This is the 3rd annual salary survey developed and distributed by the Florida Council for Community Mental Health and the Florida Alcohol and Drug Abuse Association. The instrument has been slightly modified since last year to refine the job categories and to provide more concise description of the job categories. This year we are excluding salaries of child welfare only staff. The FCCMH and FADAA staffs hope that you will participate in the survey by completing the following questions as completely as possible to assure accurate and quality results. Only agencies who complete the survey by the completion date will receive the results. Please submit your response no later than February 1, 2012. All responses will be kept confidential and only aggregate information will be made public. In advance, thank you for response, The FCCMH/FADAA staff
Instructions for Completing the Salary Survey and Receiving the Results
1. Choose the most appropriate job category based on education and responsibilities.
2. Provide base salary as of December 31, 2011. Do not include benefits.
3. Include the number of FTEs and the actual number of individuals in each job category. An FTE is a full time equivalent as your organization defines full time. FTEs may be reported in fractions. Actual number of individuals should be reported as whole numbers only. For example your agency may have one and a half case management positions (e.g. 1.5 FTEs) but have 3 individuals filling that position (e.g. 3).
4. Provide salary information based on an hourly rate.
5. Provide the actual hourly rate if 1 person holds that position. (You do not have to complete the Lowest or Highest Paid Hourly Rate rows.)
6. If 2 or more persons are in the job category calculate the average hourly rate by totaling all the individuals hourly rates in the job category and then dividing the total by the number of individuals in that job category. Include the information on the Lowest Hourly Salary and the Highest Hourly Salary even if there are only 2 individuals in the Job Category.
7. Do not count PRN’s, Temps, or contract positions.
8. The survey format allows you to: a) Save the survey and come back to it later, and b) print the survey after completion and before you finally submit the completed survey. A word document to use as a template is also available at www.fccmh.org. Click on 2011-12 Salary Survey.
9. It may be helpful to review the questions prior to responding to this survey.
10. The survey will time out after 60 minutes of inactivity. If you need to leave the survey for awhile please be sure to hit Save and Continue Later so your responses are not lost.
11. If your organization does not have one or more of the job categories select No in the drop down menu and the survey will skip to the next job category. You must answer Yes or No in each category. Do not put 0's or NA in the job category rows itself if you do not have the information as this deflates the results.
12. You must answer questions marked mandatory in order to move to the next question or page.
13. The survey must be complete in order to receive a copy of the results. For example the respondent must submit all requested information in each appropriate job category such as # of FTE's, # of individuals, average hourly rates, etc. and submit a substantial number of job categories appropriate to the agency.
14. Survey results will be mailed to the contact person listed in the survey demographic section. The Salary Survey is due by February 1, 2012.
If you have any questions or need help answering the survey please contact one of the Human Resource Work Group members listed below:

Melba Arthur, Chair
Director of Organizational Quality & HR Management
David Lawrence Center
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melbaa@dlcmhc.com

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River Region Human Services
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Susan.Cochran@RRHS.org

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mckennac@manateeglens.com

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candyl@apalacheecenter.org
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mhansell@devereux.org

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cdupuis@spbh.org

Karen Koch, HR Workgroup Staff  
Vice President  
Florida Council for Community Mental Health  
Office – 850.224.604  Mobile – 850.545.0818  
karen@fccmh.org
1. Complete the following mandatory information:

* (a) Name of Contact Person

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

* (b) Name of Agency

____________________________________________________________________
____________________________________________________________________

* (c) Email Address of Contact Person

____________________________________________________________________
____________________________________________________________________

* (d) Street Address

____________________________________________________________________
____________________________________________________________________

* (e) City

____________________________________________________________________
____________________________________________________________________

* (f) Zip Code

____________________________________________________________________
____________________________________________________________________

(g) Name of individual to receive Salary Survey Results if different from above

____________________________________________________________________
____________________________________________________________________

(h) Email address of individual named in (g) above

____________________________________________________________________
____________________________________________________________________

2. Identify your DCF Region. (Select one option)

- [ ] Northwest Region
- [ ] Northeast Region
- [ ] Central Region
- [ ] Suncoast Region
1. In the drop down menu below identify whether your organization identifies itself as primarily a mental health provider, substance abuse provider, equally a mental health and substance abuse provider. (Select one option)

- Mental Health Provider
- Substance Abuse Provider
- Both a Mental Health and Substance Abuse Provider

4. Complete the following information for 2011-12 regarding your agency’s FTEs on December 31, 2011.

- Number of FTEs (filled and unfilled) December 31, 2011
- Number of Employees (actually people employed) on December 31, 2011
- Number of Individuals Under Contract on December 31, 2011

5. What was your organization's budgeted FY 2011-12 revenues? (Select one option)

- Less than $5 million
- $5.1 million to $10 million
- $10.1 million to $15 million
- $15.1 million to $20 million
- $20.1 million to $25 million
6. What is the average age of your employees? (Select one option)

- Less than 40
- 40 - 44
- 45 - 49
- 50 - 54
- 55 - 59
- 60+

7. What is the organization's fringe benefits for this fiscal year (FY 2011-12)?

Percent ___

8. If your organization provided for a salary increase for FY 2011-12, what was the average increase or bonus?

Average Percent Across the Board ___
Average Bonus Percent ___

9. If your organization did not provide a salary increase or bonus between July 1 and December 31 and there is one planned after January 1, what is the percent planned increase?
10. List the top three organizations in your community that you compete with for employees? If possible include the positions that they are competing for and starting salaries the other organization is paying.
* 11. Does your organization have the job category Non-Degree Clinical Behavioral Health Tech? These individuals provide clinical support services to individuals with mental health and substance abuse needs to ensure their safety and well-being. Examples include outreach specialists, peer specialists but not certified peer specialists, placement specialists, and employment specialists. This category does not include Living Skills Coaches or child welfare only employees. (Select one option)

- Yes  
  Go to Page No. 5
- No  
  Go to Page No. 6
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<thead>
<tr>
<th>Question</th>
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</table>
13. Does your organization have the job category Non-Degree Clinical Living Skills Coach? These individuals provide clinical support services and include peer specialists but not certified peer specialists. Examples include outreach specialists, placement specialists, and employment specialists. (Select one option)

- Yes  Go to Page No. 7
- No    Go to Page No. 8
14. NON-DEGREE CLINICAL LIVING SKILLS COACHES: Complete the following information for Non-Degree Clinical Living Skills Coaches. Do not include $ signs in your responses.

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<td><strong>15.</strong> Does your organization have the job category Certified Peer Specialist? This job category includes individuals certified by the Florida Certification Board as peer specialists. Examples include adult, family, and recovery support certified peer specialist. (Select one option)</td>
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<td>☐ Yes</td>
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<td>☐ No</td>
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16. BOARD CERTIFIED PEER SPECIALIST: Do not include $ signs in your responses.

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* 17. Does your organization have the job category Bachelor’s Degree Clinical Professional? These individuals complete all screening, intake, admissions, referrals, and disposition paper work, and follow established guidelines. This job category does not include individuals specifically employed to provide child welfare services. Examples include case managers, family case managers, family support counselors, day treatment counselors, social workers, recovery specialists, and other treatment counselors. Does not include child welfare only staff. (Select one option)

☐ Yes  
☐ No  

Go to Page No. 11

Go to Page No. 12
### 18. BACHELOR’S DEGREE CLINICAL PROFESSIONALS: Do not include $ signs in your responses.

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19. Does your organization have the job category Master’s Degree Non-Licensed Clinical Professional? These individuals provide assessment and case conceptualization functions on behalf of consumers. This job category does not include individuals specifically employed to provide child welfare services. Examples include therapists and counselors and other non-licensed mental health or substance abuse treatment professionals. (Select one option)

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### 20. MASTER'S DEGREE NON-LICENSED CLINICAL PROFESSIONALS: Do not include $ signs in your responses.

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* 21. Does your organization have the job category Licensed/Board Certified Mental Health Professional? These individuals provide assessment, case planning, counseling and therapy. This job category is for individuals who are licensed and whose primary work is with persons who are mentally ill. This job category does not include individuals specifically employed to provide child welfare services. Examples include licensed mental health counselors, licensed social workers, licensed marriage and therapists and licensed psychologist. Case managers that have a license are in this job category.

(Select one option)

☐ Yes  Go to Page No. 15
☐ No  Go to Page No. 16
22. LICENSED CERTIFIED MENTAL HEALTH PROFESSIONALS: Do not include $ signs in your responses.

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* 23. Does your organization have the job category Licensed/Board Certified Substance Abuse Professional? These individuals provide assessment, case planning, counseling and therapy. This job category is for licensed professionals whose primary work is with individuals with an addiction disorder. This job category does not include individuals specifically employed to provide child welfare services. Examples include CAPs, SADs, CCJAPs, CA Prevention, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, and licensed psychologist. (Select one option)

- Yes
- No
24. LICENSED CERTIFIED SUBSTANCE ABUSE PROFESSIONALS: Do not include $ signs in your responses.

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25. Does your organization have individuals in the job category Board Certified Behavioral Analyst? These individuals provide children and families specific tools to improve their behavior. (Select one option)

- Yes  Go to Page No. 19
- No    Go to Page No. 20
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* 27. Does your organization employ Licensed Practical Nurses? These are LPNs with limited or no management responsibilities. (Select one option)

- Yes  
  Go to Page No. 21

- No  
  Go to Page No. 22
28. LICENSED PRACTICAL NURSES: Do not include $ signs in your responses.

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29. Does your organization employ Registered Nurse Practitioners? These are RNs with limited or no management responsibilities. (Select one option)

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**30. REGISTERED NURSE PRACTITIONERS:** Do not include $ signs in your responses.

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</table>
31. Does your organization employee Advanced Registered Nurse Practitioners? These are ARNPs with little or no management responsibilities.
(Select one option)

- Yes  
  Go to Page No. 25
- No  
  Go to Page No. 26
32. ADVANCED REGISTERED NURSE PRACTITIONERS: Do not include $ signs in your responses.

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*33. Does your organization employ Physician Assistants? These are licensed PAs with limited or no management responsibilities. (Select one option)

- [ ] Yes  Go to Page No. 27
- [ ] No  Go to Page No. 28
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<tr>
<td><strong>34. PHYSICIAN ASSISTANTS:</strong> Do not include $ signs in your responses.</td>
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35. Does your organization employ Psychiatrists? These are licensed psychiatrists with limited or no management responsibilities. (Select one option)

- Yes
  Go to Page No. 29

- No
  Go to Page No. 30
### 36. PSYCHIATRISTS: Do not include $ signs in your responses.

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* 37. Does your organization have the job category Residential Supervisor/Group Home Supervisor? Include both residential and group home supervisors in this category if you have both. Do not include Child Welfare Residential/Group Home Supervisors. (Select one option)

- Yes  
  Go to Page No. 31

- No  
  Go to Page No. 32
38. RESIDENTIAL SUPERVISOR/GROUP HOME SUPERVISOR: Complete the information below for Residential and Group Home Supervisors. Do not include $ signs in your responses.

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</table>
* 39. Does your organization have the job category Program Manager/Clinical Supervisor? These individuals supervise clinical programs. Do not include Child Welfare Program Managers/Clinical Supervisors. (Select one option)

- Yes  Go to Page No. 33

- No     Go to Page No. 34
<table>
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* 41. Does your organization have the job category Department/Administrative Supervisor or Manager? Do not include child welfare Department/Administrative Supervisor or Manager. (Select one option)

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<tr>
<td>No</td>
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</table>
**42. DEPARTMENT/ADMINISTRATIVE SUPERVISOR or MANAGER:** Complete the information below for Department/Administrative Supervisor/Manager(s). Do not include $ signs in your responses.

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<td>Lowest Paid Hourly Rate (if more than 1 person)</td>
<td></td>
</tr>
<tr>
<td>Highest Paid Hourly Rate (if more than 1 person)</td>
<td></td>
</tr>
<tr>
<td>Actual Hourly Rate (if only 1 person) or Average Hourly rate (if more than 1 person)</td>
<td></td>
</tr>
</tbody>
</table>
* 43. Does your organization have the job category Clinical Director? This is a senior management position. Do not include child welfare Clinical Directors. (Select one option)

- [ ] Yes  Go to Page No. 37
- [ ] No  Go to Page No. 38
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of FTEs in Filled Positions</td>
<td>____</td>
</tr>
<tr>
<td>Number of People in Filled Positions (Must be whole number)</td>
<td>____</td>
</tr>
<tr>
<td>Lowest Paid Hourly Rate (if more than 1 person)</td>
<td>____</td>
</tr>
<tr>
<td>Highest Paid Hourly Rate (if more than 1 person)</td>
<td>____</td>
</tr>
<tr>
<td>Actual Hourly Rate (if only 1 person) or Average Hourly rate (if more than 1 person)</td>
<td>____</td>
</tr>
</tbody>
</table>
* 45. Does your organization have the job category Administrative Director? This is a senior management position. (Select one option)

- Yes  Go to Page No. 39
- No  Go to Page No. 40
## 46. ADMINISTRATIVE DIRECTOR: Complete the following information for Administrative Director(s). Do not include $ signs in your responses.

<table>
<thead>
<tr>
<th>Information</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of FTEs in Filled Positions</td>
<td></td>
</tr>
<tr>
<td>Number of People in Filled Positions (Must be whole number)</td>
<td></td>
</tr>
<tr>
<td>Lowest Paid Hourly Rate (if more than 1 person)</td>
<td></td>
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<tr>
<td>Highest Paid Hourly Rate (if more than 1 person)</td>
<td></td>
</tr>
<tr>
<td>Actual Hourly Rate (if only 1 person) or Average Hourly rate (if more than 1 person)</td>
<td></td>
</tr>
</tbody>
</table>
* 47. Does your organization have the job category Clinical Vice President?  
Do not include child welfare Clinical VPs. (Select one option)

- [ ] Yes  
  Go to Page No. 41

- [ ] No  
  Go to Page No. 42
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of FTEs in Filled Positions</td>
<td></td>
</tr>
<tr>
<td>Number of People in Filled Positions (Must be whole number)</td>
<td></td>
</tr>
<tr>
<td>Lowest Paid Hourly Rate (if more than 1 person)</td>
<td></td>
</tr>
<tr>
<td>Highest Paid Hourly Rate (if more than 1 person)</td>
<td></td>
</tr>
<tr>
<td>Actual Hourly Rate (if only 1 person) or Average Hourly rate (if more than 1 person)</td>
<td></td>
</tr>
</tbody>
</table>
49. *Does your organization have the job category Administrative Vice President?* (Select one option)

- [ ] Yes  
  Go to Page No. 43

- [ ] No  
  Go to Page No. 44
50. **ADMINISTRATIVE VICE PRESIDENT**: Complete the following information for Administrative Vice President(s). Do not include $ signs in your responses.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of FTEs in Filled Positions</td>
<td></td>
</tr>
<tr>
<td>Number of People in Filled Positions (Must be whole number)</td>
<td></td>
</tr>
<tr>
<td>Lowest Paid Hourly Rate (if more than 1 person)</td>
<td></td>
</tr>
<tr>
<td>Highest Paid Hourly Rate (if more than 1 person)</td>
<td></td>
</tr>
<tr>
<td>Actual Hourly Rate (if only 1 person) or Average Hourly rate (if more than 1 person)</td>
<td></td>
</tr>
</tbody>
</table>
* 51. Does your organization have a Chief Pharmacist? This is a licensed pharmacist with overall pharmacy management responsibilities. (Select one option)

- Yes  
- No

Go to Page No. 45

Go to Page No. 46
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>52. CHIEF PHARMACIST: Do not include $ signs in your responses.</td>
<td></td>
</tr>
<tr>
<td>Actual Hourly Rate</td>
<td></td>
</tr>
</tbody>
</table>
* 53. Does your organization have a Medical Director? This individual is a MD with overall medical management responsibilities. (Select one option)

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Go to Page No. 47</td>
</tr>
<tr>
<td>No</td>
<td>Go to Page No. 48</td>
</tr>
<tr>
<td>54. MEDICAL DIRECTOR: Do not include $ signs your responses.</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Actual Hourly Rate ____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>55. Does your organization have a Chief Operating Officer? (Select one option)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Hourly Rate</strong></td>
<td>____</td>
</tr>
</tbody>
</table>
57. Does your organization have a Chief Financial Officer? (Select one option)

- Yes
- No

Go to Page No. 51
Go to Page No. 52
58. CHIEF FINANCIAL OFFICER: Complete the following information for Chief Financial Officer. Do not include $ signs in your responses.

Hourly Rate  ____
* 59. Does your organization have the job category Executive Director/CEO/President? (Select one option)

- Yes
  
  Go to Page No. 53

- No
  
  Stop, you have finished the survey
<table>
<thead>
<tr>
<th>60. EXECUTIVE DIRECTOR: Complete the following information for Executive Director/CEO. Do not include $ signs in your responses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly Rate  ____</td>
</tr>
</tbody>
</table>

Developed by FCCMH Human Resources Workgroup  
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