KMHC 2017 Dues Proposal

Without new revenues, the Kansas Mental Health Coalition will not be able to meet its budget for 2017. In the past three years, dues revenues have been strained as non-profit organizations face restricted budgets and corporate memberships decline. 2017 promises to be a challenging year, as Kansas faces a deficit of $1 billion into the next fiscal year and behavioral health services need attention. Critical legislation will be on the table this legislative session. Our ability to achieve Coalition goals to develop consensus for important behavioral health issues and to advocate effectively for those issues is hampered if we are unable to meet our budgeted expenditures. The Coalition’s primary expenditures are for professional lobbying services, Mental Health Advocacy Day and our monthly meetings.

At the same time, we benefit from a broad and diverse membership – the information sharing and discussion among individuals and organizations with varied perspectives and experience is another important strength of our Coalition. Therefore, it is our goal to keep costs minimal.

KMHC partnered with NAMI, Kansas, for the Kansas Health Foundation Health Equity Grant, which will help to defray costs for administering the Grassroots Advocacy Network.

Beginning this month, KMHC will use a free teleconferencing service for our meetings. Most of our members have access to unlimited long distance plans. If any member should incur burdensome expenses for participating in the teleconferences, please remit receipts to Andy Brown, treasurer.

Officers have worked to contact and recruit new members and to regain lost members, but these efforts have mixed success each year. Pharmaceutical companies have consolidated and eliminated local representative positions. The MCOs have not renewed memberships. In fact, the loss of one of our strongest corporate partners has cost KMHC dues and advocacy contributions totaling $4000 annually.

At its meeting in December, the Board of Directors adopted the following dues proposal for consideration by the membership at the January 25 KMHC meeting. Please contact Susan Lewis at 913-281-2221 or Andy Brown at 785-505-0494 if you have questions or concerns.

**This proposal raises approximately $4815 for the 2017 budget. The budget revenue goal for 2017 is a decrease of $700 from the 2016 budget revenue goal. As of December 14, KMHC net income was ($2855.32) for fiscal year 2016.**

**Categories will change as follows:**

* **Comp: Complimentary memberships are available for consumers**
* **Individual: Increase to $40 from $25**
* **Mental Health Professional: Increase to $125 from $100**
* **Non-Profit Organization with an Annual Budget of $0 – 500K: Increase to $275 from $250**
* **Non-Profit Organization with an Annual Budget of $500K – 10M will be divided into new categories:**
	+ **Non-Profit Organization with an Annual Budget of $500K – 5M: Increase to $550 from $500**
	+ **Non-Profit Organization with an Annual Budget of $5M – 10M = Increase to $700 from $500**
* **Non-Profit Organization with an Annual Budget of $10M or more: Increase to $900 from $750**
* **Corporate Memberships would remain $1000**

See Article III of KMHC Bylaws below for more information about KMHC membership:

Membership is open to any business, not-for-profit agency, organization or individual who has an interest in the mental health care system in Kansas, by application and payment of membership dues. Additional membership qualifications may be established and modified by the Board of Directors from time to time. All members of the organization will be classified as voting members.

Membership shall be on an annual basis, with the membership year being January 1 through December 31. An individual or organization is considered a member in good standing, with the rights of voting, board service, listing on roster and public materials, and contribution of issues to the annual policy platform when they have both completed the membership form and are current on payment of assessed dues or agreed upon dues payment plan. New members who join at a time other than the beginning of the membership year shall be assessed partial first year dues based on the number of months as a member.

The Board will establish membership categories with an accompanying dues assessment for each membership category established. Membership shall be renewed annually, regardless of whether a dues payment is associated with that membership category. Dues not paid by March 31 for the current membership year will be considered delinquent unless the Board has approved a payment plan and/or deferred payment of dues to meet unique circumstances. Members who are delinquent in payment of their dues or fail to submit a renewal shall be notified in writing by the Secretary within 30 days of the delinquency. Absent a plan for the deferred payment of dues, members will lose their membership rights within 30 days of such notification.

Each member, whether an individual or an agency, business or organization is entitled to one vote regardless of the number of mental health care professionals or agencies that may be affiliated with the member.

Membership Roster. The Secretary will ensure that a current membership roster is maintained and published for all members twice annually by June 30th and December 31st. The membership roster will identify the designated voting members for organizations and the category of membership which applies to each member.