**FMHCA Agency Membership**

**Established by FMHCA Board of Directors on June 7, 2016**

**What is an Agency Membership?**

To insure the capturing of as many public, private, non-profit and for profit mental health and substance abuse treatment centers and programs FMHCA has established a scaled fee schedule for these agencies based on the number of employees they have.

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| **Category of Agency based on size** | **Mission focus of agency: Mental Health and/or Substance Abuse Treatment** | **Number of Employees** | **Ideal Percentage of employees: LMHC’s, RMHC’s or Graduate Students in CMHC** | **Fee for FMHCA Agency Membership** |
| 1 | MH/SUDS | 0-10 | 10% | $200 |
| 2 | MH/SUDS | 11-25 | 10% | $500 |
| 3 | MH/SUDS | 26-50 | 10% | $750 |
| 4 | MH/SUDS | 51-75 | 5% | $1000 |
| 5. | MH/SUDS | 76-100 | 5% | $1250 |
| 5 | MH/SUDS | 101-150 | 5% | $1500 |
| 6. | MH/SUDS | 151-200 | 5% | $1750 |
| 7. | MH/SUDS | 201+ | 5% | $2000 |

**Benefits for Agency Members for joining FMHCA**

Agency members will be able to:

1. Help shape public policy that makes FMHCA a powerful advocate for our professional and agency members
2. Keep abreast of legislative and rule making efforts through our interactions with the State Legislature and the 491 board
3. Improve upon their skills and experience by taking advantage of educational opportunities through FMHCA’s continuing education programs aimed at both agency program operations and individual staff training
4. Connect with fellow professionals at the agency and professional credential levels on LinkedIn through our online groups such as the LinkedIn Member Group, Qualified Supervisor Group or Chapter Leadership Groups
5. Enable their current employees who are LMHC’s, RMHC’s or Graduate Students in CMCHC’s program to become automatically individual members of FMHCA at no cost to them as individuals

**Why Agency Membership in FMHCA?**

Prior to establishing Agency Membership, FMHCA has had little pick up in its membership rolls of LMHC’s, Resident MHC’s or Graduate Students who worked in Public and Private Mental Health and Substance Abuse Treatment Centers. FMHCA Agency membership has changed this reality. The rationale for opening up agency memberships was for the following reasons:

1. Given FMHCA is always in a major move towards membership recruitment and retention at the Regional District, Counties and FMHCA Chapters levels, it was imperative that membership recruitment include public and private agencies with major outreach to those mental health counselors who did not traditionally join FMHCA. Such counselors include those who work in public, non-profit and private treatment centers for Mental Health and/or Substance Use Disorders who did not see the local chapters or state conference and programming as user friendly and as a result kept them away from joining the state FMHCA efforts. By bringing these CMHC’s onboard through Agency Membership there now is a way in which the voice of FMHCA grows exponentially with the increase membership resulting in “strength in unity.”
2. Needs of agencies and their personnel especially their Clinical Mental Health Counselors had never been adequately addressed by FMHCA. The landscape of mental health and substance use disorder programming is changing and there is a need to assist these agencies and their staff to be prepared for the future. They need to be provided a helping hand in the lobbying efforts to insure there is adequate community support, state and federal funding and quality training to adapt and modify existing programs to fit in with the changes on the horizons.
3. Agency Members supports the given need for coordinated lobbying at the Regional District, State and National level: training local members in all regional districts, counties and FMHCA chapters in the state on proven methodology and techniques by which they can promote, advocate and lobby for the needs of their clients, agencies, communities and the profession. Now with the national priority of getting Clinical Mental Health Counselors recognized as Medicare Providers as well as one of the Core Mental Health Professions at the national level FMHCA will increase coordination at the local, regional and state level with public and private agencies to insure that all are talking from all of the same talking points with the same vision, mission and clarity needed to sway our elected officials at the state and national level to make this happen as soon as is reasonable.
4. FMHCA has recognized the need for coordinated Training and Continuing Education Program Efforts and in an effort to assist Agencies and their staffs to gain the necessary continuing educations programming to insure the agencies can meet their accrediting bodies’ mandates for the provision of adequate in service training. The goal of providing Agency membership is to coordinate among all the regions of the state in the offering of CEU programs on line and in person or in a hybrid model which address both the clinical and administrative training needs of these agencies.
5. Conferences: In the past much of the continuing education programming in the FMHCA conferences has been geared toward professionals in the private practice sector and there was a need to hear from those who work in the rural, public and organizational sectors as to what their needs are for programming at the annual conferences as well as through the continuing education programming offered by the association. Also at the conference there needed to be specific programming designated just for Agencies for training and information on such issues as: working on collaborative efforts in the community; how to write and monitor contracts in the community; what it takes to gain and retain an agency license in the mental health and/or substance abuse treatment world; grant writing; how to insure healthy reimbursement for services delivered; how to plan one’s program to insure recovery of capital invested in the program; what it means to be a part of integrated behavioral health team etc.
6. Integrated Medicine’s Entrée: The State of Florida is witnessing a paradigm shift from mental health and substance abuse services being separate and apart from physical health services. With this shift to integrated medicine especially in the rural and isolated communities in Florida it was imperative that FMHCA find a way to reach out and support those agencies who are working with the underserved populations in our state by helping them learn how to market themselves as Behavioral Health Centers who can work directly with primary medical care services and how to work alongside medical teams in both the rural as well as the metropolitan communities of Florida.