

California Council of Community Mental Health Agencies
1127 - 11th Street, Suite 925 • Sacramento, CA 95814 • 916/557-1166 • Fax 916/447-2350

Membership Renewal/Application July 1, 2014 – June 30, 2015

Agency Name: _____

Executive Office Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Web: _____

- **Please enclose a brochure or other document showing the names and addresses of all services and facilities**

Agency Executive: _____ Title: _____

E-Mail: _____ Phone: _____

What age group(s) does your agency serve? ☐ Children ☐ Adolescents ☐ Transition ☐ Adults ☐ Older Adults

What service(s) does your agency provide? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Partial Hospitalization/Day Treatment | <input type="checkbox"/> Wrap-around/FSP | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Substance Use/Co-Occurring | <input type="checkbox"/> Outpatient | <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Crisis Stabilization | <input type="checkbox"/> Residential (no. of beds _____) | <input type="checkbox"/> Supported Housing |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Vocational Rehabilitation Services | <input type="checkbox"/> MHSA PEI |
| <input type="checkbox"/> Integrated Services Agency | <input type="checkbox"/> Health Home/On site Health Screening | |

Other: _____

Please list the number of clients served last year? _____ Number of employees? _____ Number of volunteers? _____

Do you provide Mental Health Services in other counties? ___ No ___ Yes; list counties: _____

2014-2015 CCCMHA Dues Structure and Calculator/Invoice

Dues are based upon an agency's total mental health revenue from the most recent fiscal year. Charitable contributions and funding for services not related to mental health care are not included in computing dues. Dues payments are not deductible as charitable contributions; however, they may be deductible as ordinary and necessary business expenses.

CCCMHA dues include membership in the National Council for Community Behavioral Healthcare.

(1) Total Mental Health Revenue*	\$ _____	(rounded to the nearest \$100,000)
(2) Total County MH contract(s)	\$ _____	
(3) Total operating budget	\$ _____	(this is <u>not</u> the total of 1 and 2 above)

*Includes federal, state and county funding for MH services, including, AB 114 funds for educationally related services, client-paid, managed care and insurance payments and other third-party payors.

Using the figure from line 1 above, if Total Mental Health Revenue is:

<u>Under \$1 Million</u>		<u>Between \$1 and \$2 Million</u>		<u>\$2 Million and Over</u>	
A) Base Rate	\$ 1,000	A) Base Rate	\$ 1,510	A) Base Rate	\$ 7,400
B) Multiply .0026 x total Mental Health Revenue (Line 1)	\$ _____	B) Multiply .0026 x total Mental Health Revenue (Line 1)	\$ _____	B) Add \$465 for each additional \$1M over \$2M (Line 1)	\$ _____
C) Total Dues = A + B	\$ _____	C) Total Dues = A + B	\$ _____	C) Total Dues = A + B	\$ _____
• Minimum Dues - \$1,260				• Maximum Dues - \$25,000	

Please submit a check for the calculated amount (line C), payable to CCCMHA, and mailed to the above address.

Renewing members: Dues are due by July 31, 2014.

New members: (1) joining between July 1, 2014 and March 31, 2015, dues are 50% the regular annual dues rate; (2) joining between April 1 and June 30, 2015, no charge for the remaining months of the current year once dues for the following year are paid in full.

We estimate that 15% of your dues are used for activities classified as lobbying expenses with an additional 5% for grassroots lobbying.