Board of Directors Leadership Training Series

1:00 PM - 3:00 PM ET
Wed. May 20 and Fri. May 22
Wed. May 27
Wed. June 3 and Fri. June 5
Wed. June 10 and Fri. June 12
How to Ask a Question or Comment

1a. Enter your comment or question into the Chat box at the bottom of the pod and click the button to the right.

1b. Select the Raise Your Hand icon to be called on to speak verbally.

2. Once your question has been received and reviewed, the presenter(s) will provide a response verbally or written as shown here.

Please keep your audio muted until called on
Objectives

- Understand how best practices support effective governance
- Identify tools and techniques to consider as best practice
- Learn from each other
Facilitators

Adam Archuleta
Project Coordinator
Tesuque Pueblo, New Mexico

John Meeth
Project Facilitator
Phoenix, Arizona
Adam Archuleta, MPH

- 30 years of extensive experience in promoting healthcare quality and patient safety at the system, institutional, and organizational level
- Previously served as the CFO and acting CEO at Santa Fe Indian Hospital, New Mexico.
- COO of the SIA Team - Rosebud Indian Hospital
- Acting Deputy CEO - Gallup Indian Medical Center
- Revenue Cycle Consultant for the IHS Agency
- Chairman of the Board, Laguna Healthcare Corporation
- Board of Directors, Villa Therese Catholic Clinic
- Pueblo of Tesuque Tribal Utility Board
- Owner of Badger Health & Associates, LLC.
John Meeth, DDS, MPH

• 40+ years of clinician and executive experience;
  • promoting healthcare quality, CMS compliance,
    Accreditation Joint Standards, Performance
    Measurement Systems and patient safety
• SIA Team Member (CQMO) Rosebud South Dakota
• CEO and CQMO Phoenix Indian Medical Center.
• Interim CEO at Parker Indian Hospital, Gallup Indian
  Medical Center, Owyhee Hospital, U&O Health
  Center
• Governance improvement and Facilitation
• Performance Measurement Systems, Compliance
  Officer PIMC
• Compliance and Governance Consultant - Great
  Plains Area IHS
INTRODUCTIONS

- Who you are
- Your facility
- A couple poll questions....
Review Your Board - Time to Vote

Board Meetings Overall

👍 I enjoy my board meetings, they are stimulating, highly engaging conversation among leaders and positive

OR

👎 When I see I have a board meeting scheduled, I groan to myself?

Board Member Role

👍 As a board member I feel through our decisions I make a real impact

OR

👎 Make an Impact? not as much as I would like.
...and In Summary...High Performing Boards...

Fulfil their Roles and Responsibilities

- Well.
- Very well.
- Consistently.
- Intentionally.
IHI Building Blocks / Strategies (for Boards)

- Measurement and Monitoring
- Improvement and Learning
- Engagement and Culture
- Strategy and Accountability
Characteristics of Successful Governance

- **Alignment (Engagement)**
  - Leaders On the Same Page: Board and CEO are well aligned and share the same priorities
  - Effective Teams: Great Leadership Team: Board Chair, CEO, diverse KSA’s, volunteers, multidisciplinary, mix of roles, (followers, innovators, risk takers, early adopters)

- **Shared Objectives**
  - Measures: System Level, Opportunities for Improvement
  - Planning - Organizational Assessment as part of planning

- **Systems Thinking (Processes)**
  - Adopt a consistent improvement methodology (Choose a methodology - religion)
  - Get on a Path - Align Incentives, or at least expectations for engagement (Perfect is the barrier to good)
  - Stay focused on Priorities - (Squirrel!)
Characteristics of Successful Governance

- Priorities!
  - Set The Table: Assess opportunities, set priorities, set policy
  - Resource Change: Allocate resources to improvement and change. It is not free or easy
  - Work Together: Establish teams - many examples
  - Sustainability: Focus on sustainability to extend improvement - develop people
Characteristics of Successful Governance

- Excel at consistent and continuous outcome improvement
  - Focus on systems and processes, Not individuals or blame
  - Not necessarily technology, latest equipment, but people and culture
  - Organizational structures and processes, communication and information are key
- Transparent and engaged board culture
- Good at making decisions.
  - “What did we just decide?”
- Clear priorities
High Performing Boards

- Board - CEO Partnership (A house divided cannot stand)
  - Role clarity, mutual goals, open communication, trust, respect, accountability (data),
  - Board members accountable to each other to be engaged
  - Manage those difficult conversations

- Focus on Sustainability
  - Financial, services provided, are balanced

- Board Makeup is Diverse and Strategic
  - Recruit new members, engage volunteers
  - Robust orientation
High Performing Boards

- Intentional Board Practices
  - Structure of the meetings ensures good use of time
    - Agendas, minutes
    - Data, materials ahead of time

- Board Culture
  - Is deliberate and explicit

- Ongoing Education
  - Education as part of the agenda
  - Self evaluation

- Strategic Focus
  - Retreats
  - SWOT analysis
Framework for a Highly Effective Health Center

Governance
Quality / Safety
Facility/Staff
”When your teams at the bottom, the trouble is at the top”….old baseball adage
Effective Governance

- Effective Meetings Mechanics
- Know your Guidance
- Orientation and Training
- Board Structures
- Invest In Yourself
Good Agendas and Good Minutes are wonderful things, and hard to come by. Do not overlook their importance.

Make the most out of the time leaders are present:
- Should lead to good leadership discussion
- Not rework committee work
- Not in the weeds of management

Agendas and Minutes
Meeting Mechanics

- Set the agenda - Standardize
- Do not make last minute changes / additions
- Distribute AND Read the minutes and materials in advance
- Remove items if requested
- Track electronic access to prepared board materials
- Document Decisions in minutes
- Someone should review materials and presentations
- Decide who is the meeting manager, facilitator
Suggestions

- Minutes from previous meetings. WELL WRITTEN!
- Routine decision required by the full board - approvals NOT A TRANSCRIPT
- CEO Report - EXECUTIVE SESSION IF NECESSARY
- Committee Reports - DO NOT REDO THE SUBCOMMITTEES WORK
- Informational Material - READ AS NECESSARY
- Updates to organizational policies, plans and documents - READ AND APPROVE, DO NOT EDIT, SEND BACK
- Key Reports, Audits - STAFF CLARIFY FINDINGS
- Short Inservice, Training - ONGOING TRAINING
Consent Agendas

Consent agendas deal with routine, non-discussion items versus complex issues worthy of discussion.

- Data shows processes working well
- Little / No Discussion
- Data / Reports Speak for themselves
- Audit findings and recommendations
- Financial Reports of significance
- Executive Committee decisions on behalf of the board
9:50 – 10:00  Consent Agenda

- Minutes of the December 1, 200X Meeting
- President’s Report
- Planning and Development Task Force Update
Best Practice - Agendas

- Time, date, Location
- Consistent format
- Clear description of issue and purpose
- Action item versus discussion only designation
- A suggested time frame
- Most important items at the beginning of the agenda
- Routine prevention and reports follow action items and handled on a consent agenda
- Review assignments and action items at the end of the meeting...summarize
Think of a recent board meeting.

PLUS: Can you name one thing that was good, positive or a best practice?

MINUS: Can you identify something that you felt did not go well?

DELTA: What do you recommend should be changed or different for the next board meeting?

Think incremental versus transformational?
Know your Guidance
RULES? WHERE WE'RE GOING
WE DON'T NEED RULES
Know Your Guidance - Read them!
Goal - Be the Second Smartest Person in the Room

- Regulatory Guidance = Federal State
- Accreditation Guidance
- Billing requirements - M/M and Private Insurance
- Grant Requirements
- Board’s Bylaws
§254b. Health centers

(a) "Health center" defined

(1) In general

For purposes of this section, the term "health center" means an entity that serves a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing, by providing, either through the staff and supporting resources of the center or through contracts or cooperative arrangements-

(A) required primary health services (as defined in subsection (b)(1)); and

(B) as may be appropriate for particular centers, additional health services (as defined in subsection (b)(2)) necessary for the adequate support of the primary health services required under subparagraph (A).
Chapter 19: Board Authority

Note: This chapter contains language that was revised based on the Bipartisan Budget Act of 2018. View the revisions. (PDF - 583 KB)

Authority

Section 330(k)(3)(H) of the PHS Act, 42 CFR 51c.303(l), 42 CFR 56.303(l), 42 CFR 51c.304(d), and 42 CFR 56.304(d); and 45 CFR 75.507(b)(2)
DATE: January 27, 2014

DOCUMENT TITLE: Health Center Program Governance

TO: Health Center Program Grantees
    Look-alikes
    Primary Care Associations
    Primary Care Offices
    National Cooperative Agreements

PIN 2014-01 (HRSA Governance)
II. APPLICABILITY

This PIN applies to all health centers funded under the Health Center Program authorized in section 330 of the PHS Act (42 U.S.C. § 254b), as amended. In addition, this PIN applies to those organizations designated as look-alikes under the authority of section 1861(aa)(4) and section 1905(l)(2)(B) of the Social Security Act.²

The Health Center Program governance requirements do not apply to health centers operated by an Indian tribe or tribal or Indian organization under the Indian Self-Determination Act or an urban Indian organization under the Indian Health Care Improvement Act that are funded under section 330 or designated as look-alikes.³ However, such organizations are strongly encouraged to review the governance requirements set forth in this PIN for guidance for ensuring patient participation and input in the direction, organization, and ongoing governance of the health center.
From Statute, compliance or accreditation:

- Oversight of the Health Center
- Must develop bylaws for the board
- Assure health center is compliant with laws
- Hold monthly meetings
- Approve selection and termination of the CEO/Executive Director
From Statute, compliance or accreditation

Must have authority for adopting policies and updating policies
- Financial Management and review
- Eligibility for Services and partial payment
- Personnel policies
- Health Care policies and audit quality of care

Additionally
- Scope of Services
- Service locations
- Hours of Operation
From Statute, Compliance or Accreditation

Must review and approve annual budget
Plan for the health center - direct and approve
Must provide for long range plan - financial and capital expenditures
Must assess achievement of objectives
  Utilization
  Productivity
  Patient Satisfaction
Must ensure a process for hearing and resolving patient grievances
Orientation and Training
## Orientation and Training

<table>
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<th>Have</th>
<th>Have a structured Orientation Program for new board members</th>
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<tbody>
<tr>
<td></td>
<td>Have</td>
<td>Have ongoing training / in-service at Board Meetings (10-15 minutes)</td>
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<tr>
<td></td>
<td>Have</td>
<td>Have attestations for required readings for board training between meetings</td>
</tr>
</tbody>
</table>
As a member...

- Listen more than you talk to understand before responding
- Balance the time you talk with asking questions of others
- Invite other board members to add to the conversation
- Be transparent and honest in your thinking and reasoning
- Show appreciation for others' contributions
Board Structure
Start at the Beginning....

- Starts with the Board Bylaws - do you have them? Do they need updated?
- Bylaws describe Board Committee Structure
- Board Committees versus Facility Committees? Examples
- Board Committee meetings must have agendas and minutes also!
Board Sub-committees

- Powers the entire board
- Does the careful work, duties
- Vetting of recommendations before coming to the full board
- Good committee work makes the whole board more effective
General Principles for All Board Sub-Committees

- Defined as charters or in bylaws
- Have goals as specific as possible
  - Example: Audit Committee - audits improper payments? Grant Compliance
  - Example: Quality Committee - access to care, falls
- Committee has a workplan with expected reports, education, schedule. Who staffs and supports the committee?
- Make sure you have the right members, rotate as necessary
- Is the size appropriate? Not too small, not too large? It Depends
General Principles for All Board Committees

- Monthly versus Quarterly Meetings versus PRN
- Members (Board Member Chairs, management staff, volunteers)
- Candid, honest discussion
- Informational Transparency
- Good Minutes
- Report to the Full Board
- Committee self-evaluation annually
Potential Committees of the Board

- Audit and Corporate Compliance Committee
- Community Benefit/Mission Committee
- Executive Committee
- Executive Evaluation and Compensation Committee
- Financial Committee/Investment Committee
- Governance Committee
- Quality Committee/Quality and Professional Affairs Committee
- Strategic Planning Committee
- Grievance Committee
Executive Committee

Not all committees are equal

“First among Equals”

Bylaws state it can act on behalf of the board

Meets as needed frequently, nimble, efficient, timely actions

Usually small but effective leaders

Chair, vice-chair, Treasury, Secretary, maybe one or two others as necessary
CEO ad hoc?
- Oversees work of independent financial auditors
- Selects external auditor
- Oversees work of internal auditors
- Monitors internal controls
- Reviews financial statements
- Reviews Board members conflict of interest
- Identify areas of risk
- Address hot emerging issues
  - Examples (RAC, MAC audits)
Community Benefit/Mission Committee

- Updates / Recommends Mission changes
- Reviews community services plan
- Guides and monitors new programs for the community
- Recommends financial assistance policies
- Has fingers on public communication strategies
- Assess if the programs are making an impact
- Assures a health needs assessment
- Community / Patient perceptions survey
- Reviews CEO annually
- Recommends compensation and package elements
  - Deferred, incentive, base, etc.
- Defines justification for compensation, basis
- Defines CEO goals
- Does succession planning
- Needs independent data on compensation
- Deals with other key compensations - providers
- IRS form 990
Finance and Investment Committee

- Approves annual operating budget
- Review and approve long-range financial plan
- Review and recommends capital expenditures
- Reviews financial impact, aspect of new programs and services
- Monitors financial performance

Reports
- Financial statements monthly, investment reports, payer trends, benchmarks
- Profit/loss statements
- Impact of payment reforms (external drivers)
Governance Committee

- Leads Board succession planning
- Plans and provides orientation and mentoring of trustees
- Plans and provides board education
- Retreat planning
- Reviews board members
- Reviews and updates bylaws
- Profiles board members competencies, attendance
- Conduct Board self-assessment
- Input for General Counsel on legal and regulatory matters
Review and Approve quality improvements, short and long term
Review data and reports on quality, safety, service and satisfaction
Reviews sentinel events and root cause analyses action plans
Approves appointments and reappointments, clinical privileges
Utilizes Dashboard Metrics
Customer surveys
Accreditation reports
Audit the credentialing process
Monitors Pay for Performance payer reimbursement models
Strategic Planning Committee

- Ensures an inclusive planning process
- Makes recommendations to the full board
- Identifies key issues and drivers, analysis of options
- Reviews and monitors new initiatives
- Monitors implementation of major initiatives
- Task Force versus Committee?
- Financial Impact of plan?
- Stakeholder alignment, technology alignment?
Best Practice - Board Committees

- Always read board packet in advance
- Come with question and thoughts in mind
- Call the chair if they see concerns ahead of time
- Take notes
- Are on time
- Start on time / end on time (or early)
Invest in Yourself
Take Personal Responsibility for your growth as a Leader and Board Member

- Attend other training and organizations
- Get out of your comfort zone
- Find and work with an executive coach
- Read
- Develop and meet with other like-minded leaders in other organizations
Questions / Group Input
Board Governance & Leadership Training

“Drivers of the Mission and Vision for the future of Urban Indian Health”

“The Board’s Integral Role in the Development of Fundraising Strategies”

Adam Archuleta, MPH
May 22nd, 2020
The Board’s Integral Role in the development of fundraising strategies

- Group Exercise
  - What do UIO’s need to do fundraising and philanthropy?
  - Provide some examples of fundraising.
    - Be specific to your organization
The Board’s Integral Role in the development of fundraising strategies

Why do UIO’s need to fundraise?

- Additional resources available for your organization
- Lack of federal funding
- Reimbursement challenges, e.g., fee schedule rather than receiving the OMB rate (IHS and 638 tribal facilities)
- Lack of legislative authority in Indian Health Care Improvement
- To be financially sustainable (fiduciary responsibility)
The Board’s Integral Role in the development of fundraising strategies

Fundraising dynamics:

Charitable giving is over $400 billion today

Competition among health care organizations is fierce and no longer a given

Personal donations, corporate gifts, government grants want more say in how their dollars are utilized

Board members and leadership need to have the right “mind set” and play a key role in this shared responsibility
The Board’s Integral Role in the Development of Fundraising Strategies

Fundraising needs to be more sophisticated
Multi-faceted approach
It needs to be the core of the UIO’s identity
Must be a shared responsibility
The Board’s Integral Role in the development of fundraising strategies

- Fundraising starts at the top with the Chairman, Board members and the CEO
- Leadership needs to prioritize and develop a systematic approach to soliciting donations
- Launching capital campaigns and other strategies
- Initiatives need to be part of UIO’s strategic plan
- Have a clear and uniform message about fundraising
The Board’s Integral Role in the development of fundraising strategies

UIO’s need to have a culture of fundraising

Fundraising needs to be central to UIO’s mission

This includes being addressed during meetings, and part of the Board’s decision-making process

Needs to be messaged as purposeful and rewarding

Most successful non-for-profits embrace this philosophy.
The Board’s Integral Role in the development of fundraising strategies

• Fundraising = Board Buy-In
  • Boards need to invest in both time and effort
  • Creating a fundraising or development committee that reports to the Board
  • Fundraising and philanthropy should be incorporated into the Board’s expectation and evaluation
  • Fundraising needs to be part of UIO’s organizational priorities
  • Should be part of the regular Board agenda
  • Consultants can be made available for UIO’s for guidance to develop strategies
The Board’s Integral Role in the development of fundraising strategies

How to incorporate fundraising in your Board meeting:

- Reiterate the mission with a personal experience on how fundraising is part of your core values
- Put fundraising as a permanent committee report
- Either the Chair or Development Director can provide your monthly report and progress
- Continuous reach and share best practices with fellow UIO’s on how to continuously strategize your fundraising efforts, e.g., short term, long range, low-hanging fruit....
The Board’s Integral Role in the development of fundraising strategies

Definitions:

Charity - usually a short term emotional and immediate response, to provide rescue and relief

Philanthropy - more long term, or strategic in nature, usually focuses more building or rebuilding, e.g., Endowment

Fundraising - seeking financial support for a specific, usually a charitable cause. Can be used for operational costs for UIO’s
The Board’s Integral Role in the development of fundraising strategies

Internal audit for UIO’s:

Conduct a functional review of organizational behaviors, practices, and policies

Assess Development-related documents: policies, annual and donor reports, internal and external communications, appeal letters, strategic development plans, information systems, financial systems, bylaws review, organizational strategic plan, etc.

Assess the Board and staff capacity for undertaking a fundraising strategies and support
The Board’s Integral Role in the development of fundraising strategies

- **External Fundraising Strategies, example, Capital Campaigns**
  - Introduction letter to interviewees
  - Interview questions
  - One-page project summary (a brief description of Case for Support)
  - A Case for support (usually several detailed pages)
  - Additional background information about your UIO, including a service area map
  - Gift chart based on the projected goal of Project budget
  - Site schematics for the expansion project
  - List of Board of Directors and staff
Villa Therese Catholic Clinic (VTCC) is the only free clinic in the State of New Mexico. VTCC is located at 219 Cathedral Place and has been providing services for over 82 years. It is a sponsoring organization under the Archdiocese of Santa Fe. VTCC addresses the needs of the uninsured and underserved populations in Santa Fe and surrounding areas in Northern NM who are predominantly Hispanic, immigrant families who have no other access to care.

VTCC offers free health care to anyone in need based on a compassionate “no questions asked” policy, regardless of income level, citizenship, religious affiliation, or ability to pay.

VTCC currently offers:
- Off-site health screenings
  - On-site
    - Basic Medical Care
    - Medical Examinations
    - Primary care
    - Well-child checks
    - Sports physicals
    - Immunizations
    - Flu shots
  - Basic Dental Care
    - Dental Exams
    - Cleanings and sealants
    - Fxings and extractions
    - Braces 4 Healthy smiles
  - Basic Vision Care
  - Dermatology exams
  - Assistance with basic necessities such as gift cards for food, back to school items and infant formula

In 2019, VTCC:
- Completed almost 1800 on-site patient visits.
- Held 14 off-site screenings in which we screened 300 children and adults.
- Provided over 150 gift cards for food and other necessities
- Supplied back to school items, backpacks, and school essentials to over 100 children.
- Gave free haircuts to students in need.
Case for Support Example

Support Letter should include:

- Introduction
- Mission
- Vision
- What makes us Unique
- The Need (should be a major piece of your case for support.
- The Solution (can be new facility, service, and expected outcome that addresses the need.
- Impact
- The specifics of the campaign
- Finances
- Planning and Evaluation
- Governance
- Volunteers
- Conclusion
Background and Overview of Villa Therese Catholic Clinic

For over 80 years, Villa Therese Catholic Clinic has been devoted to caring for our most vulnerable populations by providing no-cost health care. VTCC has a compassionate, no-questions-asked policy regarding immigration status or religious affiliation. VTCC operates with one full-time and seven part-time staff.

Services Provided

**Medical Care**
- Preventive, primary care, and chronic care
- Well-child and adult check-ups
- Flu shots and immunizations
- Skin cancer checks
- Health and wellness education
- Medical exams
- In 2019, there was a total of 338 on-site medical visits

**Dental**
- Dental Checkups
- Preventive and restorative Exams
- Hygiene
- Sealants
- Orthodontics for children
- Education
- Extractions
- In 2019, there was a total of 444 on-site dental visits

**Vision**
- Eye exams for ages 10+
- Prescriptions for eyeglasses
- Vouchers for free eyeglasses
- In 2019, we completed 28 on-site visits (our vision providers were unavailable until the last quarter/Fall season)

**Off-Site Screenings**
- Locations vary but include local churches, healthcare organizations, and social service organizations that provide services that might complement
### $1 million Gift Chart

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<thead>
<tr>
<th>Gift Range</th>
<th>No. Gifts required</th>
<th>Subtotal</th>
<th>Cumulative total</th>
<th>% of campaign goal</th>
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<td>Totals</td>
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*Exam Rooms
## Relocation Expansion Project Budget

### HOPEWELL/MANN U-8 PROJECT

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<th>Description</th>
<th>Allocation</th>
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<td>Contingency 10%</td>
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<td>Gross Receipts Tax</td>
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<tr>
<td>Architect cost</td>
<td>$60,000.00</td>
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<tr>
<td>Abatement/Demo of U8</td>
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<tr>
<td>zoning costs</td>
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<td>Land value (Estimate)</td>
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<td><strong>Allocation of cost</strong></td>
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<td>Utilities and supplies</td>
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<td>Water</td>
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<td><strong>Furnishings and equipment</strong></td>
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<td>NAFC &amp; Heart to Heart POC Testing Lab</td>
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<td>2019</td>
<td>ISORCA Foundation</td>
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<td>Barney-Giell Seed Grant</td>
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<td>2018-19</td>
<td>SC Ministry Foundation</td>
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<td>2019</td>
<td>Roadmap to Health Equity-NAFC/Americares</td>
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<td>SAMUP Social Peace &amp; Justice</td>
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<td>2019</td>
<td>Anchorage St. Vincent</td>
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<td>2019</td>
<td>Facebook Community Fund</td>
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<td>Con Alma Health Foundation</td>
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<td>2019</td>
<td>BCBS/Healthy Kids, Healthy Families</td>
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<td>2019</td>
<td>The Frost Foundation</td>
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<td>2019</td>
<td>CHRISTUS Fund</td>
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<td>2019</td>
<td>NM ODH Refugee Health Program</td>
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<td>2019</td>
<td>N3B, Nuclear BWXT Los Alamos</td>
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<td>2019</td>
<td>The Bredle Foundation</td>
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<td>2019</td>
<td>Nusenda Community Rewards</td>
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<td>2019</td>
<td>McCune Charitable Foundation</td>
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<td>BBVA Compass Foundation</td>
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<td>2019</td>
<td>InterConnection Technology In-Kind Computer Donation</td>
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<td>2019</td>
<td>Patterson Dental</td>
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<td>2019</td>
<td>Rice Bowl</td>
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<td>2019</td>
<td>CVS / NAFC Coordinated Care</td>
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<td>2019</td>
<td>American Academy of Ped Dentistry</td>
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The resources necessary to meet your fundraising goals

Compelling and urgent case for support from donors

Opinions and insights on what stakeholders know about your UIO and their propensity to give and volunteer

Potential volunteer leadership

Names of potential donors and prospects

Approximate amount of potential dollars available

The time commitment needed from the CEO, staff, and Board
Capital Campaign Timeline

- **Pre-campaign Plan**: clarify objectives, working goal, engage prospects, draft case for support, engage leadership, possible hire a consultant.
- **Feasibility Study**: engage fundraising consult, assess readiness, Board interviews, interview potential donors, recommend plan
- **Plan Campaign**: Board approves campaign, enlist campaign committee, determine working goal, review case for support, donor recognition plan, timeline and policies
- **Solicit Gifts**: solicit Board, solicit campaign committee, solicit largest gifts, review and revise goal, plan campaign kickoff
- **Campaign Kickoff**: announce capital campaign, announce progress to goal, highlight major donors, celebrate success, initiate public phase, press and media release
- **Solicit Lower Level Gifts**: solicit mid-level gifts, solicit broad base gifts, donor stewardship
- **Follow Through**: finalize naming, install recognition plaques, thank donors, show donor’s impact through their contribution, final campaign report
Other things for Board Members

- Please review AHP’s “A Donors Bill of Rights” regarding the 10 tenets of philanthropy.
- Review Association of Healthcare Philanthropy’s “Code of Ethical Standards”
- Develop Donor Confidentiality Agreement
- Pledge Statement of Intent for those who donate
- Naming Opportunity Form
- Gift Acceptance Policies
Fundraising Strategies

- Questions?

• Fundraising Resources
  - Board source
  - Association for Healthcare Philanthropy
  - Children’s Miracle Network
  - Boston Children’s Hospital
  - Other UIO’s who share their best practices

• Thank you!
# NCUIH 2020 Annual Board Governance and Leadership Training

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td><strong>Wednesday May 27</strong></td>
<td>Characteristics of High-Performing Boards and Fund Raising Strategies: Problem Solving with UIOs</td>
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<tr>
<td><strong>Wednesday, June 3</strong></td>
<td>Board Selection and Recruitment</td>
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<td><strong>Friday, June 5</strong></td>
<td>The Board's Role in Safety, Quality and Compliance</td>
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<td><strong>Wednesday, June 10</strong></td>
<td>Bringing it All Together</td>
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<tr>
<td><strong>Friday, June 12</strong></td>
<td>Open Discussion Forum: Revisiting Effective Problem Solving Solutions</td>
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Thank you for joining us!!

Peer to peer support models our best traditions of learning from and lifting up one another!