FY.2023 MEMBERSHIP APPLICATION/RENEWAL

Organizational Information

Organization Name:

Year Of Incorporation: EIN: # Of Locations:

Choose One: ☐ for profit ☐ non-profit ☐ government entity

Street Address:

City: State: Zip:

CEO/Lead Contact: Email: Phone:

Billing Contact: Email: Phone:

HR Contact: Email: Phone:

☐ Organization supports CBH's mission to improve access to treatment and improve the quality of community-based behavioral health care.

Budget and Dues Information

Your dues support CBH advocacy on workforce and budget matters spanning federal, state and local jurisdictions.

Total Maryland-based behavioral health budget:

- Revenue generated from publicly funded services, such as Medicare or Beacon Health Options
- Behavioral health services supported by grants from or contracts with hospitals or federal, state or county entities, such as BHA, CHRC, or SAMHSA
- Revenue from commercial payers

If your organization provides any of the direct services listed above, please select dues as a full organizational member below based on your organization's Maryland behavioral health budget:

Enter total behavioral health revenue:		
Line 2	Multiply revenue up to $3M by 0.0023:	
Line 3	Take revenue above $3M and below $10 M by 0.001:	+
Line 4	Multiply revenue above $10M by 0.0005:	+
TOTAL:	Add lines 2, 3, and 4 for total dues: *	=

*For new members, dues are reduced 50% for the first year of membership. Minimum annual dues are $1,000.

Invoice preference: ☐ one annual payment ☐ four quarterly payments

If you have any questions, please contact Moshera Sees, Manager of Member Services, at moshera@mdcbh.org

Member Profile

Understanding your service array and vendors helps us better meet your needs. Help us identify potential discounts, learning opportunities, and details about your services by completing the questions below.

Please indicate services your organization provides, and number served annually (skip if you are an affiliate member who does not offer direct services to consumers):

☐ Outpatient mental health clinic or group practice	# Consumers:
☐ Crisis beds	# Consumers:
☐ Residential rehabilitation services	# Consumers:
☐ Psychiatric rehabilitation program	# Consumers:
☐ Mobile crisis services or ACT	# Consumers:
☐ Targeted case management	# Consumers:
☐ Outpatient SUD treatment (ASAM L1)	# Consumers:
☐ SUD IOP (ASAM L2)	# Consumers:
☐ Residential services (ASAM L3)	# Consumers:
☐ Peer or family support	# Consumers:
☐ Health home	# Consumers:
☐ Vocational rehab, including supported employment	# Consumers:

Vendors or Services Used by Member

Please indicate which vendors your organization uses for the following services (skip if you are an affiliate member who does not offer direct services to consumers):

Vendor Type	Specific Vendor Used
Electronic Medical Record	
Pharmacy	
Labs	
Learning Management System	
Human Resources Information System	
Clinical Analytics	
Other	

How did you hear about us?

What interests you most about membership?

Please submit this form to Moshera Sees, Manager of Member Services, at moshera@mdcbh.org