

## 2019 Association for Behavioral Healthcare Compensation and Benefits Survey

### INSTRUCTIONS

1. Report all data effective **October 1, 2019**.
2. Submit your completed reporting form by **November 15, 2019**.
3. This survey reporting form consists of two parts: this online data submission form (contact information and organizational data) and an Excel template (compensation data). The Excel template was attached to the survey invitation email (if you did not receive a template, [click here](#) to download a copy). Save the Excel template to your computer and enter your data in the spreadsheet. Detailed instructions for completing the compensation data can be found in the Excel spreadsheet template. To prevent losing your data, be sure to save your completed file to your computer before uploading to our website. You will have the ability to securely upload your compensation data at the end of this survey.
4. Complete all applicable questions and upload your completed compensation data file prior to selecting the Submit button at the end of the survey.
5. You may navigate through the survey by using the Next and Back buttons found near the bottom of the screen. Your survey input is automatically saved when you select the Next or Back buttons. Many questions have been programmed to skip over subsequent questions based on your responses. If you do not finish answering all of the questions, your data will be saved and you can return to the survey at your convenience.
6. Once you have completed the survey, please select the Submit button found on the last page of the survey. Your data will be submitted to Gallagher Surveys via the secured website. Note: Once submitted, you will not be able to make changes to your input online.
7. Please call or email Dillon Kenny or Annmarie Flaherty for assistance:

Dillon Kenny  
Phone: 617-531-7768  
Email: [Dillon\\_Kenny@ajg.com](mailto:Dillon_Kenny@ajg.com)

Annmarie Flaherty, CCP, CBP  
Phone: 617-531-7776  
Email: [Annmarie\\_Flaherty@ajg.com](mailto:Annmarie_Flaherty@ajg.com)

[Click here](#) to access the online benefits questionnaire.

## PARTICIPANT INFORMATION

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Salary Increases

Please indicate the type(s) of salary increases granted for each employee group.  
(please check all that apply)

	Merit	General / COLA	Other
Non-union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTUAL Average Salary Increases % (Most recently implemented)

If you DO NOT have the program, leave it blank. (No "N/A" responses)

	Merit	General / COLA	Other	TOTAL
Non-union				
Union				

Salary Range Adjustments (Most recently implemented)

If you DO NOT have the formal salary ranges, leave it blank. (No "N/A" responses)

	Non-union	Union
Midpoint % increase		

## Minimum Wage Adjustments

Have you or will you need to adjust your organization's hourly rates with the Massachusetts minimum wage increase and/or living wage increase?

- ☐ Yes
- ☐ No

At what stage of the process are you?

- ☐ Costing
- ☐ Currently in review
- ☐ Already implemented

What is/was your strategy for implementation?

- ☐ Increase everyone to the new rate and no further
- ☐ Increase everyone to the new minimum and provide flat dollar increases for ALL other employees
- ☐ Increase everyone to the new minimum and provide flat dollar increases for those who were previously above the new rate
- ☐ Increase everyone to the new minimum rate and adjust other employees based on other factors such as place in current range
- ☐ Other

If other, please describe:

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Additional comments:

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## General Policy Information

Does your organization offer shift differentials?

- ☐ Yes
- ☐ No

Please provide the hourly shift differential amounts as applicable:

Evening \_\_\_\_\_

Night \_\_\_\_\_

Weekend \_\_\_\_\_

Does your organization offer a bilingual differential/bonus to staff?

- ☐ Yes
- ☐ No

If yes, how is the differential/bonus paid?

- ☐ Hourly shift differential
- ☐ Monthly bonus
- ☐ Quarterly bonus
- ☐ Annual bonus
- ☐ Other, please specify \_\_\_\_\_

Please provide the differential amount paid to staff in \$:

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## On-Call Pay

Does your organization offer on-call pay?

- ☐ Yes
- ☐ No

How is on-call paid?

- ☐ Hourly Differential
- ☐ Daily/Shift Differential
- ☐ Weekly Rate
- ☐ Other

If other, please describe:

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Please provide the on-call rates your organization uses, as applicable:

Hourly Rate \$ \_\_\_\_\_

Daily/Shift Rate \$ \_\_\_\_\_

Weekly Rate \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Does the on-call rate stop during call-in worked?

- ☐ Yes
- ☐ No

How are called-in hours paid?

- ☐ Base Rate
- ☐ Base Rate plus premium

Please indicate what type of premium is paid:

- ☐ Hourly Differential
- ☐ 1.5x Base Rate
- ☐ Flat Rate per evaluation
- ☐ Other

If other, please describe:

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Please provide the premium amounts your organization uses, as applicable:

Hourly Differential \$ \_\_\_\_\_

Flat Rate per evaluation \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Is there a call-in guaranteed number of hours?

- ☐ Yes
- ☐ No

Please provide the minimum guaranteed # of hours:

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### Sign-on and Retention Bonuses

	Sign-on \$	Retention \$	Comment
Child Psychiatrist			
LICSW			
LCSW			
License Eligible Clinician (MSW)			
Direct Care Counselor (BSW)			
Nurse Manager			
Clinical Nurse Specialist			
Registered Nurse			
Speech Therapist			
Occupational Therapist			
Physical Therapist			
Additional Titles			
Additional Titles			
Additional Titles			
Additional Titles			

### Medical

**Please answer the following questions for the plan with the highest enrollment, based on a full-time enrollment:**

What % of the premium is paid by your organization for the following plans?

Note: If your organization does not contribute to the cost of the premium enter 0

Employee Only Plan \_\_\_\_\_

Family Plan \_\_\_\_\_

Does the plan have an annual deductible payable by the employee?

- ☐ Yes
- ☐ No

Please provide the annual deductible amounts for the following plans:

Employee Only Plan \_\_\_\_\_

Family Plan \_\_\_\_\_

Does your organization offer a health savings account (HSA)?

- ☐ Yes
- ☐ No

Does your organization contribute to the HSA?

- ☐ Yes
- ☐ No

Please provide the annual organization HSA contribution amounts as applicable:

Employee Only Plan \_\_\_\_\_

Family Plan \_\_\_\_\_

Does your organization offer a health reimbursement arrangement (HRA)?

- ☐ Yes
- ☐ No

Please provide the annual organization HRA contribution amounts as applicable:

Employee Only Plan \_\_\_\_\_

Family Plan \_\_\_\_\_

### Wellness Programs

Does your organization have a wellness program?

- ☐ Yes
- ☐ No

Does your organization use any of the following to increase participation in the wellness program?  
(check all that apply)

- ☐ Premium differentials
- ☐ Contribution to HRA, HSA or FSA
- ☐ Deductible differential
- ☐ Limited plan choice
- ☐ Cash or gift incentives
- ☐ Paid time off
- ☐ Charitable contributions
- ☐ Other
- ☒ Don't use incentives

If other, please describe:

\_\_\_\_\_

### Retirement

Does your organization have a retirement program?

- ☐ Yes
- ☐ No

**If your organization offers a 401(k) or 403(b) plan, please answer the following based on the plan with the most enrollment**

Does your organization have a **CORE contribution** to its 401(k) and/or 403(b) plan?

(a core contribution is an amount of money automatically placed in every employee's 401k or 403b plan, regardless of whether the employee contributes or not)

- ☐ Yes
- ☐ No

If yes, please provide the annual **core contribution** as a percent of the employee's salary or a flat dollar amount.

Annual contribution \$ \_\_\_\_\_

Annual contribution % \_\_\_\_\_

Does your organization match employee contributions?

- ☐ Yes
- ☐ No

What is the percentage match (e.g., match 50% of an employee's contribution)?

\_\_\_\_\_

What is the maximum match as a % of the employee's salary?

\_\_\_\_\_

What is the vesting schedule?

- ☐ Immediate
- ☐ Cliff vesting (100% vesting after a set amount of years)
- ☐ Graded vesting (A certain % per year until full vesting is reached)
- ☐ Other

If your organization uses cliff vesting, how many years does it take to become 100% vested?

\_\_\_\_\_

If your organization uses graded vesting, how many years does it take to become 100% vested and what percentage is vested per year?

Number of years: \_\_\_\_\_

% vested per year: \_\_\_\_\_

If other, please describe:

\_\_\_\_\_

### **Compensation Philosophy**

What is your organization's compensation policy when hiring "new grad" (i.e. limited experience) employees?

- ☐ Pay at range minimum
- ☐ Pay between minimum and 25th of range
- ☐ Pay at 25th of range
- ☐ Pay between 25th and midpoint
- ☐ Pay at midpoint
- ☐ Pay above midpoint
- ☐ Varies by incumbent
- ☐ No policy

Would your organization be more inclined to control costs by cutting benefits or compensation?

- ☐ Benefits
- ☐ Compensation

### **Turnover & Vacancy Rates**

In the period from **April 1, 2019** to **September 30, 2019**, what was your organization's turnover rate for the following positions?

Medical Providers \_\_\_\_\_

Clinicians \_\_\_\_\_

Direct Care Staff \_\_\_\_\_

Please provide the average vacancy rate (%) for the following positions?

Medical Providers \_\_\_\_\_

Clinicians \_\_\_\_\_

Direct Care Staff \_\_\_\_\_

## **Compensation Data**

The Excel template was included in your email invitation, if you do not have a copy please [click here](#) to download a copy. Save the Excel template to your computer and enter your data in the spreadsheet. Detailed instructions for completing the compensation data can be found in the Excel spreadsheet template. To prevent losing your data, be sure to save your completed file to your computer before uploading to our website.

Upload Data: Click on the data file icon and browse to your completed compensation data.

Thank you for completing the 2019 Association of Behavioral Health Compensation and Benefits Survey.

If you are satisfied with your responses, please select the Submit button below. Once submitted you will automatically receive a copy of your online data via email for your records.

Once submitted, you will no longer be able to update your data online. Please contact us for subsequent changes.

Please be sure to complete and submit your Excel salary data worksheet, if you have not done so.