

Co-Occurring Collaborative Serving Maine (CCSME)
 94 Auburn Street, Suite 110 • Portland, Maine 04103
 Telephone: 207.878.6170 • Fax: 207.878.6172 • Web: www.ccsme.org

Why join the Co-Occurring Collaborative Serving Maine?

The Co-Occurring Collaborative Serving Maine consists of consumers, family members, organizations and associations working together to integrate services for people with co-occurring conditions of mental health and substance abuse. Individuals and families who suffer from co-occurring conditions are more likely to experience physical problems, criminal justice involvement, and other coexisting issues. Our mission is to create effective, integrated healthcare in Maine. As a center of excellence, CCSME is disseminating, training and providing technical assistance for evidence-based practices and consensus practice models for integrated treatment and prevention. We encourage professional development and maximize collaboration among individuals and organizations who support people affected by co-occurring issues.

We invite organizations and individuals who are interested in supporting our mission to join us. Annual membership dues provide several key benefits relating to advocacy, technical assistance, training, and networking opportunities.

Membership Scale • Beginning October 2011

The membership scale is based on the number of employees in your organization.

| Type of Group | Number of Full-Time Employees | Annual Fee |
|---------------------------------------------|-------------------------------|------------|
| Organization/Association* | More than 150 | \$400.00 |
| | Between 100 - 149 | \$300.00 |
| | Between 50 - 99 | \$250.00 |
| | Between 25 - 49 | \$150.00 |
| | Between 2 - 24 | \$100.00 |
| Consumer/Family Member | | \$25.00 |
| Individual/Student/Retiree/ Practitioner | | \$25.00 |

A sliding scale or waiver of fee will be considered for all groups, based on financial need

*Training benefits extend to only staff of the Association.

Requirements of Membership

Membership is open to all interested organizations, agencies and associations, as well as individuals, consumers and family members. Membership is available to both non-profit and for-profit agencies incorporated in the State of Maine.

- Complete and submit a membership application.
- Potential members must provide a signature of the agency's Executive Director or other Executive decision-maker.
- All applications will be reviewed and voted upon by the Board prior to approval.
- You must have valid licensing and be a member in good standing in your community.

Membership Benefits

ORGANIZATIONS & ASSOCIATIONS

- One individual will be the primary contact for the group
- Discounted training programs
- Annual meeting showcasing collaborative and member activities
- Advocacy
- Collaborative and network development and support
- On-site technical assistance and trainings
- Curriculum development
- Resource Development
- Free exhibition space at trainings
- CCSME program updates

INDIVIDUAL

- Discounted training programs
- Annual meeting showcasing collaborative and member activities
- Advocacy
- Collaborative and network development and support
- CCSME program updates

CCSME Membership Application

Please complete and submit your application to CCSME.

Membership period: October 1, 2011–September 30, 2014

| Group | Annual Fee (check one) |
|-----------------------------------------|--------------------------------------------------|
| Organization/Association | <input type="checkbox"/> \$400 More than 150 |
| | <input type="checkbox"/> \$300 Between 100 - 149 |
| | <input type="checkbox"/> \$250 Between 50 - 99 |
| | <input type="checkbox"/> \$150 Between 25 - 49 |
| | <input type="checkbox"/> \$100 Between 2 - 24 |
| Consumer/Family Member | <input type="checkbox"/> \$25 |
| Individual/Student/Retiree/Practitioner | <input type="checkbox"/> \$25 |

| | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| First name | | |
| Last name | | |
| Title | | |
| Agency name | | |
| Contact person (First/Last name) | | |
| Address | | |
| | | |
| City | | |
| State | | Zip |
| Telephone | | Fax |
| Email | | |
| Website | | |
| Service Description | Please describe the activities you or your organization provide in the field of co-occurring disorders, mental health/substance abuse treatment and/or prevention, or other related fields. Attach any brochures or flyers that describe your services. Additional space for comments on back. | |

CCSME Membership Agreement

CCSME Mission

The Co-Occurring Collaborative Serving Maine advocates for best practices, encourages professional development, maximizes collaboration, and facilitates integrated health and behavioral health services. The terms of this agreement are in effect for three years beginning October 1, 2011, and are reviewed every three years. Dues are invoiced annually for membership.

Agreement

As a member of CCSME, _____
Name of Organization or Individual

agree(s) to support the mission of the Co-Occurring Collaborative Serving Maine (pending board approval of membership application & license check).

Guidelines

Participating Associations/Agencies/Individuals will:

- 1) Exchange information, share resources and alter activities to enhance the capacity of all members for their mutual benefit and to improve services for persons and their families with co-occurring mental health and substance use disorders.
- 2) Actively participate in and share responsibility for the Collaborative.
- 3) Provide a report to the Collaborative membership annually documenting the activities the member has taken during the year to educate and improve their services for persons and families with co-occurring mental health and substance use disorders.
- 4) If an Association or Agency, examine and make changes to their services and organizational structures to support improved service provision for persons and families with co-occurring mental health and substance use disorders.
- 5) If an Association or Agency, identify a liaison for the Collaborative who will actively participate in Collaborative meetings and/or committee(s) of the Collaborative. The identified liaison will serve as a bridge between the Collaborative and member agencies in order to transfer information and to involve agencies and staff in Collaborative activities.

Name, Title and Name of Association, Agency or Individual (please print)

Name of Identified Agency Liaison(s) to CCSME (If Association or Agency)

Signature of Executive Director of Participating Association or Agency,
Signatory of Person Authorized to Sign for Association or Agency, or Individual signature

Date

Return your signed agreement to:

Co-Occurring Collaborative Serving Maine

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