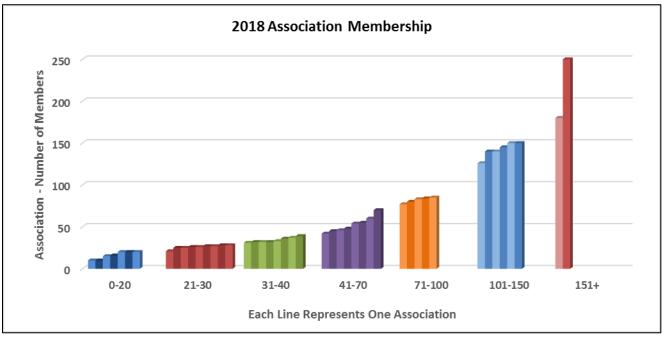
# **2018 ASSOCIATION EXECUTIVE SURVEY DATA**

The National Council conducts periodic surveys of its state and regional association members. In 2018, survey data was completed by 46 state and regional associations (representing 2,726 members—94% of the National Council's total membership). Data were collected from July 2018 through August 2018. The survey looks at association membership, eligibility, recruitment and renewals, as well as the association itself. These data are inclusive of services provided by the associations' membership, organizational diversity and political activity, budgets and the association executive director position.

# **PART 1: Association Membership**

### **Association Members**

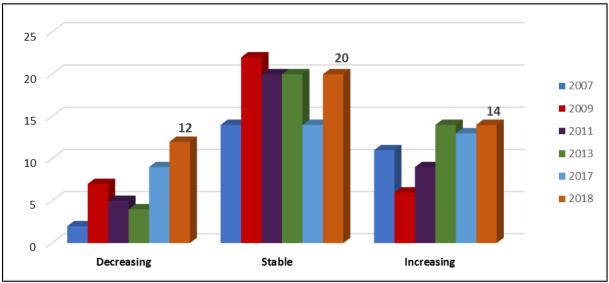
In 2018, the majority of associations have more than 30 members, and most association memberships are either stable or growing.



Respondents: 45 (98%)

Average # of Provider Members: 61 Median: 37

High: 250 provider members (**Region III**: DE, DC, MD, PA, VA, WV) Low: 10 provider members (**Region I**: CT, ME, MA, NH, RI, VT, and **Region IV**: AL, FL, GA, KY, MS, NC, SC, TN)



Historical Trends: Association Reports of Changes in Membership Size Over Time

2018 Data: 46 Respondents (100%)

# Reasons for 2018 Association Membership Changes in the Past 24 Months

## Decreasing

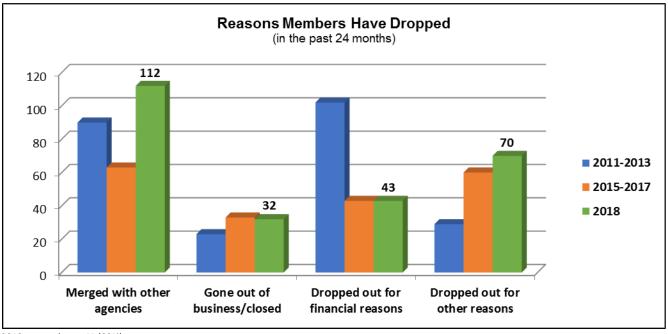
Region II: NJ, NY, PR, VI	Consolidation of members; fiscal pressure and competition	
Region III: DE, DC, MD, PA, VA, WV	Providers going out of business	
Region V: IL, IN, MI, MN, OH, WI	Consolidations; State budget instability, dues levels, competition in the space	
Region VII: IA, KS, MO, NE	Some members split to form a private corporation; mergers and acquisitions	
Region VIII: CO, MT, ND, SD, UT, WY	The state shifted to a new Medicaid delivery system for BH, so some members are no longer entities.	

#### Increasing

0		
Region III: DE, DC, MD, PA, VA, WV	Gains from smaller associations; improved marketing; concentrated	
	efforts	
Region IV: AL, FL, GA, KY, MS, NC, SC, TN	Legislative/budget issues; participation in local "join the movement"	
	campaign	
Region V: IL, IN, MI, MN, OH, WI	Continuing to add benefits, positive reputation; focus on addressing the	
	changing environment	
Decien VIII IA KS MO NE	Access to and discounts for training; Work by members and executive	
Region VII: IA, KS, MO, NE	director to recruit	
Region IX: AZ, CA, HI, NV, American Samoa, Guam,		
Northern Mariana Islands, Trust territory of the	Continuum of Care Reform	
Pacific Islands		

### **Non-Renewed Members**

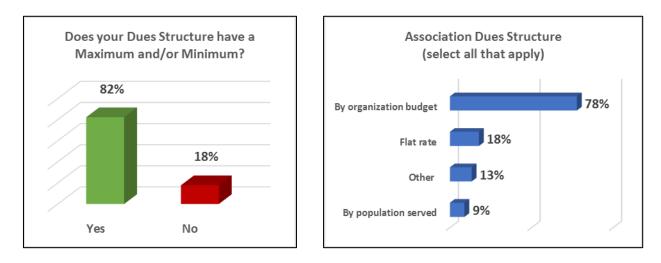
This chart represents the total number of organizations/members from all reporting associations who did not renew in the past 24 months, and why they did not renew.



2018 respondents: 41 (89%)

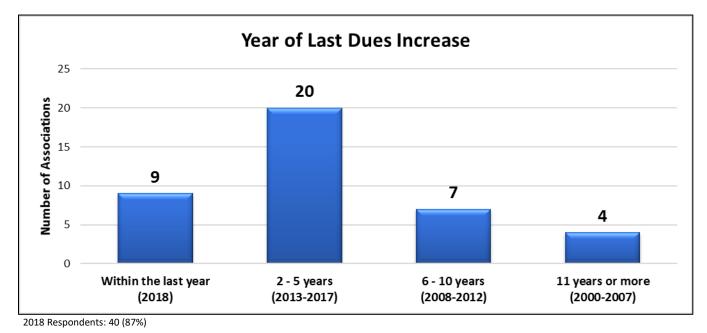
#### **Association Dues Structure**

Association membership dues structure as reported by each association, with maximum and minimum dues amounts.



Minimum dues: \$265 (Region I: CT, ME, MA, NH, RI, VT)

Maximum dues: no maximum (**Region III**: DE, DC, MD, PA, VA, WV; **Region V**: IL, IN, MI, MN, OH, WI; **Region VI**: AR, LA, NM, OK, TX; and **Region X**: AK, ID, OR, WA)



Associations were also asked about the year of their last dues increase.

# Association Operations – Association Member Composition/Services Provided

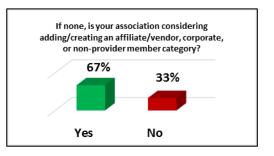
### Affiliate, Corporate, or Non-provider member category

Associations were asked if they have an affiliate, corporate, or non-provider members, and, if not, whether they are considering creating one.

Other Member Categories (select all that apply)	Proportion
Affiliate/Vendor members	59%
None	33%
Corporate Partners	30%
Other Non-Provider members	22%

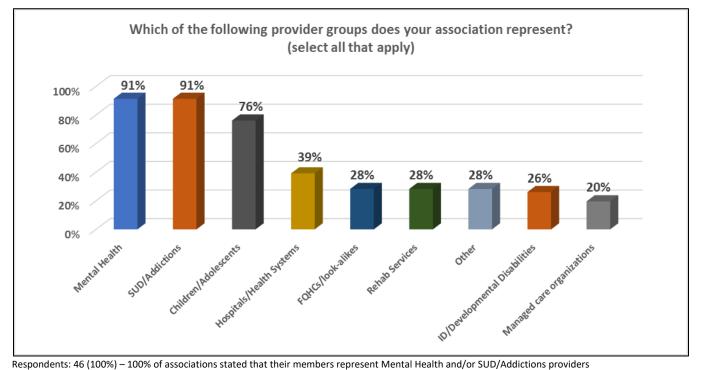
Respondents: 46 (100%)

Associations noted that they have 532 affiliate/vendor, corporate, or non-provider members.



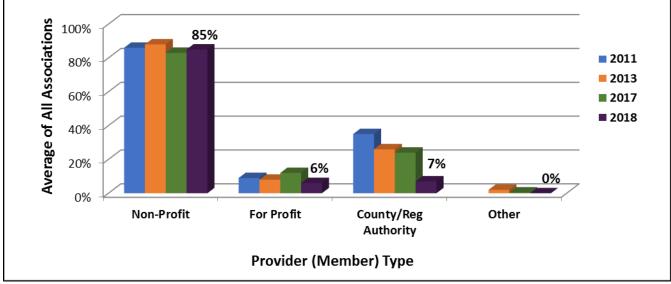
### **Associations Represented by Service Type**

This chart represents the types of providers, by service type, the associations represent.



#### Provider (Member) Type

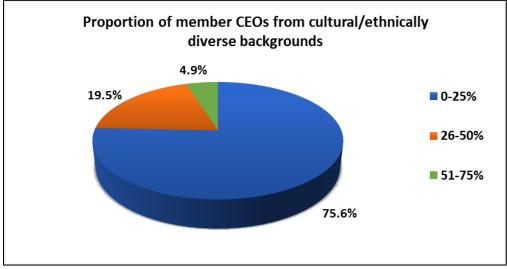
The associations were asked to report their provider (member) organizations' type (non-profit, for-profit, etc.)



2018 Respondents: 45 (98%)

#### Member/Provider Organization Leadership: CEO Diversity

This chart represents the proportion of provider member CEOs from cultural/ethnically diverse backgrounds.

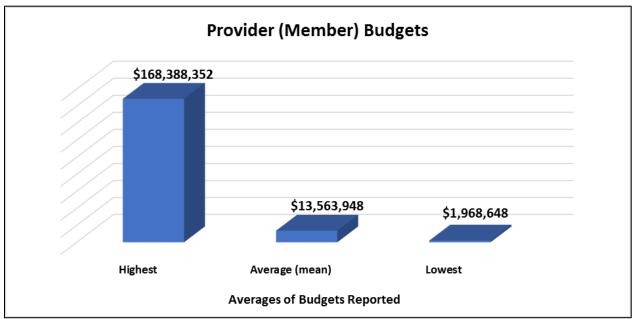


Respondents: 41 (89%)

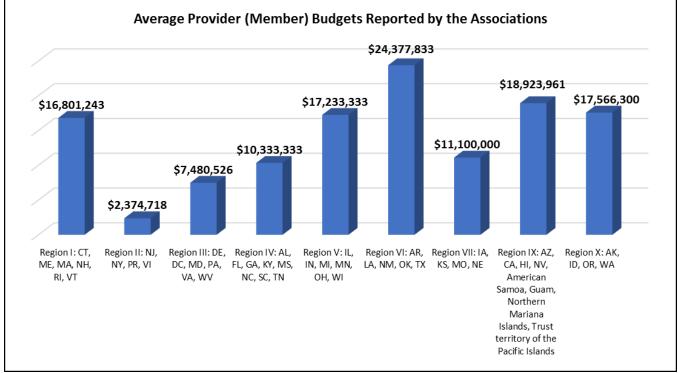
# Provider (Member) Information – Provider Organization's Budgets and Activities

### **Provider (Member) Budgets**

The associations were asked to report information about the range of budgets of their provider (member) organizations'.



Respondents: 39 (85%). One Association in Region III reported \$200,000,000 in average revenue. This data point was not included in calculations as it is an extreme outlier.

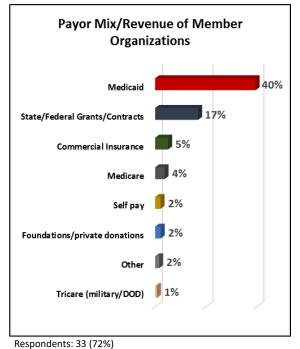


The chart below represents the average of provider (member) organization budgets, broken down by Region.

One Association in Region III reported \$200,000,000 in average revenue. This data point was not included in calculations as it is an extreme outlier. No data were provided from Associations in Region VIII.

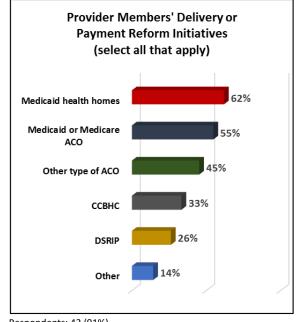
### Payor Mix/Revenue of Member Organizations

This chart represents the payor mix (% of organization revenue) for association members/provider organizations.



Participations in Delivery or Payment Reform Initiatives Associations were asked if their members/provider organizations participate in any delivery or payment reform

organizations participate in any delivery or payment reform initiatives.



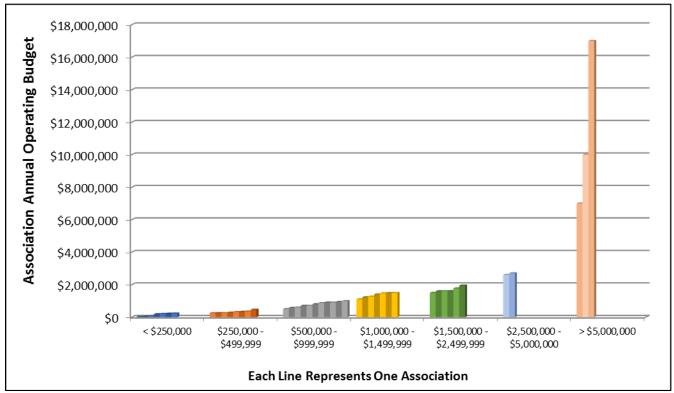
103001001103.33 (72/0)

Respondents: 42 (91%)

# **PART 2: Association Operations – Budget/Expenses**

### 2018 Association Annual Operating Budget

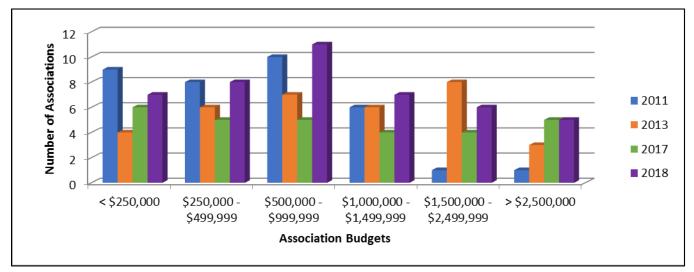
Each line represents one association. The average budget is \$1,605,548.



Respondents: 44 (96%)

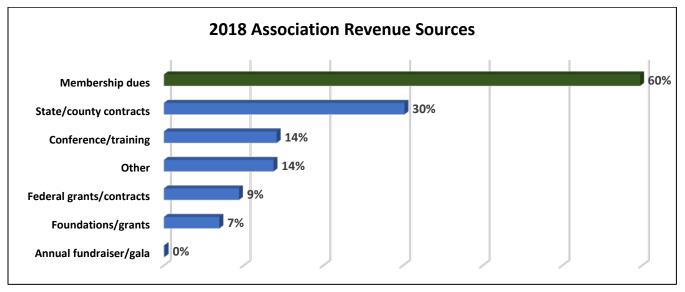
# Historical: Size of Association Budgets Growing

2018 Finding: Most associations continued to grow their budgets in 2018.



### 2018 Association Revenue Sources

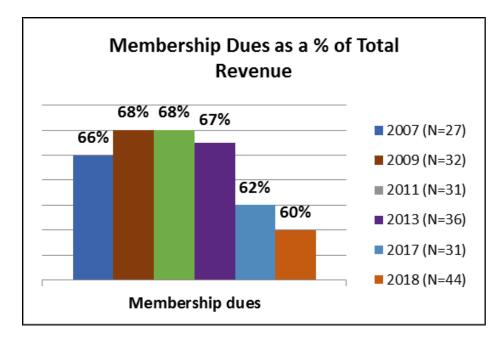
The average for all reporting association revenue source (as a percent of overall budget).



Respondents: 44 (96%)

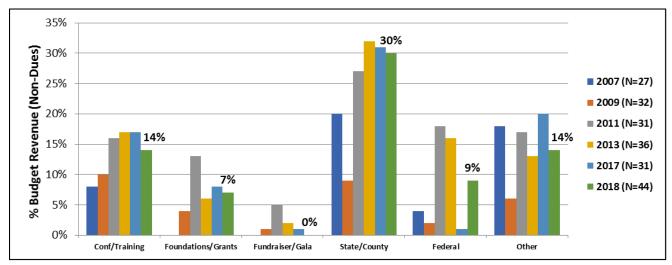
#### Historical: Member Dues as a % of Total Revenue

Calculating the average of all reporting associations (below), the percent of revenue from membership has remained relatively stable, with a slight decrease from 2007 to 2018.

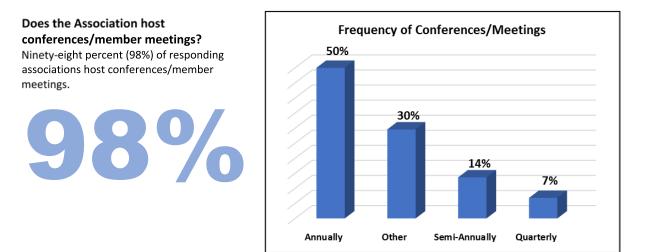


#### Historical: Association Revenue Sources as a % Total Budget (non-dues)

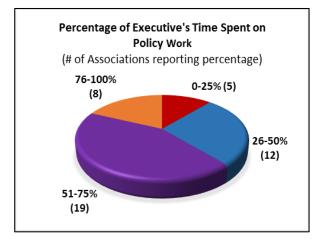
Similar to overall budget sizes, most revenue sources from non-dues revenue (as a % of total budget, and in overall reported amounts) has remained stable over time.

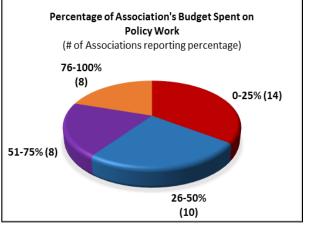


2018 data shows that associations' non-dues revenue sources slightly decreased across most categories.



# **PART 3: Association Operations – Policy/Lobbying**





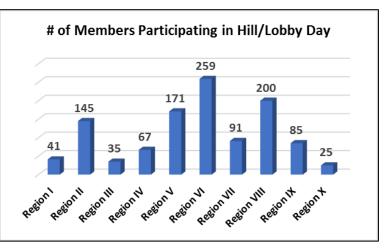
Respondents: 44 (96%)

Respondents: 40 (87%)

### State Hill/Lobby Day?

60% of associations hold a state Hill/Lobby Day.

60%

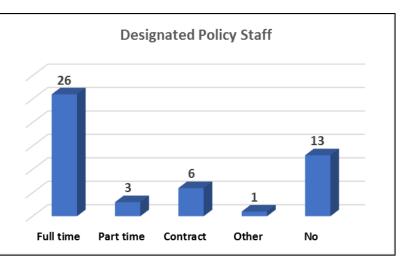


Respondents: 26 (57%) Average: 43 members/organization.

**Does the Association have a PAC?** Nineteen percent (19%) of responding associations have a PAC.



Average PAC Budget: \$21,000 High: \$45,000 Low: \$4,000



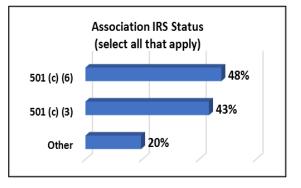
Respondents: 44 (96%)

# **PART 4: Association Operations – Association Structure**

# Association Full Time Equivalent (FTE) employees

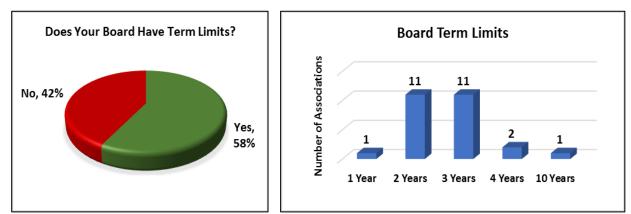
Average FTE across all associations: 5

Annual Budget	# Associations	Avg. FTEs
<\$250,000	10	0.8
\$251,000 - \$500,000	6	5.5
\$501,000 - \$750,000	4	4
\$751,000 - \$1,000,000	6	4.3
\$1,100,000 - \$1,500,000	8	6.6
\$1.510,000 - \$2,500,000	5	7.2
>\$2,500,000	5	12.8



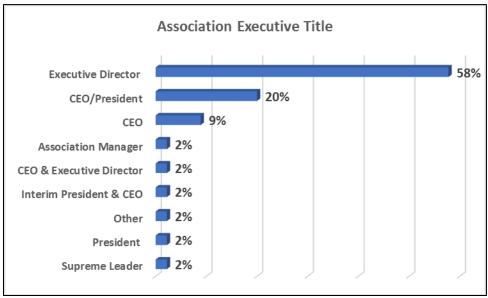
### **Association Operations – Board Terms**

More than half (58%) of associations have term limits on their board, with term limits ranging from one year to ten years.

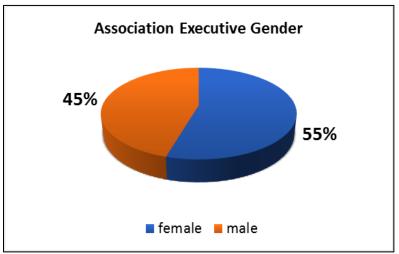


Respondents: 45 (98%)

# **PART 5: Association Executive**



Respondents: 45 (98%)

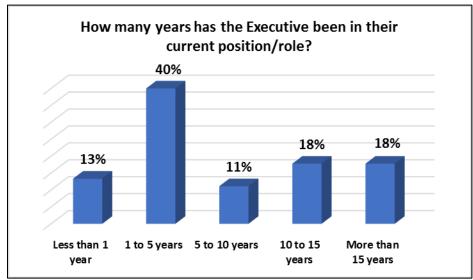


Respondents: 44 (96%)

# Does your executive have a contract with your Board of Directors?

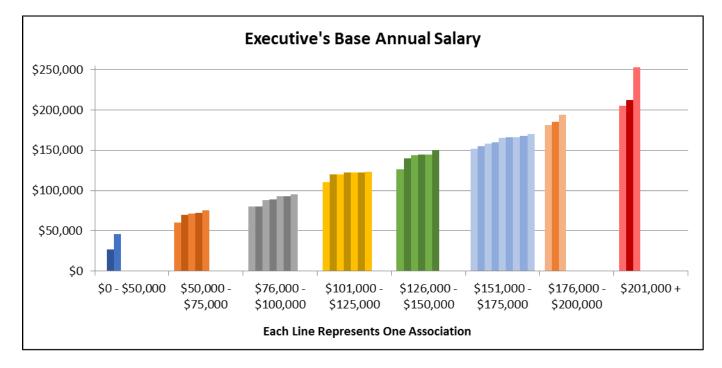
Fifty-seven percent (57%) of responding associations indicated that their executive has a contract with their Board of Directors.

57%



Respondents: 45 (98%)

## **Association Executive Salary**



The average Association Executive's reported base annual salary is **\$125,988**.

Region	Association Executive's average base annual salary
Region I: CT, ME, MA, NH, RI, VT	\$133,667
Region II: NJ, NY, PR, VI	\$127,000
Region III: DE, DC, MD, PA, VA, WV	\$83,750
Region IV: AL, FL, GA, KY, MS, NC, SC, TN	\$130,143
Region V: IL, IN, MI, MN, OH, WI	\$130,333
Region VI: AR, LA, NM, OK, TX	\$118,333
*Region VII: IA, KS, MO, NE	\$115,440
Region VIII: CO, MT, ND, SD, UT, WY	\$165,000
Region IX: AZ, CA, HI, NV, American Samoa, Guam, Northern Mariana Islands, Trust territory of the Pacific Islands	\$156,100
Region X: AK, ID, OR, WA	\$129,000

\*Data from one Association Executive was based on their part-time status. Without this individual included, the average base annual salary for Region VII is \$137,700.

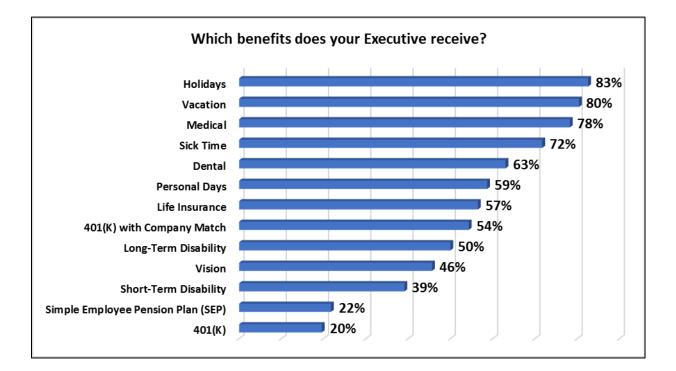
#### Is your executive eligible for a bonus?

Sixty percent (60%) of responding associations indicated that their executive is eligible for a bonus. The average bonus was seven percent (7%) of the executives salary.

60%

Is medical offered to your executive, and if so does the association cover all premiums? Fifty-five percent (55%) of responding associations indicated that their association offers medical and covers all medical premiums.

55%



# **Association Operations – Priorities Issues**

What are the top three personal leadership challenges you're dealing with as an association executive (in order of importance)?

Region	Priority #1	Priority #2	Priority #3
Region I: CT, ME, MA, NH,	Time management	Increasingly adverse relationship with administration	state advocacy
	Meeting the ongoing needs of our members	Determining if our current service array fits the needs of our members	Time
	staff compensation in time of tight budgets	balancing large and small members	Keeping up on communications technology
RI, VT	Keeping the members focused on priorities	Maintaining visibility and public image	
	working with State Administrators	developing consensus for future structure/functions (CSO)	
	Establishing a new dues structure	Expanding membership	
	Demands on time, different agendas, changing environment	Hiring the right people	Output from finance staff
Region II: NJ,	Restructuring of the company while re-engaging members	Competition from other associations	Dealing with personalities
NY, PR, VI	Multiple priorities	Board Mentorship	Capacity Building
	Board Diversity	Functioning as an "Army of one"	Competing against larger, well- staffed competing Associations
	Engaging Board		
	Staff HR related issues	Running two companies (including a spin-off MCO)	Making sure all 8 divisions feel like they are getting focus
	Time trade-offs recruiting new members versus relationships with existing members	Balancing executive/legislature tensions - How confrontational and how fast seeking results	Recruiting board to address race and equity issues while addressing skill needs
Region III: DE, DC, MD,	Balancing all information from members	Making time for communication with members	Developing advocacy plan
PA, VA, WV	Finding Continuing Education that bring value to the membership.	Finding the right Federal Contacts for different Federal Directives.	Bringing fresh energy to meetings. Excitement around new ideas and direction. Less protectionism.
	Managing member bandwidth limitations in the face of so much change	Creating array of member benefits with diverse member needs	Creating provider network
	too many priorities, too little time	managing change	effectively managing staff
Region IV: AL, FL, GA, KY, MS, NC, SC, TN	Membership	PR/Increasing awareness of MH/SUD services and value	Member reimbursement from multiple sources
	Managing Energy	Saying No	
	Developing Board Leadership	Retaining members	Succession Planning
	Program growth - managing changing priorities with a small staff and providing supervision	membership support & retention - this seems to have waned as we developed more robust advocacy goals	succession planning - developing new leaders within the org
	Increasing my focus on the strategic rather than the tactical	Managing Staff	Improving Leadership Skills

Region	Priority #1	Priority #2	Priority #3
Region V: IL, IN, MI, MN, OH, WI	Managing lofty board expectations on ability to create change	Prioritizing efforts/ projects	ED authority/ autonomy
	Expanding staff/ building staff	balancing member expectations	
	retaining staff	membership recruitment	managing email
	updating technology to support operations	Being Innovative	Addressing Members' Needs
,	Being a strong Voice for the Field	Board and Member diversity	Staffing to the priorities of the Board
	Vision and values/strategic planning		
Region VI:	broadening scope of SUD = unmanageable workload	creative ways to delegate as sole employee	communications
AR, LA, NM, OK, TX	Not enough time for considerate thought.	Not sleeping enough.	Finding time for off-grid family fun.
	revenue	members	policy
	Funding	Identifying and implementation best practices for training and education	Workforce development
Region VII:	Officer vacancies	Split of SUD providers	Leadership development
IA, KS, MO,	Company Growth	Time Management	Communication with Board
NE	Work load	Membership Recruitment/Retention	Launching an annual conference
	Staff issues		
Region VIII: CO, MT, ND, SD, UT, WY	motivating staff during market disruptions	out of the ordinary partnerships	keeping good relations with state leadership
Region IX: AZ, CA, HI,	Medicaid rates	Access to behavioral health services	Fractured county-based publicly funded behavioral health services
NV, American	Policy Challenges	Organizational Development	Building Partnerships among all involved in BH
Samoa, Guam, Northern Mariana Islands, Trust territory of the Pacific Islands	threats to providers due to change in Medicaid system	workload	preparing to retire
Region X: AK, ID, OR, WA	Timely participation from membership	A diverse and complex healthcare landscape in Oregon	Murky membership from an individual reactionary practice to a strategic association policy practice
	Successful system advocacy in a managed care environment	Advocacy for BH system structure with underpaid, insufficient workforce	Matching staff to the skills I need
	spread too thin	balancing internal and external demands	turnover in key leadership positions, both member agency leadership and state agency leadership

What are the top three operational issues you're dealing with as an association (in order of importance)?

Region	Priority #1	Priority #2	Priority #3
	budget	member maintenance	state budget cuts
Region I: CT, ME, MA, NH, RI, VT	Medicaid Managed Care re- procurement	Administrative relief	DISRIP
	determining if we should form a CSO	clarifying vision and strategy	determining if we should open membership up to SUD
	Payment from insurers	Workforce recruitment and retention	State budget allocations
	Implementation of DSRIP and Accountable Care for Medicaid program	Implementation of newly designed Department of Mental Health community program for adults with SMI	Creation of treatment programs for dually-diagnosed individuals
	Revenues	Regulations	Workload
	Office Space	Having the right team in place	
Region II: NJ,	Insufficient finances	Insufficient staff	Multiple priorities
NY, PR, VI	capacity building	data collection	
	Building Revenue	Attracting Members/Marketing	Competing with larger State Associations
	Value-Based Purchasing	Mergers and Acquisitions	Providers staff compensation, recruitment, and retention
Region III:	Concern about declining membership impact on dues	Concern about non-dues revenue	Inability to effectively build technology infrastructure to support members
DE, DC, MD, PA, VA, WV	Communication between members	Increasing membership	Advocacy plan
	Keeping up in a changing environment	Member engagement / participation	Providing value to new executives
	Committee/member meeting structure	Merger with SUD association	Retirement of member CEOs
	Membership management software	Securing competent workforce	Project management
	Reimbursement/Legislative Budget	Medicaid Policy	State funded services Policy
Region IV: AL, FL, GA,	Empower members to be more effective clinicians and providers through education	Organize members to advocate for themselves and those they serve	Eliminate stigma surrounding substance use disorder
KY, MS, NC,	MAT / Telehealth Expansion	DAODAS funding / legislative funding	Marijuana Legislation
SC, TN	Budget	Membership	Leadership
	Increasing demands on Association for networking, collaboration - time management	Increasing for profit membership - but this also remains controversial in a mostly non-profit agency Association	supporting emerging leaders
Region V: IL, IN, MI, MN, OH, WI	Increasing Non-Dues Revenue	Improve Technology Capabilities	Finding the relevant and appropriate product to offer members
	L		Legislative Efforts

Region	Priority #1	Priority #2	Priority #3
	Workforce Challenges	Poor MCE business practices	Rate Reform
	Staffing	Infrastructure	Membership/ advancement
	changing healthcare environment / privatization	increasing technology	
	building a prudent operational reserve	reasonable compensation and benefits in line with industry standards	member database
	Declining Membership	Board Diversity	Identity
	additional staff!!!	membership increase/revenue	sustainability
Region VI: AR, LA, NM, OK, TX	State agency disarray	End of DSRIP/CCBHC development	Inadequately funded IDD, ECI programs
UK, 1A	revenue	members	policy issues
	Funding	Managed care/value-based purchasing strategies	Workforce shortage
Region VII: IA, KS, MO,	Funding for uninsured	Membership recruitment	Changing the State Assessment instrument
NE	CCBHC & PPS	Tight State Budget	Managed Care
	Behavioral Health Funding	Managed Care/Risk Based Payments	Data Collection
	Closing division / laying off staff	Moving offices	
Region VIII: CO, MT, ND, SD, UT, WY	orienting new members	creating a new fiscal year budget	downsizing office space
Region IX: AZ, CA, HI,	Retirement	Disparity of interest of member agencies	Retirement
NV,	Workforce Development	Crisis Care for Adults and Children	Chart Notes/Paperwork Reduction
American Samoa, Guam, Northern Mariana Islands, Trust territory of the Pacific Islands	Threat to provider income from change in systems	Complexity of issues in BH	Staff demands
Region X: AK, ID, OR, WA	Infrastructure needs in office	Infrastructure needs for communications, web, etc.	Funding stream
	Benefits management and costs for small organization	Biggest issues are really system policy-related	Getting members' attention on key issues - too much information and email
	increasing administrative complexity with small staff	proliferation of system change processes requiring participation/representation with small staff	

### What's been helpful to you at past retreats?

- 1. Learning from other states and associations
- 2. Discussions and dialogue with peers
- 3. Networking

Concrete, how-to success stories from other associations - not what they did, but how they did it; Hearing from other AE's on what they are doing, challenges they are or have faced and how they handled them; Discussion with peers on issues and solutions they have experienced; Hearing from other Association Executives as to problems and solutions.

Discussion of funding challenges across states and discussion of policy and practice initiatives both at the association and provider levels

Discussions about the top issues facing the system, learning about how to run an association, spending time with my peers

How other associations are managing changes in their environments

Informal conversations with peers from across the country

Interacting with colleagues, updates on national trends

Learning about trends in the field and Association management through peers

Networking and sharing ideas- formally and informally

Sharing ideas and building relationships with other executives.

sharing of state challenges and successes

Time in conversation with other execs about key current challenges running associations and addressing policy issues