

# Appendix A

## Turnover and Salary Questionnaire

Name of Agency \_\_\_\_\_

Name of Person Completing Questionnaire \_\_\_\_\_

e-mail address \_\_\_\_\_

Telephone # \_\_\_\_\_

Types of Mental Health Services programs operated by agency: (Please list)

_____	_____	_____
_____	_____	_____
_____	_____	_____

This survey is designed to obtain information about turnover rates and salaries of direct care staff. In addition, it is designed to capture information about the availability of agency-sponsored training and the kinds of professional opportunities available for the staff. This information will be aggregated to be used to support proposals to improve State financial support for mental health services. Agency-specific information will NOT be made available to any governmental body, nor will it be shared among member agencies.

The survey is organized to differentiate by both program and funding stream. Programmatic categories include clinical treatment programs (clinic, day treatment, CDT), case management (including ICM, SCM and other case management), rehabilitation and support services (IPRT and all other non-residential rehab, support and work-related services) and residential programs (community residences, SROs, supported housing, RTFs, family-based treatment, etc.). Agencies that operate programs in more than one of these categories (e.g., clinical treatment *and* residential) MUST submit a survey form for each program category. However, for agencies that operate more than one type of program *within* one program category (e.g., clinic and CDT) may EITHER aggregate their data for both programs into one submission for the "clinical treatment" program category OR submit the data for each program separately, whichever is easier for the agency.

Some agencies operating mental health programs also operate programs directly or indirectly funded by other State agencies (e.g., foster care programs, services for persons with developmental disabilities). It would be useful if The Coalition had the same information regarding salaries, turnover and training for services certified and/or funded by these other state agencies.

This is an OPTIONAL request. It would be useful to the Coalition for agencies funded through other State agencies to complete the same survey for these other programs. Because each State agency's service taxonomy is unique, the submitting agency may organize their response by sponsoring State agency (e.g., programs funded through OMRDD), rather than individual program.

**Note: The period being surveyed is the last completed fiscal year, July 1, 1999 through June 30, 2000. If your agency does not keep its books on a July - June basis, please use the information based on your last completed fiscal year.**

# Appendix A

- a. Entry-level, non-professional, direct service staff
  - 1. On the FIRST day of fiscal year, how many staff of this type in employ? # \_\_\_\_\_
  - 2. On the LAST day of fiscal year, how many staff of this type in employ? # \_\_\_\_\_
  - 3. On the FIRST day, how many had been in your employ > one year? # \_\_\_\_\_
  - 4. Through the year, how many staff left? # \_\_\_\_\_
  - 5. Of the staff who left, how many had been in your employ > one year? # \_\_\_\_\_
  - 6. On the LAST day, what was the average starting hourly salary of the new hires? \$ \_\_\_\_\_
  - 7. On the LAST day, what was the average hourly salary of the incumbents? \$ \_\_\_\_\_
  
- b. Non-professional, supervisory direct service
  - 1. On the FIRST day of fiscal year, how many staff of this type in employ? # \_\_\_\_\_
  - 2. On the LAST day of fiscal year, how many staff of this type in employ? # \_\_\_\_\_
  - 3. On the FIRST day, how many had been in your employ > one year? # \_\_\_\_\_
  - 4. Through the year, how many staff left? # \_\_\_\_\_
  - 5. Of the staff who left, how many had been in your employ > one year? # \_\_\_\_\_
  - 6. On the LAST day, what was the average starting hourly salary of the new hires? \$ \_\_\_\_\_
  - 7. On the LAST day, what was the average hourly salary of the incumbents? \$ \_\_\_\_\_
  
- c. Professional, non-supervisory direct service
  - 1. On the FIRST day of fiscal year, how many staff of this type in employ? # \_\_\_\_\_
  - 2. On the LAST day of fiscal year, how many staff of this type in employ? # \_\_\_\_\_
  - 3. On the FIRST day, how many had been in your employ > one year? # \_\_\_\_\_
  - 4. Through the year, how many staff left? # \_\_\_\_\_
  - 5. Of the staff who left, how many had been in your employ > one year? # \_\_\_\_\_
  - 6. On the LAST day, what was the average starting hourly salary of the new hires? \$ \_\_\_\_\_
  - 7. On the LAST day, what was the average hourly salary of the incumbents? \$ \_\_\_\_\_

d. Professional, supervisory direct service

1. On the FIRST day of fiscal year, how many staff of this type in employ? # \_\_\_\_\_
2. On the LAST day of fiscal year, how many staff of this type in employ? # \_\_\_\_\_
3. On the FIRST day, how many had been in your employ > one year? # \_\_\_\_\_
4. Through the year, how many staff left? # \_\_\_\_\_
5. Of the staff who left, how many had been in your employ > one year? # \_\_\_\_\_
6. On the LAST day, what was the average starting hourly salary of the new hires? \$ \_\_\_\_\_
7. On the LAST day, what was the average hourly salary of the incumbents? \$ \_\_\_\_\_

e. Source of funds supporting mental health programs?

1. What percentage of mental health program's (or s') support comes from service revenues and governmental contracts, grants, etc.? % \_\_\_\_\_
2. Sources of balance - please specify sources
  - a. \_\_\_\_\_ % \_\_\_\_\_
  - b. \_\_\_\_\_ % \_\_\_\_\_
  - c. \_\_\_\_\_ % \_\_\_\_\_
- 3a. If you operate more than one program type (e.g., clinic and CDT or residential and club house) do you commingle revenues from one program to support another? Yes \_\_\_ No \_\_\_ .
- 3b. If yes, do you do this regularly to, for example, equalize salaries for similar positions (Yes \_\_\_ No \_\_\_) or only to offset unforeseen revenue shortfalls or expenditure overruns?(Yes \_\_\_ No \_\_\_)

f. Training and staff learning

1. Do you provide any staff training? Yes No
  - If so... a. Is this training provided in-house, or is it outsourced? \_\_\_\_\_
  - b. How much do you spend total? \_\_\_\_\_
  - c. What is the agency budget for training direct care staff? \_\_\_\_\_
  - d. What is the average salary of direct care staff? \_\_\_\_\_
  - e. Does this training lead to internal or external credentialing? \_\_\_\_\_