



*Educate - Advocate - Endorse - Diversify*

MICHIGAN ASSOCIATION FOR INFANT MENTAL HEALTH  
Five-Year Business Plan  
Beginning June, 2007

## Table of Contents

1	Executive Summary	3
2	Mission and Purpose of the Association	5
3	The Business of the Association	5
	3.1 Description of the Association	6
	3.2 Products and Services Offered	11
	3.3 Governance and Management	12
	3.4 Legal Considerations	
4	Marketing	13
	4.1 Target Markets	13
	4.2 Competition	13
	4.3 Pricing	13
	4.4 Trends	14
5	Financial Summary	14
	5.1 Projected Five-year budget	16
	5.2 Balance sheet	16
	5.3 Appendix A	17
	5.4 Appendix B	19

## 1 Executive Summary

“If you want to grow as a professional and a human being and you care for infants, this is the place you need to be.” (Karol Wilson)

The Michigan Association for Infant Mental Health (MI-AIMH) is at a crossroads. It has served its membership well by being an excellent resource for education, information, advocacy, and networking for the past 30 years. The association has made extraordinary progress – especially given that until recently, it was staffed primarily by volunteers. The strength of the association has been its core group of volunteer leaders. Its membership is representative of practitioners from multiple disciplines, educators, policy leaders and researchers who work in a variety of ways to promote infant mental health.

MI-AIMH has been and continues to be a leader in the field of infant mental health. Major contributions to the development of the field include:

- a first rate annual/biennial conference, state and regional in-service trainings, clinical retreats, reflective supervision groups and many other educational opportunities,
- publications, which not only support the clinical and research side of the infant mental health field, but also include information useful to a broad range of professionals working from a relationship perspective with infants, toddlers and their families in a variety of settings,
- chapters throughout the state to support the goals of education and networking,
- learning tools, e.g. Baby Stages and Preschool Stages, to support professionals working with infants, toddlers and families; caregivers; and parents, and
- professional development standards for best practice via an endorsement process of benefit to MI-AIMH members, other infant and family professionals in Michigan and practitioners across disciplines in other states.

These are extraordinary contributions for members and non-members who have a commitment to social and emotional health. However, in spite of these benefits, MIAIMH faces major challenges in recruiting and diversifying its membership. Some of the reasons may include the following: significant cuts in state funding for prevention programs; reduction in the numbers of infant mental health positions in Community Mental Health programs across the state; reduction in funding for educational opportunities for the infant and family work force; insufficient numbers of minority members to encourage more minority involvement; possible perception of non-members about organizational disinterest in diversifying; increased pressure to provide services to families; and limited time available to volunteer.

These and other challenges are highlighted throughout this Business Plan. How MI-AIMH meets these challenges will be largely determined by the association’s willingness to recognize these changes and think creatively about solutions. Goals are established

to move MI-AIMH into a significant leadership position nationally. Many of these goals have been identified and are incorporated into every section of the plan.

The Executive Director recommends the following priority actions:

- **Governance:** Re-examine the governance structure of the association to re-balance the tasks carried out by volunteer members and those carried out by paid staff. Included should be a review of organizational priorities, board positions, committee functions, chapter organization and the roles of the executive office and management.
- **Membership:** Assemble a committee of the board to examine membership benefits and determine how to expand membership by broadening and diversifying the membership pool.
- **Marketing:** Conduct a full communications and marketing audit to determine audiences beyond IMH professionals who might benefit from the resources available, decide which materials need updating, and create a plan to broadly market publications and wheels.
- **Professional Development through Endorsement:** Develop new marketing strategies to increase applications for endorsement in Michigan at all levels of competency.
- **Diversity in Action:** Develop strategies to successfully realize the vision of interweaving concepts of diversity and culturally-sensitive practice into each committee and working group within MI-AIMH.
- **National Leadership:** Set goal to license endorsement to at least three new states per year; examine staffing needs to sustain the endorsement system beyond Michigan (training, test development, item rotation, marketing); and establish a League of USA affiliates who purchase a license to use the endorsement for information exchange, networking and advancement of the infant mental health field.

When these priority steps are completed and revenue projections are developed, a full staffing plan will be drafted to assure that the appropriate level of staffing is in place to meet the goal of expanding the membership and extending the leadership role of the organization in Michigan, nationally and internationally.

## **2 Mission and Purpose of the Association**

The mission of the Michigan Association for Infant Mental Health (MI-AIMH) is to promote and support nurturing relationships for all infants. To support this mission, MI-AIMH was formed for the following purposes<sup>1</sup>:

- To provide an interdisciplinary infant mental health organization that facilitates, supports and encourages cooperation, coordination and collaboration among those concerned with promoting the optimal development of infants and families;
- To provide a forum for interaction and study among mental health, public health, education and social services professionals and others regarding scientific, educational, and clinical relationship-based work with infants and their caregivers;
- To explore and promote the application of infant mental health principles for services to infants, toddlers and their families; and
- To undertake to publish educational newsletters, journals and other materials which promote an increased understanding of infant mental health issues or which are otherwise consistent with the purposes of the association.

The Board of Directors has established a Strategic Plan focusing on the following priorities:

- 1) Training, clinical issues and professional education
- 2) Infant-family advocacy on social issues and social policy
- 3) Membership enhancement
- 4) Public relations
- 5) Fiscal planning

## **3 The Business of the Association**

### **3.1 Description of the Association**

MI-AIMH was formed in 1977 to promote the development of infants and their families. It has built an organization recognized for its unique place as the only association in Michigan devoted exclusively to infant mental health (IMH).

The association established a central office in 1980, with minimal part-time staffing. The current association is located in Southgate, utilizing space in The Guidance Center. The staff consists of the Executive Director, who is employed at the level of four days a week, and a full-time administrative assistant. MI-AIMH has developed myriad publications, products and services using volunteers and some paid consultants. MI-AIMH has a goal of expanding the association and understands this goal requires a transition from an exclusively volunteer organization to one that balances volunteer support with paid professional staff.

MI-AIMH provides for the establishment of chapters and offers chapter guidelines on formal processes, membership recruitment, financial management, budget preparation, legal issues and various options. Members of chapters are required to

---

<sup>1</sup> The mission and purposes are excerpted from the Corporate Bylaws of MI-AIMH adopted May 1999.

join MI-AIMH. Twelve percent of the dues paid by the members to MI-AIMH is returned to the chapter to support chapter activities. Chapters elect a representative to actively participate as a voting member of the MI-AIMH Board of Directors.

### **3.2 Products and Services Offered**

MI-AIMH offers products and services under the following four broad categories: 1) membership, 2) training, 3) endorsement, and 4) publications/information/resources.

After a brief description, challenges are outlined and goals are defined.

**Membership** – Established in 1977, MI-AIMH was the first statewide IMH association in the country. Its leadership helped to establish the World Association for Infant Mental Health (WAIMH) which remains a significant leader in the field. Every state association is affiliated with WAIMH, creating an international network for communication and advancement of the infant mental health community. There is currently no USA affiliate.

Individual membership in MI-AIMH currently costs \$60 annually or \$100 for two years. Every member receives a complimentary membership to one local chapter. Additional chapter affiliations are \$5 each. There are special rates for students, retirees and sustaining members. MI-AIMH has a special organizational membership for \$500, which includes benefits for five staff members from the organization. An additional \$60 secures membership in WAIMH. Membership applications ask about interest in committee service. Recruiting and retaining members remains a challenge. Membership peaks at about 450 members during conference registration because membership is included in the conference price. The decision to move to a biennial conference has adversely affected membership renewal.

MI-AIMH sends \$8 of the dues to the local chapters to help support their activities, which are essentially networking and training. Chapters range from very active to non-active. Chapters are included in the governance structure of MI-AIMH.

Membership benefits include discounts on training and publications, endorsement opportunity, and networking opportunities through involvement with MI-AIMH and/or local chapters. MI-AIMH works in the public policy arena advocating for IMH issues, but this is not a well-known or understood benefit among members.

#### Challenges:

- IMH professionals do not necessarily recognize the benefits of membership.
- Achieving a more diverse membership – race, culture and gender, as well as professional diversity – remains a challenge and is key to our future.
- Chapters are not intimately connected to the state association.

- Membership marketing is considered to be weak.

Goals:

- Grow the membership by 10-20% annually among IMH practitioners and professionals in the infant and family field.
- Review membership materials and determine marketing strategies.
- Continue to pursue a more diverse membership. Diversity fellowship opportunities and student liaisons are important strategies and should be expanded in the coming years. Membership efforts should target the child welfare workforce, at the administrative and service provider levels, identifying benefits of membership for this group and the committee should develop a targeted brochure.
- Diversify the membership by marketing to health care professionals, educators, social workers, and child care providers. Examine the membership structure to address the needs of these affiliated professions. Targeting supervisory and administrative professionals would more powerfully impact change.
- Expand organizational memberships each year. Further development of the concept will be useful. When an organization is a member, it provides encouragement for new staff members to be involved.
- Examine chapter/state division of responsibilities in order to better and more efficiently serve members.

**Training** – MI-AIMH is recognized for its excellent training – particularly the breadth and depth of its biennial conference (changed from annual to biennial in 2003). The conference historically attracted 350-500 attendees for three days. The conference offers networking opportunities, awards presentations, plenary sessions featuring distinguished speakers within the profession, and workshops presented by members of the association. The conference is priced to include the purchase of a one-year membership. Other fee income from the biennial conference is a small rental fee for 15-20 exhibitors.

Other major training opportunities include reflective supervision groups (meeting once a month over 10 months) planned in partnership with chapters across the state, topical workshops (which can be used for CEU's or university credit), a professional development series (offered in partnership with other organizations or chapters), and clinical retreats (planned in partnership with chapters to offer opportunities for reflection and clinical support).

Expenses associated with the conference include meals and meeting facilities; speaker fees, transportation and hotel expenses for keynote addresses and invited guests, materials, support for a conference coordinator who works with the volunteer committee, and a fee paid to the University of Michigan to provide the

administrative staffing for registration. The conference financially has been close to break-even.

Challenges:

- Budget cuts mean agencies/organizations cannot afford to pay staff to attend trainings and conferences.
- Increased demand for productivity in many agencies/organizations means that members cannot get release time to present or attend trainings and conferences.
- Michigan is an increasingly diverse state. Our training and conference plans as well as content must reflect the value and consideration of culture as a significant influence upon family life, relationships, beliefs and ways of interacting. This is important for understanding families with whom we work and understanding the impact of our own cultural lenses.

Goals:

- Continually examine conference logistics (days of the week, location) and fee structure to best serve current membership needs.
- Offer trainings related to cultural, racial and language differences, to help members better serve a more diverse cliental.
- It is important to remember that everyone is diverse, not just those with perceived minority status.
- Committees should be formed to insure that all material presented at trainings or conferences reflect and value diversity. This does not mean that discussion regarding diversity is to be included in every workshop, but the material, for example, videotapes, case presentations and literature, should be inclusive of the various ways in which diversity exists. The material should also be balanced so that participants will not be able to make assumptions that interventions, including infant mental health and its principles, can only be effective within certain populations.
- More reflective opportunities related to appreciating our cultural diversity, respecting differences and offering supports to better understand and address issues impacted by culture, language and diversity are needed.

**Endorsement** – MI-AIMH has assumed national leadership by establishing the system of Endorsement for Culturally Sensitive, Relationship-Focused Practice. MI-AIMH developed the standards and process beginning in 1997 and launched the professional development system in Michigan in 2003. Endorsement is available at four levels (total current fees for Michigan are in parentheses):

- Level 1 – Infant Family Associate (\$40)
- Level 2 – Infant Family Specialist (\$65)
- Level 3 – Infant Mental Health Specialist (\$225)
- Level 4 – Infant Mental Health Mentor (\$325)

The levels require increasing educational achievement, work experience, reflective supervision experiences (levels 2-4) and in-service training specific to social and emotional well-being during pregnancy and in the first years of life. The prerequisites include membership in MI-AIMH or another IMH professional association, the required training/education/supervision, and the appropriate work experience. Candidates for endorsement at every level must complete a portfolio which documents their achievements and qualifications. Applications and portfolios can be submitted at any time. Levels 3 and 4 require passing a written examination administered twice annually. Appendix A is a copy of the MI-AIMH brochure detailing the requirements for each level. Maintaining the endorsement requires 15 hours of training annually.

In Michigan, as of March 15, 2007, the numbers of people endorsed are: Level 1 – 8; Level 2 – 31; Level 3 – 23; Level 4 – 38; Total – 100. In addition to the fees received for the endorsement process, MI-AIMH sells a publication called MI-AIMH Endorsement Competencies – 2003 for \$20 per copy. These competencies are being used as best practice standards in many other states.

A significant potential income stream for MI-AIMH is the licensing of the system to other states and associated consulting fees to train those administering the system in those states. Initial licensing is \$15,000 for three years use of the system and its updated examinations. Initial implementation requires a \$4000 consulting fees for two people for two days (and travel expenses) to train local practitioners/administrators who will have responsibility for the endorsement process in their states. After three years, licensees pay \$1000 a year to renew the license and \$1000, as needed, for the test.

Expenses associated with the system include paid staff to administer the system in Michigan and out of state, consulting fees for test development, plus volunteers for proctoring and scoring. The examination consists of multiple choice questions (scored by paid staff) and essays. Each essay examination is scored by two people, including paid staff and volunteers (a third individual scores only if the first two cannot come to agreement) and requires about one hour for scoring each exam. The portfolios are scored by two volunteers for 30-45 minutes each. Levels 1 and 2 require only about 30 minutes to scores; Levels 3 and 4 require a total of about 3 hours for both the portfolio and the examination. The price of the endorsement reflects these expenses.

For the first time, an agency in Michigan (Department of Community Health) is requiring its IMH staff to achieve at least endorsement Level 2 by September 30, 2007.

Currently, the following state affiliates have purchased licenses to use the system:  
Texas Association for Infant Mental Health, 2004

New Mexico Association of Infant Mental Health, 2004  
Oklahoma Association for Infant Mental Health, 2006  
Infant Toddler Mental Health Coalition-Arizona, 2007  
Kansas Association for Infant Mental Health, 2007  
Minnesota Infant and Early Childhood Mental Health  
Association, 2007

Challenges:

- The cost of Levels 3 and 4 is considered high and the only current incentives are intrinsic.
- Endorsement is not a state requirement or a job requirement for most professionals.
- As the program is licensed to more states, training for scoring and implementation must be systematic to protect the integrity of the process.

Goals:

- MI-AIMH will license three additional states per year.
- MI-AIMH will examine sustainability of a statewide system (training for implementation, test development, item rotation, marketing) in preparation for the day when more than 15 states are fully utilizing the system.
- MI-AIMH will continue to insure that test questions will maintain the integrity and value of diversity.

**Information/resources** – MI-AIMH offers a wide variety of publications to both members and non-members. The Infant Crier is available in print only through membership, but it is occasionally posted online for no charge to promote interest in the association. The Infant Mental Health Journal is an internationally recognized journal owned by MI-AIMH and published by Blackwell-Wiley, Inc. It is available to members for the special rate of \$45 annually. Other publications are available to any interested person. Other publications include "Guidelines for Infant Mental Health" and "Assessment Guidelines for Child Welfare" and "When There are Two Homes." Most publications are directed to infant mental health professionals. However, there are publications which have appeal to broader audiences. For example, "Baby Stages" and "Preschool Stages" wheels are useful learning tools for parents and caregivers/professionals. . Other resources include an extensive library of video information available for a reasonable rental fee (reduced rate for members). However, in the first quarter of 2007, only five people rented videos.

Expenses associated with these resources include ongoing administrative support to handle fulfillment and consulting fees for editorial support.

### Challenges:

- Materials are considered excellent, but marketing is weak.
- Broader audiences for some materials are not aware of these resources.

### Goals:

- Conduct a full communications audit to identify audiences beyond IMH professionals who might benefit from the resources available.
- Determine which materials need updating.
- Determine full cost of a publication, including development costs, in order to better understand pricing.
- Identify appropriate areas of growth (content and product) and potential development.
- Determine whether there should be a pricing discount for members.
- Create a marketing plan for each audience – first address a plan to market the “Wheels” to a broader base (other states, hospitals, others).
- Explore whether a publishing house might be a more economical way to handle printing, production and fulfillment of materials.
- Analyze video library to determine whether usage merits continuation – especially given the fact that most of the library is tapes and will need to be updated to DVDs.

### **3.3 Governance and Management**

MI-AIMH considers itself to be at the crossroads between a small association in which the work was primarily done by volunteers to an association which desires to grow and understands that growth will require paid professional staff.

The most recent examination of the Bylaws was in 1999. The Bylaws outline the association’s purposes and give broad guidance on membership, charter affiliation, election of directors, meetings, officers, committees (both standing and special) of the board, staff, and fiscal matters. The board has also developed detailed job descriptions for the board members, officers, committee leadership, and Executive Director. This document was updated March 15, 2007. These descriptions reflect the history of the association’s reliance upon the work of volunteers.

MI-AIMH is represented by the Executive Director on policy committees within the State of Michigan whose purpose is to advocate on behalf of children. MI-AIMH brings the special perspective of IMH to these groups.

MI-AIMH is currently staffed with a part-time Executive Director and one full-time administrative assistant. Additional staffing support is provided through contracts for test development, training coordination, and editorial support on publications.

### Challenges:

- The volunteers do not have adequate time to fulfill all of the needs of a growing association.
- Paid professional staff are needed to adequately market publications, products and services, as well as the endorsement program.
- The relationship between the chapters and the state association is not clearly defined. Chapter performance is spotty.
- Some committees are not active. Committees need to implement ideas they generate, and with only volunteers, it is difficult to move ideas forward.
- The governance structure has not changed to address the change from an all volunteer association to one that requires paid professional staff.
- The composition of the MI-AIMH Board could better reflect the diversity of the population of Michigan and would benefit from a more diverse set of skills needed for a changing organization.
- Fiscal sustainability is uncertain. Growing a paid professional staff requires adequate membership, fees, new publications and products, as well as special grants.

Goals:

- Re-examine the governance structure of the association in light of the need to balance the role of volunteers and with paid professional staff. Included should be a review of committees, chapters and roles of governance and management.
- Review the association's connections to other disciplines and state agencies to advocate for children.
- Continue to diversify the Board membership.
- Determine the human and financial resources to grow and sustain the association.

**3.4 Legal Considerations**

MI-AIMH is a 501(c)(3) incorporated in the State of Michigan. MI-AIMH holds the copyright on all materials produced under contract for the association. MI-AIMH manages risk by purchasing adequate insurance. The association has added endorsement as an important part of its offerings and should examine legal issues as it grows the program. We work in consultation with Dykema, Gossett Inc., and we will continue to consult them regarding legal issues as the endorsement process grows.

Goal:

- Review with counsel risk to the association as employers or states require endorsement for employment.

**4 Marketing**

#### **4.1 Target Markets**

MI-AIMH seeks to be the premier national association for IMH. Its primary market includes practitioners, supervisors, faculty, researchers, child care consultants and early childhood mental health professionals who work with or on behalf of infants, toddlers and families to promote infant mental health. For these individuals, MI-AIMH provides a combination of membership, networking, endorsement, training and information.

A secondary related market includes other professionals who include infants and families in their professional practice, such as pediatricians, nurses, teachers, foster care workers, family court professionals (judges, friends of the court and attorneys). These professionals might benefit from MI-AIMH publications and/or specialized training to integrate IMH principles into their practice.

A broad market includes policymakers and other influential leaders. Parents are a market for some materials, such as the "Baby Stages Wheel."

This suggests a four-tiered approach to marketing: IMH professionals, professionals allied with mental health, policy leaders and parents.

#### **4.2 Competition**

MI-AIMH is the only IMH association in Michigan and is a national leader because of the broad reach of its publications, trainings and products as well as the growing demand for endorsement.

Members of MI-AIMH are members of other professional organizations, which reflect the disciplines for which they trained. The most commonly mentioned membership is the National Association of Social Workers, which provides an accreditation process and liability insurance for members in private practice. The Mental Health Association, American Psychological Association, Council on Exceptional Children were also mentioned as associations to which MI-AIMH members belong. None of these associations are direct competition for IMH membership dollars.

#### **4.3 Pricing**

MI-AIMH prices its offering based on the perception of what is affordable for the field. A membership fee of \$60 a year could be considered high in a traditionally low-paid field, but the pricing issue seems to be more one of whether there is perceived value for the fee.

Publications are priced to cover printing and fulfillment because the association wants to price them to be affordable and get them into the hands of as many professionals as possible.

Conference costs are priced based on historical knowledge of what the market will bear. Conference pricing is used to drive up membership. When MI-AIMH partners with local chapters, pricing differentials between members and non-members are often not significantly different. MI-AIMH needs to better communicate that there is a cost to the association for participating in local conferences, and the costs need to be reflected in the fee.

#### **4.4 Trends**

The most significant trend in the field on the positive side is the growing acceptance of the notion that paying attention to infant mental health will reap rewards of healthier children and adults. Current research suggests:

- Brain research indicates early childhood experiences are critical to future growth.
- Developing healthy parent/child relationships is vital to social and emotional readiness for school.
- Early play between parents and children is recognized as an important development tool.
- Healthy children require early diagnosis and intervention for developmental and mental health issues. Experts now recognize that children have mental health needs.
- Culture can influence all domains of development

On the other side of the equation is the current state of Michigan's economy. Budget deficits are causing cutbacks in critical services. This economic downturn is squeezing both organizations and individuals. Organizations have to do the same amount of work with less people, forcing an increase in individual productivity. They have fewer dollars to devote to staff professional development. For MI-AIMH, this means there is less available funding to attend training and conferences and less release time for staff to attend. Individuals have less free time to devote to volunteer activities within the association, and less funds for membership dues and materials.

### **5 Financial Summary**

MI-AIMH's revenue and expenses are for the most part fairly constant year-to-year. The 2007 Budget is projected to be \$354K in revenue and \$347K in expenses.

Membership dues revenues increased from \$16K in 2004 to over \$20K in 2005 and remain flat in the \$20K range for 2006 and 2007. It is clear that the association cannot be financially sustained through membership dues.

Publications, video rentals, and conference registration fees have also remained relatively flat.

The major sources of new revenue are

- Sales of the “Baby Stages Wheels” – particularly the purchase by the Department of Defense. The wheels sales are expected to stay strong in 2007, especially since two new wheels are available for sale – the original wheel in Spanish and a new wheel for preschool age children.
- Licensing the endorsement process (and associated consulting) to other states. Six states now license this process and MI-AIMH predicts three new states per year will be purchasing a license.

Expenses are also fairly constant year-to-year. As expected, the major increases are expenses associated with selling the wheels and the endorsement licensing. These expenses can be controlled based on whether the revenue is as high as projected.

Staff actual expenses were \$79K in 2005, but were budgeted at \$122K in 2006 and \$143.5 in 2007. These expenses include more of the Executive Director’s time, 1 full-time administrative support person, and one part-time person to run the endorsement process. The five-year budget reflects only this staffing and no additional increase in FTE.

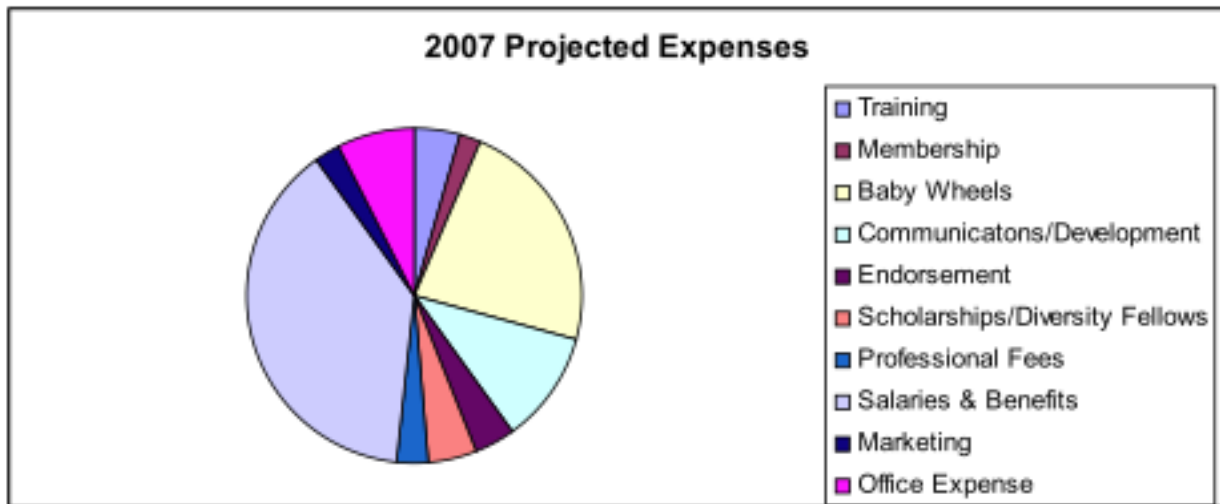
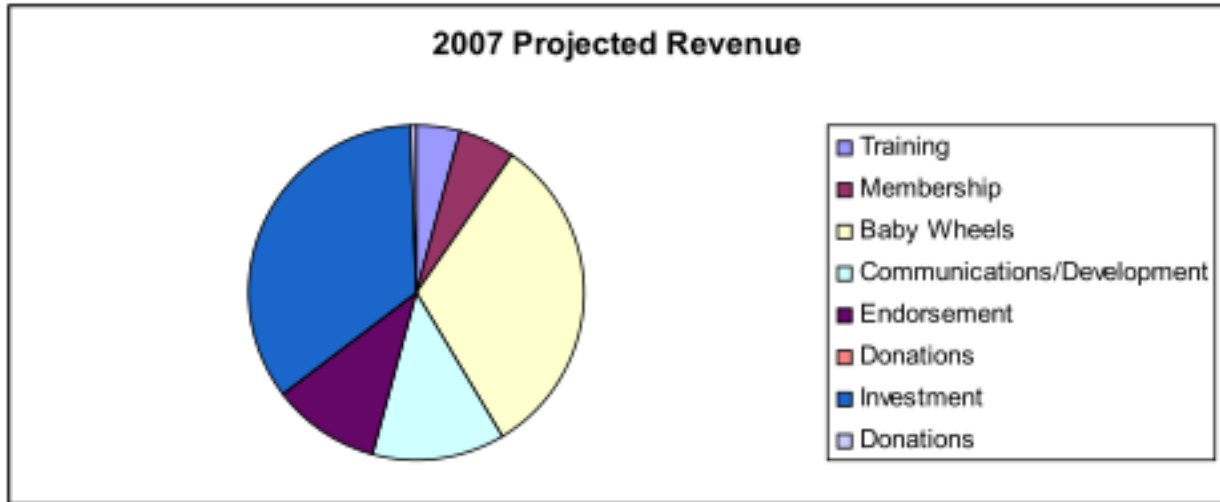
MI-AIMH has a desire to hire more paid staff in order to better market its membership, training, endorsement process, and other information/resources (like publications and the wheels). As MI-AIMH makes this decision, two ratios should be kept in mind.

- First, it is always prudent to maintain a fund balance equal to 50 percent of one year’s expenses. Using the 2007 budget, MI-AIMH’s goals would be \$173.5K. MI-AIMH has more than adequate reserves, but the budget reflects using some of the reserve from the previous sale of the wheels over the next three years to meet projected expenses. If MI-AIMH hires more staff, it takes on more obligations/expenses/risk, and the amount of the fund balance will naturally need to increase in order to remain at the 50 percent level.
- Second, there are several formulas organizations use to determine an appropriate level of paid staffing. Depending on the type of association, this formula is EITHER one staff person per 1000 members, OR one staff person per \$100K in revenue. Using the second formula, MI-AIMH could have 3.5 staff people (depending on salary level).

If MI-AIMH is to grow, assume national leadership, and effectively market its products and services, it needs to hire additional paid staff. Though careful analysis needs to be done by the Executive Director and Board about whether revenue would proportionately increase with staffing, it is believed some risk needs to be assumed by hiring in order to achieve the growth that will result in increased revenue.

## **5.1 Projected Five-year budget**

The projected five-year budget and notes are attached as Appendix A. Revenues and expenses are grouped by major budget categories such as Salary, Communications/Development, Endorsement, Wheels, etc. Below are pie charts indicating Projected Revenue and Expenses for 2007 by categories:



## 5.2 Balance sheet

The December 31, 2006 balance sheet is attached as Appendix B.

Appendix A  
Projected Five-Year Budget Plan

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Projected Revenue:</b>					
Training:					
Biennial Conference/Net	\$ 7,500	\$ -	\$ 7,500	\$ -	\$ 7,500
Other Training	\$ 8,000	\$ 8,000	\$ 8,000		\$ 8,000
Membership	\$ 21,000	\$ 21,000	\$ 21,000	\$ 21,000	\$ 21,000
Baby Wheels	\$ 120,000	\$ 138,000	\$ 158,700	\$ 182,505	\$ 209,881
Communications/Development					
:					
Infant Mental Health					
Journal	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000
Video Rental	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Other Publications	\$ 10,200	\$ 10,200	\$ 10,200	\$ 10,200	\$ 10,200
Endorsement:					
Licensing to other states (1)	\$ 18,000	\$ 33,000	\$ 45,000	\$ 51,000	\$ 57,000
Consulting to states	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000
Endorsement fees (2)	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
Donations:					
Grants	\$ -	\$ -	\$ -	\$ -	\$ -
Fraibert-Tableman					
Donations	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500
Investment (3)	<u>\$ 126,550</u>	<u>\$ 50,000</u>	<u>\$ 23,450</u>	<u>\$ -</u>	<u>\$ -</u>
	\$ 372,750	\$ 321,700	\$ 335,350	\$ 326,205	\$ 375,081

(1) The licensing fee is \$15,000 for three years as follows: \$6000 for year 1, \$5000 for year 2, \$4000 for year 3, and \$2000 for each year thereafter; assumes 3 new states per year.

(2) Includes fees due to MI-AIMH from participating states of first year of candidate fees; Michigan candidates.

(3) \$200,000 of income was from previous sale of baby wheels was placed in investment with the intent to use over the next three years.

Appendix A  
Projected Five-Year Budget Plan

**Projected Expenses:**

Training	\$ 16,500	\$ 16,500	\$ 16,500	\$ 16,500	\$ 16,500
Membership:!					
Chapter Rebates/WAIMH dues	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
Infant Crier	\$ 3,300	\$ 3,399	\$ 3,501	\$ 3,606	\$ 3,714
Committee/Chapter Support	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Other Membership Expenses	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
Baby Wheels Printing	\$ 85,500	\$ 98,325	\$ 113,074	\$ 130,035	\$ 149,540
Communications/Development:					
Infant Mental Health Journal Expenses	\$ 21,000	\$ 21,000	\$ 21,000	\$ 21,000	\$ 21,000
Consultants (1)	\$ 13,000	\$ 13,000	\$ 13,000	\$ 13,000	\$ 13,000
Printing	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500
Video Library Support	\$ 3,250	\$ 3,250	\$ 3,250	\$ 3,250	\$ 3,250
Endorsement:					
Consulting/test development	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
Travel to other states for consulting	\$ 5,200	\$ 5,200	\$ 5,200	\$ 5,200	\$ 5,200
Scholarships	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
Diversity Fellows	\$ 7,500	\$ 10,000	\$ 12,500	\$ 12,500	\$ 12,500
Professional Fees (2)	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000
Salaries and Benefits	\$ 139,300	\$ 160,615	\$ 168,646	\$ 177,078	\$ 185,932
Marketing	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
Office Expenses (3)	<u>\$ 28,200</u>	<u>\$ 29,610</u>	<u>\$ 31,091</u>	<u>\$ 32,645</u>	<u>\$ 34,277</u>
	\$ 372,750	\$ 410,899	\$ 437,761	\$ 464,813	\$ 494,913
Projected Revenue less expenses	<u>\$ -</u>	<u>\$(89,199)</u>	<u>\$(102,411)</u>	<u>\$ 138,608)</u>	<u>\$( 119,832)</u>

(1) Grant writer; DVD for Conference; relationship booklet; web support.

(2) Accounting and legal

(3) Includes rent, supplies, BOD support, postage, supplies, phone.