2020 Association Executive Survey

Thank you for taking the time to complete this survey. Results will be used to inform and guide discussion at the Association Executives retreat. The survey should take 20-25 minutes to complete.

## Contact Information

Name:

Association Name:

State:

# Membership Characteristics

* 1. How many of the following types of members are in your association?

|  |  |
| --- | --- |
| Provider organizations | # |
| Affiliate/Vendor/Corporate partner members | # |
| Other non-provider members | # |

* 1. What is the total number of unduplicated individuals served by your members each year?
  2. Which of the following provider groups does your association represent? (check all that apply)
* Mental Health
* ID/Developmental Disabilities
* SUD/Addictions
* Hospitals/Health Systems
* Rehab Services
* FQHCs/look-alikes
* Children/Adolescents
* Foster Care
* Managed care organizations\*
* Other (please specify)

\*If you are a Managed Care state:

When is your state’s MCO contract up for re-negotiation?

What is the term of the master contract with the state?

Is behavioral health a “carve-in” or “carve-out” in your MCO? Please elaborate.

* 1. Have the types of provider groups the association represents (as identified in question 3) changed over time?
* No
* Yes\*

\*If so, how?

* 1. What proportion of your provider members are:

|  |  |
| --- | --- |
| Non-profit | **%** |
| For-profit | **%** |
| Hospitals | **%** |
| Regional/County Boards/Authorities/Quasi-governmental agencies | **%** |
| Other, please describe: | **%** |

* 1. Do any of your members have an IPA?
* No
* Yes\*

\*Do any of your members that have an IPA have contracts?

* No
* Yes

# Membership Budgets and Revenue

* 1. What percentage of your provider members' revenue comes from: (*please ensure the total is 100%*)

|  |  |
| --- | --- |
| Medicaid | **%** |
| Medicare | **%** |
| State/Federal Grants/Contracts | **%** |
| Commercial Insurance | **%** |
| Tricare (military/DOD) | **%** |
| Self-Pay | **%** |
| Foundations/private donations | **%** |
| Other, please describe: | **%** |

* 1. How has this revenue distribution changed over the last year?
* It has remained relatively the same
* It has changed significantly\*

\*How has it changed?

* 1. Which of the following delivery or payment reform initiatives are your provider members participating in? (select all that apply)
* Medicaid health homes
* Medicaid or Medicare ACO
  + Provider owned
  + Non provider owned
* Other type of ACO
* DSRIP
* CCBHC
* Other (please specify):

# Membership Dues

* 1. How are your membership dues structured? (select all that apply)
* By organization budget/revenue
* By population served
* Based on geography
* Flat rate
* Other, please describe:

# Association Executive

* 1. How many years have you been in your current role?
* Less than 1 year
* 1 to 5 years
* 6 to 10 years
* 11 to 15 years
* 16 years or more
  1. What is your base annual salary?

# Association Characteristics

* 1. What is the association's IRS status? (check all that apply)
* 501 (c) (3) \*
* 501 (c) (6) \*
* Other (please specify): \*

\*Why was that/those IRS status(es) selected?

* 1. Has the association undergone a recent merger?
* No
* Yes\*

\*Who did you merge with?

* 1. What is the total annual association budget?

|  |  |
| --- | --- |
| 2019 | $ |
| 2020 | $ |

* 1. What is the total current number of individuals employed (FTEs) by your association?
  2. What proportion of the association's budget (revenue) comes from: (*please ensure the total is 100%*)

|  |  |
| --- | --- |
| Membership dues | **%** |
| Conferences/training | **%** |
| Foundations/grants | **%** |
| Annual fundraiser/gala | **%** |
| State/county contracts | **%** |
| Federal grants/contracts | **%** |
| Individual donor(s) | **%** |
| Other, please describe: | **%** |

* 1. Since this time last year, has the non-dues revenue, as a percent of the budget:
* Increased
* Decreased
* Stayed the same
  1. Do you have a fundraising plan?
* No
* Yes\*

\*If so, please describe.

* 1. How many individuals serve on the Association’s Board of Directors?
  2. Is there a provision in the Bylaws for representation of a consumer on the Board?
* No
* Yes
  1. Do your Bylaws set forth term limits for Board Members?
* No
* Yes\*

\*What are the term limits?

\*Based on the Bylaws, what is your policy for Board Member rotation?

# Policy and Lobbying

* 1. Do you anticipate that your state will make budget cuts that impact your members?
  2. If yes, what percentage decrease do you think the state budget cuts will have on your providers' bottom line?
  3. If state budgets are cut do you believe you will need federal aid to make up for the deficit?
  4. What do you think would be most helpful if your members do get a budget cut:
     + Block grant increases
     + Direct federal funding stream to providers (PRF)
     + Federal funding to states
     + FMAP increase
  5. What are your top three policy objectives for the coming year?
  6. Do you think your state can absorb the anticipated increase in new Medicaid eligibles?
  7. Who at the Association is the lead on policy work?
  8. How many staff support additional policy work?

Advocacy

* 1. What proportion of the Association budget is spent on **federal policy** work?
* 0-5%
* 6-15%
* 16-25%
* 26-50%
* 51% or more
  1. What proportion of your time is spent on **federal policy** work?
     + 0-5%
     + 6-15%
     + 16-25%
     + 26-50%
     + 51% or more
  2. What proportion of your budget is spent on **state policy** work?
     + 0-5%
     + 6-15%
     + 16-25%
     + 26-50%
     + 51% or more
  3. What proportion of your time is spent on **state policy** work?
     + 0-5%
     + 6-15%
     + 16-25%
     + 26-50%
     + 51% or more
  4. Please indicate which policy/advocacy/lobbying services the association provides to your members (select all that apply):
* Policy advocacy with state legislators
* Policy advocacy with state agencies
* Direct lobbying
* Action alerts
* Grassroots mobilization
* Other, please describe:
  1. Do you use an external lobbying firm/contract lobbyist? *If you use standard questions to interview potential lobbyists, please email them to:* [*NealC@TheNationalCouncil.org*](mailto:NealC@TheNationalCouncil.org)
* No
* Yes\*

\*What is the lobbyists’ monthly retainer?

\*Briefly describe the lobbyists’ roles and responsibilities.

* 1. Does the Association have a PAC?
* No
* Yes\*

\*What is the annual PAC budget? (please answer in a whole number)

\*How are you raising money for the PAC?

# Communications & PR

Note: the below questions are qualitative and reflect our desire to provide you with the most relevant and actionable information possible. There are no wrong answers.

* 1. When you seek relevant information from the National Council (policy-related, webinars, trainings, resources, anything), **where do you typically go first**?
     + National Council website
     + National Council social media channels
     + Engage
     + Email newsletters (CapCon, BHIVE, etc.)
     + Direct request to someone from National Council to provide you what you need (policy inbox, one-off to staff)
  2. Which of the following best describes the amount of communication you would like to **regularly receive** from the National Council? (excluding special communications around things like provider relief information, much of which updates frequently)
     + It can never be too much
     + Multiple times throughout the week
     + Once or twice a week
     + Once a week at most. I get too many emails.
  3. Which of the following best describes how often you utilize our CapCon newsletter as a resource?
     + Frequently – I read CapCon each week and find it actionable
     + Sometimes – I open and scan CapCon regularly for any relevant items
     + Infrequently – I sometimes open CapCon and rarely read all the way through
     + Almost never – I rarely read CapCon
  4. Which of the following best describes how often you utilize our BHIVE newsletter as a resource?
     + Frequently – I read BHive each week and find it actionable
     + Sometimes – I open and scan BHive regularly for any relevant items
     + Infrequently
     + Almost never
  5. How often do you turn to the National Council’s social media channels for information?
     + Frequently
     + Sometimes
     + Infrequently
     + Almost never
  6. If you answered “frequently” or “sometimes,” which of the following best describes why?
     + I find National Council’s social channels engaging and informative. Keep up the great work!
     + I often find National Council’s social channels engaging and informative, and think there are opportunities to further boost our presence, reach, and voice on policy issues
     + No opinion
  7. If you answered “infrequently” or “almost never,” which of the following best describes why?
     + I get the relevant National Council information I need from other resources
     + I don’t find National Council’s social media content consistently useful or compelling
     + No opinion/I don’t use social media
  8. What communications product or service that the National Council currently does *not* provide would you find helpful? Please describe.

***Thank you for completing this survey. We very much appreciate your help.***