

# 2019 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

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	#

2. What is the total number of unduplicated individuals served by your members each year?

3. 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
- 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 explain.

4. Have the types of provider groups the association represents (as identified in question 3) changed over time?

- No
- Yes\*

\*If so, how?

5. What proportion of your provider members are:

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

6. Do any of your members have an IPA?

- No
- Yes\*

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

- No
- Yes

7. What percentage of your member Executive Directors/CEOs are from the following groups?

Female	%
African American / Black	%
American Indian / Alaska Native	%
Asian	%
Caucasian / White	%
Latino / Hispanic	%
Native Hawaiian or other Pacific Islander	%

## Membership Budgets and Revenue

8. 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:	%

9. How has this revenue distribution changed over the last year?

- It has remained relatively the same
  - It has changed significantly\*
- \*How has it changed?

10. 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

11. 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

12. How many years have you been in your current position/role?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 years or more

13. What is your base annual salary?

## Association Characteristics

14. 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?

15. Has the association undergone a recent merger?

- No
- Yes\*

\*Who did you merge with?

16. What is the total annual association budget?

2019	\$
2020	\$

17. What is the total current number of individuals employed (FTEs) by your association?

18. 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:	%

19. Since this time last year, has the non-dues revenue, as a percent of the budget:

- Increased
- Decreased
- Stayed the same

20. Do you have a fundraising plan?

- No
- Yes\*

\*If so, please describe.

21. How many individuals serve on the Association's Board of Directors?

22. Is there a provision in the Bylaws for representation of a consumer on the Board?

- No
- Yes

23. 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

24. Who at the Association is the lead on policy work?

25. How many staff support additional policy work?

26. What proportion of your time is spent on **federal policy** work?

- 0-5%
- 6-15%
- 16-25%
- 26-50%
- 51% or more

27. What proportion of the Association budget is spent on **federal policy** work?

- 0-5%
- 6-15%
- 16-25%
- 26-50%
- 51% or more

28. What proportion of your time is spent on **state policy** work?

- 0-5%
- 6-15%
- 16-25%
- 26-50%
- 51% or more

29. What proportion of the Association budget is spent on **state policy** work?

- 0-5%
- 6-15%
- 16-25%
- 26-50%
- 51% or more

30. 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:

31. Do you use an external lobbying firm? *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.

\*What best practices can you share for using a lobbyist within an organization of your size?

32. 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?

***Thank you for completing this survey. We appreciate your contribution.***