



*Benchmarks is a non-profit association of provider agencies advocating for quality and accountability among human service providers so that North Carolina's children, adults and families can realize their full potential, contribute to their communities and live healthy lives.*

### **Who We Are: Quality Agencies Delivering Results**

With more than 80 member agencies, Benchmarks has an extensive vetting process for membership that includes national accreditation, good standing reviews from DHHS and provider references. We do not accept member agencies that cannot meet our rigorous standards, and thus we represent the most highly qualified North Carolina providers producing the strongest outcomes in the areas of child welfare, mental health, intellectual/developmental disabilities and substance use.

### **What We Do: Partner to Bring About Needed Solutions**

Benchmarks brings expertise in research, policy and practice to North Carolina policy leaders so they can develop the common-sense solutions needed to improve the functioning and accountability of our state's health and human services system. Benchmarks' expertise includes:

- On the ground experience of our ninety provider members and their leadership in delivering high quality services within the current policy and practice landscape;
- A unique combination of over 60 years of collective staff experience translating research to practice, conducting policy advocacy, and providing services in the fields of mental health, child welfare, intellectual developmental disabilities, and substance use.

Our activities focus on:

- Partnership development across the continuum of care at the state and local levels, including a strong, proactive partnership with DHHS and the legislature to improve outcomes for children, adults and families through high quality, research-based services;
- A professional education program serving providers across North Carolina and nationally through on-line and on-site training;
- Providing support for Benchmarks members before the legislature and state agencies on policy and implementation issues impacting member services, consumers and funding

Please read more about our association, including our updates and membership process, by visiting our website [www.benchmarksn.org](http://www.benchmarksn.org).



### Application for Agency Membership

*All financial information reported in the application is kept confidential within the association's Executive Committee. This information is used to verify financial integrity of the applicant and to ensure a fair and accurate dues structure.*

Indicate which membership category you are applying for:

☐ **Full Membership:**

Non-profit or for-profit agency that provides child welfare, behavioral health, juvenile justice, developmental disabilities or a related services via community based programs and/or out-of-home care. Full membership agencies shall be accredited by one of the following national accrediting bodies: COA, EAGLE, CQL, Joint Commission, or CARF.

☐ **Provisional Membership:**

An agency that provides the services of a full member agency but is not yet accredited. Provisional members must become accredited within 24 months of provisional membership. Agencies applying for Provisional Membership must have applied with an approved accrediting body, paid the fee and submit proof of payment with their membership application. Upon completion of the accreditation, provisional members shall automatically be deemed the rights of full membership.

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Names of Owners (For Profit): \_\_\_\_\_

Executive Director/CEO: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Organization (Check One):    ☐ Not for Profit        ☐ For Profit        ☐ Public

Is the agency accredited or seeking accreditation?    ☐ Yes        ☐ No

If yes, by whom? (Please include letter of accreditation) \_\_\_\_\_

What is the agency vision or mission? (Please provide agency brochure) : \_\_\_\_\_

What population does the agency serve and approx. number of consumers in each category?  
(Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mental Health-Child<br># of consumers: _____ | <input type="checkbox"/> I/DD-Child<br># of consumers: _____ | <input type="checkbox"/> Substance Abuse-Child<br># of consumers: _____ |
| <input type="checkbox"/> Mental Health-Adult<br># of consumers: _____ | <input type="checkbox"/> I/DD-Adult<br># of consumers: _____ | <input type="checkbox"/> Substance Abuse-Adult<br># of consumers: _____ |
| <input type="checkbox"/> DSS-Child<br># of consumers: _____           | <input type="checkbox"/> DSS-Adult<br># of consumers: _____  | <input type="checkbox"/> DJJ<br># of consumers: _____                   |

What funding streams does the agency receive? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Medicaid/Medicare       | <input type="checkbox"/> NC Health Choice   | <input type="checkbox"/> IPRS              |
| <input type="checkbox"/> IV-E                    | <input type="checkbox"/> IV-B               | <input type="checkbox"/> JCPC Funds        |
| <input type="checkbox"/> CASP Funds              | <input type="checkbox"/> SS-I               | <input type="checkbox"/> SS-D              |
| <input type="checkbox"/> Philanthropic Donations | <input type="checkbox"/> Benevolent Dollars | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> Other: _____            |   |  |

In which counties does the agency provide services? (Check all that apply)

- |                                    |                                     |                                    |                                      |                                     |                                       |
|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alamance  | <input type="checkbox"/> Catawba    | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Jones       | <input type="checkbox"/> Pamlico    | <input type="checkbox"/> Stokes       |
| <input type="checkbox"/> Alexander | <input type="checkbox"/> Chatham    | <input type="checkbox"/> Gaston    | <input type="checkbox"/> Lee         | <input type="checkbox"/> Pasquotank | <input type="checkbox"/> Surry        |
| <input type="checkbox"/> Alleghany | <input type="checkbox"/> Cherokee   | <input type="checkbox"/> Gates     | <input type="checkbox"/> Lenoir      | <input type="checkbox"/> Pender     | <input type="checkbox"/> Swain        |
| <input type="checkbox"/> Anson     | <input type="checkbox"/> Chowan     | <input type="checkbox"/> Graham    | <input type="checkbox"/> Lincoln     | <input type="checkbox"/> Perquimans | <input type="checkbox"/> Transylvania |
| <input type="checkbox"/> Ashe      | <input type="checkbox"/> Clay       | <input type="checkbox"/> Granville | <input type="checkbox"/> Macon       | <input type="checkbox"/> Person     | <input type="checkbox"/> Tyrrell      |
| <input type="checkbox"/> Avery     | <input type="checkbox"/> Cleveland  | <input type="checkbox"/> Greene    | <input type="checkbox"/> Madison     | <input type="checkbox"/> Pitt       | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Beaufort  | <input type="checkbox"/> Columbus   | <input type="checkbox"/> Guilford  | <input type="checkbox"/> Martin      | <input type="checkbox"/> Polk       | <input type="checkbox"/> Vance        |
| <input type="checkbox"/> Bertie    | <input type="checkbox"/> Craven     | <input type="checkbox"/> Halifax   | <input type="checkbox"/> McDowell    | <input type="checkbox"/> Randolph   | <input type="checkbox"/> Wake         |
| <input type="checkbox"/> Bladen    | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Harnett   | <input type="checkbox"/> Mecklenburg | <input type="checkbox"/> Richmond   | <input type="checkbox"/> Warren       |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Currituck  | <input type="checkbox"/> Haywood   | <input type="checkbox"/> Mitchell    | <input type="checkbox"/> Robeson    | <input type="checkbox"/> Washington   |
| <input type="checkbox"/> Buncombe  | <input type="checkbox"/> Dare       | <input type="checkbox"/> Henderson | <input type="checkbox"/> Montgomery  | <input type="checkbox"/> Rockingham | <input type="checkbox"/> Watauga      |
| <input type="checkbox"/> Burke     | <input type="checkbox"/> Davidson   | <input type="checkbox"/> Hertford  | <input type="checkbox"/> Moore       | <input type="checkbox"/> Rowan      | <input type="checkbox"/> Wayne        |
| <input type="checkbox"/> Cabarrus  | <input type="checkbox"/> Davie      | <input type="checkbox"/> Hoke      | <input type="checkbox"/> Nash        | <input type="checkbox"/> Rutherford | <input type="checkbox"/> Wilkes       |
| <input type="checkbox"/> Caldwell  | <input type="checkbox"/> Duplin     | <input type="checkbox"/> Hyde      | <input type="checkbox"/> New Hanover | <input type="checkbox"/> Sampson    | <input type="checkbox"/> Wilson       |
| <input type="checkbox"/> Camden    | <input type="checkbox"/> Durham     | <input type="checkbox"/> Iredell   | <input type="checkbox"/> Northampton | <input type="checkbox"/> Scotland   | <input type="checkbox"/> Yadkin       |
| <input type="checkbox"/> Carteret  | <input type="checkbox"/> Edgecombe  | <input type="checkbox"/> Jackson   | <input type="checkbox"/> Onslow      | <input type="checkbox"/> Stanly     | <input type="checkbox"/> Yancey       |
| <input type="checkbox"/> Caswell   | <input type="checkbox"/> Forsyth    | <input type="checkbox"/> Johnston  | <input type="checkbox"/> Orange      |                                     |                                       |

What are your agency's total expenses for the year? \_\_\_\_\_

\* Dues are based on an agency's total operating expense for all services to children, adults and families, including general administration and fundraising, but without depreciation. (Should correspond with audit or financial statement included with application.)



Benchmarks requires three references as part of the application process and prefers that one of the references is a current Benchmarks member. Please submit the following information for each reference:

Reference #1:	_____	_____
	Agency Name	Contact Person
	_____	_____
	Telephone #	Email Address
Reference #2:	_____	_____
	Agency Name	Contact Person
	_____	_____
	Telephone #	Email Address
Reference #3:	_____	_____
	Agency Name	Contact Person
	_____	_____
	Telephone #	Email Address

Please include the following information with this application:

- Most recent annual audit (or most recent 12 mo. audited financial statements)
- Program description (brochure or similar materials)
- Copies of proof of accreditation (Full member)
- Copies of payment to an approved accrediting body (Provisional member)
- Electronic copy of logo and link to website
- Signed copy of [Code of Ethics](#)

As part of the membership process, the signature below indicates an understanding of the rights and responsibilities of association membership. The agency agrees to support the purposes, program and mission of the Benchmarks association.

\_\_\_\_\_  
Signature of Executive Director/CEO

\_\_\_\_\_  
Date

**Please submit the completed form and supporting documentation to:**

Benchmarks

2609 Atlantic Ave, Suite 105

Raleigh, NC 27604

Attn: Paige Wiggs, Communication & Training Specialist

All electronic information can be submitted to Paige Wiggs at [pwiggs@bti-nc.org](mailto:pwiggs@bti-nc.org)

## Benchmarks Code of Ethics

As a member of Benchmarks, we adhere to the highest standards of integrity and ethical practice. Specifically, this is demonstrated through honest, truthful, and responsible transactions, partnerships, and relationships with individuals, communities, providers, businesses, donors, and government entities. This is also demonstrated through our continued efforts to succeed in performance and meet standards of national accrediting bodies. Our Code of Ethics is practical in application with a foundational basis in the ethical standard requirements of various accreditation bodies. This code of ethics is broken into four (4) core principles.

*As a member of Benchmarks, we affirm the following statements of ethical practice:*

### **Operations**

*The member operates an organization in an open and transparent manner in accordance with applicable legal requirements and uses assets exclusively and effectively to serve the purpose for which the organization was created.*

*The member agency represents its services and intentions honestly and openly. Members will only serve those families, children, and adults for whom the member's services are appropriate and will plan carefully and realistically with and for each individual served.*

### **Conflict of Interest**

*The member has adopted and enforces a conflict of interest policy consistent with state and federal laws and regulations to prevent abuse and disclose potential duality/conflicts of interest.*

*The member accurately represents their organization in all partnerships and relationships within their community.*

### **Financing and Fundraising**

*The member organization manages all fiscal resources through sound stewardship and business practices with the oversight of the organization's governing body and management.*

*Fundraising efforts conducted by members are carried out ethically and in a fiscally responsible manner.*

*Members will comply with all state and federal laws and regulations related to generally accepted accounting principles and annual auditing requirements.*

### **Professional Code of Conduct**

*Member agencies will advocate for families, children, and adults to bring about positive change, develop resources, and strengthen family life.*

*Members will maintain confidentiality in all matters concerning the people they serve with regard to laws and regulations as defined in the Health Insurance Portability and Accountability Act of 1996.*

*Members will serve children, families, and adults without discrimination on the basis of race, color, religion, sex, ancestry, national origin, disability, sexual orientation or any other protected status as defined by law.*

*Members will protect the people they serve from abuse, maltreatment, experimentation, economic exploitation, malnutrition, and unsafe environments, and provide the best care possible.*

*Member agencies will not exploit the plight of the people they serve for financial gain of their organizations.*

Adopted by:

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Member Agency Name

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CEO/President Signature

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Date

### Full Membership Dues Structure

Benchmarks' dues structure is a tiered based on the member's annual operating expenses for all services provided. Dues may be paid in annual, quarterly or monthly installments.

Member Operating Expenses*		Annual Dues
Between	Up to	
\$35,000,000	And Over	\$29,200
\$34,000,000	\$35,000,000	\$28,400
\$33,000,000	\$34,000,000	\$27,600
\$32,000,000	\$33,000,000	\$26,800
\$31,000,000	\$32,000,000	\$26,000
\$30,000,000	\$31,000,000	\$25,200
\$29,000,000	\$30,000,000	\$24,400
\$28,000,000	\$29,000,000	\$23,600
\$27,000,000	\$28,000,000	\$22,800
\$26,000,000	\$27,000,000	\$22,000
\$25,000,000	\$26,000,000	\$21,200
\$24,000,000	\$25,000,000	\$20,400
\$23,000,000	\$24,000,000	\$19,600
\$22,000,000	\$23,000,000	\$18,800
\$21,000,000	\$22,000,000	\$18,000
\$20,000,000	\$21,000,000	\$17,200
\$19,000,000	\$20,000,000	\$16,400
\$18,000,000	\$19,000,000	\$15,600
\$17,000,000	\$18,000,000	\$14,800
\$16,000,000	\$17,000,000	\$14,000
\$15,000,000	\$16,000,000	\$13,200
\$14,000,000	\$15,000,000	\$12,400
\$13,000,000	\$14,000,000	\$11,600
\$12,000,000	\$13,000,000	\$10,800
\$11,000,000	\$12,000,000	\$10,000
\$10,000,000	\$11,000,000	\$9,200
\$9,000,000	\$10,000,000	\$8,400
\$8,000,000	\$9,000,000	\$7,600
\$7,000,000	\$8,000,000	\$6,800
\$6,000,000	\$7,000,000	\$6,000
\$5,000,000	\$6,000,000	\$5,200
\$4,000,000	\$5,000,000	\$4,400
\$3,000,000	\$4,000,000	\$3,600
\$2,000,000	\$3,000,000	\$2,800
\$1,000,000	\$2,000,000	\$2,000
Less than	\$1,000,000	\$1,200