



ASSOCIATION
FOR BEHAVIORAL
HEALTHCARE

ABH Organizational Membership Application

Please return this completed application with a cover letter addressed to the Chairman of the Board of Directors, at the address provided above. Membership is approved by a majority vote of the Board and current Association members.

ABH Liaison

Please identify the person to whom all ABH mailings should be sent and who will be the official voting representative of the agency at all ABH meetings.

Liaison Name: _____

Work Address: _____

City, State, Zip: _____

Work Telephone: _____ **Work Cell Phone:** _____

Work Fax: _____ **Work Email Address:** _____

Home Address: _____

City, State, Zip: _____

Home Telephone: _____ **Work Telephone:** _____

Work Fax: _____ **Work Email Address:** _____

Board of Directors, Name of President or Chairman: _____

Home Address: _____

City, State, Zip: _____

Home Telephone: _____ **Work Telephone:** _____

Work Fax: _____ **Work Email Address:** _____

ABH Membership Criteria

An organization meeting the following criteria may be considered for membership, unless waived.
Please circle Y for yes or N for no.

Y N Organization is a private non-profit corporation organized under Chapter 180 of the Massachusetts General laws and exempt from federal income tax under Section 501(C)(3)(4)(5)(6) of the Internal Revenue Code as amended.
Federal Tax Exempt Number: _____

OR

Y N Organization is a for-profit corporation that operates under Chapter 156B of the Massachusetts General Laws. **Federal Tax Number:** _____

AND

Y N Provide mental health and/or substance abuse services primarily within Massachusetts.

Y N Is governed by a board of directors not less than 51% of who reside within Massachusetts, unless otherwise waived by the Board of Directors.

Y N Receive substantial support through grant or contract from federal or state mental health and/or substance abuse authority?

Mental Health Services

Y N Provides mental health services including one or more of the following:

Please place a checkmark by all types of services provided

_____ 24-hour a day emergency services

_____ Pre-screening for patients being considered for admission to state mental health facilities

_____ Ambulatory services, including outpatient, family stabilization, community support rehabilitation, crisis intervention, and consultation/education services

_____ Day treatment or other partial hospitalization service

_____ Aftercare/case management services for children and/or adults who in the past have been or who currently are at high risk for becoming hospitalized, or who are otherwise severely emotionally disturbed or mentally ill

_____ Crisis intervention and management

_____ Psychosocial and educational/vocational rehabilitation

_____ Consultation and education

_____ Residential services

_____ Inpatient services, provided that any organization providing inpatient services shall be represented exclusively by ABH

Substance Abuse Services

_____ Detoxification and acute treatment services

_____ Residential rehabilitation services

_____ Ambulatory substance abuse services, including:

_____ Individual, family, group and collateral counseling

_____ Driver alcohol education (DAE) services (1st, 2nd offender & aftercare)

_____ Compulsive gambling services

_____ Outreach and psycho-education services

- Criminal justice collaborative services (adult and juvenile)
 - Methadone treatment services
 - Primary and secondary prevention services
 - Youth intervention services
 - Enhanced services to pregnant and parenting women
 - Family substance abuse shelter services
 - Supportive and sober housing services
 - Other: identify
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- Y N** Demonstrates that it supports the community mental health and substance abuse focus within ABH's mission.
- Y N** Agree that it or any parent and/or subsidiary corporation will not belong to or be part of any other mental health and/or substance abuse trade association unless otherwise waived by the Board of Directors. Memberships in the Massachusetts Methadone Treatment Providers Association, Recovery Home Collaborative and Massachusetts Association of Day Treatment/Partial Hospitalization have been waived.
- Y N** Abide by such standards for performance in management, service delivery, and collaboration with other members of ABH as ABH may establish, including but not limited to ABH Principles of Continuity of Care, Inter-clinic Relationships and Client Choice.

MEMBERSHIP DUES CALCULATION and POLICY

According to ABH Dues Policy dated July 1, 1999, membership dues are based on mental health and substance abuse projected revenues for the year plus a small surcharge on all EOHHS non-mental health and substance abuse projected revenues. Dues calculation is an honor system. Members are asked to update their revenues once each year in the month of July. The ABH fiscal year is July 1 through June 30. Annual dues are prorated based on the start of membership.

The Dues Policy is designed to spread the cost of supporting ABH operations equitably across the membership base. There are three dues principles:

- 1) Assessment of mental health and substance abuse revenues: The main principle is that 90 percent of the total ABH FY 2007 dues revenue will derive from member mental health and substance abuse revenue sources including Medicaid, Medicare, all third party revenue including from private insurance, grants and EOHHS mental health and substance abuse contracts. This assessment is applied to all corporate affiliations or legally related corporations. The percentage for FY 2007 is .001890.
- 2) Limited assessment of some other revenues: The second principle is more limited in scope in that 10 percent of dues revenue will be derived from EOHHS state contract revenues that are not mental health and substance abuse contract revenues. EOHHS agencies include the Departments of Elder Affairs, Mental Retardation, Public Health (other than Bureau of Substance Abuse Services), Social Services, Transitional Assistance, Veterans' Services, Youth Services, Massachusetts Commissions for the Blind, Deaf and Hard of Hearing, Rehabilitation Commission, Office for Refugees and Immigrants, Soldiers' Homes in Chelsea and Holyoke. This small assessment is in recognition of the enormous contribution that ABH makes to overall purchase of service policy. The percentage for FY 2007 is .000320.

- 3) Minimum and maximum dues: The third principle is that of minimum and maximum dues. The minimum dues are \$2,300 and the maximum dues are \$25,000. Therefore, the 90/10 split dues not apply precisely to each member. *

Dues Formula [MH + SA Revenue x .001890] + [Other EOHHS x .000320] = FY2007 Dues

Exceptions

*If dues < \$2,300 then it will be set at the minimum (\$2,300)
If dues > \$25,000 then it will be set at the maximum (\$25,000)*

* The Membership adopted a raise in the ABH dues cap from \$18,400 to \$22,000 effective July 1, 2005 (FY 2006) and to \$25,000 effective July 1, 2006 (FY 2007).

To determine your ABH dues assessment, fill in your revenue numbers below. Questions regarding these calculations should be directed to Ellen Caliendo, ABH Business Manager, at (508) 647-8385, extension 17.

- 1) Total Operating Budget _____
- 2) Mental Health Revenue _____
- 3) Substance Abuse Revenue _____
- 4) Other EOHHS Contract Revenue _____
(non-Mental Health and Substance Abuse revenue)

ATTACHMENTS: *Please attach the following documents to this Application:*

- 1. List of Officers and Board Members
- 2. Most recent Audited Financial Statement
- 3. Schedule B (Statement of Revenues) from the most recent UFR

SIGNATURES

President, Board of Directors

Date

Chief Executive Officer

Date