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Organization Information

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

Please provide your full name.

Thank you, what is your email address?*

Please provide your email address below.

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.

What Counties does your organization provide services in?*

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

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

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



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

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

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

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

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

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

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

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

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

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:

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

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

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.**



What population does your organization serve?*

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

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

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

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

Type your full name without abbreviation.

Provider Demographics

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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.

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

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:

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:

Does your organization provide Veterans services?*

Which Veteran services does your organization provide?*

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

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

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

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



Onboarding/Training

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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.

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.

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.

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

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

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:



What additional **barriers** or workplace conditions **deduct** 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:

Retention / Turnover

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

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:

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

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

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:



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:

Reason for Turnover Rate at or above 10%. *

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

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:

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:

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.

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.

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.



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.

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](#).

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

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

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

License Type by Discipline

Type a subheader

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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?

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?

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?

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?

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?



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?

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?

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?