http://www.census.gov/quickfacts/table/PST045215/08
National: https://www.census.gov/quickfacts/table/PST045215/00

LOUISIANA

	Louisiana	National
NCA MEMBER CACS AS OF 11/15/2016	N = 13	N = 823
% Accredited	69.2% (9/13)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	30.8% (4/13)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 11	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 9.1% Non-Profit: 90.9%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $580,223 Range: $137,771 to $1,628,457 Total: $6,382,456	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 455 Range: 82 to 747 Total: 5,002	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,276	$1,490

2016 NCA MEMBER CENSUS DATA	**11 Responding Centers from Louisiana****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	10 centers completed this section	681 centers completed this section
Federal	44.1%	19.5%
State	10.1%	33.8%
Local (includes Municipal/City and County)	11.3%	14.4%
Individual donations	6.3%	6.9%
Corporations	0.4%	2.1%
Foundations	4.3%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	9.8%	7.0%
Other	13.8%	4.0%

	Louisiana	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 36.4% (4/11) Suburban: 18.2% (2/11) Rural: 45.5% (5/11) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 6.60 Part Time: 2.80 Total: 9.40 Out of 10 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.10 Part Time: 0.00 Total: 0.10 Out of 10 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	81.8% (9/11)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	45.5% (5/11)	52.2% (370/709)
Centers Signed On to FBI MOU	40% (4/10)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (11/11)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	27.3% (3/11)	17.4% (123/706)
Method of Providing MH Services	Onsite: 36.4% (4/11) Linkage Agreements: 18.2% (2/11) Both: 45.5% (5/11)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	54.5% (6/11)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.83	2.69
% Using Evidence-Based MH Treatments	81.8% (9/11)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.11	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$44,991	$53,482
Per capita income	$24,775	$28,555
% Population in Poverty	19.6%	13.5%
Population per square mile	104.9	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Louisiana: http://www.census.gov/quickfacts/table/PST045215/22
National: https://www.census.gov/quickfacts/table/PST045215/00

MAINE

	Maine	National
NCA MEMBER CACS AS OF 11/15/2016	N = 2	N = 823
% Accredited	100% (2/2)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (2/2)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 2	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $181,091 Range: $170,720 to $191,462 Total: $362,182	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 253 Range: 235 to 270 Total: 505	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$717	$1,490

2016 NCA MEMBER CENSUS DATA	**1 Responding Center from Maine****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	1 center completed this section	681 centers completed this section
Federal	40.0%	19.5%
State	35.0%	33.8%
Local (includes Municipal/City and County)	1.0%	14.4%
Individual donations	1.0%	6.9%
Corporations	5.0%	2.1%
Foundations	15.0%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	3.0%	7.0%
Other	0.0%	4.0%

	Maine	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 0% Suburban: 0% Rural: 100% (1/1) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 3.00 Part Time: 0.00 Total: 3.00 Out of 1 responding center	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 1 responding center	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	100% (1/1)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	0% (0/1)	52.2% (370/709)
Centers Signed On to FBI MOU	0% (0/1)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	0% (0/1)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (0/1)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 100% (1/1) Both: 0%	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	0% (0/1)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	N/A	2.69
% Using Evidence-Based MH Treatments	0% (0/1)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	N/A	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$48,804	$53,482
Per capita income	$27,332	$28,555
% Population in Poverty	13.4%	13.5%
Population per square mile	43.1	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N. **Due to the fact that only 1 out of 2 CACs in Maine responded to the 2016 NCA Member Census, results should be interpreted with caution, as they may not be representative of the 1 other center that did not submit this information to NCA.

***United States Census Bureau:
Maine: http://www.census.gov/quickfacts/table/PST045215/23
National: https://www.census.gov/quickfacts/table/PST045215/00

MARYLAND

	Maryland	National
NCA MEMBER CACS AS OF 11/15/2016	N = 17	N = 823
% Accredited	70.6% (12/17)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	35.3% (6/17)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 12	N = 736
Organizational Structure	Government-Based: 75% Hospital-Based: 0% Non-Profit: 25%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $717,628 Range: $40,000 to $2,335,722 Total: $8,611,539	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 304 Range: 67 to 623 Total: 3,642	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$2,365	$1,490

2016 NCA MEMBER CENSUS DATA	**13 Responding Centers from Maryland****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	12 centers completed this section	681 centers completed this section
Federal	10.7%	19.5%
State	36.8%	33.8%
Local (includes Municipal/City and County)	39.9%	14.4%
Individual donations	4.0%	6.9%
Corporations	0.4%	2.1%
Foundations	2.0%	7.5%
Fees for Service (for direct service provision only)	0.1%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.2%	0.6%
Billing to Public Insurers (e.g. Medicaid)	3.2%	2.2%
Special Events	2.7%	7.0%
Other	0.0%	4.0%

	Maryland	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 7.7% (1/13) Suburban: 46.2% (6/13) Rural: 46.2% (6/13) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.67 Part Time: 3.58 Total: 9.25 Out of 12 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.25 Part Time: 0.08 Total: 0.33 Out of 12 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	53.8% (7/13)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	69.2% (9/13)	52.2% (370/709)
Centers Signed On to FBI MOU	53.8% (7/13)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	92.3% (12/13)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0%	17.4% (123/706)
Method of Providing MH Services	Onsite: 31.3% (10/32) Linkage Agreements: 25.0% (8/32) Both: 43.8% (14/32)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	92.3% (12/13)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.42	2.69
% Using Evidence-Based MH Treatments	92.3% (12/13)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.17	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$74,149	$53,482
Per capita income	$36,670	$28,555
% Population in Poverty	9.7%	13.5%
Population per square mile	594.8	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA). **Due to the high number of centers in Maryland that did not submit both pieces of this information (i.e. only 12 out of 17 submitted both statistics and budget information), results should be interpreted with caution, as they may not be representative of the 5 remaining centers that did not submit this information to NCA.**

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Maryland: http://www.census.gov/quickfacts/table/PST045215/24
National: https://www.census.gov/quickfacts/table/PST045215/00

MASSACHUSETTS

	Massachusetts	National
NCA MEMBER CACS AS OF 11/15/2016	N = 12	N = 823
% Accredited	91.7% (11/12)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	25% (4/12)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 11	N = 736
Organizational Structure	Government-Based: 45.5% Hospital-Based: 9.1% Non-Profit: 45.5%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $689,309 Range: $107,000 to $1,889,696 Total: $7,582,402	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 533 Range: 84 to 1,418 Total: 5,858	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,294	$1,490

2016 NCA MEMBER CENSUS DATA	**9 Responding Centers from Massachusetts****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	8 centers completed this section	681 centers completed this section
Federal	9.5%	19.5%
State	33.5%	33.8%
Local (includes Municipal/City and County)	14.4%	14.4%
Individual donations	7.0%	6.9%
Corporations	2.6%	2.1%
Foundations	6.3%	7.5%
Fees for Service (for direct service provision only)	0.6%	1.7%
Product Sales (i.e. training, etc.)	0.3%	0.2%
Billing to Private Insurers	0.6%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	6.4%	7.0%
Other	18.9%	4.0%

	Massachusetts	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 33.3% (3/9) Suburban: 44.4% (4/9) Rural: 22.2% (2/9) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.44 Part Time: 0.89 Total: 6.33 Out of 9 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.22 Part Time: 0.00 Total: 0.22 Out of 9 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	88.9% (8/9)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	44.4% (4/9)	52.2% (370/709)
Centers Signed On to FBI MOU	0% (0/9)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (9/9)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	11.1% (1/9)	17.4% (123/706)
Method of Providing MH Services	Onsite: 11.1% (1/9) Linkage Agreements: 55.6% (5/9) Both: 33.3% (3/9)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	22.2% (2/9)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.50	2.69
% Using Evidence-Based MH Treatments	33.3% (3/9)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.33	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$67,846	$53,482
Per capita income	$36,441	$28,555
% Population in Poverty	11.5%	13.5%
Population per square mile	839.4	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Massachusetts: http://www.census.gov/quickfacts/table/PST045215/25
National: https://www.census.gov/quickfacts/table/PST045215/00

MICHIGAN

	Michigan	National
NCA MEMBER CACS AS OF 11/15/2016	N = 31	N = 823
% Accredited	100% (31/31)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	90.3% (28/31)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 29	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 3.4% Non-Profit: 96.6%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $397,162 Range: $46,000 to $1,361,000 Total: $11,517,712	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 292 Range: 9 to 869 Total: 8,462	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,361	$1,490

2016 NCA MEMBER CENSUS DATA	**30 Responding Centers from Michigan****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	28 centers completed this section	681 centers completed this section
Federal	31.2%	19.5%
State	24.4%	33.8%
Local (includes Municipal/City and County)	9.7%	14.4%
Individual donations	9.9%	6.9%
Corporations	0.9%	2.1%
Foundations	7.9%	7.5%
Fees for Service (for direct service provision only)	1.8%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.5%	0.6%
Billing to Public Insurers (e.g. Medicaid)	1.3%	2.2%
Special Events	10.7%	7.0%
Other	1.7%	4.0%

	Michigan	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 34.5% (10/29) Suburban: 13.8% (4/29) Rural: 51.7% (15/29) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 3.77 Part Time: 3.87 Total: 7.63 Out of 30 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.03 Part Time: 0.13 Total: 0.17 Out of 30 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	53.3% (16/30)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	40.0% (12/30)	52.2% (370/709)
Centers Signed On to FBI MOU	36.7% (11/30)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	80.0% (24/30)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	20.0% (6/30)	17.4% (123/706)
Method of Providing MH Services	Onsite: 40.0% (12/30) Linkage Agreements: 33.3% (10/30) Both: 26.7% (8/30)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	66.7% (20/30)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.70	2.69
% Using Evidence-Based MH Treatments	66.7% (20/30)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.20	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$49,087	$53,482
Per capita income	$26,143	$28,555
% Population in Poverty	15.8%	13.5%
Population per square mile	174.8	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Michigan: http://www.census.gov/quickfacts/table/PST045215/26
National: https://www.census.gov/quickfacts/table/PST045215/00

MINNESOTA

	Minnesota	National
NCA MEMBER CACS AS OF 11/15/2016	N = 6	N = 823
% Accredited	83.3% (5/6)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	83.3% (5/6)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 6	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 16.7% Non-Profit: 83.3%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $902,142 Range: $120,365 to $3,203,696 Total: $5,412,853	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 372 Range: 24 to 1,028 Total: 2,234	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$2,422	$1,490

2016 NCA MEMBER CENSUS DATA	**4 Responding Centers from Minnesota****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	4 centers completed this section	681 centers completed this section
Federal	0.3%	19.5%
State	20.3%	33.8%
Local (includes Municipal/City and County)	19.0%	14.4%
Individual donations	3.8%	6.9%
Corporations	0.3%	2.1%
Foundations	8.5%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	4.3%	0.2%
Billing to Private Insurers	11.3%	0.6%
Billing to Public Insurers (e.g. Medicaid)	18.0%	2.2%
Special Events	4.0%	7.0%
Other	10.5%	4.0%

	Minnesota	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 25% (1/4) Suburban: 0% Rural: 75% (3/4) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 4.50 Part Time: 3.75 Total: 8.25 Out of 4 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 4 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	50% (2/4)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	75% (3/4)	52.2% (370/709)
Centers Signed On to FBI MOU	75% (3/4)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	75% (3/4)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	25% (1/4)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 75% (3/4) Both: 25% (1/4)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	50% (2/4)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	4.00	2.69
% Using Evidence-Based MH Treatments	50% (2/4)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.00	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$60,828	$53,482
Per capita income	$31,642	$28,555
% Population in Poverty	10.2%	13.5%
Population per square mile	66.6	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N. **Due to the fact that only 4 out of the 6 CACs in Minnesota responded to the 2016 NCA Member Census, results should be interpreted with caution, as they may not be representative of the 2 remaining centers that did not submit this information to NCA.

***United States Census Bureau:
Minnesota: http://www.census.gov/quickfacts/table/PST045215/27
National: https://www.census.gov/quickfacts/table/PST045215/00

MISSISSIPPI

	Mississippi	National
NCA MEMBER CACS AS OF 11/15/2016	N = 8	N = 823
% Accredited	75% (6/8)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (8/8)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 8	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $389,286 Range: $168,000 to $910,000 Total: $3,114,284	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 251 Range: 59 to 760 Total: 2,010	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,549	$1,490

2016 NCA MEMBER CENSUS DATA	**8 Responding Centers from Mississippi****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	8 centers completed this section	681 centers completed this section
Federal	35.5%	19.5%
State	25.3%	33.8%
Local (includes Municipal/City and County)	7.9%	14.4%
Individual donations	6.5%	6.9%
Corporations	0.0%	2.1%
Foundations	7.5%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	17.2%	7.0%
Other	0.1%	4.0%

	Mississippi	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 0% Suburban: 12.5% (1/8) Rural: 87.5% (7/8) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 6.25 Part Time: 0.63 Total: 6.88 Out of 8 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 8 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	75% (6/8)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	0% (0/8)	52.2% (370/709)
Centers Signed On to FBI MOU	37.5% (3/8)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	62.5% (5/8)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (0/8)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 37.5% (3/8) Both: 62.5% (5/8)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	75% (6/8)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.00	2.69
% Using Evidence-Based MH Treatments	75% (6/8)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.33	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$39,464	$53,482
Per capita income	$20,956	$28,555
% Population in Poverty	22.0%	13.5%
Population per square mile	63.2	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Mississippi: http://www.census.gov/quickfacts/table/PST045215/28
National: https://www.census.gov/quickfacts/table/PST045215/00

MISSOURI

	Missouri	National
NCA MEMBER CACS AS OF 11/15/2016	N = 22	N = 823
% Accredited	100% (22/22)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	90.9% (20/22)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 22	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $592,273 Range: $90,000 to $2,725,361 Total: $13,030,012	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 362 Range: 67 to 1,320 Total: 7,957	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,638	$1,490

2016 NCA MEMBER CENSUS DATA	**22 Responding Centers from Missouri****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	21 centers completed this section	681 centers completed this section
Federal	21.0%	19.5%
State	30.4%	33.8%
Local (includes Municipal/City and County)	11.4%	14.4%
Individual donations	7.2%	6.9%
Corporations	2.1%	2.1%
Foundations	12.2%	7.5%
Fees for Service (for direct service provision only)	1.5%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.1%	0.6%
Billing to Public Insurers (e.g. Medicaid)	2.2%	2.2%
Special Events	9.4%	7.0%
Other	2.4%	4.0%

	Missouri	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 9.1% (2/22) Suburban: 9.1% (2/22) Rural: 81.8% (18/22) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 6.68 Part Time: 2.36 Total: 9.05 Out of 22 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.41 Part Time: 0.18 Total: 0.59 Out of 22 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	54.5% (12/22)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	59.1% (13/22)	52.2% (370/709)
Centers Signed On to FBI MOU	57.1% (12/21)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	95.5% (21/22)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (0/22)	17.4% (123/706)
Method of Providing MH Services	Onsite: 22.7% (5/22) Linkage Agreements: 31.8% (7/22) Both: 45.5% (10/22)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	68.2% (15/22)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.67	2.69
% Using Evidence-Based MH Treatments	59.1% (13/22)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.62	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$47,764	$53,482
Per capita income	$26,006	$28,555
% Population in Poverty	14.8%	13.5%
Population per square mile	87.1	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Missouri: http://www.census.gov/quickfacts/table/PST045215/29
National: https://www.census.gov/quickfacts/table/PST045215/00

MONTANA

	Montana	National
NCA MEMBER CACS AS OF 11/15/2016	N = 7	N = 823
% Accredited	100% (7/7)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (7/7)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 7	N = 736
Organizational Structure	Government-Based: 28.6% Hospital-Based: 14.3% Non-Profit: 57.1%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $133,674 Range: $64,500 to $382,822 Total: $935,717	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 172 Range: 90 to 429 Total: 1,207	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$775	$1,490

2016 NCA MEMBER CENSUS DATA	**7 Responding Centers from Montana****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	7 centers completed this section	681 centers completed this section
Federal	26.6%	19.5%
State	29.9%	33.8%
Local (includes Municipal/City and County)	12.6%	14.4%
Individual donations	4.0%	6.9%
Corporations	5.7%	2.1%
Foundations	3.7%	7.5%
Fees for Service (for direct service provision only)	7.7%	1.7%
Product Sales (i.e. training, etc.)	0.1%	0.2%
Billing to Private Insurers	0.7%	0.6%
Billing to Public Insurers (e.g. Medicaid)	3.6%	2.2%
Special Events	3.6%	7.0%
Other	1.9%	4.0%

	Montana	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 42.9% (3/7) Suburban: 0% Rural: 57.1% (4/7) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 1.71 Part Time: 5.57 Total: 7.29 Out of 7 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.29 Total: 0.29 Out of 7 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	57.1% (4/7)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	85.7% (6/7)	52.2% (370/709)
Centers Signed On to FBI MOU	100% (7/7)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (7/7)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	42.9% (3/7)	17.4% (123/706)
Method of Providing MH Services	Onsite: 28.6% (2/7) Linkage Agreements: 42.9% (3/7) Both: 28.6% (2/7)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	71.4% (5/7)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.60	2.69
% Using Evidence-Based MH Treatments	100% (7/7)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.71	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$46,766	$53,482
Per capita income	$25,977	$28,555
% Population in Poverty	14.6%	13.5%
Population per square mile	6.8	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Montana: http://www.census.gov/quickfacts/table/PST045215/30
National: https://www.census.gov/quickfacts/table/PST045215/00

NEBRASKA

	Nebraska	National
NCA MEMBER CACS AS OF 11/15/2016	N = 9	N = 823
% Accredited	77.8% (7/9)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (9/9)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 7	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 14.3% Non-Profit: 85.7%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $1,579,444 Range: $258,614 to $8,000,000 Total: $11,056,105	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 683 Range: 199 to 2,074 Total: 4,779	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$2,313	$1,490

2016 NCA MEMBER CENSUS DATA	**9 Responding Centers from Nebraska****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	9 centers completed this section	681 centers completed this section
Federal	11.4%	19.5%
State	49.6%	33.8%
Local (includes Municipal/City and County)	9.7%	14.4%
Individual donations	9.3%	6.9%
Corporations	1.8%	2.1%
Foundations	9.1%	7.5%
Fees for Service (for direct service provision only)	1.2%	1.7%
Product Sales (i.e. training, etc.)	0.3%	0.2%
Billing to Private Insurers	0.3%	0.6%
Billing to Public Insurers (e.g. Medicaid)	1.2%	2.2%
Special Events	3.8%	7.0%
Other	2.2%	4.0%

	Nebraska	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 28.6% (2/7) Suburban: 0% Rural: 71.4% Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 14.71 Part Time: 1.86 Total: 16.57 Out of 7 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.71 Part Time: 0.14 Total: 0.86 Out of 7 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	22.2% (2/9)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	100% (9/9)	52.2% (370/709)
Centers Signed On to FBI MOU	88.9% (8/9)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (9/9)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	22.2% (2/9)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 55.6% (5/9) Both: 44.4% (4/9)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	44.4% (4/9)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.75	2.69
% Using Evidence-Based MH Treatments	66.7% (6/9)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	3.83	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$52,400	$53,482
Per capita income	$27,339	$28,555
% Population in Poverty	12.6%	13.5%
Population per square mile	23.8	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Nebraska: http://www.census.gov/quickfacts/table/PST045215/31
National: https://www.census.gov/quickfacts/table/PST045215/00

NEVADA

	Nevada	National
NCA MEMBER CACS AS OF 11/15/2016	N = 2	N = 823
% Accredited	50% (1/2)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	50% (1/2)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 1	N = 736
Organizational Structure	Government-Based: 100% Hospital-Based: 0% Non-Profit: 0%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $600,000 Range: N/A Total: $600,000	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 1,449 Range: N/A Total: 1,449	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$414	$1,490

2016 NCA MEMBER CENSUS DATA	**2 Responding Centers from Nevada****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	2 centers completed this section	681 centers completed this section
Federal	9.0%	19.5%
State	0.0%	33.8%
Local (includes Municipal/City and County)	86.5%	14.4%
Individual donations	1.5%	6.9%
Corporations	0.0%	2.1%
Foundations	0.0%	7.5%
Fees for Service (for direct service provision only)	3.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	0.0%	7.0%
Other	0.0%	4.0%

	Nevada	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 50% (1/2) Suburban: 50% (1/2) Rural: 0% Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 14.00 Part Time: 1.50 Total: 15.50 Out of 2 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 2 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	50% (1/2)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	50% (1/2)	52.2% (370/709)
Centers Signed On to FBI MOU	50% (1/2) Other center is not eligible (not accredited)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (2/2)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	50% (1/2)	17.4% (123/706)
Method of Providing MH Services	Onsite: 50% (1/2) Linkage Agreements: 0% Both: 50% (1/2)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	100% (2/2)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.50	2.69
% Using Evidence-Based MH Treatments	100% (2/2)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.00	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$52,205	$53,482
Per capita income	$26,515	$28,555
% Population in Poverty	14.7%	13.5%
Population per square mile	24.6	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA). **Only 1 center in Nevada is accredited and submitted both pieces of information (2015 statistics and budget information) to NCA. These results may not be generalizable to the other center, which is not yet accredited.**

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Nevada: http://www.census.gov/quickfacts/table/PST045215/32
National: https://www.census.gov/quickfacts/table/PST045215/00

NEW HAMPSHIRE

	New Hampshire	National
NCA MEMBER CACS AS OF 11/15/2016	N = 11	N = 823
% Accredited	100% (11/11)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	90.9% (10/11)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 10	N = 736
Organizational Structure	Government-Based: 20% Hospital-Based: 20% Non-Profit: 60%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $243,744 Range: $80,500 to $513,610 Total: $2,437,442	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 236 Range: 93 to 543 Total: 2,359	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,033	$1,490

2016 NCA MEMBER CENSUS DATA	**10 Responding Centers from New Hampshire****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	10 centers completed this section	681 centers completed this section
Federal	35.3%	19.5%
State	9.6%	33.8%
Local (includes Municipal/City and County)	23.9%	14.4%
Individual donations	5.5%	6.9%
Corporations	1.9%	2.1%
Foundations	3.6%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	10.1%	7.0%
Other	10.1%	4.0%

	New Hampshire	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 22.2% (2/9) Suburban: 22.2% (2/9) Rural: 55.6% (5/9) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 2.88 Part Time: 0.38 Total: 3.25 Out of 8 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.13 Part Time: 0.00 Total: 0.13 Out of 8 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	80% (8/10)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	40% (4/10)	52.2% (370/709)
Centers Signed On to FBI MOU	100% (10/10)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	90% (9/10)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (Not Applicable for All)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 100% (10/10) Both: 0%	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	0%	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	N/A	2.69
% Using Evidence-Based MH Treatments	70% (7/10)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.43	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$65,986	$53,482
Per capita income	$33,821	$28,555
% Population in Poverty	8.2%	13.5%
Population per square mile	147.0	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
New Hampshire: http://www.census.gov/quickfacts/table/PST045215/33
National: https://www.census.gov/quickfacts/table/PST045215/00

NEW JERSEY

	New Jersey	National
NCA MEMBER CACS AS OF 11/15/2016	N = 11	N = 823
% Accredited	81.8% (9/11)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	36.4% (4/11)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 11	N = 736
Organizational Structure	Government-Based: 63.6% Hospital-Based: 0% Non-Profit: 36.4%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $750,490 Range: $211,120 to $2,070,299 Total: $8,255,393	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 228 Range: 36 to 506 Total: 2,511	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$3,288	$1,490

2016 NCA MEMBER CENSUS DATA	**5 Responding Centers from New Jersey****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	5 centers completed this section	681 centers completed this section
Federal	5.4%	19.5%
State	26.2%	33.8%
Local (includes Municipal/City and County)	21.4%	14.4%
Individual donations	15.4%	6.9%
Corporations	7.6%	2.1%
Foundations	7.4%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	12.4%	7.0%
Other	4.2%	4.0%

	New Jersey	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 40% (2/5) Suburban: 60% (3/5) Rural: 0% Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 7.80 Part Time: 2.00 Total: 9.80 Out of 5 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 5 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	40% (2/5)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	40% (2/5)	52.2% (370/709)
Centers Signed On to FBI MOU	80% (4/5)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (5/5)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (Not Applicable for All)	17.4% (123/706)
Method of Providing MH Services	Onsite: 40% (2/5) Linkage Agreements: 20% (1/5) Both: 40% (2/5)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	100% (5/5)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.60	2.69
% Using Evidence-Based MH Treatments	100% (5/5)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	3.40	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$72,062	$53,482
Per capita income	$36,359	$28,555
% Population in Poverty	10.8%	13.5%
Population per square mile	1,195.5	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.
Due to the high number of centers in New Jersey that did not respond to the 2016 NCA Member Census (i.e. only 5 out of 11 responded), results should be interpreted with caution, as they may not be representative of the 6 remaining centers that did not submit this information to NCA.

***United States Census Bureau:
New Jersey: https://www.census.gov/quickfacts/table/PST045215/34
National: https://www.census.gov/quickfacts/table/PST045215/00

NEW MEXICO

	New Mexico	National
NCA MEMBER CACS AS OF 11/15/2016	N = 8	N = 823
% Accredited	50% (4/8)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	12.5% (1/8)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 5	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $1,471,013 Range: $145,233 to $4,023,028 Total: $7,355,064	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 401 Range: 107 to 1,195 Total: 2,005	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$3,668	$1,490

2016 NCA MEMBER CENSUS DATA	**7 Responding Centers from New Mexico****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	7 centers completed this section	681 centers completed this section
Federal	17.4%	19.5%
State	49.4%	33.8%
Local (includes Municipal/City and County)	4.7%	14.4%
Individual donations	4.6%	6.9%
Corporations	1.3%	2.1%
Foundations	1.4%	7.5%
Fees for Service (for direct service provision only)	0.1%	1.7%
Product Sales (i.e. training, etc.)	1.4%	0.2%
Billing to Private Insurers	0.4%	0.6%
Billing to Public Insurers (e.g. Medicaid)	14.0%	2.2%
Special Events	3.1%	7.0%
Other	2.0%	4.0%

	New Mexico	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 14.3% (1/7) Suburban: 14.3% (1/7) Rural: 71.4% (5/7) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 14.29 Part Time: 5.43 Total: 19.71 Out of 7 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.43 Part Time: 0.29 Total: 0.71 Out of 7 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	71.4% (5/7)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	28.6% (2/7)	52.2% (370/709)
Centers Signed On to FBI MOU	28.6% (2/7)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	71.4% (5/7)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	71.4% (5/7)	17.4% (123/706)
Method of Providing MH Services	Onsite: 42.9% (3/7) Linkage Agreements: 14.3% (1/7) Both: 42.9% (3/7)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	85.7% (6/7)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.50	2.69
% Using Evidence-Based MH Treatments	100% (7/7)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.71	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$44,968	$53,482
Per capita income	$23,948	$28,555
% Population in Poverty	20.4%	13.5%
Population per square mile	17.0	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).
Due to the high number of centers in New Mexico that did not submit both pieces of this information (i.e. only 5 out of 8 submitted both statistics and budget information), results should be interpreted with caution, as they may not be representative of the 3 remaining centers that did not submit this information to NCA.

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
New Mexico: http://www.census.gov/quickfacts/table/PST045215/35
National: https://www.census.gov/quickfacts/table/PST045215/00

NEW YORK

	New York	National
NCA MEMBER CACS AS OF 11/15/2016	N = 38	N = 823
% Accredited	94.7% (36/38)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	76.3% (29/38)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 34	N = 736
Organizational Structure	Government-Based: 26.5% Hospital-Based: 2.9% Non-Profit: 70.6%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $643,096 Range: $141,084 to $1,800,000 Total: $21,865,251	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 472 Range: 52 to 1,970 Total: 16,043	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,363	$1,490

2016 NCA MEMBER CENSUS DATA	**33 Responding Centers from New York****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	30 centers completed this section	681 centers completed this section
Federal	6.0%	19.5%
State	59.9%	33.8%
Local (includes Municipal/City and County)	14.5%	14.4%
Individual donations	2.8%	6.9%
Corporations	1.2%	2.1%
Foundations	4.4%	7.5%
Fees for Service (for direct service provision only)	0.9%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	1.1%	0.6%
Billing to Public Insurers (e.g. Medicaid)	3.1%	2.2%
Special Events	4.3%	7.0%
Other	1.7%	4.0%

	New York	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 40.6% (13/32) Suburban: 15.6% (5/32) Rural: 43.8% (14/32) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 6.52 Part Time: 2.45 Total: 8.97 Out of 31 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.16 Part Time: 0.00 Total: 0.16 Out of 31 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	62.5% (20/32)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	69.7% (23/33)	52.2% (370/709)
Centers Signed On to FBI MOU	21.9% (7/32)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	93.9% (31/33)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	21.9% (7/32)	17.4% (123/706)
Method of Providing MH Services	Onsite: 31.3% (10/32) Linkage Agreements: 25.0% (8/32) Both: 43.8% (14/32)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	87.9% (29/33)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.59	2.69
% Using Evidence-Based MH Treatments	87.9% (29/33)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.95	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$58,687	$53,482
Per capita income	$32,829	$28,555
% Population in Poverty	15.4%	13.5%
Population per square mile	411.2	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
New York: http://www.census.gov/quickfacts/table/PST045215/36
National: https://www.census.gov/quickfacts/table/PST045215/00

NORTH CAROLINA

	North Carolina	National
NCA MEMBER CACS AS OF 11/15/2016	N = 34	N = 823
% Accredited	94.1% (32/34)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	97.1% (33/34)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 32	N = 736
Organizational Structure	Government-Based: 6.3% Hospital-Based: 6.3% Non-Profit: 87.5%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $452,325 Range: $93,300 to $1,500,000 Total: $14,474,409	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 239 Range: 52 to 697 Total: 7,654	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,891	$1,490

2016 NCA MEMBER CENSUS DATA	**25 Responding Centers from North Carolina****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	24 centers completed this section	681 centers completed this section
Federal	27.4%	19.5%
State	29.4%	33.8%
Local (includes Municipal/City and County)	4.7%	14.4%
Individual donations	6.3%	6.9%
Corporations	0.8%	2.1%
Foundations	8.8%	7.5%
Fees for Service (for direct service provision only)	0.3%	1.7%
Product Sales (i.e. training, etc.)	0.3%	0.2%
Billing to Private Insurers	0.2%	0.6%
Billing to Public Insurers (e.g. Medicaid)	3.8%	2.2%
Special Events	8.8%	7.0%
Other	9.2%	4.0%

	North Carolina	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 16.0% (4/25) Suburban: 28.0% (7/25) Rural: 56.0% (14/25) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 4.96 Part Time: 1.92 Total: 6.88 Out of 25 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.12 Part Time: 0.04 Total: 0.16 Out of 25 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	44.0% (11/25)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	76.0% (19/25)	52.2% (370/709)
Centers Signed On to FBI MOU	80.0% (20/25)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	96.0% (24/25)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	16.0% (4/25)	17.4% (123/706)
Method of Providing MH Services	Onsite: 36.0% (9/25) Linkage Agreements: 32.0% (8/25) Both: 32.0% (8/25)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	84.0% (21/25)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.24	2.69
% Using Evidence-Based MH Treatments	92.0% (23/25)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.04	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$46,693	$53,482
Per capita income	$25,608	$28,555
% Population in Poverty	16.4%	13.5%
Population per square mile	196.1	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N. **Due to the high number of centers in North Carolina that did not respond to the 2016 NCA Member Census (i.e. only 25 out of 34 responded), results should be interpreted with caution, as they may not be representative of the 9 remaining centers that did not submit this information to NCA.

***United States Census Bureau:
North Carolina: http://www.census.gov/quickfacts/table/PST045215/37
National: https://www.census.gov/quickfacts/table/PST045215/00

NORTH DAKOTA

	North Dakota	National
NCA MEMBER CACS AS OF 11/15/2016	N = 3	N = 823
% Accredited	100% (3/3)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (3/3)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 3	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $486,842 Range: $310,576 to $782,000 Total: $1,460,526	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 355 Range: 229 to 468 Total: 1,065	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,371	$1,490

2016 NCA MEMBER CENSUS DATA	**3 Responding Centers from North Dakota****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	3 centers completed this section	681 centers completed this section
Federal	7.7%	19.5%
State	45.3%	33.8%
Local (includes Municipal/City and County)	13.3%	14.4%
Individual donations	3.3%	6.9%
Corporations	0.7%	2.1%
Foundations	10.3%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	15.7%	2.2%
Special Events	3.7%	7.0%
Other	0.0%	4.0%

	North Dakota	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 33.3% (1/3) Suburban: 0% Rural: 33.3% (1/3) Frontier: 33.3% (1/3)	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 4.00 Part Time: 0.33 Total: 4.33 Out of 3 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 3 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	66.7% (2/3)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	33.3% (1/3)	52.2% (370/709)
Centers Signed On to FBI MOU	100% (3/3)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (3/3)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	100% (3/3)	17.4% (123/706)
Method of Providing MH Services	Onsite: 33.3% (1/3) Linkage Agreements: 66.7% (2/3) Both: 0%	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	66.7% (2/3)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.00	2.69
% Using Evidence-Based MH Treatments	66.7% (2/3)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.00	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$55,579	$53,482
Per capita income	$30,894	$28,555
% Population in Poverty	11.0%	13.5%
Population per square mile	9.7	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
North Dakota: http://www.census.gov/quickfacts/table/PST045215/38
National: https://www.census.gov/quickfacts/table/PST045215/00

OHIO

	Ohio	National
NCA MEMBER CACS AS OF 11/15/2016	N = 26	N = 823
% Accredited	96.2% (25/26)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	53.8% (14/26)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 26	N = 736
Organizational Structure	Government-Based: 7.7% Hospital-Based: 30.8% Non-Profit: 61.5%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $613,581 Range: $28,913 to $7,004,098 Total: $15,953,118	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 306 Range: 25 to 1,623 Total: 7,967	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$2,002	$1,490

2016 NCA MEMBER CENSUS DATA	**24 Responding Centers from Ohio****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	21 centers completed this section	681 centers completed this section
Federal	29.3%	19.5%
State	13.7%	33.8%
Local (includes Municipal/City and County)	16.2%	14.4%
Individual donations	10.2%	6.9%
Corporations	1.5%	2.1%
Foundations	7.9%	7.5%
Fees for Service (for direct service provision only)	4.9%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.7%	0.6%
Billing to Public Insurers (e.g. Medicaid)	1.2%	2.2%
Special Events	5.0%	7.0%
Other	9.4%	4.0%

	Ohio	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 26.1% (6/23) Suburban: 17.4% (4/23) Rural: 56.5% (13/23) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.00 Part Time: 2.62 Total: 7.62 Out of 21 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 21 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	55.0% (11/20)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	58.3% (14/24)	52.2% (370/709)
Centers Signed On to FBI MOU	73.9% (17/23)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (24/24)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0%	17.4% (123/706)
Method of Providing MH Services	Onsite: 20.8% (5/24) Linkage Agreements: 37.5% (9/24) Both: 41.7% (10/24)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	75.0% (18/24)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.67	2.69
% Using Evidence-Based MH Treatments	66.7% (16/24)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.94	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$48,849	$53,482
Per capita income	$26,520	$28,555
% Population in Poverty	14.8%	13.5%
Population per square mile	282.3	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Ohio: https://www.census.gov/quickfacts/table/PST045215/39
National: https://www.census.gov/quickfacts/table/PST045215/00

OKLAHOMA

	Oklahoma	National
NCA MEMBER CACS AS OF 11/15/2016	N = 20	N = 823
% Accredited	100% (20/20)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	65.0% (13/20)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 20	N = 736
Organizational Structure	Government-Based: 10% Hospital-Based: 0% Non-Profit: 90%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $365,320 Range: $84,782 to $1,517,000 Total: $7,306,397	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 375 Range: 87 to 2,020 Total: 7,493	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$975	$1,490

2016 NCA MEMBER CENSUS DATA	**17 Responding Centers from Oklahoma****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	17 centers completed this section	681 centers completed this section
Federal	33.0%	19.5%
State	39.4%	33.8%
Local (includes Municipal/City and County)	3.9%	14.4%
Individual donations	6.3%	6.9%
Corporations	1.5%	2.1%
Foundations	5.1%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.6%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.1%	2.2%
Special Events	8.7%	7.0%
Other	1.4%	4.0%

	Oklahoma	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 11.8% (2/17) Suburban: 11.8% (2/17) Rural: 76.5% (13/17) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 4.47 Part Time: 1.29 Total: 5.76 Out of 17 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.24 Part Time: 0.00 Total: 0.24 Out of 17 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	29.4% (5/17)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	47.1% (8/17)	52.2% (370/709)
Centers Signed On to FBI MOU	76.5% (13/17)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	76.5% (13/17)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	82.4% (14/17)	17.4% (123/706)
Method of Providing MH Services	Onsite: 11.8% (2/17) Linkage Agreements: 58.8% (10/17) Both: 29.4% (5/17)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	41.2% (7/17)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.57	2.69
% Using Evidence-Based MH Treatments	52.9% (9/17)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.11	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$46,235	$53,482
Per capita income	$24,695	$28,555
% Population in Poverty	16.1%	13.5%
Population per square mile	54.7	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Oklahoma: http://www.census.gov/quickfacts/table/PST045215/40
National: https://www.census.gov/quickfacts/table/PST045215/00

OREGON

	Oregon	National
NCA MEMBER CACS AS OF 11/15/2016	N = 15	N = 823
% Accredited	66.7% (10/15)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	66.7% (10/15)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 13	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 30.8% Non-Profit: 69.2%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $1,167,812 Range: $49,700 to $4,526,671 Total: $15,181,554	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 453 Range: 48 to 1,659 Total: 5,887	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$2,579	$1,490

2016 NCA MEMBER CENSUS DATA	**12 Responding Centers from Oregon****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	12 centers completed this section	681 centers completed this section
Federal	7.7%	19.5%
State	23.5%	33.8%
Local (includes Municipal/City and County)	12.7%	14.4%
Individual donations	8.6%	6.9%
Corporations	2.8%	2.1%
Foundations	14.3%	7.5%
Fees for Service (for direct service provision only)	2.3%	1.7%
Product Sales (i.e. training, etc.)	0.1%	0.2%
Billing to Private Insurers	3.9%	0.6%
Billing to Public Insurers (e.g. Medicaid)	12.2%	2.2%
Special Events	9.4%	7.0%
Other	2.6%	4.0%

	Oregon	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 8.3% (1/12) Suburban: 16.7% (2/12) Rural: 66.7% (8/12) Frontier: 8.3% (1/12)	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 7.58 Part Time: 8.25 Total: 15.83 Out of 12 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.83 Part Time: 0.75 Total: 1.58 Out of 12 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	75.0% (9/12)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	100% (12/12)	52.2% (370/709)
Centers Signed On to FBI MOU	33.3% (4/12)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	91.7% (11/12)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	50% (6/12)	17.4% (123/706)
Method of Providing MH Services	Onsite: 36.4% (4/11) Linkage Agreements: 45.5% (5/11) Both: 18.2% (2/11)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	58.3% (7/12)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.57	2.69
% Using Evidence-Based MH Treatments	50% (6/12)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	3.67	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$50,521	$53,482
Per capita income	$27,173	$28,555
% Population in Poverty	15.4%	13.5%
Population per square mile	39.9	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Oregon: http://www.census.gov/quickfacts/table/PST045215/41
National: https://www.census.gov/quickfacts/table/PST045215/00

PENNSYLVANIA

	Pennsylvania	National
NCA MEMBER CACS AS OF 11/15/2016	N = 32	N = 823
% Accredited	62.5% (20/32)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	62.5% (20/32)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 23	N = 736
Organizational Structure	Government-Based: 13.0% Hospital-Based: 13.0% Non-Profit: 73.9%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $604,464 Range: $77,306 to $2,690,041 Total: $13,902,682	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 580 Range: 73 to 3,541 Total: 13,337	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,042	$1,490

2016 NCA MEMBER CENSUS DATA	**27 Responding Centers from Pennsylvania****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	27 centers completed this section	681 centers completed this section
Federal	6.4%	19.5%
State	33.2%	33.8%
Local (includes Municipal/City and County)	22.9%	14.4%
Individual donations	9.4%	6.9%
Corporations	2.9%	2.1%
Foundations	5.6%	7.5%
Fees for Service (for direct service provision only)	8.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.5%	0.6%
Billing to Public Insurers (e.g. Medicaid)	2.4%	2.2%
Special Events	6.9%	7.0%
Other	2.0%	4.0%

	Pennsylvania	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 40.7% (11/27) Suburban: 25.9% (7/27) Rural: 33.3% (9/27) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.78 Part Time: 2.59 Total: 8.37 Out of 27 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.19 Part Time: 0.15 Total: 0.33 Out of 27 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	70.4% (19/27)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	51.9% (14/27)	52.2% (370/709)
Centers Signed On to FBI MOU	51.9% (14/27)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	88.9% (24/27)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0%	17.4% (123/706)
Method of Providing MH Services	Onsite: 14.8% (4/27) Linkage Agreements: 66.7% (18/27) Both: 18.5% (5/27)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	51.9% (14/27)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.93	2.69
% Using Evidence-Based MH Treatments	66.7% (18/27)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.17	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$53,115	$53,482
Per capita income	$28,912	$28,555
% Population in Poverty	13.2%	13.5%
Population per square mile	283.9	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA). **Due to the high number of centers in Pennsylvania that did not submit both pieces of this information (i.e. only 23 out of 32 submitted both statistics and budget information), results should be interpreted with caution, as they may not be representative of the 9 remaining centers that did not submit this information to NCA.**

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Pennsylvania: http://www.census.gov/quickfacts/table/PST045215/42
National: https://www.census.gov/quickfacts/table/PST045215/00

RHODE ISLAND

	Rhode Island	National
NCA MEMBER CACS AS OF 11/15/2016	N = 2	N = 823
% Accredited	100% (2/2)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (2/2)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 2	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $148,778 Range: $93,092 to $204,464 Total: $297,556	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 68 Range: 15 to 120 Total: 135	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$2,204	$1,490

2016 NCA MEMBER CENSUS DATA	**2 Responding Centers from Rhode Island****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	0 centers completed this section, both left blank	681 centers completed this section
Federal	N/A	19.5%
State	N/A	33.8%
Local (includes Municipal/City and County)	N/A	14.4%
Individual donations	N/A	6.9%
Corporations	N/A	2.1%
Foundations	N/A	7.5%
Fees for Service (for direct service provision only)	N/A	1.7%
Product Sales (i.e. training, etc.)	N/A	0.2%
Billing to Private Insurers	N/A	0.6%
Billing to Public Insurers (e.g. Medicaid)	N/A	2.2%
Special Events	N/A	7.0%
Other	N/A	4.0%

	Rhode Island	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 100% (2/2) Suburban: 0% Rural: 0% Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 12.50 Part Time: 10.00 Total: 22.50 Out of 2 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 1.00 Part Time: 0.00 Total: 1.00 Out of 2 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	0% (0/2)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	0% (0/2)	52.2% (370/709)
Centers Signed On to FBI MOU	0% (0/2)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (2/2)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (0/2)	17.4% (123/706)
Method of Providing MH Services	Onsite: 50% (1/2) Linkage Agreements: 0% Both: 50% (1/2)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	100% (2/2)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.50	2.69
% Using Evidence-Based MH Treatments	100% (2/2)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	3.50	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$56,423	$53,482
Per capita income	$20,765	$28,555
% Population in Poverty	13.9%	13.5%
Population per square mile	1,018.1	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Rhode Island: http://www.census.gov/quickfacts/table/PST045215/44
National: https://www.census.gov/quickfacts/table/PST045215/00

SOUTH CAROLINA

	South Carolina	National
NCA MEMBER CACS AS OF 11/15/2016	N = 17	N = 823
% Accredited	88.2% (15/17)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	58.8% (10/17)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 15	N = 736
Organizational Structure	Government-Based: 6.7% Hospital-Based: 0% Non-Profit: 93.3%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $830,554 Range: $128,000 to $3,242,847 Total: $12,458,312	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 541 Range: 215 to 1,514 Total: 8,108	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,537	$1,490

2016 NCA MEMBER CENSUS DATA	**16 Responding Centers from South Carolina****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	16 centers completed this section	681 centers completed this section
Federal	22.0%	19.5%
State	23.3%	33.8%
Local (includes Municipal/City and County)	8.3%	14.4%
Individual donations	8.3%	6.9%
Corporations	3.7%	2.1%
Foundations	14.8%	7.5%
Fees for Service (for direct service provision only)	3.4%	1.7%
Product Sales (i.e. training, etc.)	0.6%	0.2%
Billing to Private Insurers	0.6%	0.6%
Billing to Public Insurers (e.g. Medicaid)	5.4%	2.2%
Special Events	6.9%	7.0%
Other	2.8%	4.0%

	South Carolina	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 20% (3/15) Suburban: 40% (6/15) Rural: 40% (6/15) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 8.81 Part Time: 4.56 Total: 13.38 Out of 16 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.44 Part Time: 0.06 Total: 0.50 Out of 16 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	62.5% (10/16)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	68.8% (11/16)	52.2% (370/709)
Centers Signed On to FBI MOU	50% (8/16)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (16/16)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	12.5% (2/16)	17.4% (123/706)
Method of Providing MH Services	Onsite: 31.3% (5/16) Linkage Agreements: 18.8% (3/16) Both: 50% (8/16)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	93.8% (15/16)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.00	2.69
% Using Evidence-Based MH Treatments	93.8% (15/16)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.27	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$45,033	$53,482
Per capita income	$24,222	$28,555
% Population in Poverty	16.6%	13.5%
Population per square mile	153.9	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
South Carolina: http://www.census.gov/quickfacts/table/PST045215/45
National: https://www.census.gov/quickfacts/table/PST045215/00

SOUTH DAKOTA

	South Dakota	National
NCA MEMBER CACS AS OF 11/15/2016	N = 5	N = 823
% Accredited	80% (4/5)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	60% (3/5)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 4	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 50% Non-Profit: 50%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $473,992 Range: $185,380 to $1,262,562 Total: $1,895,966	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 378 Range: 13 to 1,001 Total: 1,513	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,253	$1,490

2016 NCA MEMBER CENSUS DATA	**3 Responding Centers from South Dakota****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	3 centers completed this section	681 centers completed this section
Federal	39.0%	19.5%
State	4.7%	33.8%
Local (includes Municipal/City and County)	1.3%	14.4%
Individual donations	23.7%	6.9%
Corporations	9.7%	2.1%
Foundations	6.3%	7.5%
Fees for Service (for direct service provision only)	1.3%	1.7%
Product Sales (i.e. training, etc.)	1.3%	0.2%
Billing to Private Insurers	4.3%	0.6%
Billing to Public Insurers (e.g. Medicaid)	8.3%	2.2%
Special Events	0.0%	7.0%
Other	0.0%	4.0%

	South Dakota	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 33.3% (1/3) Suburban: 33.3% (1/3) Rural: 33.3% (1/3) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 4.67 Part Time: 1.67 Total: 6.33 Out of 3 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 3 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	33.3% (1/3)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	33.3% (1/3)	52.2% (370/709)
Centers Signed On to FBI MOU	66.7% (2/3)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (3/3)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	66.7% (2/3)	17.4% (123/706)
Method of Providing MH Services	Onsite: 33.3% (1/3) Linkage Agreements: 66.7% (1/3) Both: 0%	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	66.7% (2/3)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.00	2.69
% Using Evidence-Based MH Treatments	33.3% (1/3)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.00	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$50,338	$53,482
Per capita income	$26,311	$28,555
% Population in Poverty	13.7%	13.5%
Population per square mile	10.7	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N. **Due to the high number of centers in South Dakota that did not respond to the 2016 NCA Member Census (i.e. only 3 out of 5 responded), results should be interpreted with caution, as they may not be representative of the 2 remaining centers that did not submit this information to NCA.

***United States Census Bureau:
South Dakota: http://www.census.gov/quickfacts/table/PST045215/46
National: https://www.census.gov/quickfacts/table/PST045215/00

TENNESSEE

	Tennessee	National
NCA MEMBER CACS AS OF 11/15/2016	N = 35	N = 823
% Accredited	88.6% (31/35)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (35/35)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 32	N = 736
Organizational Structure	Government-Based: 6.3% Hospital-Based: 0% Non-Profit: 93.8%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $404,712 Range: $74,000 to $2,011,806 Total: $12,950,797	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 585 Range: 154 to 2,288 Total: 18,730	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$691	$1,490

2016 NCA MEMBER CENSUS DATA	**31 Responding Centers from Tennessee****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	31 centers completed this section	681 centers completed this section
Federal	16.8%	19.5%
State	35.8%	33.8%
Local (includes Municipal/City and County)	11.6%	14.4%
Individual donations	7.3%	6.9%
Corporations	3.3%	2.1%
Foundations	6.3%	7.5%
Fees for Service (for direct service provision only)	0.2%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.1%	2.2%
Special Events	14.1%	7.0%
Other	4.4%	4.0%

	Tennessee	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 16.7% (5/30) Suburban: 6.7% (2/3) Rural: 76.7% (23/30) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.55 Part Time: 2.03 Total: 7.58 Out of 31 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.16 Part Time: 0.03 Total: 0.19 Out of 31 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	71.0% (22/31)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	48.4% (15/31)	52.2% (370/709)
Centers Signed On to FBI MOU	51.7% (15/29)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	96.8% (30/31)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	3.2% (1/31)	17.4% (123/706)
Method of Providing MH Services	Onsite: 63.3% (19/30) Linkage Agreements: 10% (3/30) Both: 26.7% (8/30)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	93.5% (29/31)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.79	2.69
% Using Evidence-Based MH Treatments	96.8% (30/31)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.87	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$44,621	$53,482
Per capita income	$24,811	$28,555
% Population in Poverty	16.7%	13.5%
Population per square mile	153.9	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Tennessee: http://www.census.gov/quickfacts/table/PST045215/47
National: https://www.census.gov/quickfacts/table/PST045215/00

TEXAS

	Texas	National
NCA MEMBER CACS AS OF 11/15/2016	N = 48	N = 823
% Accredited	87.5% (42/48)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	87.5% (42/48)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 45	N = 736
Organizational Structure	Government-Based: 4.4% Hospital-Based: 0% Non-Profit: 95.6%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $1,208,398 Range: $186,699 to $8,775,850 Total: $54,377,905	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 611 Range: 63 to 2,982 Total: 27,499	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,977	$1,490

2016 NCA MEMBER CENSUS DATA	**35 Responding Centers from Texas****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	33 centers completed this section	681 centers completed this section
Federal	30.7%	19.5%
State	25.5%	33.8%
Local (includes Municipal/City and County)	10.2%	14.4%
Individual donations	8.8%	6.9%
Corporations	3.3%	2.1%
Foundations	7.3%	7.5%
Fees for Service (for direct service provision only)	0.3%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	12.7%	7.0%
Other	1.1%	4.0%

	Texas	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 30.3% (10/33) Suburban: 30.3% (10/33) Rural: 39.4% (13/33) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 15.47 Part Time: 1.65 Total: 17.12 Out of 34 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.97 Part Time: 0.03 Total: 1.00 Out of 34 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	50% (17/34)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	31.4% (11/35)	52.2% (370/709)
Centers Signed On to FBI MOU	29.4% (10/34)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	94.3% (33/35)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (0/35)	17.4% (123/706)
Method of Providing MH Services	Onsite: 45.7% (16/35) Linkage Agreements: 11.4% (4/35) Both: 42.9% (15/35)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	94.3% (33/35)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.88	2.69
% Using Evidence-Based MH Treatments	100% (35/35)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.74	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$52,576	$53,482
Per capita income	$26,513	$28,555
% Population in Poverty	15.9%	13.5%
Population per square mile	96.3	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N. **Due to the high number of centers in Texas that did not respond to the 2016 NCA Member Census (i.e. only 35 out of 48 responded), results should be interpreted with caution, as they may not be representative of the 13 remaining centers that did not submit this information to NCA.

***United States Census Bureau:
Texas: http://www.census.gov/quickfacts/table/PST045215/48
National: https://www.census.gov/quickfacts/table/PST045215/00

UTAH

	Utah	National
NCA MEMBER CACS AS OF 11/15/2016	N = 14	N = 823
% Accredited	85.7% (12/14)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	64.3% (9/14)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 13	N = 736
Organizational Structure	Government-Based: 92.3% (12/13)* Hospital-Based: 0% Non-Profit: 7.7% (1/13)*	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $463,062 Range: $108,000 to $1,346,613 Total: $6,019,812	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 462 Range: 74 to 1,415 Total: 6,006	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,002	$1,490

2016 NCA MEMBER CENSUS DATA	**14 Responding Centers from Utah****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	14 centers completed this section	681 centers completed this section
Federal	11.9%	19.5%
State	63.2%	33.8%
Local (includes Municipal/City and County)	10.5%	14.4%
Individual donations	7.6%	6.9%
Corporations	2.9%	2.1%
Foundations	1.7%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.4%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.0%	2.2%
Special Events	0.8%	7.0%
Other	1.1%	4.0%

	Utah	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 28.6% (4/14) Suburban: 21.4% (3/14) Rural: 50% (7/14) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 2.50 Part Time: 2.07 Total: 4.57 Out of 14 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 14 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	35.7% (5/14)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	78.6% (11/14)	52.2% (370/709)
Centers Signed On to FBI MOU	21.4% (3/14)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	85.7% (12/14)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	42.9% (6/14)	17.4% (123/706)
Method of Providing MH Services	Onsite: 0% Linkage Agreements: 78.6% (11/14) Both: 21.4% (3/14)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	21.4% (3/14)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.00	2.69
% Using Evidence-Based MH Treatments	71.4% (10/14)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.70	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$59,846	$53,482
Per capita income	$24,312	$28,555
% Population in Poverty	11.3%	13.5%
Population per square mile	33.6	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA). **One center self-identified as non-profit, but all Utah Children's Justice Centers are government-based.**

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Utah: http://www.census.gov/quickfacts/table/PST045215/49
National: https://www.census.gov/quickfacts/table/PST045215/00

VERMONT

	Vermont	National
NCA MEMBER CACS AS OF 11/15/2016	N = 12	N = 823
% Accredited	58.3% (7/12)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	75% (9/12)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 10	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $192,497 Range: $90,000 to $657,000 Total: $1,924,971	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 123 Range: 71 to 208 Total: 1,228	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,568	$1,490

2016 NCA MEMBER CENSUS DATA	**10 Responding Centers from Vermont****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	10 centers completed this section	681 centers completed this section
Federal	18.2%	19.5%
State	73.2%	33.8%
Local (includes Municipal/City and County)	2.2%	14.4%
Individual donations	2.0%	6.9%
Corporations	0.5%	2.1%
Foundations	0.6%	7.5%
Fees for Service (for direct service provision only)	0.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	1.0%	2.2%
Special Events	1.3%	7.0%
Other	1.1%	4.0%

	Vermont	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 0% Suburban: 0% Rural: 100% (10/10) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 0.80 Part Time: 2.00 Total: 2.80 Out of 10 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 10 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	80% (8/10)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	30% (3/10)	52.2% (370/709)
Centers Signed On to FBI MOU	30% (3/10)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	100% (10/10)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0% (Not Applicable for All)	17.4% (123/706)
Method of Providing MH Services	Onsite: 20% (2/10) Linkage Agreements: 60% (6/10) Both: 20% (2/10)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	30% (3/10)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	1.67	2.69
% Using Evidence-Based MH Treatments	50% (5/10)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.40	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$54,447	$53,482
Per capita income	$29,535	$28,555
% Population in Poverty	10.2%	13.5%
Population per square mile	67.9	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Vermont: http://www.census.gov/quickfacts/table/PST045215/50
National: https://www.census.gov/quickfacts/table/PST045215/00

VIRGINIA

	Virginia	National
NCA MEMBER CACS AS OF 11/15/2016	N = 18	N = 823
% Accredited	77.8% (14/18)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	72.2% (13/18)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 15	N = 736
Organizational Structure	Government-Based: 6.7% Hospital-Based: 6.7% Non-Profit: 86.7%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $578,702 Range: $158,522 to $2,725,240 Total: $8,680,523	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 295 Range: 129 to 1,052 Total: 4,430	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,959	$1,490

2016 NCA MEMBER CENSUS DATA	**17 Responding Centers from Virginia****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	17 centers completed this section	681 centers completed this section
Federal	23.4%	19.5%
State	32.6%	33.8%
Local (includes Municipal/City and County)	13.3%	14.4%
Individual donations	6.4%	6.9%
Corporations	2.5%	2.1%
Foundations	9.3%	7.5%
Fees for Service (for direct service provision only)	0.3%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.5%	0.6%
Billing to Public Insurers (e.g. Medicaid)	1.2%	2.2%
Special Events	8.2%	7.0%
Other	2.3%	4.0%

	Virginia	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 29.4% (5/17) Suburban: 29.4% (5/17) Rural: 41.2% (7/17) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 4.35 Part Time: 3.59 Total: 7.94 Out of 17 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.06 Part Time: 0.35 Total: 0.41 Out of 17 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	76.5% (13/17)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	52.9% (9/17)	52.2% (370/709)
Centers Signed On to FBI MOU	70.6% (12/17)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	94.1% (16/17)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0%	17.4% (123/706)
Method of Providing MH Services	Onsite: 29.4% (5/17) Linkage Agreements: 17.6% (3/17) Both: 52.9% (9/17)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	94.1% (16/17)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.13	2.69
% Using Evidence-Based MH Treatments	94.1% (16/17)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.56	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$64,792	$53,482
Per capita income	$33,958	$28,555
% Population in Poverty	11.2%	13.5%
Population per square mile	202.6	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Vermont: http://www.census.gov/quickfacts/table/PST045215/50
National: https://www.census.gov/quickfacts/table/PST045215/00

WASHINGTON

	Washington	National
NCA MEMBER CACS AS OF 11/15/2016	N = 17	N = 823
% Accredited	88.2% (15/17)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	58.8% (10/17)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 16	N = 736
Organizational Structure	Government-Based: 18.8% Hospital-Based: 6.3% Non-Profit: 75.0%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $624,507 Range: $40,367 to $1,800,000 Total: $9,992,119	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 392 Range: 2 to 1,183 Total: 6,270	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,594	$1,490

2016 NCA MEMBER CENSUS DATA	**17 Responding Centers from Washington****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	16 centers completed this section	681 centers completed this section
Federal	10.3%	19.5%
State	33.5%	33.8%
Local (includes Municipal/City and County)	26.5%	14.4%
Individual donations	6.8%	6.9%
Corporations	1.3%	2.1%
Foundations	12.4%	7.5%
Fees for Service (for direct service provision only)	3.3%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	0.1%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.3%	2.2%
Special Events	3.3%	7.0%
Other	2.2%	4.0%

	Washington	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 25% (4/16) Suburban: 31.3% (5/16) Rural: 37.5% (6/16) Frontier: 6.3% (1/16)	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 3.06 Part Time: 4.50 Total: 7.56 Out of 16 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.13 Part Time: 0.13 Total: 0.25 Out of 16 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	87.5% (14/16)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	47.1% (8/17)	52.2% (370/709)
Centers Signed On to FBI MOU	35.3% (6/17)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	87.5% (14/16)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	76.5% (12/16)	17.4% (123/706)
Method of Providing MH Services	Onsite: 29.4% (5/17) Linkage Agreements: 47.1% (8/17) Both: 23.5% (4/17)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	70.6% (12/17)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	2.75	2.69
% Using Evidence-Based MH Treatments	70.6% (12/17)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.42	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$60,294	$53,482
Per capita income	$31,233	$28,555
% Population in Poverty	12.2%	13.5%
Population per square mile	101.2	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Washington: http://www.census.gov/quickfacts/table/PST045215/53
National: https://www.census.gov/quickfacts/table/PST045215/00

WEST VIRGINIA

	West Virginia	National
NCA MEMBER CACS AS OF 11/15/2016	N = 21	N = 823
% Accredited	100% (21/21)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (21/21)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 21	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 4.8% Non-Profit: 95.2%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $204,369 Range: $30,300 to $410,656 Total: $4,291,748	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 165 Range: 28 to 471 Total: 3,471	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,236	$1,490

2016 NCA MEMBER CENSUS DATA	**21 Responding Centers from West Virginia****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	20 centers completed this section	681 centers completed this section
Federal	7.5%	19.5%
State	47.6%	33.8%
Local (includes Municipal/City and County)	6.5%	14.4%
Individual donations	7.0%	6.9%
Corporations	1.9%	2.1%
Foundations	18.4%	7.5%
Fees for Service (for direct service provision only)	0.1%	1.7%
Product Sales (i.e. training, etc.)	0.1%	0.2%
Billing to Private Insurers	0.0%	0.6%
Billing to Public Insurers (e.g. Medicaid)	0.8%	2.2%
Special Events	6.8%	7.0%
Other	3.5%	4.0%

	West Virginia	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 9.5% (2/21) Suburban: 14.3% (3/21) Rural: 76.2% (16/21) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 2.29 Part Time: 2.24 Total: 4.52 Out of 21 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.05 Part Time: 0.00 Total: 0.05 Out of 21 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	57.1% (12/21)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	33.3% (7/21)	52.2% (370/709)
Centers Signed On to FBI MOU	33.3% (7/21)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	85.7% (18/21)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	0%	17.4% (123/706)
Method of Providing MH Services	Onsite: 14.3% (3/21) Linkage Agreements: 33.3% (7/21) Both: 52.3% (11/21)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	76.2% (16/21)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.13	2.69
% Using Evidence-Based MH Treatments	81.0% (17/21)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.94	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$41,576	$53,482
Per capita income	$23,237	$28,555
% Population in Poverty	17.9%	13.5%
Population per square mile	77.1	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
West Virginia: http://www.census.gov/quickfacts/table/PST045215/54
National: https://www.census.gov/quickfacts/table/PST045215/00

WISCONSIN

	Wisconsin	National
NCA MEMBER CACS AS OF 11/15/2016	N = 14	N = 823
% Accredited	71.4% (10/14)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	100% (14/14)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 12	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 41.7% Non-Profit: 58.3%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $493,585 Range: $89,200 to $1,935,839 Total: $5,923,023	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 565 Range: 194 to 2,481 Total: 6,776	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$874	$1,490

2016 NCA MEMBER CENSUS DATA	**14 Responding Centers from Wisconsin****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	14 centers completed this section	681 centers completed this section
Federal	4.5%	19.5%
State	16.0%	33.8%
Local (includes Municipal/City and County)	6.6%	14.4%
Individual donations	7.9%	6.9%
Corporations	2.9%	2.1%
Foundations	15.8%	7.5%
Fees for Service (for direct service provision only)	0.1%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	6.9%	0.6%
Billing to Public Insurers (e.g. Medicaid)	15.7%	2.2%
Special Events	2.3%	7.0%
Other	21.6%	4.0%

	Wisconsin	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 35.7% (5/14) Suburban: 28.6% (4/14) Rural: 35.7% (5/14) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 2.93 Part Time: 3.07 Total: 6.00 Out of 14 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.14 Total: 0.14 Out of 14 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	42.9% (6/14)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	85.7% (12/14)	52.2% (370/709)
Centers Signed On to FBI MOU	7.1% (1/14)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	92.9% (13/14)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	35.7% (5/14)	17.4% (123/706)
Method of Providing MH Services	Onsite: 14.3% (2/14) Linkage Agreements: 64.3% (9/14) Both: 21.4% (3/14)	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	64.3% (9/14)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.00	2.69
% Using Evidence-Based MH Treatments	71.4% (10/14)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	1.50	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$52,738	$53,482
Per capita income	$27,907	$28,555
% Population in Poverty	12.1%	13.5%
Population per square mile	105.0	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Wisconsin: http://www.census.gov/quickfacts/table/PST045215/55
National: https://www.census.gov/quickfacts/table/PST045215/00

WYOMING

	Wyoming	National
NCA MEMBER CACS AS OF 11/15/2016	N = 3	N = 823
% Accredited	100% (3/3)	84% (691/823)
% Member CACs Using OMS as of January to June 2016 Collection Period	33.3% (1/3)	71.0% (584/823)

CENTERS SUBMITTING ANNUAL BUDGETS AND 2015 STATISTICS TO NCA*	N = 3	N = 736
Organizational Structure	Government-Based: 0% Hospital-Based: 0% Non-Profit: 100%	Government-Based: 13.8% Hospital-Based: 8.3% Non-Profit: 77.9%
Annual Budget	Average: $325,525 Range: $127,000 to $543,576 Total: $976,576	Average: $620,405 Range: $28,913 to $9,104,158 Total: $456,618,024
Children Served in 2015	Average: 266 Range: 43 to 478 Total: 798	Average: 416 Range: 2 to 4,301 Total: 306,489
Average Funding Per Child (Total Budget Divided By Total Children)	$1,224	$1,490

2016 NCA MEMBER CENSUS DATA	**3 Responding Centers from Wyoming****	**709 Responding Centers Nationally****
Average Funding Blend Breakdown	3 centers completed this section	681 centers completed this section
Federal	13.3%	19.5%
State	27.7%	33.8%
Local (includes Municipal/City and County)	19.7%	14.4%
Individual donations	13.3%	6.9%
Corporations	0.0%	2.1%
Foundations	15.0%	7.5%
Fees for Service (for direct service provision only)	2.0%	1.7%
Product Sales (i.e. training, etc.)	0.0%	0.2%
Billing to Private Insurers	1.3%	0.6%
Billing to Public Insurers (e.g. Medicaid)	4.0%	2.2%
Special Events	0.0%	7.0%
Other	3.7%	4.0%

	Wyoming	National
CENTER DEMOGRAPHY/EMPLOYMENT		
Predominant Service Area	Urban: 33.3% (1/3) Suburban: 0% Rural: 66.7% (2/3) Frontier: 0%	Urban: 25.3% (176/695) Suburban: 22.7% (158/695) Rural: 50.5% (351/695) Frontier: 1.4% (10/695)
Average Number of Total Staff Members	Full Time: 5.00 Part Time: 0.00 Total: 5.00 Out of 3 responding centers	Full Time: 6.30 Part Time: 2.74 Total: 9.04 Out of 686 responding centers
Average Number of Development Staff Members	Full Time: 0.00 Part Time: 0.00 Total: 0.00 Out of 3 responding centers	Full Time: 0.22 Part Time: 0.09 Total: 0.31 Out of 686 responding centers
CAC Reports Unmet Employment Needs	33.3% (1/3)	58.5% (409/699)

SERVICES PROVIDED BY CENTERS		
CAC Provides Medical Evaluations to Victims of Physical Abuse	0% (0/3)	52.2% (370/709)
Centers Signed On to FBI MOU	50% (1/2)	48.5% (338/697)
Centers Provide Any Services to CSEC/ Trafficking Victims	66.7% (2/3)	92.0% (652/709)
Centers Serve Children from Designated Native American Tribal Communities	33.3% (1/3)	17.4% (123/706)
Method of Providing MH Services	Onsite: 66.7% (2/3) Linkage Agreements: 33.3% (1/3) Both: 0%	Onsite: 27.5% (194/705) Linkage Agreements: 37.2% (262/705) Both: 35.3% (249/705)
% Using MH Assessments	33.3% (1/3)	66.7% (473/709)
Average # of MH Assessments Used (of those using any)	3.00	2.69
% Using Evidence-Based MH Treatments	66.7% (2/3)	75.3% (534/709)
Average # of Evidence-Based MH Treatments Used (of those using any)	2.50	2.08

DATA FROM THE U.S. CENSUS BUREAU* **		
Median Household Income	$58,252	$53,482
Per capita income	$29,381	$28,555
% Population in Poverty	11.1%	13.5%
Population per square mile	5.8	87.4

*Centers were only included in this section if they submitted statistics to NCA on the number of children served in 2015 AND annual budget information was available in NCA's membership database (provided through NCA's member profile platform or through other documentation available to NCA).

**All NCA members as of July 6, 2016 were invited to participate in the 2016 NCA Member Census. Responses from centers are included in this section if they submitted a complete census survey by the final closing date of October 3, 2016. Additional surveys and/or updated information submitted after October 3, 2016 is not included. As each item and section on the survey was voluntary, the total number of centers responding on each item may be lower than the total N.

***United States Census Bureau:
Wyoming: http://www.census.gov/quickfacts/table/PST045215/56
National: https://www.census.gov/quickfacts/table/PST045215/00

Appendix C: Defining Legislation Table

STATE	STATUTORY DEFINITION CITATION REFERENCE	LINK TO STATUTE	TIED TO NCA STANDARDS OF ACCREDITATION	REQUIRES ESTABLISHMENT OF CACS	REQUIRES USE OF CACS	% COUNTIES SERVED BY NCA MEMBER CAC	% SERVED BY NON-MEMBER	% SERVED TOTAL	NOTES
Alabama	Alabama Code: Section 26-16-70 through 26-16-73	26-16-70	Lists standards that closely resemble NCA standards with no specific mention of NCA	DHR shall establish MDTs that may include CACs	Permissive language	57%	39%	96%	
Alaska	Alaska Statutes AS 47.17.033	47.17.030	No mention	No mention in definition	Requires use, where available	86%	7%	93%	
Arizona	None	N/A	N/A	N/A	N/A	60%	40%	60%	
Arkansas	Arkansas Code: 5-5-101b	5-5-101b	Lists standards consistent with NCA standards for accreditation	No mention in definition	No mention in definition	100%	0%	100%	
California	None	N/A	N/A	N/A	N/A	40%	48%	88%	
Colorado	Colorado Children's Code	CRS 19-1-103	MOU may require NCA standards	No mention in definition	Requires CACs to be used for any taped interviews	66%	0%	66%	
Connecticut	None	N/A	N/A	N/A	N/A	100%	0%	100%	
Delaware	None	N/A	N/A	N/A	N/A	100%	0%	100%	Mention of CACs in statute, but no definition
Florida	Florida Statutes: 39.3035	39.3035	Lists standards consistent with NCA Standards for Accreditation	No	No	85%	0%	85%	
Georgia	Code of GA annotated	HB 905	No mention	No mention in definition	No mention in definition	56%	14%	70%	
Hawaii	Hawaii Revised Statutes 588	HRS 588	No mention	No mention in definition	No mention in definition	56%	14%	70%	Established as agencies of the state

Appendix C: Defining Legislation Table

STATE	STATUTORY DEFINITION CITATION REFERENCE	LINK TO STATUTE	TIED TO NCA STANDARDS OF ACCREDITATION	REQUIRES ESTABLISHMENT OF CACS	REQUIRES USE OF CACS	% COUNTIES SERVED BY NCA MEMBER CAC	% SERVED BY NON-MEMBER	% SERVED TOTAL	NOTES
Idaho	Idaho Revised Statutes 1602	16-1602	NCA standards used to define a CAC	Prosecutor required to establish an MDT in each county.	CACs are required to be a part of the MDT when a CAC is available	9%	11%	20%	
Illinois	Illinois Compiled Statutes: 55 ILCS 80	55 ILCS 80	Accreditation defined using NCA standards	Permissive language	No mention in definition	86%	6%	92%	
Indiana	None	N/A	N/A	N/A	N/A	33%	9%	42%	
Iowa	Iowa Code 135.118 Chapter 94	135.118	Must meet or be in the process of meeting NCA standards	Each county shall establish a child protection assistance team 915.35	No mention in definition	46%	0%	46%	
Kansas	Kansas Code: Article 22, 38-2227	Article 22, 38-2227	Standards consistent with NCA standards for accreditation	MDTs may be established at the discretion of the court	No mention in definition	51%	1%	52%	
Kentucky	Kentucky Revised Statutes; 620 KAR 2:040	620.02	No mention in definition	No mention in definition	To be used to the extent practicable 431.600	82%	18%	100%	
Louisiana	Louisiana Children's Code, Chapter 2 Article 521	Chapter 2 Article 521	Article 524: every center shall seek full membership with NCA	No mention in definition	No mention in definition	64%	6%	70%	
Maine	Maine Revised Statutes Title 22 Sec. 4019	Title 22 Sec. 4019	No mention in definition	Permissive language	Permissive language	31%	19%	50%	
Maryland	Maryland Criminal Procedure Code: 11-923	11-923	No mention in definition	Shall establish and sustain Children's Advocacy Centers in the state	CACs shall investigate sexual abuse crimes against children	71%	25%	96%	
Massachusetts	None	N/A	N/A	N/A	N/A	100%	0%	100%	

Appendix C: Defining Legislation Table

STATE	STATUTORY DEFINITION CITATION REFERENCE	LINK TO STATUTE	TIED TO NCA STANDARDS OF ACCREDITATION	REQUIRES ESTABLISHMENT OF CACS	REQUIRES USE OF CACS	% COUNTIES SERVED BY NCA MEMBER CAC	% SERVED BY NON-MEMBER	% SERVED TOTAL	NOTES
Michigan	Michigan Compiled Laws Act 544 of 2008	722.1042	Uses NCA standards to define a CAC	No mention in definition	No mention in definition	52%	10%	62%	
Minnesota	None	N/A	N/A	N/A	N/A	8%	0%	8%	
Mississippi	Mississippi Code 43-15-51	43-15-51	No mention in definition	Permissive language	No mention in definition	57%	4%	61%	
Missouri	Missouri Revised Statutes Chapter 210	Data Unavailable	Data Unavailable	Data Unavailable	Data Unavailable	100%	0%	100%	
Montana	None	N/A	N/A	N/A	N/A	20%	20%	40%	
Nebraska	Nebraska Revised Statutes: 28-728	28-728	Yes	Each county shall be assigned to a CAC	Each county shall be assigned to a CAC	100%	0%	100%	
Nevada	None	N/A	N/A	N/A	N/A	12%	24%	36%	
New Hampshire	None	N/A	N/A	N/A	N/A	90%	10%	100%	
New Jersey	Title 9 of NJ Revised Statutes	SB972 Pending	Yes. Board certifies centers based on NCA standards	No mention in definition	No mention in definition	52%	0%	52%	
New Mexico	None	N/A	N/A	N/A	N/A	55%	12%	67%	
New York	Laws of New York, Social Services Law 423-A	423-A	Lists requirements consistent with NCA Standards for Accreditation	Shall establish to the extent practicable a CAC to serve every region of the state	Shall establish to the extent practicable a CAC to serve every region of the state	61%	13%	74%	

Appendix C: Defining Legislation Table

STATE	STATUTORY DEFINITION CITATION REFERENCE	LINK TO STATUTE	TIED TO NCA STANDARDS OF ACCREDITATION	REQUIRES ESTABLISHMENT OF CACS	REQUIRES USE OF CACS	% COUNTIES SERVED BY NCA MEMBER CAC	% SERVED BY NON-MEMBER	% SERVED TOTAL	NOTES
North Carolina	None	N/A	N/A	N/A	N/A	55%	6%	61%	
North Dakota	North Dakota Century Code 50-25.1	50.25.1	CAC defined as a full or associate member of NCA	Though not required in statute, all counties have signed agreement with CACs.	Permissive language	100%	0%	100%	
Ohio	Ohio Laws and Rules: 2151.425	2151.425	No	No mention in definition	No mention in defini-tion	32%	2%	34%	
Oklahoma	Oklahoma Children's Code: Title 10A, 1-1-105	Title 10A, 1-1-105	CAC defined as an accredited member of NCA	No mention in definition	No mention in definition	49%	3%	52%	
Oregon	Oregon Revised Statutes 418.780 to 796	418.780 to 418.796	No mention	Requires MDITs to "prioritize" CAICs	Requires MDITs to "prioritize" CAICs	81%	19%	100%	
Pennsylvania	23 PA Consolidated Statutes 6303(a)	6303(a)	No mention	No mention in definition	No mention in definition	57%	5%	62%	
Rhode Island	Data Unavailable	Data Unavailable	Data Unavailable	Data Unavailable	Data Unavailable	100%	0%	100%	
South Carolina	South Carolina Code of Laws 63-11-310	63-11-310	"Must function in a manner con-sistent with NCA standards"	Chapter must… coordinate and facilitate growth and establish-ment of local centers	"Nothing in this section requires the exclusive use of a CAC"	94%	0%	94%	
South Dakota	None *	N/A	N/A	N/A	N/A	8%	0%	8%	
Tennessee	Tennessee Code Annotated 9-4-213	9-4-213	CACs shall have written policies and procedures consistent with NCA standards	No mention in definition	Shall be part of child abuse investiga-tion team where available	79%	13%	92%	

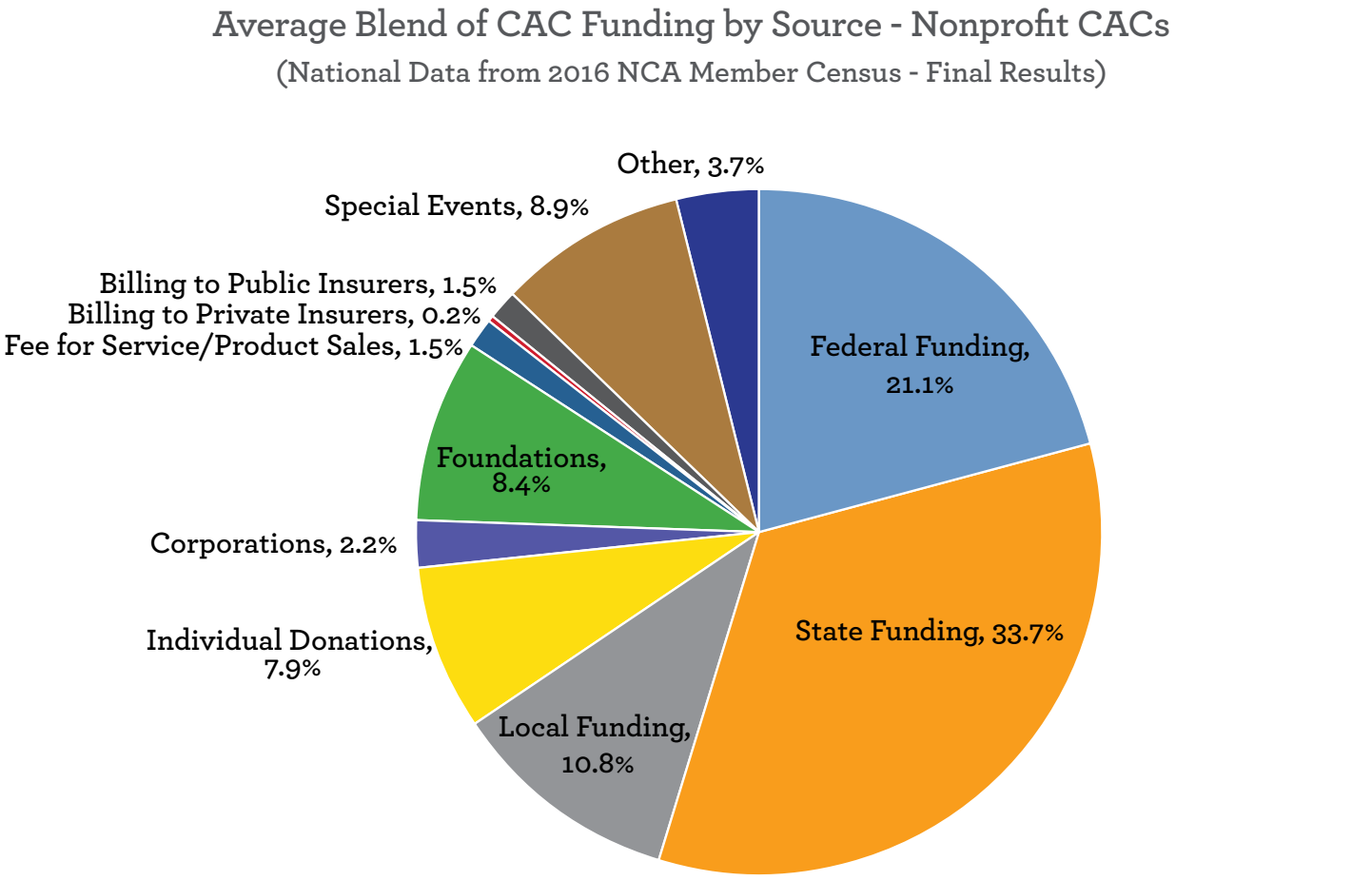
Appendix C: Defining Legislation Table

STATE	STATUTORY DEFINITION CITATION REFERENCE	LINK TO STATUTE	TIED TO NCA STANDARDS OF ACCREDITATION	REQUIRES ESTABLISHMENT OF CACS	REQUIRES USE OF CACS	% COUNTIES SERVED BY NCA MEMBER CAC	% SERVED BY NON-MEMBER	% SERVED TOTAL	NOTES
Texas	Texas Family Code Chapter 264.401	264.402	No mention	Permissive language	No mention in definition	57%	17%	74%	
Utah	Utah Code Annotated; 67-5b-101 to 107	67-5b-101 to 107	No mention in definition	AG required to establish CJCs or MDTs in listed counties and permitted to establish in others	No mention in definition	76%	21%	97%	Established as agencies of the state
Vermont	Vermont Statutes: 24 VSA Section 1940	Title 24 Section 1940	No express mention of CACs	Required to establish "Special Investigation Units" in each region of the state	Special investigation units shall investigate certain crimes against children	86%	14%	100%	
Virginia	None	Not defined but named as part of team in 15.2-1627.5	No mention	The attorney in each jurisdiction shall establish a child sexual abuse response team	Child Sexual Abuse Response team shall include a CAC where available	42%	0%	42%	
Washington	Revised Code of Washington: 26.44.020	26.44.020	No mention	No mention in definition	Each county shall establish protocols that include CACs where available	56%	0%	56%	
West Virginia	West Virginia Code: 49-3-101	49-3-101	Lists standards consistent with NCA standards for accreditation	No mention in definition	No mention in definition	67%	0%	67%	
Wisconsin	Wisconsin Statutes 16.964(14)	Data Unavailable	Data Unavailable	Data Unavailable	Data Unavailable	26%	0%	26%	
Wyoming	None	N/A	N/A	N/A	N/A	17%	0%	17%	

Appendix D: Funding Blend by Organizational Types

Nonprofit Funding Model

As the chart below demonstrates, the nonprofit funding blend is the most similar to the national blend, which makes sense given that nonprofits make up the largest proportion of NCA members. Nonprofits seem to be quite reliant on public funding sources (a combined 66% across federal, state, and local sources), although private support from individual donations, foundations, and corporations does account for a combined 18% of funding on average. In addition, nonprofits seem to gather a significant amount of funding (9%) from holding special events to benefit the CAC. Proceeds from these events may include donations from a wide variety of people and groups in the community.



Due to rounding, figures add up to less than 100%.

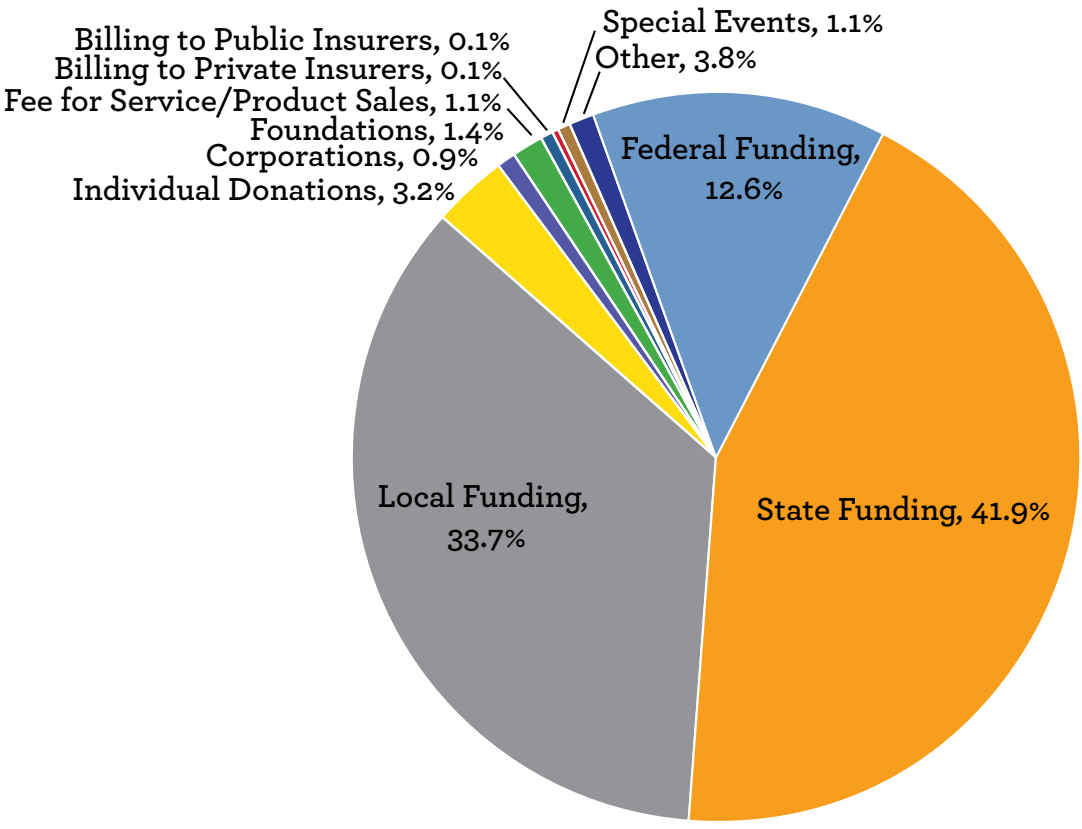
Appendix D: Funding Blend by Organizational Types

Government-based Centers

In terms of public funding, government-based centers are overwhelmingly funded by public sources, with a combined 88% of annual revenue coming from federal, state, or local funds (compared to 66% at nonprofits and just 47% at hospital-based CACs). In particular, state and local revenue make up exceptionally high percentages of government-based CACs' funding. This makes sense, given that most government-based centers are structured within a county government agency, which may in turn receive a high proportion of state funding. For government-based CACs, most other sources of funding only accounts for a small fraction of funding, with the next highest funding source being "Other" at just 4%. It is important to keep in mind that government policies may actually prevent some of these organizations from obtaining funding from private sources. However, two government-based centers included in our interview sample were able to find solutions to this through public-private partnerships to leverage funding from a variety of sources.

Average Blend of CAC Funding by Source - Government-Based CACs

(National Data from 2016 NCA Member Census - Final Results)

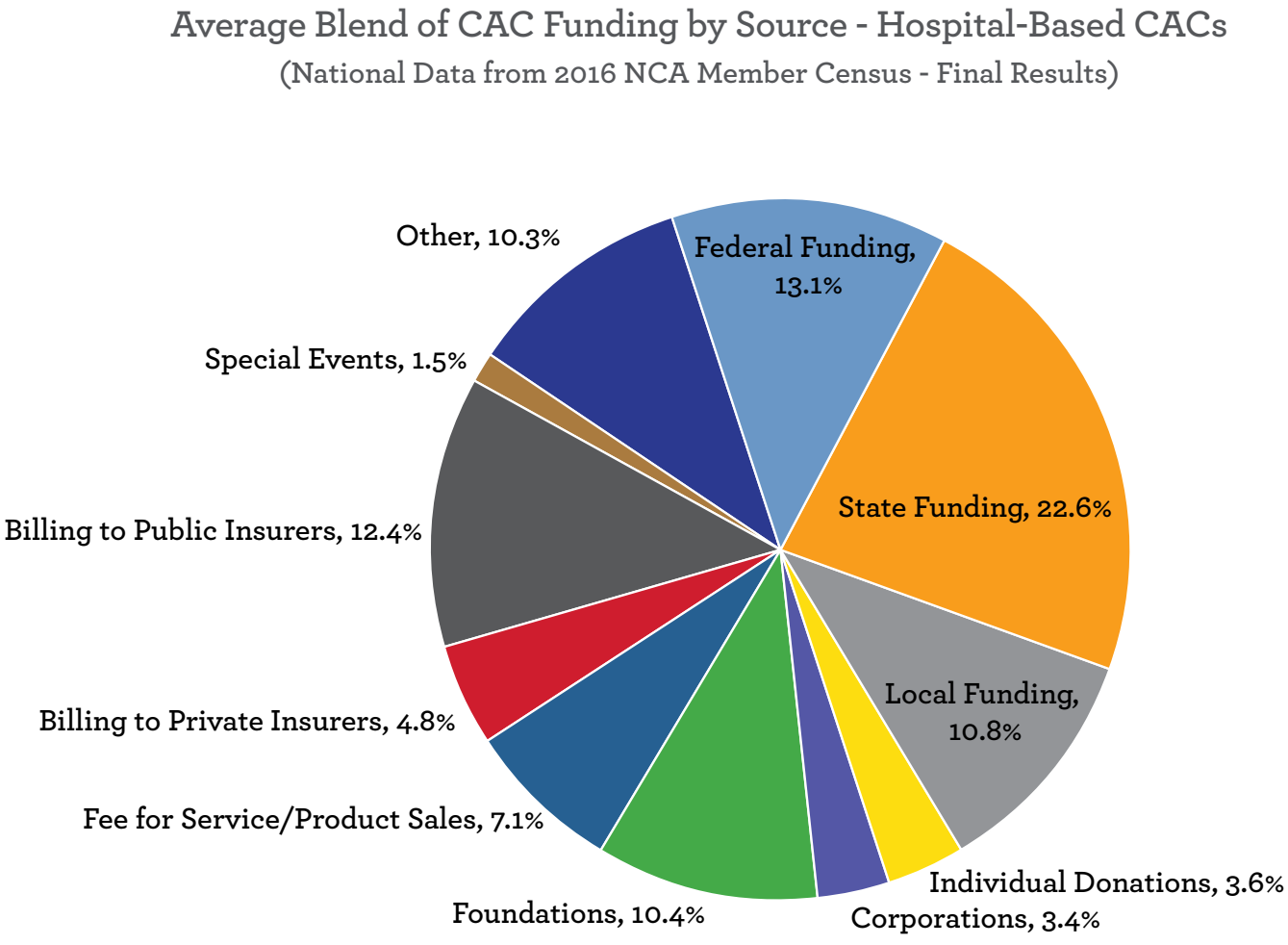


Due to rounding, figures add up to less than 100%.

Appendix D: Funding Blend by Organizational Types

Hospital-based Centers

Hospital-based centers are much more likely to bill to private and public insurers, as expected. In fact, 17% of hospital-based CACs' funding come from billing to insurers, compared to just 2% at nonprofits. That being said, hospital-based CACs also appear to be quite adept at obtaining foundation support and obtaining revenue from fees for service/product sales. Hospitals do seem to lag behind in revenue from individual donations and special events, however, perhaps due to fewer events or annual appeals dedicated to the CAC specifically, as opposed to the parent hospital/healthcare provider more generally. In fact, 10% of hospital funding comes from "other" sources and in some specific cases it was noted that this came through general support from the hospital, which may have contained funds from a variety of sources.



Appendix E: CAC Interview Questions

CAC Interview Questions

The purpose of this project is to conduct a national scan of Children's Advocacy Centers to identify effective models for funding sources and structures, policy and legislation, and organizational or network models.

As a part of this scan, NCA is conducting interviews with select Children's Advocacy Centers that have had success obtaining funding from a variety of sources, demonstrating sustainability in the organization. By interviewing these centers, NCA hopes to find the best practices for funding and organizational management of CACs and pass these lessons on to other CACs across the country.

Items in italics are pre-filled based on data from NCA records or the 2016 NCA Member Census.

Confirm the CAC's annual budget in the most recent complete fiscal year (cross-check to numbers in NCA's membership database). $ _____

Confirm the following percentages of funding sources entered in the 2016 NCA Member Census:

Federal	_____ (%)
State	_____ (%)
Local (includes Municipal/City and County)	_____ (%)
Total Public Funding:	_____ (%)
Individual donations	_____ (%)
Corporations	_____ (%)
Foundations	_____ (%)
Fees for Service (for direct service provision only)	_____ (%)
Product Sales (i.e. training, etc.)	_____ (%)
Billing to Private Insurers	_____ (%)
Billing to Public Insurers (e.g. Medicaid)	_____ (%)
Special Events	_____ (%)
Other (Specify Below)	_____ (%)
Other: _____	

1.Who coordinates fundraising/development activities for your CAC?

❑ Fundraising/Development Staff Members
❑ Executive Director
❑ Other Staff Members - Please specify title(s): _____
❑ Board Members
❑ A "Friends of" organization
❑ Other - Please specify: _____

Appendix E: CAC Interview Questions

PUBLIC FUNDING

Federal Funding Percentage: _____ (Skip next questions if 0)

2.What types of federal funds have you been able to access for CAC operations?

❑ Victims of Crime Act (VOCA)
❑ Victims of Child Abuse Act
❑ Temporary Assistance for Needy Families (TANF)
❑ Edward Byrne Memorial Justice Assistance Grant (JAG) Program
❑ Criminal Justice Act (CJA)
❑ Child Abuse Prevention and Treatment Act (CAPTA)
❑ Family Violence Prevention and Services Act (FVPSA)
❑ Other - Please specify: _____

3. Are there any significant sources of federal revenue your CAC had success accessing in the past but you did not receive in the most recent complete fiscal year? Please list and elaborate.

_____

_____

State Funding Percentage: _____ (Skip next questions if 0)

4. Please indicate which of the following state funding sources your CAC received in the most recent complete fiscal year for each of the following state funds. Please also elaborate on the source of any fines, fees, or other funds.

Source Details

❑ General Revenue _____
❑ Fines _____
❑ Fees_____
❑ Competitive Grants_____
❑ Lottery Proceeds_____
❑ Other _____

5. Are there any significant sources of state revenue your CAC had success accessing in the past that you did not receive in the most recent complete fiscal year? Please list and elaborate.

_____

_____

State Funding Percentage: _____ (Skip next questions if 0)

6. Please describe sources of the local funding you receive (includes Municipal/City and County).

_____

_____

7. Are there any significant sources of local revenue your CAC had success accessing in the past that you did not receive in the most recent complete fiscal year? Please list and elaborate.

_____

_____

8. Briefly describe any public policies at your state or local level that negatively impact your CAC's ability to access public funds.

_____

_____

9. Briefly describe any public policies at your state or local level that have helped improve your CAC's access to public funds (e.g. statutory definitions, Medicaid billing, requirements that services be funded etc.).

_____

_____

10. Briefly describe any public policies you would like to see adopted that would improve access to public funds for CACs/MDTs.

_____

_____

Appendix E: CAC Interview Questions

DONATIONS

Federal Funding Percentage: _____ (Skip next questions if 0)

11. Please describe the fundraising activities your CAC conducts to solicit individual donations. Have any methods been particularly successful in raising funding from this source?

_____

_____

Corporate Donations Percentage: _____ (Skip next question if 0)

12. Please describe the fundraising activities your CAC conducts to solicit corporate donations. Have any methods been particularly successful in raising funding from this source?

_____

_____

FOUNDATIONS

Federal Funding Percentage: _____ (Skip next questions if 0)

13. Please describe the funding you receive from foundations. How did the CAC develop these relationships?

_____

_____

FEES FOR SERVICES

Fees for Services (for direct service provision only) Percentage: _____ (Skip next question if 0)

14. What types of services do you charge fees for?

_____

_____

15. When did you start charging for these services and what was the process to set that up?

_____

_____

Appendix E: CAC Interview Questions

BILLING TO INSURERS

Billing to Private Insurers _____
Billing to Public Insurers (e.g. Medicaid) _____ (Skip next questions if both are 0**)**

16. What types of services are you able to bill insurers for?

_____

_____

17. How long have you been billing insurers? What was the process to set that up? Are there any hurdles that were especially difficult to overcome?

_____

_____

18. In your opinion, is the time and effort to bill to insurers a worthwhile investment for CACs?

_____

_____

Remaining Funding Sources

Product Sales (i.e. training, etc.)	_____ (%)
Special Events	_____ (%)
Other (Specify Below)	_____ (%)

Other: _____

19. Is there anything you would like to add about the remaining funding sources and their impact on your organization?

_____

_____

Appendix E: CAC Interview Questions

OVERALL FUNDING

20. Over the last three years, has your CAC's overall funding increased, decreased or stayed level?

❑ Increased - By how much? _____

❑ Decreased - By how much? _____

❑ Stayed Level

21. If your CAC's funding changed, what happened to cause that change? Was this a result of something at the CAC level or a broader change at the local, state, or federal level?

_____

_____

22. What have been the biggest challenges to obtaining adequate funding for your center? How did you address past challenges and what challenges still remain?

_____

_____

23. Do you find that your CAC must compete with other organizations for similar funding sources? Have you found any solutions to this problem?

_____

_____

24. Have you been able form partnerships with other organizations in a way that increases your fundraising capacity?

_____

_____

25. Are there any unique, innovative or highly successful aspects of your funding model that might serve as a model for other CACs?

_____

_____

Appendix E: CAC Interview Questions

ORGANIZATIONAL PRACTICES

26. Beyond funding, has your state or local government enacted any legislation, regulations, or other rule-making decisions that impact the operations and practices of CACs? For example, this may include unfunded mandates that delineate CACs as a named provider of specific services.

❑ Yes ❑ No

If yes, please describe these actions and their impact on the operations and practices of CACs in your state.

_____

_____

27. How does your center evaluate the efficacy of service delivery for your clients?

_____

_____

28. Have you made any significant improvements to service delivery based on these evaluations?

_____

_____

29. Has your CAC implemented any programs or practices that you feel are especially effective in providing quality services for clients and could serve as models for other centers? Please describe the process for implementing those programs/practices and how this has benefitted clients.

_____

_____

30. If you had to summarize the secret to your CAC's success and why you have such a high performing team/staff/CAC, what would it be?

_____

_____

Appendix F: CAC Sample Interview Characteristics

CHARACTERISTIC	SAMPLE COMPOSITION
Region	Midwest: 17.6% (3) Northeast: 17.6% (3) Southern: 41.2% (7) Western: 23.5% (4)
Organizational Structure	Nonprofit: 76.5% (13) Independent 501(c)(3): 64.7% (11) Program Under 501(c)(3): 11.8% (2) Hospital-Based: 11.8% (2) Government-Based: 11.8% (2)
Area Served	$1,490
Outcome Measurement System (OMS) Performance	At or above national average: 64.7% (11) Below national average: 23.5% (4) Not participating as of Dec 2015: 11.8% (2)

Appendix G: Public Funding Sources by State

State	State Funds / CJA / TANF*	Source	Administering Agency
Alabama	$1,526,470	General Revenue	Department of Child Abuse and Neglect Prevention
Alaska	$1,200,000	TANF	Department of Health and Social Services
Arizona	None	N/A	N/A
Arkansas	$1,026,000	SR $0.01 per beer special tax	Commission on Child Abuse, Rape and Domestic Violence
California	None	N/A	N/A
Colorado	$775,000	General Revenue / Perpetrator Surcharge	Colorado Children's Alliance
Connecticut	$899,000	General Revenue	Department of Children and Families
Delaware	$92,350	General Revenue	Department of Services for Children, Youth and Families

** Ongoing NCA scan of state funding information reported by state Chapters, last updated October 1, 2016.*

Appendix G: Public Funding Sources by State

State	State Funds / CJA / TANF*	Source	Administering Agency
Florida	$3,738,240	General Revenue / SR Court fees for offenses against a minor / SR Child Abuse Prevention License Plate	Office of the State Courts Administrator
Georgia	$1,425,000	TANF	Governor's Office of Children and Families
Hawaii	$1,400,000	General Revenue	Hawaii Judiciary
Idaho	None	N/A	N/A
Illinois	$4,700,000	General Revenue / CJA	Department of Children and Family Services
Indiana	$1,500,000	CJA	Department of Child Services
Iowa	$1,068,285	General Revenue	Department of Public Health
Kansas	$1,013,600	General Revenue / SR fee on persons convicted of a crime against a minor	Governor's General Grants Office
Kentucky	$3,700,000	General Revenue / CJA	Department of Child Protection
Louisiana	$0	N/A	N/A
Maine	$0	N/A	N/A
Maryland	$500,000	General Revenue	Governor's Office of Crime Control and Prevention
Massachusetts	$636,000	General Revenue	Department of Children and Families via MACA
Michigan	$1,300,000	General Revenue	Office of the State Courts Administrator
Minnesota	$0	N/A	N/A
Mississippi	$581,000	SR Assessments on vehicular moving violations; License plates $24	State Attorney General
Missouri	$1,649,475	General Revenue / SR portion of tobacco tax	Department of Social Services
Montana	$0	N/A	N/A
Nebraska	$2,200,000	General Revenue / CJA	Department of Health and Human Services
Nevada	None	N/A	N/A

Appendix G: Public Funding Sources by State

State	State Funds / CJA / TANF*	Source	Administering Agency
New Hampshire	$99,000	General Revenue	Attorney General
New Jersey	$4,800,000	General Revenue	Newly Created CAC Board
New Mexico	$180,000	General Revenue	Administrative Office of District Attorneys
New York	$10,349,900	General Revenue / Crime Victims Compensation	Office of Children and Family Services
North Carolina	$793,000	General Revenue	Department of Social Services
North Dakota	$50,000	General Revenue	Department of Human Services - Children and Family Services
Ohio	$0	N/A	N/A
Oklahoma	$3,400,000	General Revenue / Offender Fees/Fines	Department of Human Services
Oregon	$5,696,785	CAMI fund / SR Court Fines/Fees	Department of Justice - Crime Victim Services
Pennsylvania	$3,000,000	General Revenue / SR - Birth Certificate Fees	Governor's Office / Department of Human Services
Rhode Island	$27,189	CJA	Department of Children Youth and Families
South Carolina	$0	N/A	N/A
South Dakota	$0	N/A	N/A
Tennessee	$2,600,000	General Revenue	Department of Children's Services
Utah	$3,700,000	General Revenue	State Attorney General
Vermont	$92,350	General Revenue	Crime Victims Service Agency
Virginia	$1,231,000	General Revenue	Department of Social Services
Washington	$670,000	General Revenue / SR fine on each image of child porn leading to a separate conviction	Department of Social Human Services
West Virginia	$1,725,000	General Revenue	DMAPS Division of Justice and Community Service
Wisconsin	$238,000	CJA	Office of Justice Assistance
Wyoming	$100,000	General Revenue	Wyoming Attorney General