

2021 CAC Staffing and Salary Survey

This printable copy is provided so you can review the questions in advance. Actual responses should be submitted through your center's custom Qualtrics online survey link. Please contact Kaitlin Lounsbury, NCA's Program Evaluation Coordinator, at KLounsbury@nca-online.org for questions about this survey and any related data needs at your center.

If your CAC operates multiple locations, such as satellite offices or mobile units providing CAC services to remote communities in your service area, please include these locations in this one survey for your entire CAC organization.

Please complete all fields below. These items are required and will be used to reach you if we have any follow-up questions or need to clarify information provided in your survey.

Your Name: _____

Email Address: _____

CAC Name: _____

City: _____

State: _____

Please provide the Employer Identification Number (EIN) for your CAC, if known: _____

Select the category that best describes your CAC's organizational type:

- ☐ Independent 501(c)3
- ☐ Program under an umbrella organization that is a 501(c)3
- ☐ Hospital based CAC
- ☐ Government based CAC
- ☐ Other - Please specify: _____

Budget Information

Please specify the exact dollar amount of your CAC's annual operating budget for the current fiscal year (or most recent fiscal year with full information available). If your CAC is under an umbrella organization, please only list the budget for the CAC program. \$ _____

Enter the dollar amount from your CAC program's budget designated for employee pay, including base salaries, hourly wages, bonuses, and deferred compensation for the fiscal year. Do not include the budget spent on benefits; that will be asked about separately in the next question. \$ _____

Enter the dollar amount from your CAC program's budget designated for employee benefits, including retirement programs, health and other forms of insurance, and any other benefits you may provide for the fiscal year.
\$ _____

Please specify the date range for the fiscal year you used to answer the budget questions above (for example, July 1, 2020 to June 30, 2021). _____

Staffing Information

This section asks about staff members at your CAC. We are not requesting any names and this information will be presented in aggregate so that no one person can be identified. However, individual level information is necessary to provide meaningful breakdowns of the information by category. **Important:** Download the Staffing Guide for instructions on how to complete this section, which includes standardized terms for items with asterisks in the Staffing Matrix below, including detailed Position Descriptions to identify corresponding roles at your CAC.

Example Staffing Matrix to provide information about each CAC staff member.

For small CACs, fill in the information directly in the online survey. For large CACs with more than 20 employees, or if you just prefer to compile this information in a separate spreadsheet (especially for those requesting the information from a colleague or HR department), download the **Excel Template**, complete the information using the **Staffing Guide**, and then upload a completed copy using the file upload button. If you upload a spreadsheet, leave the matrix blank.

	*Primary Role	Specify Other Role (fill-in)	*Employment Type	*FTE	Annual Pay (\$, fill-in)	Years in position (fill-in)	*Gender Identity	Specify Other Gender (fill-in)	*Race	Specify Other Race (fill-in)	*Ethnicity
1											
2											
3											

CAC Leadership

According to the current job description, is your Executive Director/CAC Program Director a direct provider of any of the following services? (Check all that apply.)

- ☐ Forensic Interviews
- ☐ Mental Health Services
- ☐ Advocacy (Victim/Child/Family)
- ☐ Medical Services
- ☐ MDT Facilitation
- ☐ Fundraising/Development/Grant Writing
- ☐ Community Education/Outreach
- ☐ None of the above - Position is solely dedicated to CAC management

Does your CAC have a succession plan in place for your Executive Director/CAC Program Director position?

- ☐ Yes
- ☐ No

Contract Services

Does your CAC's annual operating budget include contract fees for any additional services, beyond the positions listed earlier? This may include temp workers for time-limited projects or flat fees paid to an organization/agency not specifically assigned to an individual person's time.

- ☐ Yes
- ☐ No

Display following questions if yes above.

What types of services were paid for in your CAC's annual operating budget through contract fees? Check all that apply and provide the total amount budgeted toward contracts for each service in the most recent fiscal year.

- ☐ Forensic Interviews - \$ _____
- ☐ Advocacy Services (Victim/Child/Family) - \$ _____
- ☐ Mental Health Services - \$ _____
- ☐ Medical Services - \$ _____
- ☐ MDT Facilitation - \$ _____
- ☐ Development/Fundraising/Grant Writing - \$ _____
- ☐ Training/Outreach/Prevention - \$ _____
- ☐ Communications/Marketing - \$ _____
- ☐ Public Relations/Legislative - \$ _____
- ☐ Administrative/Office Management - \$ _____
- ☐ Finance/Accounting - \$ _____
- ☐ Human Resources - \$ _____
- ☐ Data/Quality Improvement - \$ _____
- ☐ Information Technology - \$ _____
- ☐ Other - Please Specify and include \$ amount: _____

Interns

Does your CAC utilize interns? This should only include official internship programs coordinated by your organization and/or partners such as local universities. Do not include unpaid volunteers - that will be asked about separately.

- ☐ Yes
- ☐ No

(Display following questions if "Yes" is selected above.)

What types of services are provided by interns at your CAC? Check all that apply.

- ☐ Forensic Interviews
- ☐ Advocacy Services (Victim/Child/Family)
- ☐ Mental Health Services
- ☐ Medical Services
- ☐ MDT Facilitation
- ☐ Development/Fundraising/Grant Writing
- ☐ Training/Outreach/Prevention
- ☐ Communications/Marketing
- ☐ Public Relations/Legislative
- ☐ Administrative/Office Management
- ☐ Finance/Accounting
- ☐ Human Resources
- ☐ Data/Quality Improvement
- ☐ Information Technology
- ☐ Other - Please Specify: _____

Does your CAC pay interns for any of the services provided?

- ☐ Yes - Please specify \$ amount(s) paid: _____
- ☐ No

How many interns worked for your CAC in the past 12 months? _____

Volunteers

Does your CAC utilize unpaid volunteers?

- ☐ Yes
- ☐ No

(Display following questions if "Yes" is selected above.)

Please describe the types of activities conducted by volunteers at your CAC.

How many volunteers provided services for your CAC in the past 12 months? _____

Staff Turnover

In the past 12 months, how many CAC employees left their positions? Only include people who left permanently (for example, by resignation, dismissal, or retirement). Temporary absences such as parental leave do not apply. If the same position became vacant multiple times in the same year, count each time separately. For example, if your Victim Advocate position became vacant twice in the same year, count this as 2 toward the total. _____

If you experienced turnover in the past year, please select the reasons these employees cited for leaving their positions, if known. Select all that apply.

- ☐ Not Applicable - We did not have any turnover in the past year (*exclusive choice*)
- ☐ Retirement
- ☐ Personal reasons (health issues, family needs, etc.)
- ☐ Left for a higher paying position
- ☐ Left for a position that better aligns with interests, skills, etc.
- ☐ Left to continue education
- ☐ Lack of promotional opportunities at the CAC
- ☐ Heavy workload
- ☐ Vicarious Trauma, Secondary Traumatic Stress, or Burnout
- ☐ Unsatisfactory performance
- ☐ Disagreements with management
- ☐ Other - Please Specify: _____

Compared to 12 months ago, have you gained or lost employee positions at your CAC?

- ☐ We gained new positions
- ☐ The number of positions stayed the same
- ☐ We lost positions (downsizing/layoffs)

Unmet Staffing Needs

Please select the areas in which your CAC currently has unmet staffing needs, meaning areas of need beyond the capacity of your current staffing or contracts. Check all that apply. Do not include temporarily vacant positions or contracts out to bid that are already included in your existing budget.

☐ None - we have no unmet staffing needs (*exclusive choice*)

☐ Forensic Interviews

☐ Advocacy Services (Victim/Child/Family)

☐ Mental Health Services

☐ Medical Services

☐ MDT Facilitation

☐ Development/Fundraising/Grant Writing

☐ Training/Outreach/Prevention

☐ Communications/Marketing

☐ Public Relations/Legislative

☐ Administrative/Office Management

☐ Finance/Accounting

☐ Human Resources

☐ Data/Quality Improvement

☐ Information Technology

☐ Other - Please Specify: _____

Salary Increases

In the current fiscal year, has your organization already granted or plan to grant any of the following types of salary increases? Check all that apply. For each of the increases you select, please use the text box to indicate the average annual increase by percentage that you have granted or plan to grant.

☐ Merit increases - Average Increase % _____

☐ General (across the board) increases - Average Increase % _____

☐ Cost of living increases - Average Increase % _____

☐ Length of service increases - Average Increase % _____

☐ Promotional increases - Average Increase % _____

☐ Incentive plan based increases - Average Increase % _____

☐ Other - please specify type of increase and average increase %: _____

☐ None of the above - no salary increases in the current fiscal year (*exclusive option*)

How does the budget allocated to salary increases in the current budget year compare to the previous budget year?

☐ Budget increased

☐ Budget decreased

☐ Stayed about the same

What factors are considered when deciding on salary increases? Check all that apply.

☐ Job performance

☐ Budgeted percentage

☐ Organization's fiscal standing

☐ Other - please specify: _____

Benefits: Leave Policies

Fill in the number of days available (for annual accrual) to full-time employees **at the start of employment**.

Enter information for full-time employees only. Enter 0 if type of leave is not provided.

If leave is calculated in hours, convert to days. For example: 8 hours = 1 day, 10 hours = 1.25 days, etc.

Provide numeric responses only.

Number of paid holidays _____ days

Number of vacation days _____ days

Number of sick days _____ days

Number of 'PTO / Personal days' _____ days

Fill in the number of days available (for annual accrual) to full-time employees **after 5 years of full-time employment**.

Enter information for full-time employees only. Enter 0 if type of leave is not provided.

If leave is calculated in hours, convert to days. For example: 8 hours = 1 day, 10 hours = 1.25 days, etc.

Provide numeric responses only.

Number of vacation days at 5 years of employment _____ days

Number of sick days at 5 years of employment _____ days

Number of PTO / Personal days at 5 years of employment _____ days

Enter the maximum number of days your organization provides PAID leave for the following. Provided numeric responses only. If there is no maximum to the number of paid days or your organization does not provide paid leave for that area, check the corresponding option.

Jury duty	_____ days	<input type="checkbox"/> No maximum	<input type="checkbox"/> Not provided
Maternity/paternity/adoption	_____ days	<input type="checkbox"/> No maximum	<input type="checkbox"/> Not provided
Other family medical leave	_____ days	<input type="checkbox"/> No maximum	<input type="checkbox"/> Not provided
Bereavement	_____ days	<input type="checkbox"/> No maximum	<input type="checkbox"/> Not provided
Military duty	_____ days	<input type="checkbox"/> No maximum	<input type="checkbox"/> Not provided

Does your organization offer a leave donation or sharing program (i.e., employees can donate leave to other employees in need)?

☐ Yes

☐ No

Benefits: Retirement Programs

Does your organization offer one or more retirement plans to ANY employees?

☐ Yes

☐ No

If yes, retirement plans are offered, show the following questions. If not, skip to next section.

Select the type(s) of retirement plan(s) offered to CAC employees. Check all that apply.

☐ Defined Benefit Pension Plan

☐ 401(k)

☐ 403(b)

☐ SEP (Simplified Employee Pension)

☐ Other - Please Describe: _____

What length of employment (in months) is required to participate in any retirement programs offered by your organization? Please indicate term in number of months only. _____ months

What is the maximum available employer contribution (matching or otherwise) as a percentage of base salary for any employee? Provide the exact percentage only. _____%

Who is responsible for the oversight of your organization’s retirement plan(s)? Select the position(s) that match most closely to the title(s) at your CAC. Check all that apply.

- ☐ Executive Director
- ☐ Chief Financial Officer
- ☐ Chief Operating Officer
- ☐ Director of Finance
- ☐ Director of Human Resources
- ☐ Director of Operations
- ☐ Board Members
- ☐ Investment Committee Members
- ☐ Other - Please Specify: _____

Benefits: Insurance & Other

Does your CAC offer employees any medical insurance benefits?

- ☐ Yes
- ☐ No

If yes, medical insurance benefits are offered, show the following questions. If not, skip to next section.

Which of the following medical insurance benefits are available to CAC employees? Check all that apply.

- ☐ HMO
- ☐ PPO
- ☐ POS
- ☐ High Deductible Health Plan (HDHP)
- ☐ Other - Please Describe: _____

Is medical insurance coverage extended to any of the following groups? Only respond for plans offered by your organization and check all that apply.

	HMO	PPO	POS	HDHP	Other
Spouse/Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Family Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same-sex domestic partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opposite sex domestic partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your CAC offer healthcare spending or reimbursement accounts (HSAs, FSAs, HRAs)?

- ☐ Yes
- ☐ No

Does your CAC offer any of the following additional types of insurance, either as an optional feature of any insurance program or in any other way? Check all that apply.

- ☐ Life insurance
- ☐ Long-term disability insurance
- ☐ Short-term disability insurance
- ☐ Dental insurance
- ☐ Vision insurance
- ☐ Personal liability insurance
- ☐ Other insurance benefits - Please Specify: _____
- ☐ None of the above (*Exclusive option*)

Does your CAC offer any of the following additional benefits to employees? Check all that apply.

- ☐ Travel reimbursement (parking, mileage, local transportation subsidy, etc.)
- ☐ Tuition reimbursement
- ☐ Professional membership dues
- ☐ Cell phone/Smartphone purchase or expenses
- ☐ Childcare benefits
- ☐ Wellness programs (gym memberships, recreation or self-care activities, etc.)
- ☐ Reimbursement for acquiring or maintaining any license / credentials (CEUs, etc.)
- ☐ Training/Conference Attendance (some or all registration fees, travel expenses, etc.)
- ☐ Workplace flexibility (telecommuting, alternative work schedules, etc.)
- ☐ Any other additional benefits - Please Specify: _____
- ☐ None of the above (*Exclusive option*)

Direct Service Provider Workloads

In addition to salaries and benefits, there are often questions from the CAC field around appropriate workloads, particularly for direct service staff. Your answers to the following questions will help us to determine the current scope of workloads, which can be used to inform best practices.

When thinking about the core direct services your CAC offered to child clients in the 2020 calendar year, please estimate the percentage of services provided through each approach below. For CAC-based services, please separate out the percentage provided by CAC staff members vs. contracted providers who come to the CAC to offer services.

	Forensic Interviews	Advocacy Services	Medical Services	Mental Health Services
% by CAC staff providers, based at CAC				
% by CAC contracted providers, based at CAC				
% by interns, based at CAC				
% By linkage partner providers, based elsewhere				

The following questions ask about average weekly caseloads for full-time employees in direct service positions. Please keep the following points in mind when completing this section:

- When calculating average caseloads, please include CAC staff as well as linkage providers, if known. If staff members are part-time, multiply the part-time caseload to a full-time equivalent.
- Provide numeric responses only and use the open-ended questions after each position type to provide any clarifications.
- We understand there may be variation from week-to-week, so please use your best judgment when estimating weekly averages. One suggestion would be to take the average number of children receiving those services in a year, divide that by the number of staff in that position type, and divide that by 52 to reach an average weekly rate.

What is the average weekly caseload for full-time **Forensic Interviewer** positions at your CAC? Specify the number of interviews each full-time Forensic Interviewer is assigned on a weekly basis.

- ☐ Average Weekly Caseload: _____
- ☐ Unknown

Please provide any clarifications or unique circumstances we should consider regarding your answer to the previous question about **Forensic Interviewer** caseloads at your CAC.

What is the average weekly caseload for full-time **Advocate** positions at your CAC?

First, please specify the average number of NEW children each full-time Advocate is assigned on a weekly basis.

- ☐ NEW Children: _____
- ☐ Unknown

Now, please specify the average number of ongoing children each full-time Advocate is still serving on a weekly basis.

- ☐ Ongoing Children: _____
- ☐ Unknown

Please provide any clarifications or unique circumstances we should consider regarding your answer to the previous question about **Advocate** caseloads at your CAC.

What is the average weekly caseload for full-time **Medical Provider** positions at your CAC? Specify the number of examinations each full-time Medical Provider is assigned on a weekly basis.

- ☐ Average Weekly Caseload: _____
- ☐ Unknown

Please provide any clarifications or unique circumstances we should consider regarding your answer to the previous question about **Medical Provider** caseloads at your CAC.

Which of the following types of mental health services are offered through your CAC and/or linkage providers? Check all that apply.

- ☐ Individual therapy for victims age 0 to 18
- ☐ Individual therapy for youth with problematic sexual behaviors
- ☐ Individual therapy for siblings/child witnesses to abuse
- ☐ Individual therapy for non-offending caregivers
- ☐ Individual therapy for caregivers in treatment for abusive behavior
- ☐ Family therapy (joint sessions for children, caregivers, siblings, etc.)
- ☐ Group therapy (peer groups of youth, caregivers, etc.)
- ☐ Other - please specify: _____

What is the expected client caseload for an average full-time mental health clinician providing services for your CAC?

Include a total of all populations selected in the question above. For family and group therapy, count each client individually. If clinicians are part-time, multiply the caseload to a full-time equivalent. Provide a numeric response only and use the following open-ended question for any clarifications, if needed. # _____

Please provide any clarifications or unique circumstances we should consider regarding your answer to the previous question about **Mental Health Clinician** caseloads at your CAC.

On average, how many therapy appointments are offered by a full-time clinician per week through your CAC? If clinicians are part-time, multiply the appointments offered to a full-time equivalent. Provide a numeric response only and use the following open-ended question for any clarifications, if needed. # _____

Please provide any clarifications or unique circumstances we should consider regarding your answer to the previous question about therapy appointments offered by a full-time clinician per week through your CAC.

What appointment types are offered to clients by Mental Health Clinicians through your CAC? Check all that apply.

- ☐ 16 to 37 minutes
- ☐ 38 to 52 minutes
- ☐ 53 minutes or more
- ☐ Other - please specify: _____

What is the average client no show rate per week for full-time Mental Health Clinicians at your CAC?

- ☐ 5% or less
- ☐ 5.1 to 10%
- ☐ 10.1 to 15%
- ☐ 15.1 to 20%
- ☐ 20.1 to 25%
- ☐ Over 25%
- ☐ Unknown/Not Tracked

On average, how many hours per year are spent on training or professional development for each of the following position types? If the number of hours is unknown for a service type and/or provider type, leave those fields blank. Provide numeric responses only.

	CAC Staff	Linkage Partners
Forensic Interviewers	_____	_____
Advocates	_____	_____
Medical Providers	_____	_____
Mental Health Clinicians	_____	_____

Vicarious Trauma, Secondary Traumatic Stress, and Burnout

CAC staff and MDT members, by the nature of their jobs, are at risk of developing vicarious trauma (VT), secondary traumatic stress (STS), and burnout symptoms. Awareness of this issue has steadily increased in recent years, but the extent to which CACs are responding to this locally is currently unknown. Your answers to the following questions will help us to determine the current scope of the CAC field's response, which can be used to inform best practices.

Does your CAC provide education on VT, STS, and burnout to CAC staff and/or MDT members?

- ☐ Yes
- ☐ No

If yes, display next set of questions. If no, skip to final question.

How is education on VT, STS, and burnout delivered to CAC staff and/or MDT members? Check all that apply.

- ☐ Discussions at supervision meetings (1:1 or small groups)
- ☐ Discussions at staff/team meetings (large groups)
- ☐ Trainings focused specifically on VT/STS/burnout
- ☐ Written resources such as pamphlets, electronic communications, etc.
- ☐ Other - please describe: _____

Do you assess for VT, STS, and burnout symptoms in individual CAC staff and/or MDT members? This may include formal and informal approaches, as well as assessments for identified individuals and/or anonymous approaches.

- ☐ Yes
- ☐ No

If yes, display next question.

How do you assess for VT, STS, and burnout symptoms in individual CAC staff/MDT members? Check all that apply.

- ☐ Discussions at supervision meetings
- ☐ VT/STS/burnout screening instrument(s) for identified individuals.
- ☐ Anonymous VT/STS/burnout screening instrument(s)
- ☐ Other - please describe: _____

What support do you offer for those identifying VT, STS, and burnout? Check all that apply.

- ☐ No support currently available. (*Exclusive choice*)
- ☐ Ongoing support through discussions at supervision meetings
- ☐ Peer support amongst CAC staff and/or MDT members
- ☐ Employee Assistance Programs (EAP) services
- ☐ On-staff or contracted mental health clinician for CAC staff/MDT members
- ☐ Benefits focused on well-being and resilience - Please describe: _____
- ☐ Other - Please describe: _____

Anything else?

We appreciate your thoughts and opinions on any key areas we may have missed, any questions you found confusing or unnecessary, and anything else you think we should know on this important topic for the CAC field. Please share this feedback here so we can consider this while reviewing results, preparing the national report, and planning for future editions of this survey.

Thank you for your time spent providing this information.

Please contact Kaitlin Lounsbury, NCA's Program Evaluation Coordinator, at KLounsbury@nca-online.org for questions about this survey and any related data needs at your center.