

2016 Annual Conference
Thursday, September 15, 2016

8:15-3:00

Agenda

8:15-8:55 Continental Breakfast – Registration

8:55-9:00 Welcoming Remarks

9:00 - 9:45 Meeting and Q&A with Board of Directors

9:45 - 10:00 Break

10:00 - 11:30 Bylaws Vote in 2018

11:30-1:00 Lunch (on your own)

1:00 -3:00 Each Division can use this time to review worksheet and flowchart/matrix

Q&A with staff

3:00-3:10 Presentation of the Gavel -Announcement of CDP Chair


We may not have time to work through everything. Please know that Chris Michaels and Amanda Darnley are available throughout the conference to meet with anyone working on these specific issues.

Please let Walter or Shari know if you want to schedule time and staff will do everything we can to help work through the worksheet and flow chart.



Divisions and Development

- Divisions evolved, developed and were instrumental in helping establish licensure.
- Divisions have pushed the profession in very positive directions.
- Whether bylaws pass or not, we need divisions to become stronger **associations** to advance the profession.



AAMFT is the only national association representing the interests of MFTs throughout USA and Canada:

- Federal and state advocacy
- Private payer
- VA/DoD
- Licensing
- Credentialing
- Professional development

AAMFT needs to have local presence throughout USA, Canada, and now being requested globally.

Strategies -

- Lose the Association, lose the profession.
 - » Level of Difficulty = 0
- Save the Association, lose the profession.
 - » Level of Difficulty = 4
- Save the Association, save the profession.
 - » Level of Difficulty = 8+ (may not be possible)

Variables to Evaluate

1. Membership Trends
 - Retirement
 - Retention rates between categories
 - Penetration Rates
2. Advocacy
3. Finances
4. Engagement
5. Leadership
6. 2015 Vote Percentages




Membership Trends

- Retirement
- Retention rates between categories
- Penetration Rates

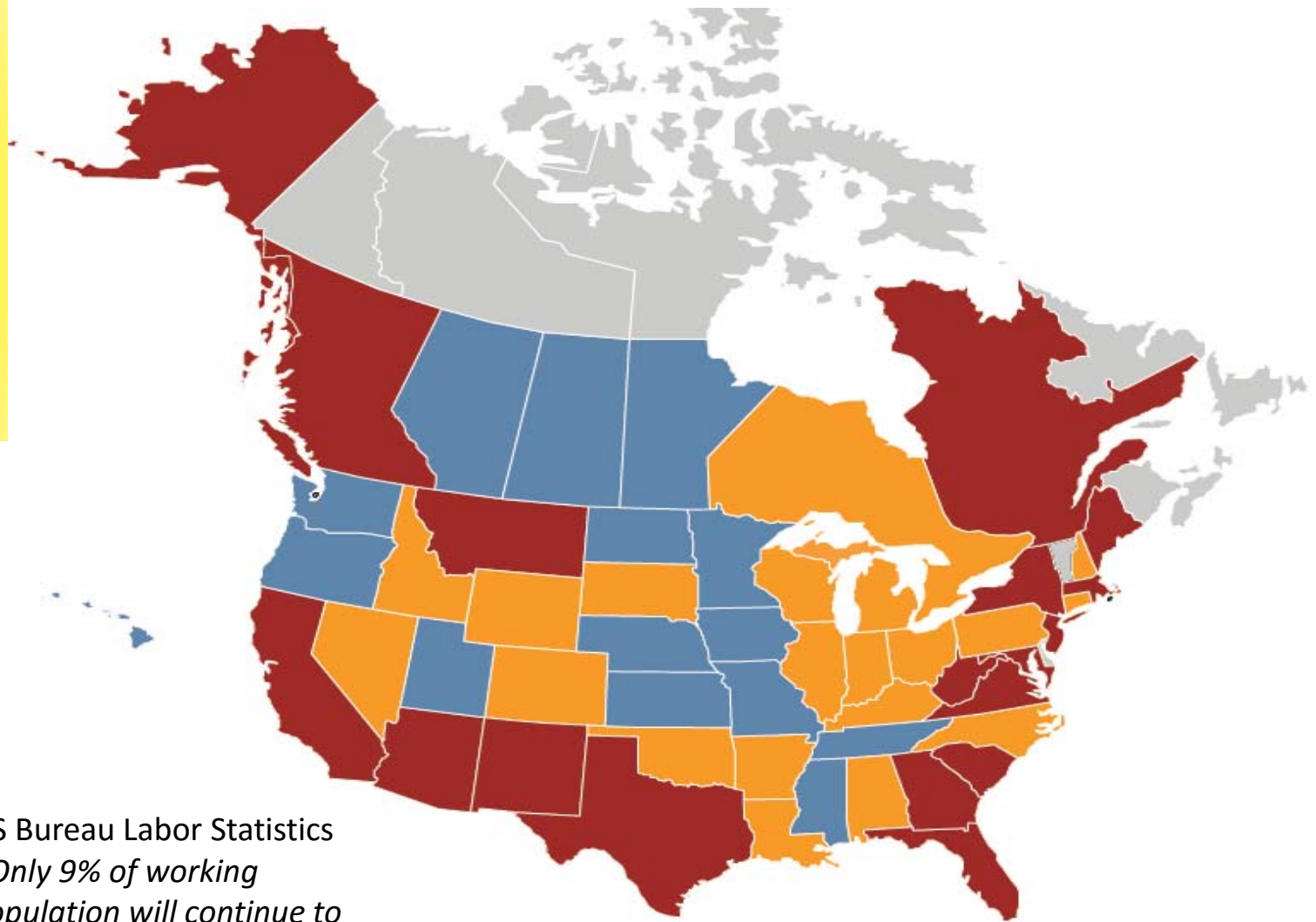
Key

Percentage
Clinical
Fellows 65+
in U.S. & Canada

 <25%

 26-35%

 >36%



US Bureau Labor Statistics
- *Only 9% of working
population will continue to
work after 71*

Retirement

- 17 divisions have 36% over 65
- 22 divisions have 25%+
- Total 39 of 54 divisions are aging out (72%)



Retention Rates (Rough estimate)

Student to Pre-Clinical to Clinical Fellow Trends

Rough estimate = 50% attrition between Student to PCF; then again PCF to CF

Professional membership association based on licensure experiences higher attrition rates than other membership organizations.



Penetration Rates

Penetration rates are dropping: 42 states experiencing decreased penetration rates; 26 states have an inversion effect; 8 states have decreased LMFTs.

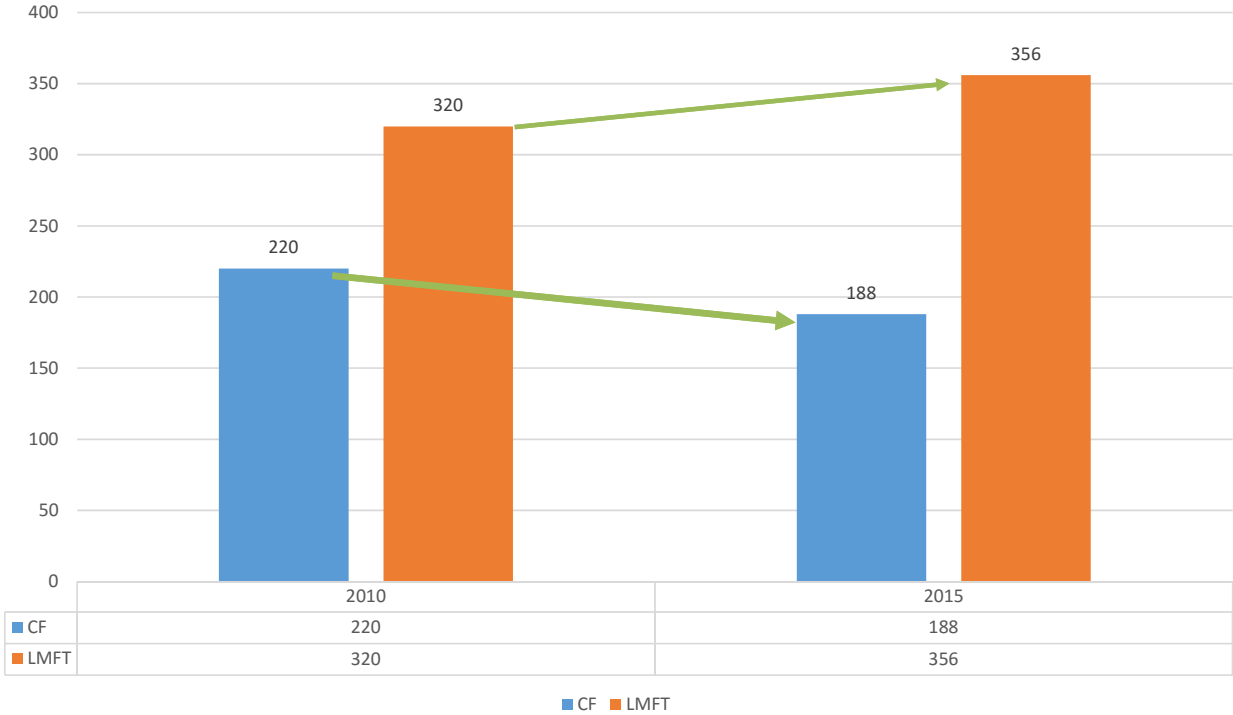
Penetration Rates

Penetration Rates

LMFTs v AAMFT CF

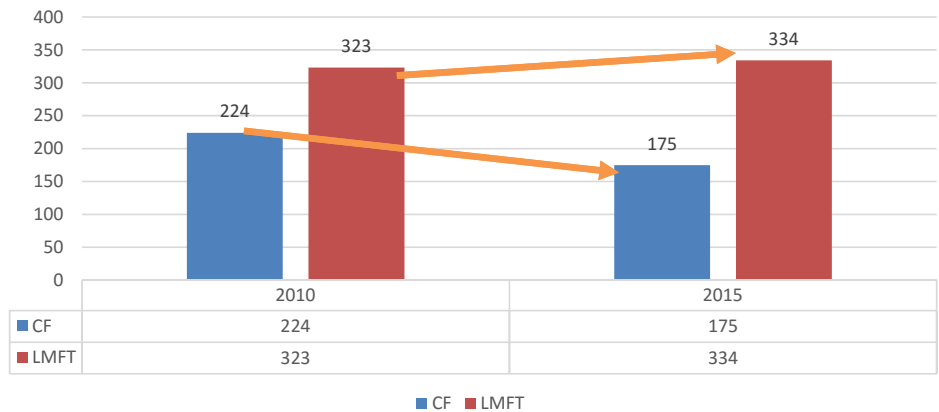
2010 68.75%

2015 52.81%



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Change Total	Change %
All Members	364	376	358	369	344	330	345	344	337	351	-13	-3.57%
Clinical Fellow	261	260	245	250	224	213	206	209	183	175	-86	-32.95%
Member	0	0	0	0	0	0	0	4	7	6	6	-
Pre-Clinical	22	24	25	37	39	44	51	46	58	59	37	168.18%
Associate	0	0	0	0	0	0	0	0	0	0	0	-
Student	63	70	75	67	65	58	75	76	82	102	39	61.9%
Affiliate	18	22	13	15	16	15	13	9	7	8	-10	-55.56%

Penetration Rates
LMFTs v AAMFT CF
2010 69.35%
2015 52.40%

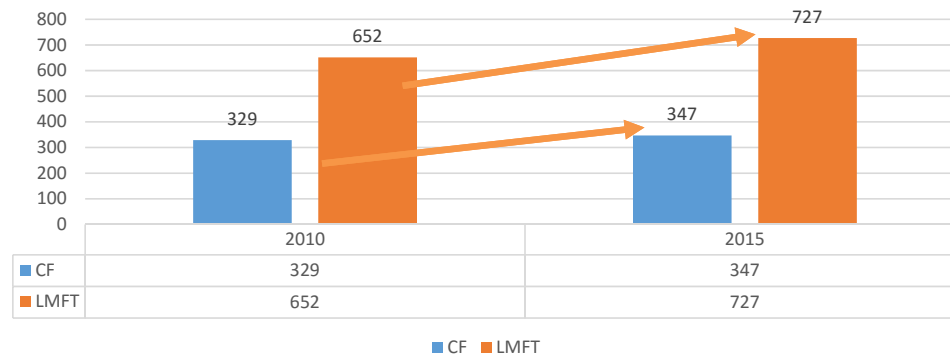


Retirement
44.25% are 65+



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Change Total	Change %
All Members	516	528	547	576	620	655	746	730	757	777	261	50.58%
Clinical Fellow	329	328	321	329	329	342	330	315	329	347	18	5.47%
Member	0	0	0	0	0	0	0	8	12	11	11	-
Pre-Clinical	47	52	55	66	72	68	94	104	119	112	65	138.30%
Associate	0	0	0	0	0	0	0	2	2	7	7	-
Student	101	106	127	135	179	206	282	266	271	276	175	173.27%
Affiliate	39	42	44	46	40	39	40	35	24	20	-19	-48.72%

Penetration Rates
LMFTs v AAMFT CF
2010 50.46%
2015 47.73%



Retirement
27.04% are 65+

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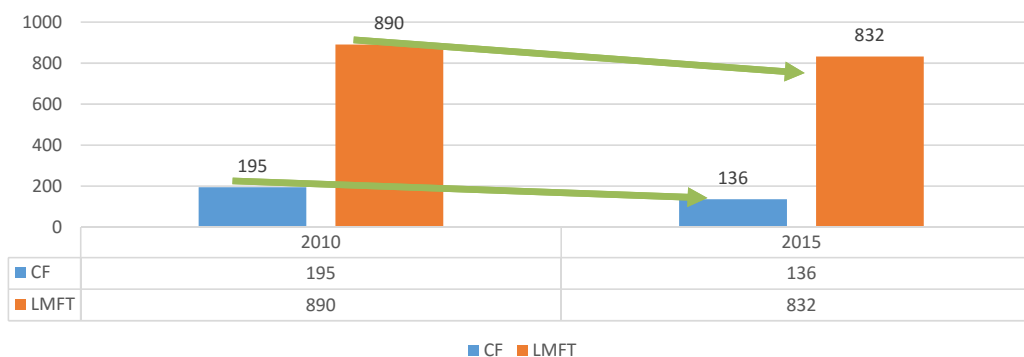
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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Change Total	Change %
All Members	293	296	299	299	271	272	273	267	221	209	-82	-27.99%
Clinical Fellow	200	208	212	209	195	187	180	171	140	136	-64	-32.00%
Member	0	0	0	0	0	0	0	3	0	0	0	-
Pre-Clinical	28	22	21	15	15	10	6	8	19	19	-9	-32.14%
Associate	0	0	0	0	0	0	0	0	0	0	0	-
Student	61	63	61	67	55	71	81	81	60	54	-7	-11.48%
Affiliate	4	3	5	8	6	4	6	4	2	1	-3	-75.00%

Penetration Rates
LMFTs v AAMFT CF
2010 21.91%
2015 16.35%



Retirement
34.62% are 65+

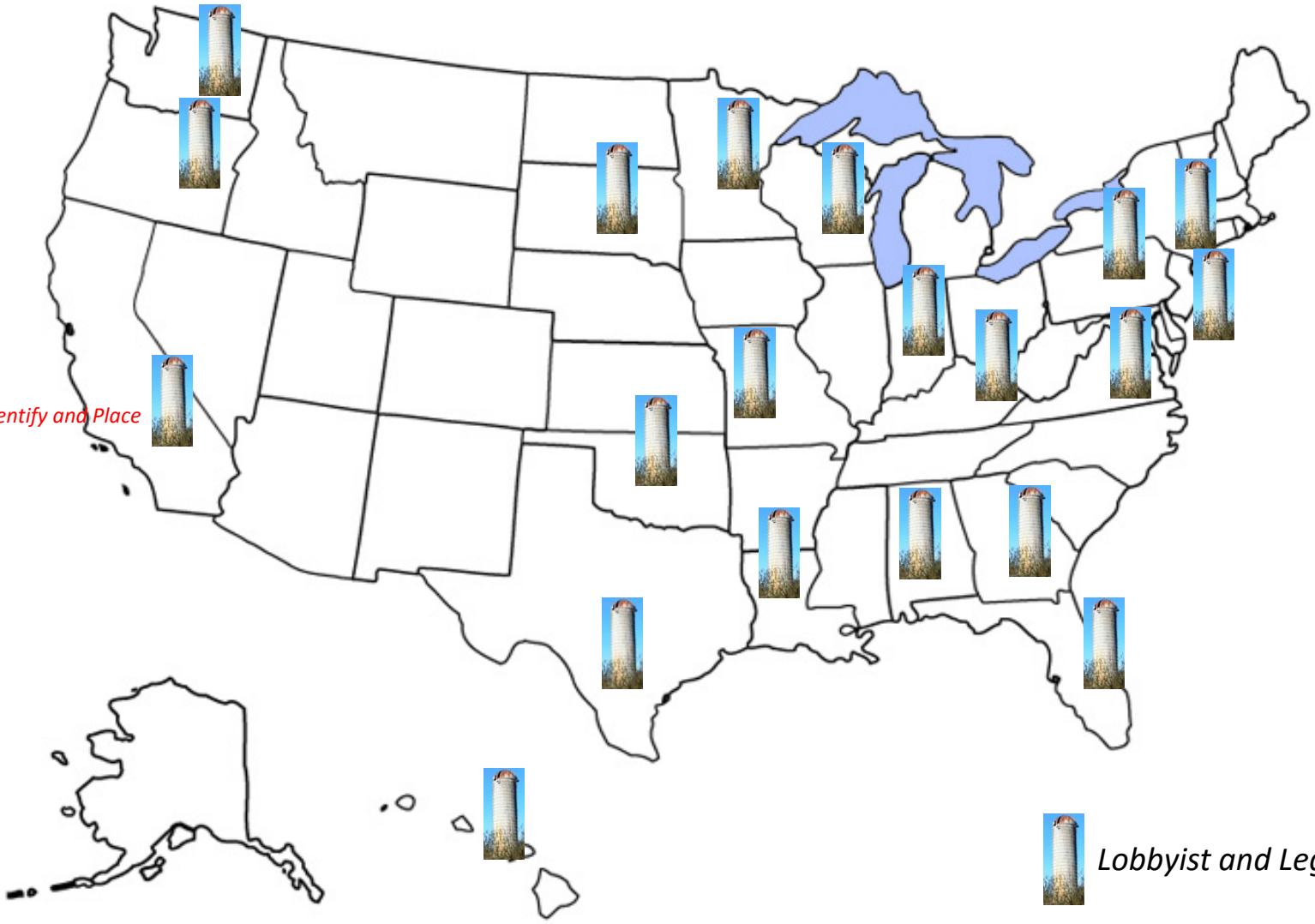


Advocacy

Strategies -

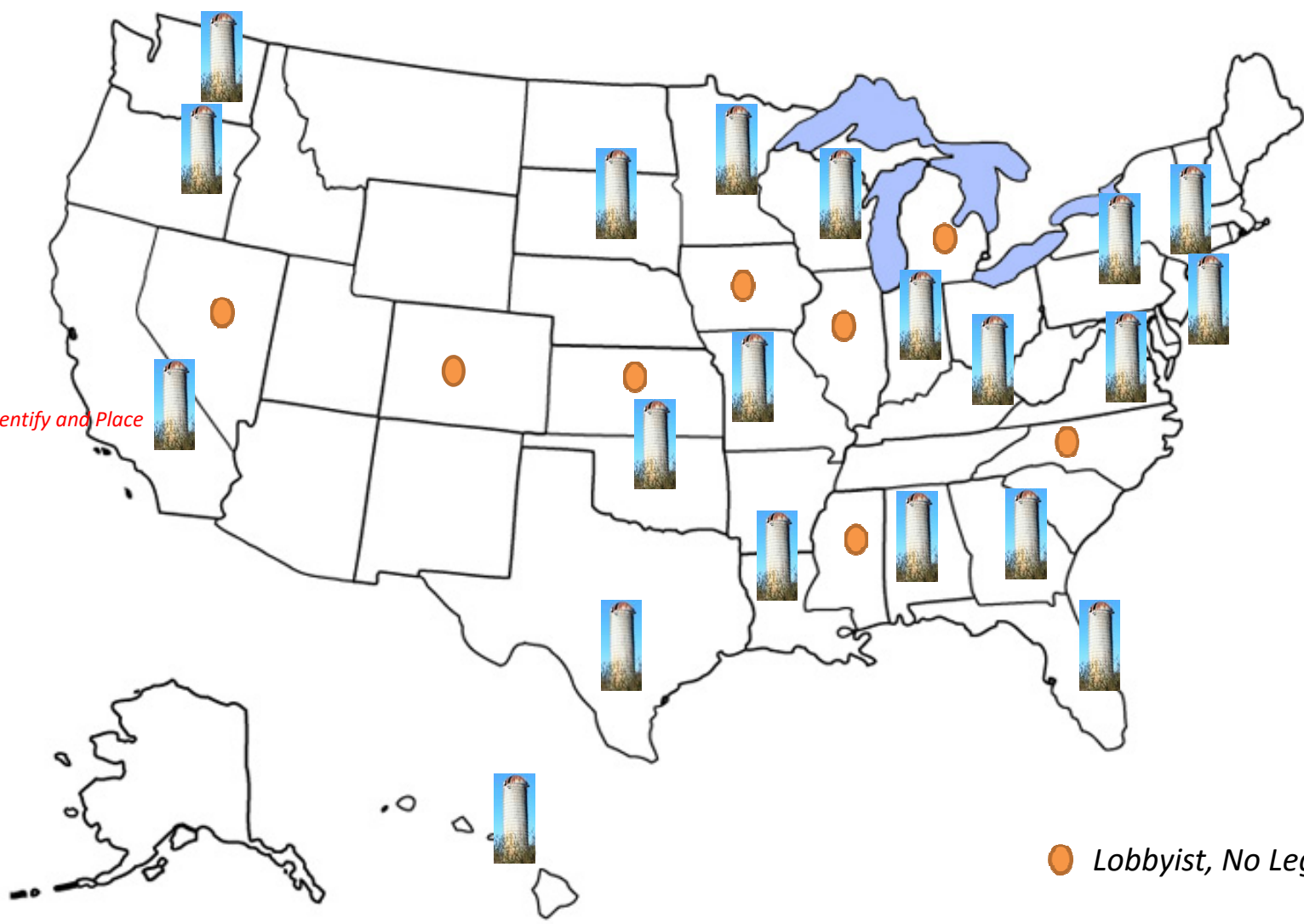
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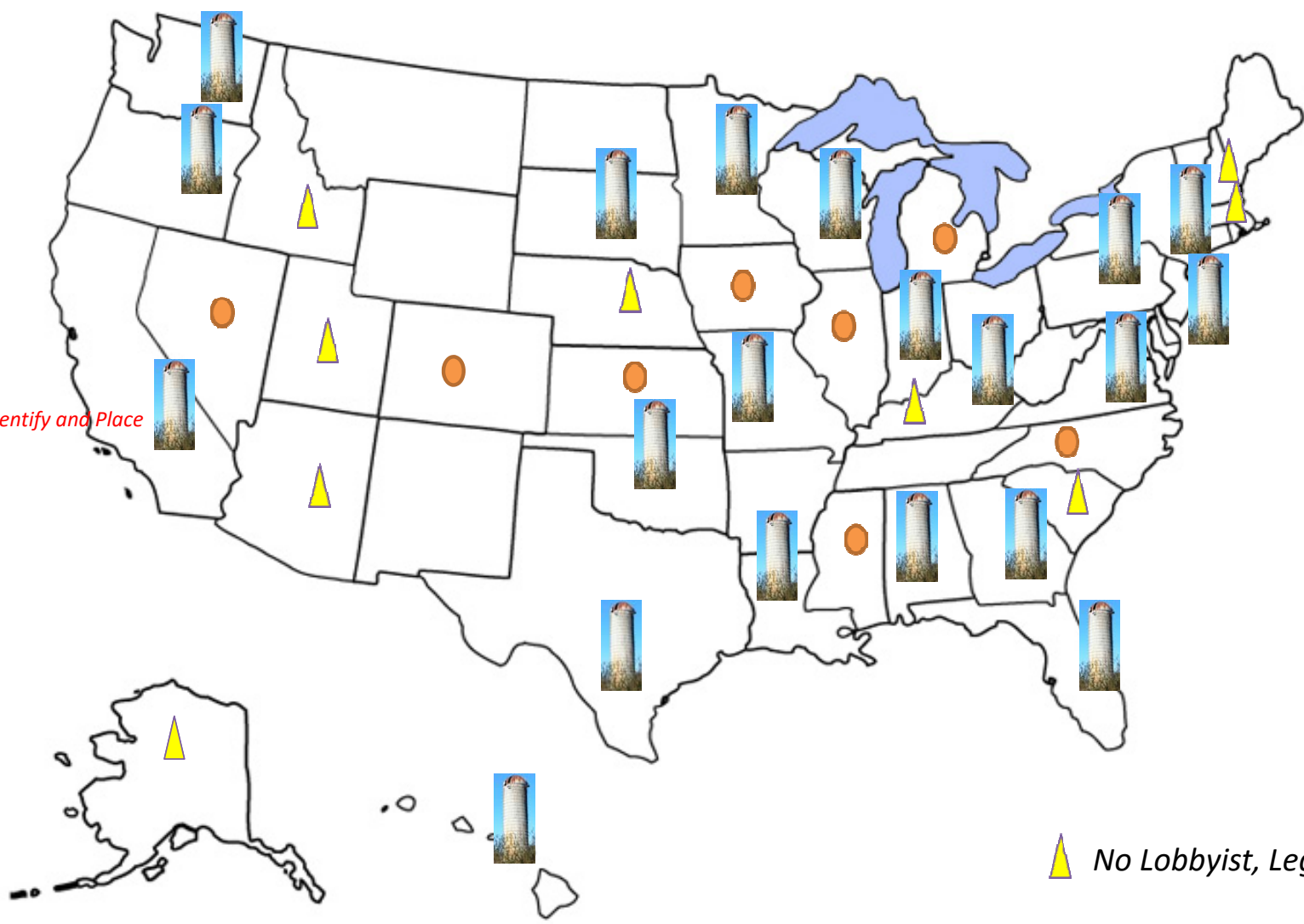
Identify and Place

Lobbyist and Legislative Chair




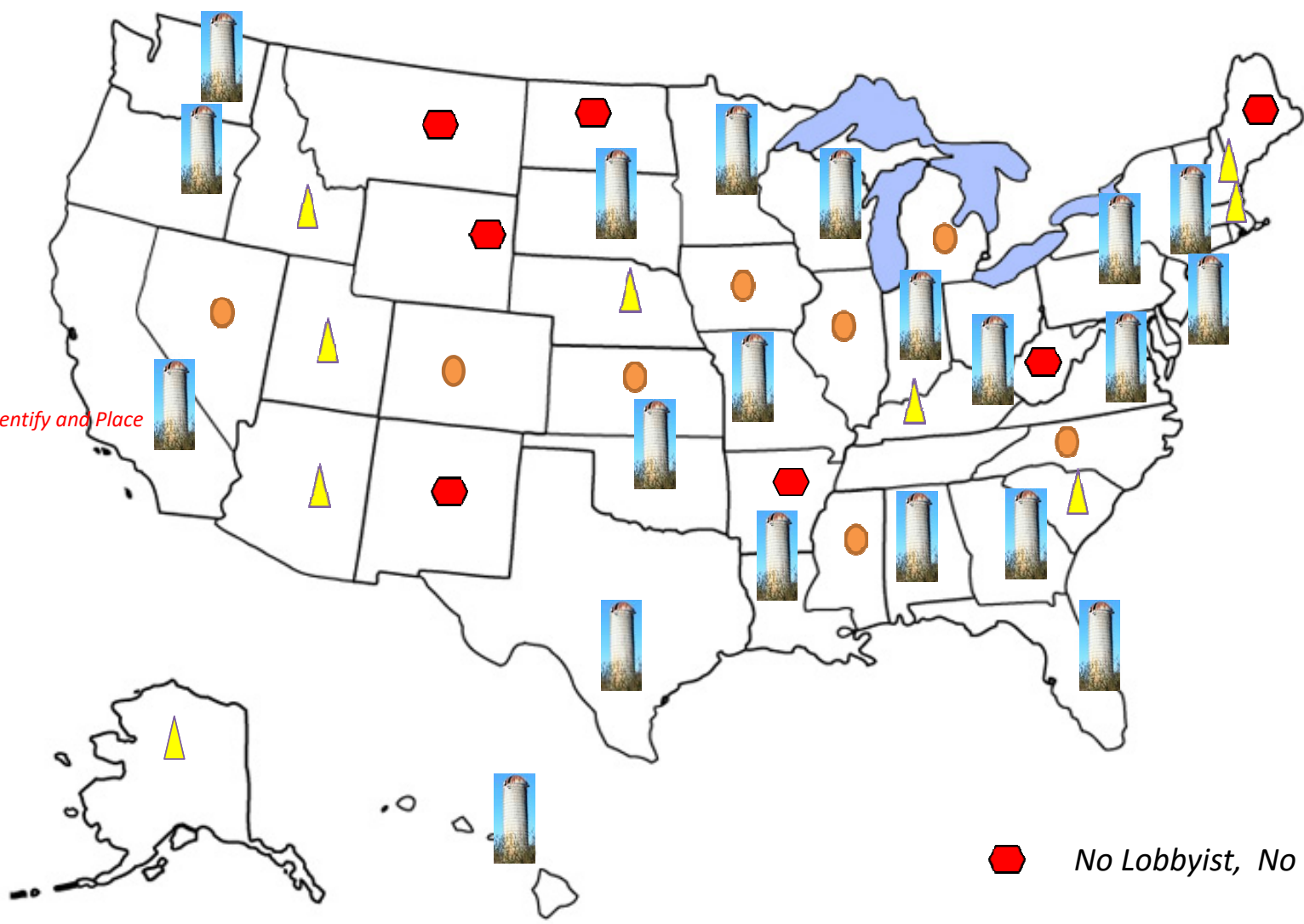
Identify and Place

● Lobbyist, No Legislative Chair




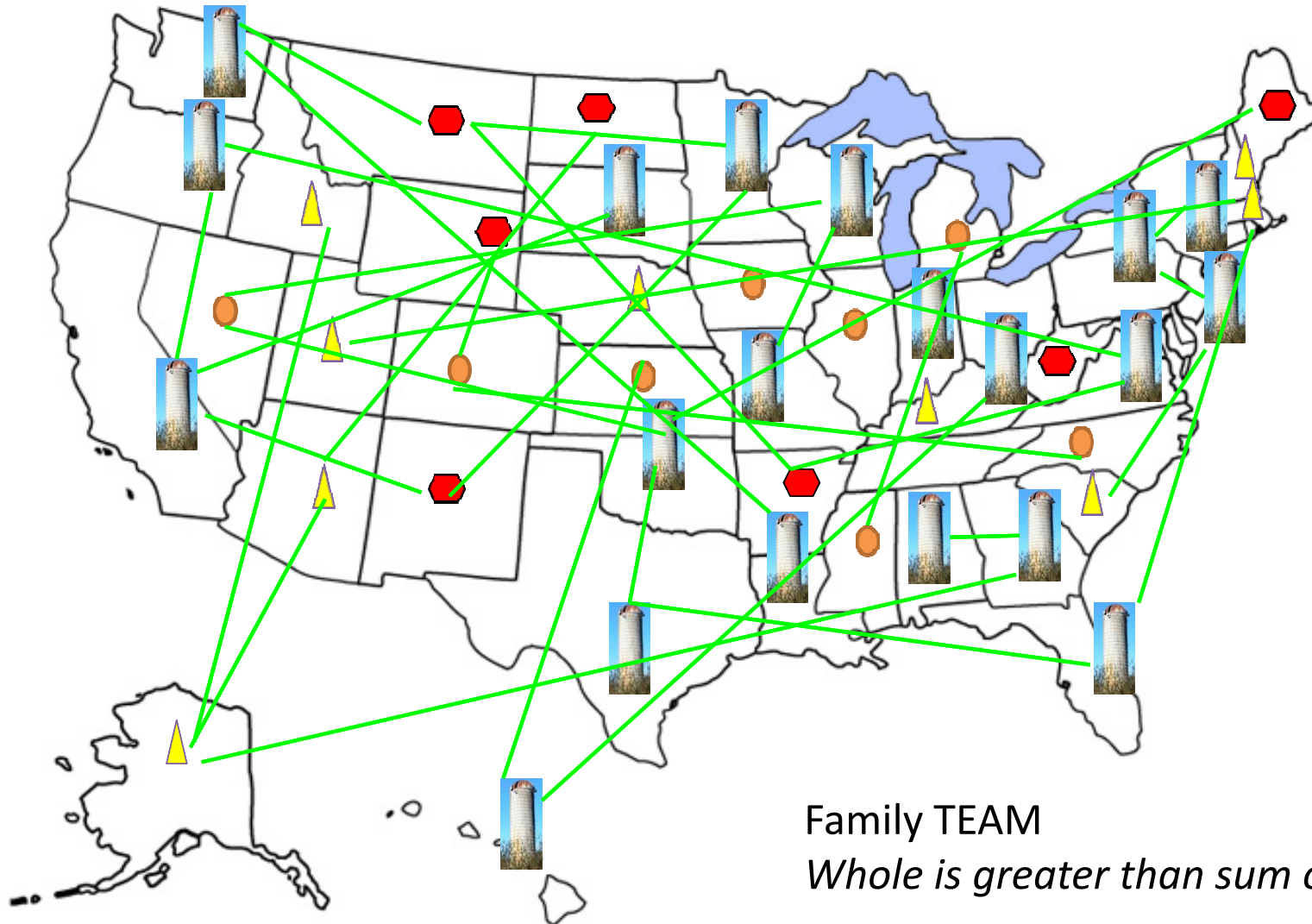
Identify and Place

 No Lobbyist, Legislative Chair



Identify and Place

 No Lobbyist, No Legislative Chair



Family TEAM

Whole is greater than sum of the parts.

Advocacy

Who is Legislative Chair?

Do you have a Legislative Committee?

Lobbyist answering to the Leg Comm or acting entirely independent with little oversight.

Is advocacy dependent upon a single person or a process for engaging members?

Do you have a PAC or money specifically earmarked for advocacy efforts?

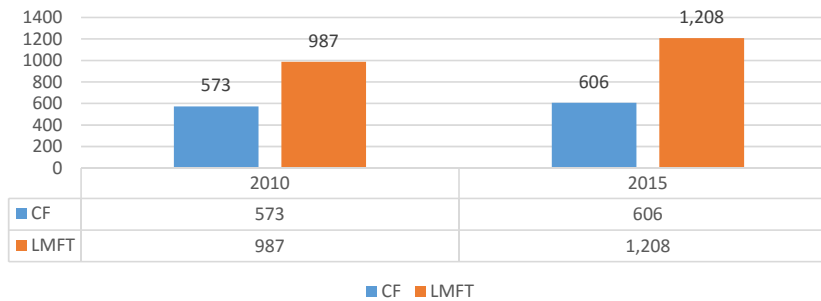
Finances

Finances

- 29 Divisions engaged in deficit spending with the average of \$9,416.00 of deficit
- **15 Divisions** had two years of deficit spending
- ASAE benchmark of .85 Operating Ratio has not been met by 28 Divisions

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Change Total	Change %
All Members	941	925	944	957	1,020	1,039	1,072	1,022	1,066	1,046	105	11.16%
Clinical Fellow	551	553	557	566	573	597	584	566	589	606	55	9.98
Member	0	0	0	0	0	0	0	3	2	1	1	-
Pre-Clinical	108	100	112	107	108	105	106	104	137	140	32	29.63%
Associate	0	0	0	0	0	0	0	0	0	0	0	-
Student	227	221	230	230	288	295	341	315	315	279	52	22.91%
Affiliate	55	51	45	54	51	42	41	34	23	20	-35	-63.64%

Penetration Rates
LMFTs v AAMFT CF
2010 58.05%
2015 50.17%



Retirement
27.29% are 65+



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Change Total	Change %
All Members	941	925	944	957	1,020	1,039	1,072	1,022	1,066	1,046	105	11.16%
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Affiliate	55	51	45	54	51	42	41	34	23	20	-35	-63.64%

ROI or Cost?

Gain 9 CFs at say (easy math) \$100/member
= \$900

OR

\$42,841/9 = \$4,760.11 cost to get those members (CFs) or
\$6,068.71 to get seven total members

2011	2012	2013	2014	2015	Change Total
95,770.56	63,508.00	69,636.55	81,476.87	52,929.14	-42,841.42

Total Reserves/Annual = .51 years (Target should be .85)

Division X
 Increase of 155 CFs over 5
 years
\$80 per CF
 = \$12,400

OR

Decrease in reserves over
 5 years
-\$17,116 divided by 155
 CFs
 = \$110 cost to gain each
 fellow
 = \$30 loss per CF

Division Y
 Increase of 13 CFs over 5
 years
\$130 per CF
 = \$1,690

OR

Decrease in reserves over
 5 years
-\$2,886 divided by 13 CFs
 = \$222 cost to gain each
 fellow
 = \$92 loss per CF

Engagement Variables

Conference

- 200 members
- 10% engagement = 20 attendees
- 30% engagement = 60 attendees

Advocacy Rates

- How many volunteers for legislative activities?
- Are they the same people every year?
- Is advocacy “person” or “position” dependent?

Enews

33% open rate



Leadership

- Contested elections
- Term limits or repeat leaders
- People or volunteer driven
- Committee positions – new leaders developed or person dependent

Review

- Worksheet
- Flow Chart

Option: Dissolve and Focus on Family TEAM

1. Information and documentation gathering
 - A. Work with divisional board in gathering facts and projection of trends;
 - B. Get legalities clarified with state;
 - C. Understand all legal and financial obligation;
 - D. Identify legislative committee.
2. Plan development
 - A. Work with AAMFT to plan and finalize all necessary steps;
 - B. Identify engagement events and type of engagement (conference, advocacy);**
 - C. Clearly identify why a geographic interest network is not being created and communicate to members;
 - D. If needed, hold vote among members for dissolution;
 - E. Engage legislative committee.
3. Plan Execution
 - A. After all financial and legal obligations are met, transfer any remaining; funds to AAMFT who will hold all funds EXCLUSIVELY FOR THE STATE and any advocacy or engagement needs;
 - B. Legislative committee begins work within the Family TEAM.
 - C. Use of PPF fundraising events, state specific, and non-members helping to lift the burden of advocacy**

Option: Interest Network – Geographic

1. Research and Planning
 - A. Creating a business brief which includes mission statement, balanced budget, and management of the network;
 - B. Plan for 25% fee in year two;
 - C. 3 year launch timeline of goals and growth strategies;
 - D. Planned engagement activities; **work with AAMFT to identify successful strategies**
 - E. Leadership structure identified.
2. Application

Open enrollment January 1 – 30, 2018, if bylaws pass. Topical interest groups April 1 – 30, 2018.
3. Recruitment

Geographic interest networks will not have minimums; topical interest networks must have 25 members to start the Network.
4. Retention
 - A. Are metrics being maintained?
 - B. Is leadership effective?
 - C. Is the balanced budget being maintained?

Want to create easy and scalable way for a sustainable network



Option: Independent Affiliation with AAMFT

1. Beginning at Division Leadership Day, examine flow chart and worksheet variables from many differing perspectives.
2. Conduct feasibility study to determine if the minimum of 350 participants (must be AAMFT members) can be achieved, what the financial obligations will be to support the independent association, identification of what benefits, separate from AAMFT will exist.
3. Build a proposed budget for launching and sustainability.
4. Understand legalities of launching an affiliate organization.
5. Submit a final business plan to AAMFT by December 30, 2017.
6. Affiliation agreement will be similar to the Charter Agreements.

Independent must operate at optimal health, **meet/strive for association best practices**, Get AAMFT branding and protection of name and dues management. Keep a functional governance structure.

Complete Independence – no ties with AAMFT

- AAMFT will not go after reserves
- Division must follow legal documents (articles, bylaws, etc.). For example, if the Board decides to go completely independent, must put it to a membership vote: going independent and funds.
- Keep in mind that members can create a competing interest network within AAMFT which will have AAMFT's support.

