

## CONTACT INFORMATION

\* 1. Organization Name:

\* 2. Street/Mailing Address:

\* 3. City:

\* 4. State:

\* 5. Zip:

\* 6. Contact Name:

\* 7. Contact Title:

\* 8. Telephone:

\* 9. Email:

## ORGANIZATION SIZE

\* **1. Total Gross Budget Revenue (2009/10)**

\* **2. Total number of full time employees:**

## OPERATING INFORMATION

### \* 1. Organization Classification (please select only one):

- Base Service Unit Only
- Community Mental Health Center
- Extended Care Program (Halfway House, Recovery Home, etc.)
- Home Based Program Only – Mental Health
- Home Based Program Only – IDD/Early Intervention
- Outpatient Clinic – MH/D&A
- Outpatient Clinic – D&A
- Outpatient Clinic – MH
- Outpatient Clinic - MH/IDD
- Psychosocial Rehabilitation Provider
- Community Treatment Team
- Multi-Service Agency – MH/IDD/D&A (in any combination)
- Residential Facility – MH/D&A
- Residential Facility – MH/IDD
- Residential Facility – IDD Only
- Residential Facility – D&A Only
- Residential Facility – MH Only
- D&A Program in Psychiatric Hospital
- D&A Program in General Hospital
- Mental Health Program in General Hospital
- D&A Specialty Hospital
- Psychiatric Hospital
- Other (please specify)

**\* 2. Organizational Structure (please indicate the response that best describes how your organization is structured.):**

Private Nonprofit

Private For Profit

For Profit Publicly Traded

Government Agency

**\* 3. Service Provider Area (Please check the response that best describes how your organization provides services.):**

Single Local Site

Multi-Site (more than one primary location)

Regional

Statewide

Multi-State

**\* 4. Service area description (Please check the response that best describes your service area.):**

Predominantly urban

Predominantly suburban

Predominantly rural

Mixture of urban and suburban

Mixture of urban and rural

Mixture of suburban and rural

Mixture of urban, suburban, and rural

## EMPLOYMENT PRACTICES

\* **1. Does your organization offer flexible work arrangements?**

Yes

No

**2. If yes, indicate which type of flexible work arrangements your organization offers. (Check all that apply.)**

Compressed work week (i.e. four ten-hour days as opposed to five eight-hours days)

Flex hours, no core attendance period

Flex hours, with a core attendance period

Work from home/Telecommute

Job sharing

Part time work opportunities

Service contracts for professional employees

Other (please specify)

\* **3. How many hours need to be worked weekly to constitute a full time position?**

40

37.5

35

Other (please specify)

## TIME OFF

### \* 1. What best describes your time off/vacation/sick day policy?

- Traditional time off plan (differentiates between vacation, sick, personal days, etc.)
- Paid time off bank (all days are pooled to be used at the employee's discretion)
- Modified Time off bank (some days are pooled to be used at employee's discretion, others are differentiated as sick/vacation/personal)

### 2. If you employ a time off bank, are holidays and floating holidays included in the total number of pooled days?

- Yes
- No

Indicate the number of days per year by years of service for the following time off elements. If hours are accrued monthly, calculate the total number of days accumulated for the entire year.

#### 3. One Year of Service:

Vacation	<input type="text"/>
Sick	<input type="text"/>
Personal	<input type="text"/>
Established Holidays	<input type="text"/>
Floating Holidays	<input type="text"/>
Number of Pooled Days (PTO)	<input type="text"/>

#### 4. Three Years of Services

Vacation	<input type="text"/>
Sick	<input type="text"/>
Personal	<input type="text"/>
Established Holidays	<input type="text"/>
Floating Holidays	<input type="text"/>
Number of Pooled Days (PTO)	<input type="text"/>

#### 5. Five Years of Service:

Vacation	<input type="text"/>
Sick	<input type="text"/>
Personal	<input type="text"/>
Established Holidays	<input type="text"/>
Floating Holidays	<input type="text"/>
Number of Pooled Days (PTO)	<input type="text"/>

**6. Ten Years of Service:**

Vacation

Sick

Personal

Established Holidays

Floating Holidays

Number of Pooled Days (PTO)

# TRAVEL

## 1. How are employees expected to travel locally (check all that apply)?

- Personal vehicle
- Agency vehicle
- Public transportation

## \* 2. How are employees travel costs reimbursed?

- Employees are reimbursed by the mile traveled at the maximum rate allowed by the IRS
- Employees are reimbursed by the mile traveled at a lower rate than that allowed by the IRS
- All costs are covered on a company credit card
- Employees are given a fixed weekly/monthly travel allowance
- Travel costs are not covered
- Other (please specify)

## BENEFIT PLANS

### 1. What type of health insurance do you provide employees? (Check all that apply.)

- Self-funded
- PPO
- HMO
- Full Indemnity Plan
- Health Savings Account
- Health Reimbursement Account
- Flexible Spending Account

### \* 2. How many hours per week is an employee required to work to be eligible for health care coverage?

### \* 3. Does your agency offer employees options in health insurers?

Yes

No

### 4. Monthly contribution by executive level employee for health care coverage (please provide percentage or actual monthly expense):

Single Coverage %	<input type="text"/>
Single Coverage \$	<input type="text"/>
Single Plus One Dependand %	<input type="text"/>
Single Plus One Dependand \$	<input type="text"/>
Family Coverage %	<input type="text"/>
Family Coverage \$	<input type="text"/>

### 5. Monthly contribution by non-executive level employee for health care coverage (please provide percentage or actual monthly expense per employee):

Single Coverage %	<input type="text"/>
Single Coverage \$	<input type="text"/>
Single Plus One Dependand %	<input type="text"/>
Single Plus One Dependand \$	<input type="text"/>
Family Coverage %	<input type="text"/>
Family Coverage \$	<input type="text"/>

### \* 6. What percentage of agency personnel costs are comprised of health care benefit costs?

## 7. Available Coverage:

	Employee - Yes	Employee - No	Employee - Funded All or in Part by Employer	Dependant - Yes	Dependant - No	Dependant - Funded All or in Part by Employer
Medical	€	€	€	€	€	€
Dental	€	€	€	€	€	€
Vision	€	€	€	€	€	€
Prescription Card	€	€	€	€	€	€
Life	€	€	€	€	€	€
Short Term Disability	€	€	€	€	€	€
Long Term Disability	€	€	€	€	€	€
Wellness Programs	€	€	€	€	€	€

## \* 8. When does coverage begin?

First Day of Hire

After One Month

After Three Months

Other (please specify)

## \* 9. What type of pension plan do you offer?

401K

403B

Defined Contribution

Tax Deferred Annuity

Profit Sharing

Defined Benefit

None

Other (please specify)

## \* 10. What percentage, if any, did the organization contribute to the plan in FY 2009/10?

## \* 11. Does your organization offer benefits for domestic partners?

Yes

No

**12. Does your organization contribute towards the costs of health benefits to (check all that apply):**

- Full-time employees
- Employees who are almost full-time (30 or more hours per week)
- Part-time employees

**13. Does your organization provide additional benefits to the CEO or other executive level officers? Check all that apply:**

- Additional Vacation
- Car
- Car allowance
- Cell phone
- Laptop computer for home use
- Additional health insurance
- Additional life insurance
- Additional retirement benefits
- Club memberships
- Housing or housing allowance
- Travel/ conferences
- Other (please specify)

## EMPLOYEE REWARDS

\* 1. Does your organization have an Employee Recognition Program?

Yes

No

2. If yes, what types of rewards do you offer? (Check all that apply)

Cash Rewards

Gift Certificates

Public Recognition

Other (please specify)

## SALARY AND BONUS

- \* **1. Indicate the average percentage of salary increase (including merit increases, competitive market adjustments, and cost of living adjustments) budgeted for employees for FY 2010/11, and actual increases given for FY 2009/10.**

Budgeted FY 2010/11

Actual FY 2009/10

- \* **2. Does your organization have a policy to offer merit or incentive bonuses?**

Yes

No

- \* **3. Have you provided merit or incentive bonuses in the past three years?**

Yes

No

**4. If yes, how are bonuses typically paid?**

Bonus is a percentage of base salary

Bonus is a flat dollar amount

Other (please specify)

# COMPENSATION DATA REPORTING - ADMINISTRATION

Please match your positions as closely as possible to those listed. Indicate the title used by your organization if it does not match the one provided. For the purposes of this survey, reported results will be compiled by the categories as currently listed. Changes will be made in future versions of this survey if reporting information indicates that certain positions are always included in a different category. Fill in the compensation information as completely as possible. Compensation information should be in actual dollar amounts rounded to the nearest dollar. Include costs for a full-time, annualized employee.

## EXECUTIVE/SENIOR MANAGEMENT

### 1. Chief Executive Officer

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

### 2. Chief Operating Officer

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

### 3. Chief Financial Officer

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

### 4. Corporate Compliance Officer

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

## ADMINISTRATIVE MANAGEMENT

### 5. Director – Human Resources

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

### 6. Director of Development

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

## 7. Director – Information Systems

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 8. Director – Clinical Oversight (includes Quality Assurance/ Utilization Review/Regulatory Oversight)

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 9. Director – Medical Records

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 10. Business Office Manager

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

OTHER

## 11. Field Maintenance Personnel

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 12. Marketing Personnel

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 13. Fiscal Technician

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

**14. MIS Technician**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**15. Accountant**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**16. Training Director**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

NON-EXEMPT

**17. Office Staff - Supervisory**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**18. Office Staff - Non-Supervisory**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

# COMPENSATION DATA REPORTING FORM – CLINICAL

Please match your positions as closely as possible to those listed. Fill in the compensation information as completely as possible. Compensation information should be in actual dollar amounts rounded to the nearest dollar. Include costs for a full-time, annualized employee.

## PSYCHIATRIC STAFF

### 1. Medical Director

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

### 2. Staff Psychiatrist

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>
If paid on a contract rate, average hourly rate as of 1/1/11	<input type="text"/>

### 3. Non-psychiatric Physician

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>
If paid on a contract rate, average hourly rate as of 1/1/11	<input type="text"/>

### 4. Physician's Assistant

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

### 5. Certified Registered Nurse Practitioner (CRNP)

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>
If paid on a contract rate, average hourly rate as of 1/1/11	<input type="text"/>

## CLINICAL STAFF - DOCTORAL OR MASTERS LEVEL

## 6. Staff Psychologist

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

If paid on a contract rate, average hourly rate as of 1/1/11

## 7. Clinical Director

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 8. Clinical Program Director

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 9. Social Worker – Licensed Clinical

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 10. Social Worker – MSW

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 11. Clinician – Licensed

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

If paid on a contract rate, average hourly rate as of 1/1/11

## 12. Clinician – MA/MS

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

If paid on a contract rate, average hourly rate as of 1/1/11

CLINICAL STAFF - BA/BS LEVEL

## 13. Program Director

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 14. Social Worker - BSW

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 15. Clinician – BA/BS

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 16. Coordinator, Vocational Services

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 17. Employment Specialist

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

## 18. Coordinator, Community Employment

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11

CASE MANAGEMENT

**19. Case Manager/Supports Coordinator - Masters Level**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**20. Case Manager/Supports Coordinator - Bachelors Level**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**21. Case Manager/Supports Coordinator - Nondegreed**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

CLINICAL STAFF - CERTIFIED

**22. Social Worker – Credentialed**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**23. Certified Addictions Counselor**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**24. Specialized Therapist – Registered (Art, Activity, Occupational, Recreational)**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**25. Registered Nurse**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**26. Licensed Practical Nurse**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**27. Medical Assistant**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

NONDEGREED STAFF

**28. 24-hour Residential Supervisory Staff**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**29. 24-hour Residential Unit Line Staff**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**30. Food Services Worker**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**31. Foreman, Vocational Services**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

**32. Warehouse Manager**

Title Used	<input type="text"/>
Average Current Salary as of 1/1/11	<input type="text"/>
Current Minimum as of 1/1/11	<input type="text"/>
Current Maximum as of 1/1/11	<input type="text"/>

### 33. Housing Specialist

Title Used

Average Current Salary as of 1/1/11

Current Minimum as of 1/1/11

Current Maximum as of 1/1/11