



[EDIT WELCOME PAGE](#)



Organization Information

18 Questions

NEXT

Let's get started - what is your name?*

Please provide your full name.

First Name

Last Name

Thank you, what is your email address?*

Please provide your email address below.

example@example.com

What organization do you represent/work for?*

Please provide your full organization name.



Organization Leadership Information:*

Please provide first and last name as well as email address below.

	First Name	Last Name	Email
CEO	_____	_____	_____
COO	_____	_____	_____

What **Counties** does your organization provide services in?*

Please scroll through the list below and select all that apply:

<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise
<input type="checkbox"/> Coconino	<input type="checkbox"/> Gila
<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee
<input type="checkbox"/> La Paz	<input type="checkbox"/> Maricopa
<input type="checkbox"/> Mohave	<input type="checkbox"/> Navajo
<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal
<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai
<input type="checkbox"/> Yuma	



Select all Managed Care Organizations (MCO's) your organization contracts with:*

Please scroll through the list below and select all that apply:

American Indian Health Plan

Arizona Complete Health

Banner University Health Plans

Care1st Health Plan Arizona

Department of Child Safety/ Comprehensive Health Plan (DCS/CHP)

Department of Economic Security/ Division of Developmental Disabilities (DES/ODD)

Health Choice Arizona (Blue Cross® Blue Shield® of Arizona)

Mercy Care

Molina Healthcare

UnitedHealthcare Community Plan



Which line(s) of business do you have contract(s) for?*

Please scroll through the list below and select all that apply:

ALTCS EPD: Arizona Long-Term Care System Elderly and Physically Disabled

ACC: AHCCCS Complete Care

ACC-RBHA: AHCCCS Complete Care - Regional Behavioral Health Authority

DCS/CHP: Department of Child Safety/Comprehensive Health Plan

ALTCS DES/DDD: Department of Economic Security/ Division of Developmental Disabilities

Under your **ALTCS DES/DDD** Contract which of the following does your organization provide service(s) for? *

DDD Qualified Vendor

ACC Intergrated Health Organization (Contracted with UnitedHealthcare Community Plan and/or Mercy Care)

Both



Under **ALTCS EPD** contract, what service(s) does your organization provide?*

Please scroll through the list below and select all that apply:

A2 Level III Behavioral HTH Residential

A3 Community Service Agency

A4 UC Independent Substance Abuse Counselor (Lisac)

AS Behavioral Health Therapeutic Home

A6 Rural Substance Abuse Transitional Agency

A7 Respite

B1 Residential Treatment Center-Secure (17+Beds) (IMO)

B2 Residential Treatment Center-Non-Secure (1-16) Beds

B3 Residential Treatment Center -Non-Secure (17+Beds) (IMO)

B5 Subacute Facility (1-16 Beds)

B6 Subacute Facility (17+ Beds) (IMO)

B7 Crisis Services Provider

C1 Acupuncturist

C2 Federally Qualified Health Center (FQHC)

C3 Family Planning Services

DG Doc General Provider

ON Doc Non-Pay Provider

D1 Dentist-Endodontist

D2 Dentist-Pedodontist



D3 Dentist-Oral Surgeon

D4 Clinic - Dental Services

E1 Independent Testing Facilities

F1 Fiscal Intermediaries

G1 Exercise Physiologists

H1 DD/MR

S1 Specialized Services

01 Group-Payment ID

02 Hospital

03 Pharmacy

04 Laboratory

05 Clinic

06 Emergency Transportation

07 Dentist

08 MD-Physician

09 Certified Nurse-Midwife

10 Podiatrist

11 Psychologist

12 Certified Registered Nurse Anesthetist

13 Occupational Therapist

14 Physical Therapist

15 Speech/Hearing Therapist

16 Chiropractor



 17 Naturopath

 18 Physicians Assistant

 19 Registered Nurse Practitioner

 20 Respiratory Therapist

 22 Nursing Home

 23 Home Health Agency

 24 Personal Care Attendant

 25 Group Home (DD)

 26 MIPS Speech Therapist/Audiologists

 27 Adult Day Health

 28 Non-Emergency Transp. Providers

 29 Community/Rural Health Center

 30 DME Supplier

 31 DO-Physician Osteopath

 32 Medical Foods

 33 Rehabilitation Center

 34 Case Management Services

 35 Hospice

 36 Assisted Living Home

 37 Homemaker

 38 DD Day Care

 39 Habilitation Provider

 40 Attendant Care



41 Dialysis Clinic

43 Ambulatory Surgical Center

44 Environmental (LTC)

45 County Phase-In

46 Nurse-RN/LPN (Private)

47 Registered Dietitian

48 Nutritionist

49 Assisted Living Center

50 Adult Foster Care

53 Supervisory Care Home

54 Dental Hygienist

55 Hotels

56 Boarding Home

57 Residential Treatment Center (RTC)

58 State School for Deaf and Blind



59 Dental Lab

60 Blood Bank

61 Eye Bank

62 Audiologist

63 Drug & Alcohol Rehabilitation

64 DETOX Center

66 Organ Bank

67 Perfusionist

68 Homeopathic

69 Optometrist

70 Home Delivered Meals

71 Psychiatric Hospital

72 Regional Administrative Entity

73 Out-of-State ENC or 1 Time FFS Prov.

74 Alternative Residential Care Facility

77 BH Outpatient Clinic

78 Mental Health RTC

79 Vision Center

80 DHS MHS Provider

81 EPD HCBS



 82 Surgical First Assistant

 83 Free Standing Birthing Center

 84 Licensed Midwife

 85 Certified Independent Social Worker

 86 Certified Marriage/Family Therapist

 87 Certified Professional Counselor

 88 School Based Guidance Counselor

 89 School Based Certified School

 Psychologist

 90 QMB Only Provider

 91 QMB Only Recipient

 92 School Based Bus Transportation

 93 School Based Attendant Care

 94 School Based Nurse (RN/LPN)

 95 Non-Medicare Certified Home Health Agencies

 96 Non-Emergency Transportation (Recip)

 97 Air Transportation

 98 Case Manager

 99 EVS/Non-Service Provider



Under **ACC** contract, what service(s) does your organization provide?*

Please scroll through the list below and select all that apply:

A2 Level III Behavioral HTH Residential

A3 Community Service Agency

A4 UC Independent Substance Abuse Counselor (Lisac)

AS Behavioral Health Therapeutic Home

A6 Rural Substance Abuse Transitional Agency

A7 Respite

B1 Residential Treatment Center-Secure (17+Beds) (IMO)

B2 Residential Treatment Center-Non-Secure (1-16) Beds

B3 Residential Treatment Center -Non-Secure (17+Beds) (IMO)

B5 Subacute Facility (1-16 Beds)

B6 Subacute Facility (17+ Beds) (IMO)

B7 Crisis Services Provider

C1 Acupuncturist

C2 Federally Qualified Health Center (FQHC)

C3 Family Planning Services

DG Doc General Provider

ON Doc Non-Pay Provider

D1 Dentist-Endodontist

D2 Dentist-Pedodontist



D3 Dentist-Oral Surgeon

D4 Clinic - Dental Services

E1 Independent Testing Facilities

F1 Fiscal Intermediaries

G1 Exercise Physiologists

H1 DD/MR

S1 Specialized Services

01 Group-Payment ID

02 Hospital

03 Pharmacy

04 Laboratory

05 Clinic

06 Emergency Transportation

07 Dentist

08 MD-Physician

09 Certified Nurse-Midwife

10 Podiatrist

11 Psychologist

12 Certified Registered Nurse Anesthetist

13 Occupational Therapist

14 Physical Therapist

15 Speech/Hearing Therapist

16 Chiropractor



 17 Naturopath

 18 Physicians Assistant

 19 Registered Nurse Practitioner

 20 Respiratory Therapist

 22 Nursing Home

 23 Home Health Agency

 24 Personal Care Attendant

 25 Group Home (DD)

 26 MIPS Speech Therapist/Audiologists

 27 Adult Day Health

 28 Non-Emergency Transp. Providers

 29 Community/Rural Health Center

 30 DME Supplier

 31 DO-Physician Osteopath

 32 Medical Foods

 33 Rehabilitation Center

 34 Case Management Services

 35 Hospice

 36 Assisted Living Home

 37 Homemaker

 38 DD Day Care

 39 Habilitation Provider

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50 Adult Foster Care

53 Supervisory Care Home

54 Dental Hygienist

55 Hotels

56 Boarding Home

57 Residential Treatment Center (RTC)

58 State School for Deaf and Blind



59 Dental Lab

60 Blood Bank

61 Eye Bank

62 Audiologist

63 Drug & Alcohol Rehabilitation

64 DETOX Center

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68 Homeopathic

69 Optometrist

70 Home Delivered Meals

71 Psychiatric Hospital

72 Regional Administrative Entity

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74 Alternative Residential Care Facility

77 BH Outpatient Clinic

78 Mental Health RTC

79 Vision Center

80 DHS MHS Provider

81 EPD HCBS



- 82 Surgical First Assistant
- 83 Free Standing Birthing Center
- 84 Licensed Midwife
- 85 Certified Independent Social Worker
- 86 Certified Marriage/Family Therapist
- 87 Certified Professional Counselor
- 88 School Based Guidance Counselor
- 89 School Based Certified School Psychologist
- 90 QMB Only Provider
- 91 QMB Only Recipient
- 92 School Based Bus Transportation
- 93 School Based Attendant Care
- 94 School Based Nurse (RN/LPN)
- 95 Non-Medicare Certified Home Health Agencies
- 96 Non-Emergency Transportation (Recip)
- 97 Air Transportation
- 98 Case Manager
- 99 EVS/Non-Service Provider
- (IC) Integrated Clinic

Under **DCS CHP** contract, what service(s) does your organization provide?*



Please scroll through the list below and select all that apply:

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AS Behavioral Health Therapeutic Home

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B7 Crisis Services Provider

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D2 Dentist-Pedodontist

D3 Dentist-Oral Surgeon



D4 Clinic - Dental Services

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02 Hospital

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04 Laboratory

05 Clinic

06 Emergency Transportation

07 Dentist

08 MD-Physician

09 Certified Nurse-Midwife

10 Podiatrist

11 Psychologist

12 Certified Registered Nurse Anesthetist

13 Occupational Therapist

14 Physical Therapist

15 Speech/Hearing Therapist

16 Chiropractor

17 Naturopath



18 Physicians Assistant

19 Registered Nurse Practitioner

20 Respiratory Therapist

22 Nursing Home

23 Home Health Agency

24 Personal Care Attendant

25 Group Home (DD)

26 MIPS Speech Therapist/Audiologists

27 Adult Day Health

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29 Community/Rural Health Center

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32 Medical Foods

33 Rehabilitation Center

34 Case Management Services

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37 Homemaker

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- 95 Non-Medicare Certified Home Health Agencies
- 96 Non-Emergency Transportation (Recip)
- 97 Air Transportation
- 98 Case Manager
- 99 EVS/Non-Service Provider

Under the **ALTCS DES/DDD** and/or **DDD Qualified Vendor** contract, what service(s) does your organization provide?*



Please scroll through the list below and select all that apply:

ATC Attendant Care

DTA Day Treatment & Training -Adults

DTS Day Treatment & Training - Children Summer

DTT Day Treatment & Training - Children After-School

HBA/HBC Habilitation - Development Homes (Adult & Child)

HAB/HPD Habilitation - Group Home - with Room & Board

HAN Habilitation - Medical Group Home - with Room & Board

HAH Habilitation – Hourly

HID/HAI Habilitation - Individually Designed Living Arrangement
- Daily and Hourly

HHA/HN1/HNR Nursing – Home Health Aide, Nursing
Continues, Nursing Respite

HSK Housekeeping/Homemaker

HAM Habilitation - Music Therapy

RSP Respite

OTA/OEA Occupational Therapy & Evaluation

STA/SEA Speech Therapy & Evaluation

PTA/PEA Physical Therapy & Evaluation

GSE Group Supported Employment

ISE Individual Supported Employment

CBE Center Based Employment

ESA Employment Support Aid

CPR Career Preparation Readiness

TTE Transition to Employment



Under the **RBHA** contract, what service(s) does your organization provide?*

Please scroll through the list below and select all that apply:

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09 Certified Nurse-Midwife

10 Podiatrist

11 Psychologist

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13 Occupational Therapist

14 Physical Therapist

15 Speech/Hearing Therapist

16 Chiropractor



 17 Naturopath

 18 Physicians Assistant

 19 Registered Nurse Practitioner

 20 Respiratory Therapist

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11 Psychologist

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91 QMB Only Recipient

92 School Based Bus Transportation

93 School Based Attendant Care

94 School Based Nurse (RN/LPN)

95 Non-Medicare Certified Home Health Agencies

96 Non-Emergency Transportation (Recip)

97 Air Transportation

98 Case Manager

99 EVS/Non-Service Provider

How many total paid employees does your organization employ?*

Please include all departments, part-time, temp agencies, and full-time employees. [Definition](#) of Full-time employee is, for a calendar month, an employee employed on



average at least **30 hours of service per week, or 130 hours of service per month.**

	1099 Independent Contractor	W-2 Employee	Temp Agency Staff
Total amount	<input type="text"/>	<input type="text"/>	<input type="text"/>

What population does your organization serve?*

Please scroll through the list below and select all that apply:

- Adult System of Care (ASOC)
- Autism Spectrum Disorder (ASD) / neurodivergent-ASD
- Children's System of Care (CSOC)
- Division of Developmental Disabilities (DDD)
- Elderly & Physically Disabled (E/PD)
- Foster Care (FC)
- General Mental Health (GMH)
- Homeless/Unsheltered
- Intellectually Developmentally Disabled (I/DD)
- Maternal & Child Health (MCH)
- Medication Assisted Treatment (MAT) Services
- Seriously Mentally Ill (SMI)
- Substance Use Disorder (SUD)
- Tribal and Native Services
- Veterans
- Population Served is Not Listed



Does your organization utilize a **Relias Learning Management System (LMS) Account**?*

YES

NO

Which **Relias LMS** do you currently use? *

Arizona Association of Health Plans (AzAHP) Enterprise - including Small Provider Portal (SPP)

Independently purchased

What **Learning Management System (LMS)** do you currently use?*

Type your full name without abbreviation.

Provider Demographics

Type a subheader

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To the best of your knowledge, how many of your employees at your organization fall into the age ranges listed below? Please include full-time, part-time, temp agency, W-2 employees, and 1099 independent contractors.*

REMINDER The total number of employees from the question "How many total paid employees does your organization employ?" Need to equal the sum of the boxes below. Please scroll through the list below and input the total number of employees per age group.

	Employees
Under 18 years old	<input type="text"/>
18-24 years old	<input type="text"/>
25-34 years old	<input type="text"/>
35-44 years old	<input type="text"/>
45-54 years old	<input type="text"/>
55-64 years old	<input type="text"/>
65+ years old	<input type="text"/>

Does your organization participate in the collection of The Equal Employment Opportunity Commission (EEOC) [data](#)? Please provide date from 2023*

The [Equal Employment Opportunity Commission \(EEOC\)](#) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EE0-1 report each year.



Gender: How many of your employees fall within the below categories?*

Please input the total number of employees per category, if you don't have an employee that falls within the category then type 0:

	Employees
Male	_____
Female	_____
Nonbinary	_____

RACE/ETHNICITY:*

Please scroll through the list below and input the total number of employees corresponding to the ethnic group in which they identify. If you don't have an employee that falls within the category, then type 0:

	Employees
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.	_____ _____
White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.	_____ _____
Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.	_____ _____
Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.	_____ _____
Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	_____ _____



Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. _____

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races. _____

Which **recruitment platforms/strategies** are your organization currently using for recruitment and talent acquisition?*

Please scroll through the list below and select all that apply:

- AZ Connects
- AZ Healthcare Careers/Healthcare Hub (Pipeline AZ)
- Apprenticeships
- CareerBuilder
- Community Centers
- Community Posting (**ex.**, Starbucks bulletin board)
- Community Vendor Events
- Craigslist
- Farmers Markets
- Flex Jobs
- Getwork
- Glassdoor
- Google for Jobs



Government Job Board (i.e. USAjobs.gov)

Indeed

Internships

Job.com

Job Fairs-Live Events

Job Fair -Virtual

LinkedIn

Monster

Newspaper/Newsletter

Radio Advertising

Referral

School Job Board (i.e. Handshake)

Simply Hired

Social Media (TikTok, Facebook, Twitter X, Instagram, etc.)

Television Advertising

ZipRecruiter

Recruitment Platform Not Listed



Does your organization provide Veterans services?*

YES

NO

Which Veteran services does your organization provide?*

Case Management

Department of Corrections (DOC)

Employment Assistance

Help with filling out paperwork for disability services (PTSD)

Housing Assistance

Mental Health

Navigators (navigating benefits, assisting with VA benefits, receive specialized benefits through VA)

Peer Support

Primary Care

Substance Use (i.e. Medication Assisted Treatment (MAT) etc.)

Suicide Prevention

Does your organization employ unlicensed direct service employees (DCW, DSP, BHT, etc.)?*

YES

NO



Does your organization employ board-recognized **licensed** direct service employees (therapist, BCBA, etc.)?*

YES

NO

What is the **average length of employment** for **unlicensed** direct service employee (DCW, DSP, BHT, etc.) at your organization? *

Less than a year (0-11 months)

1-2 years (12-35 months)

3-4 years (36-59 months)

5-6 years (60-83 months)

7-8 years (84-107 months)

9-10 years (108 - 131 months)

More than 10 years (132+ months)

What is the **average length of employment** for board-recognized **licensed** direct service employee (therapist, BCBA, etc.) at your organization? *

Less than a year (0-11 months)

1-2 years (12-35 months)

3-4 years (36-59 months)

5-6 years (60-83 months)

7-8 years (84-107 months)

9-10 years (108 - 131 months)

More than 10 years (132+ months)



Onboarding/Training

Type a subheader

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What is the **average length of time** associated with **unlicensed** direct service employee (DCW, DSP, BHT, etc.) **onboarding/new employee orientation?***

For the purposes of this assessment, **ONBOARDING is defined as the time frame of the first day on the job, to the day they are able to provide and bill for a service.

1-5 days

6-10 days

11-15 days

16-21 days

22+ days

What is the **average length of time** associated with **licensed** direct service employee (therapist, BCBA, etc.) **onboarding/new employee orientation?***

For the purposes of this assessment, **ONBOARDING is defined as the time frame of the first day on the job, to the day they are able to provide and bill for a service.

1-5 days

6-10 days

11-15 days

16-21 days



22+ days

Does your organization have a **tool that assesses and documents an employee's competency** for their role?

*

Competency = key behaviors that are essential for strong job performance and the ability to successfully and efficiently do their job.

YES

NO

What **workplace conditions** add to your organizations **desired** workforce performance?*

Please scroll through the list below and select all that apply:

Analyze performance metrics

Stay goal-oriented

Make accountability a priority

Train and develop your team

Encourage feedback

Embrace flexibility

Build a culture of well-being and support

Create opportunities for collaboration

Celebrate wins

Find technology solutions

Workplace condition not listed



What additional workplace conditions add to your organizations **desired** workforce performance?*

What **barriers** or workplace conditions **detract** from your organizations desired workforce performance?*

Please scroll through the list below and select all that apply:

- Absence of measurable performance goals
- Conflict among team members
- Few opportunities to collaborate across teams
- Inadequate job or skills training
- Insufficient opportunities for development
- Lack of resources or support
- Misunderstanding of organizational vision
- Barrier not listed

What additional **barriers** or workplace conditions **detract** from your organizations desired workforce performance?*



Would your organization like **additional training** on any of the following topics?*

Please scroll through the list below and select all that apply:

Abuse, Neglect, and Exploitation

Adolescent and Adult Services

ASAM

Billing & Coding

Client/Member Rights, Ethics, and Confidentiality

Communication, Relationship Building, and Resolving Conflicts

Cross-training

Emergency Preparedness



Guardianship

Honoring Client/Member Choices and Individuality

Housing

Infection Prevention and Control

Injury Prevention

Nutrition and Food Preparation

Observing, Reporting, and Documenting

Organizing work tasks so that everything gets done on time.

Patient Transportation (Wheelchairs, Vehicles, etc.)

Personal care skills such as helping with eating, bathing, dressing, and walking.

Professional Boundaries

Relating to client/members of different cultures or ethnicities, or with different values or beliefs.

Self-Care and Stress Management

System Navigation

Training in Specific Client/member Conditions

Treating Co-occurring DX



Retention / Turnover

Type a subheader

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Was your organization in operation prior to 9/1/2022?*

YES

NO

What is your organization's **retention** rate?*

Retention Period: 9/1/2022 - 8/31/2023 (Please exclude any recent acquisitions)

- Retention = # of FTE's on 9/1/22 divided by # of FTE's on 08/31/23.
- Multiply the answer by 100 to get the percentage and round to the nearest whole number.
- Please adjust the slider below to that number.

For a spreadsheet to help calculate this rate, please visit this [link](#).



Reason for **Retention Rate at or above 90%***

Please scroll through the list below and select all that apply:

<input type="checkbox"/> Celebration of milestones	<input type="checkbox"/> Comprehensive onboarding/orientation
<input type="checkbox"/> Culture of Inclusion	<input type="checkbox"/> Culture of Respect
<input type="checkbox"/> Communication and feedback	<input type="checkbox"/> Competency evaluations/assessments
<input type="checkbox"/> Employee engagement surveys	<input type="checkbox"/> Employee compensation (wages)
<input type="checkbox"/> Employee benefits program	<input type="checkbox"/> Employee bonus program
<input type="checkbox"/> Encouragement of employee creativity/involvement	<input type="checkbox"/> Flexible work environments (i.e. Remote, Hybrid, In-office)
<input type="checkbox"/> Mentorship programs	<input type="checkbox"/> Mileage reimbursement
<input type="checkbox"/> Paid time off	<input type="checkbox"/> Performance reviews
<input type="checkbox"/> Positive environment	<input type="checkbox"/> Pre-hire selection process
<input type="checkbox"/> Rewards/Recognition program	<input type="checkbox"/> Referral bonus
<input type="checkbox"/> Support from	<input type="checkbox"/> Support from upper management
<input type="checkbox"/> Work-Life Balance	



Reason for **Retention Rate below 90%.** *

Please scroll through the list below and select all that apply:

Burnout

COVID-19 related reasons (temp position, could not perform job duties etc.)

Employee moved/relocated

Flexible work environments (i.e. Remote, Hybrid, In-office)

High caseload/workload

High-stress environment

Inadequate access to resources

Left for higher paying position

Left position to go back to school

Little room for growth within position/company

Loss of funding

Low engagement/motivation

Misalignment with company culture

Negative relationship with supervisor

Negative relationship with coworkers

Personal issues/life challenges

Program closure

Retirement



Safety concerns

Termination

Voluntary termination

Regrettable (an employee that you did not want to see go)

Non-regrettable (an employee that you did want to see go)

What is your organization doing to *strive* to meet a Retention Rate at or above 90%? *

Please scroll through the list below and select all that apply:

Celebration of milestones

Comprehensive onboarding/orientation

Culture of Inclusion

Culture of Respect

Communication and feedback

Competency evaluations/assessments

Employee engagement surveys

Employee compensation (wages)

Employee benefits program

Employee bonus program

Encouragement of employee creativity/involvement

Flexible work environments (i.e. Remote, Hybrid, In-office)

Mentorship programs

Mileage reimbursement

Paid time off

Performance reviews

Positive environment

Pre-hire selection process

 Rewards/Recognition program Referral bonus Support from Support from upper management Work-Life Balance

What is your organization's turnover rate?*

-Turnover period: 9/1/2022 - 8/31/2023 (Please exclude any recent acquisition)
-Turnover= #FTE ON 9/1/22 + #FTE ON 8/31/23 divided by 2 = AVERAGE #FTE DURING PERIOD (X)#FTE SEPARATED DURING PERIOD (9/1/20-8/31/21)/divided by AVERAGE #FTE DURING PERIOD (X)
- Round up the nearest whole number and please adjust the slider below to that number.

For a resource to help calculate this rate, please visit this [link](#).

Reason for Turnover Rate of less than 10%. *

Please scroll through the list below and select all that apply:

 Celebration of milestones Comprehensive onboarding/orientation Culture of Inclusion Culture of Respect Communication and feedback Competency evaluations/assessments Employee engagement surveys Employee compensation (wages) Employee benefits program Employee bonus program



<input type="checkbox"/> Encouragement of employee creativity/involvement	<input type="checkbox"/> Flexible work environments (i.e. Remote, Hybrid, In-office)
<input type="checkbox"/> Mentorship programs	<input type="checkbox"/> Mileage reimbursement
<input type="checkbox"/> Paid time off	<input type="checkbox"/> Performance reviews
<input type="checkbox"/> Positive environment	<input type="checkbox"/> Pre-hire selection process
<input type="checkbox"/> Rewards/Recognition program	<input type="checkbox"/> Referral bonus
<input type="checkbox"/> Support from	<input type="checkbox"/> Support from upper management
<input type="checkbox"/> Work-Life Balance	

Reason for Turnover Rate at or above 10%. *

Please scroll through the list below and select all that apply:

<input type="checkbox"/> Burnout
<input type="checkbox"/> COVID-19 related reasons (temp position, could not perform job duties etc.)
<input type="checkbox"/> Employee moved/relocated
<input type="checkbox"/> Flexible work environments (i.e. Remote, Hybrid, In-office)
<input type="checkbox"/> High caseload/workload
<input type="checkbox"/> High-stress environment
<input type="checkbox"/> Inadequate access to resources
<input type="checkbox"/> Left for higher paying position



Left position to go back to school

Little room for growth within position/company

Loss of funding

Low engagement/motivation

Misalignment with company culture

Negative relationship with supervisor

Negative relationship with coworkers

Personal issues/life challenges

Program closure

Retirement

Safety concerns

Termination

Voluntary termination

Regrettable (an employee that you did not want to see go)

Non-regrettable (an employee that you did want to see go)



What is your organization doing to *strive* to meet a Turnover Rate of less than 10%? *

Please scroll through the list below and select all that apply:

<input type="checkbox"/> Celebration of milestones	<input type="checkbox"/> Comprehensive onboarding/orientation
<input type="checkbox"/> Culture of Inclusion	<input type="checkbox"/> Culture of Respect
<input type="checkbox"/> Communication and feedback	<input type="checkbox"/> Competency evaluations/assessments
<input type="checkbox"/> Employee engagement surveys	<input type="checkbox"/> Employee compensation (wages)
<input type="checkbox"/> Employee benefits program	<input type="checkbox"/> Employee bonus program
<input type="checkbox"/> Encouragement of employee creativity/involvement	<input type="checkbox"/> Flexible work environments (i.e. Remote, Hybrid, In-office)
<input type="checkbox"/> Mentorship programs	<input type="checkbox"/> Mileage reimbursement
<input type="checkbox"/> Paid time off	<input type="checkbox"/> Performance reviews
<input type="checkbox"/> Positive environment	<input type="checkbox"/> Pre-hire selection process
<input type="checkbox"/> Rewards/Recognition program	<input type="checkbox"/> Referral bonus
<input type="checkbox"/> Support from	<input type="checkbox"/> Support from upper management
<input type="checkbox"/> Work-Life Balance	



For your organization as a whole, what are some of the **difficult to fill positions**?*

Please scroll through the list below and select all that apply:

- Administrative (i.e., Human Resources)
- BH Direct Care Professional / Direct Care Worker
- Clinical - Licensed (i.e., Therapist)
- Clinical - Non-Licensed (i.e., Case Manager)
- Direct Caregiver/ Line Staff/ Direct Care Worker
- Executive (i.e., Chief Medical Officer)
- Licensed (i.e., PT, OT, ST Therapist)
- Management (i.e., Supervisor, Team Lead, etc.)
- Medical - Licensed (i.e., Medical Doctor)
- Medical - Non-Licensed (i.e., Nursing Assistant)
- Operations (i.e., Facilities)
- Difficult to fill position not listed

What additional **difficult to fill position** does your organization have that was not listed?*



Does your organization offer higher education benefits?*

i.e. tuition reimbursement or loan repayment assistance.

YES

NO

Higher Education Benefits:*

After reviewing each row, select the box(es) that apply to your organization. If your organization only offers either tuition reimbursement or loan repayment, complete row(s) 1 or 2 based on what is offered.

*If your organization offers both tuition reimbursement **and** loan repayment, complete row 3 based on what is offered.

	Part- Time Only	Full- Time Only	Both Part and Full Time
1. Does your organization offer tuition reimbursement for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization offer school loan repayment assistance for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Both tuition reimbursement and loan repayment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your organization currently offering language differential incentives?

Employees who receive a pay differential that is granted to a certified bilingual employee who is in a certified bilingual position.

YES

NO



Which language(s) does your organization offer differential incentives for?*

Employees who receive a pay differential that is granted to a certified bilingual employee who is in a certified bilingual position.

- American Sign Language (ASL)
- Apache
- Arabic
- Chinese
- Farsi
- French
- Haitian
- German
- Hindi
- Hopi
- Japanese
- Korean
- Navajo
- O'odham
- Persian
- Russian
- Serbo-Croatian
- Spanish



Tagalog

Thai

Vietnamese

Other Native American Languages

For your organization as a whole, please rank the categories from 1-7, with **1 being the most challenging.** *

For a list of definitions please reference this [document](#).

Most Critical Challenges

Advancement

Compensation

Deployment

Recruitment

Retention

Selection

Training



What type of **career pathways** and **advancement opportunities** does your organization currently provide?*

Please scroll through the list below and select all that apply:

<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Cross-training
<input type="checkbox"/> Internal certifications	<input type="checkbox"/> Formal succession planning
<input type="checkbox"/> Leadership training	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Specialized training	<input type="checkbox"/> Tuition reimbursement
<input type="checkbox"/> Additional opportunity not listed	

What **additional** types of **career pathways** and **advancement opportunities** does your organization currently provide?*

License Type by Discipline

Type a subheader

8 Questions

PREVIOUS

NEXT



License Type by Discipline - Social Work

Please skip the licensure type if it does not apply to your organization.

	How many do you currently have employed?	How many positions for this role do you intend to add/fill in the next year?	How many additional positions are required in the next year to meet members' needs?
Baccalaureate Social Worker (LBSW)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Master Social Worker (LMSW)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical Social Worker (LCSW)	<input type="text"/>	<input type="text"/>	<input type="text"/>



License Type by Discipline - Counseling

Please skip the licensure type if it does not apply to your organization .

	How many do you currently have employed?	How many positions for this role do you intend to add/fill in the next year?	How many additional positions are required in the next year to meet members' needs?
Associate Counselor (LAC)	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAC training to be an LPC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Counselor (LPC)	<input type="text"/>	<input type="text"/>	<input type="text"/>

License Type by Discipline - Marriage and Family Therapy

Please skip the licensure type if it does not apply to your organization.

	How many do you currently have employed?	How many positions for this role do you intend to add/fill in the next year?	How many additional positions are required in the next year to meet members' needs?
Associate Marriage and Family Therapist (LAMFT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAMFT Training to be an LMFT	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marriage and Family Therapist (LMFT)	<input type="text"/>	<input type="text"/>	<input type="text"/>



License Type by Discipline - Substance Use Counseling

Please skip the licensure type if it does not apply to your organization .

	How many do you currently have employed?	How many positions for this role do you intend to add/fill in the next year?	How many additional positions are required in the next year to meet members' needs?
Abuse Technician (LSAT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
LSAT training to be an LASAC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Substance Abuse Counselor (LASAC)	<input type="text"/>	<input type="text"/>	<input type="text"/>
LASAC training to be an LISAC	<input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Substance Abuse Counselor (LISAC)	<input type="text"/>	<input type="text"/>	<input type="text"/>

License Type by Discipline - Physical Health

Please skip the licensure type if it does not apply to your organization .

	How many do you currently have employed?	How many positions for this role do you intend to add/fill in the next year?	How many additional positions are required in the next year to meet members' needs?
Certified Nurse Assistant (CNA)	<input type="text"/>	<input type="text"/>	<input type="text"/>



DO			
Physician			
Osteopath –			
Cardiologist			
MD			
Physician			
Dentist			
OBGYN			
Physician			
Assistant			
Pediatrician			
Registered Nurse (RN)			

License Type by Discipline - Additional Licensing

Please skip the licensure type if it does not apply to your organization .

	How many do you currently have employed?	How many positions for this role do you intend to add/fill in the next year?	How many additional positions are required in the next year to meet members' needs?
Assisted Living Manager			
Board Certified Behavior Analyst (BCBA)			
Psychiatric Registered Health Nurse (BHRN)			



Behavioral
Health Nurse
Practitioner
(BH NP)

Doctor of
Nursing
Practice
(DNP)

Nurse Practitioner
(NP)

Licensed
Practical
Nurse (LPN)

Medical
Assistant
(MA)

Psychiatric
Nurse
Practitioner
(PNP)

Family
Practice
Nurse
Practitioner
(FNP)



Physical Therapist (PT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speech Therapist (ST)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational Therapist (OT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensed Dietitian	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skilled Nursing Home Administrator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatrist	<input type="text"/>	<input type="text"/>	<input type="text"/>



Position Type by Discipline - Certifications

Please skip the certification type if it does not apply to your organization .

	How many do you currently have employed?	How many positions for this role do you intend to add/fill in the next year?	How many additional positions are required in the next year to meet members' needs?
Certified Assisted Living Caregiver	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credentialed Family Support Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aid (HHA)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer Recovery Support Specialist (PRSS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recovery Support Specialist (RSS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Behavior Tech (RBT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct Care Worker (DCW)	<input type="text"/>	<input type="text"/>	<input type="text"/>



Additional Positions

Please skip the licensure type if it does not apply to your organization.

	How many do you currently have employed?	How many positions for this role do you intend to add/fill in the next year?	How many additional positions are required in the next year to meet members' needs?
BH Case/Care Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Behavioral Health Tech (BHT)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct Support Professional (DSP)	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUBMIT