

Workforce Assessment Survey

The purpose of this survey is to inform policymakers about the need to adjust for inflation and cost of living in funding for private nonprofits. This survey is not intended as a critique of any agency or its employment practices, but will be used to advocate for appropriate funding levels. At no point will you be asked to name the agency for which you work.

All of your information will be kept confidential in order to protect your privacy.

1. For how many years have you been employed at your current agency?

Less than a year 1-2 years 3-5 years 5-10 years More than 10 years

2. How many positions have you held at your current agency?

1

2

3

4

5 or more

3. What is your hourly rate of compensation?

Less than \$12/hr. \$12-\$14/hr. \$14.01-\$16/hr. \$16.01-\$18/hr. \$18.01-\$20/hr. More than \$20/hr.

4. What is your highest level of education achieved?

Some high school High school diploma Associate's Degree Bachelor's degree Master's degree or higher

5. If you currently have any outstanding student loans, how much do you owe?

No student loans Less than \$30,000 \$30,000-\$50,000 \$50,001-\$80,000 More than \$80,000

6. If you have student loan payments, do these payments negatively affect your ability to pay for your monthly expenses?

Yes

No

I don't have student loan payments

7. Are you able to save for retirement at this time?

Yes

No

8. If you or one of your dependents have received State or Federal Benefits in the past year, which benefits have you received? (Check as many as apply)

No benefits in the past year

Section 8 or public housing

SNAP

Care for Kids (daycare)

Energy assistance

Health Insurance (Husky, Medicaid, etc.)

TANF

WIC

Other (please specify):

9. If you need to rely on other supports to meet your needs, on which supports do you rely? (Check as many as apply.)

No other supports needed

Family and/or friends

Town Social Services

Church or other religious community

School lunch or breakfast programs

Food Banks

Income from a second job

Other (please specify):



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10. Does your compensation include any benefits? (e.g. health insurance, 401k, etc.)

Yes No I don't know

Please rate the following statements on the scale.

11. The compensation I receive is commensurate with my education and experience.

Strongly disagree Disagree Neutral Agree Strongly Agree N/A

12. The compensation I receive accurately reflects the amount of work I do.

Strongly disagree Disagree Neutral Agree Strongly Agree N/A

13. The level of pay I receive would influence my decision to stay or leave my job at this agency.

Strongly disagree Disagree Neutral Agree Strongly Agree N/A

14. I would take a similar position at another agency if I were offered a higher rate of pay.

Strongly disagree Disagree Neutral Agree Strongly Agree N/A

15. Would you be willing to share more about your experience as a mental health service staff person?

All information and experiences shared will be kept confidential. Further, you will not be asked to divulge which agency you work for or other identifying information, but rather to share anecdotal stories and experiences to shed light on the experience of those in the mental health workforce.

Yes.
 No.

If yes, please leave your contact information so we can follow up with you. (Or, you may write your story, using the bottom of this page and attaching additional pages as necessary.)

Name: _____ Phone Number: _____

16. Do you have any feedback about the structure or design of this survey? Please write comments in the box below.

Thank you for your time in completing this survey.