Board Dynamics: Getting Financial Strategy Approved

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Speaker's Biography – Steve Weinman

- 1984-2013, employed at large FQHC in SW Florida
- Began as IT director, produced custom Practice Management System
- Served as CFO, then EVP/COO, oversaw all employees except CEO
- Founding CEO of 18 Member Health Center Controlled Network
- CEO of startup FQHC in Broward County, FL
- Founding Treasurer of Integral Quality Care Medicaid Managed Care Plan
- Immediate Past Board Chair, National Center for Farmworker Health
- Former HRSA reviewer and consultant
- Principal with FQHC Associates Full-Time Since 2013
- Co-Founder of the CEO Connect FQHC Bootcamp

Facilitator in Absentia Biography - Jill Steeley

- CEO of a health center for nearly 9 years
- Launched a very successful rebrand & marketing campaign in 2015
- Increased the number of new patients by 1,000 year after year
- Recovered the organization from a nearly $1 Million deficit to having nearly $5 Million in reserves
- Tripled the capacity of our services by attracting high-quality staff
  Opened 2 onsite pharmacies (340b and non-340b)
- Grew the annual revenue by 5x
- Certified in Balanced Scorecard Strategic Planning Facilitation and Key Performance Indicator Training.
- Co-Founder of the CEO Connect FQHC Bootcamp

The Unique Governance Challenge

- HRSA mandate requires consumer-majority boards — at least 51% must be active patients of the health center
- Board members represent the community, not shareholders — decisions are driven by mission, as well as margin
- Directors typically lack formal financial training, yet vote on complex fiscal matters
- C-suite must educate while also persuading — a delicate balance
- Regulatory backdrop: HRSA oversight, UDS reporting, and Section 330 compliance shape every financial decision

Key Principle

Your Health Center board is not a corporate board — and that's precisely the point.

Mission-driven governance is your organization's greatest strength and your most significant communication challenge.

Who's In the Room? Board Member Archetypes

The Mission Purist	The Fiscal Hawk	The Skeptic	The Champion	The Passive Member
Prioritizes patient impact above all — connect every ask to the community	Questions every dollar — arm them with data and peer benchmarks	Doubts new ideas — engage early and privately before the meeting	Your ally — brief them thoroughly so they can answer peers' questions	Follows the room — their vote is swayed by how the meeting flows

Strategy: Identify each archetype before you walk in. Tailor your pre-meeting conversations accordingly.

The Pre-Meeting Is the Real Meeting

Work the Committee First

- Present to Finance/Audit Committee before the full board
- Surface objections in a smaller, less formal setting
- Get technical questions answered before board night
- Committee endorsement is powerful social proof

The 'No Surprises' Rule

- Board members who are surprised in a meeting become opponents
- Call your board chair 48–72 hours in advance
- Brief your champion so they can support your ask organically
- Identify your loudest skeptic — engage them privately first

Set the Stage

- Confirm the item is on the agenda with enough time
- Ensure your packet arrives 5–7 days before the meeting
- Offer a brief Q&A with the CFO before the meeting
- Frame what you need: discussion only, or a vote tonight?

Remember: The board meeting is where decisions are approved and documented — not necessarily where they are made.

Translating Financial Strategy into Mission Language

The Dollars → Patients → Community Framework

Financial Strategy Language	Mission Language	Community Impact Language
Build operating reserves to 90 days cash on hand	→ Ensure we can keep our doors open during any funding disruption	→ Patients always have a medical home, no matter what happens in Washington
Invest $1.2M in behavioral health expansion	Serve 400 more patients with mental health needs per year	Address the #1 unmet need our patients report — depression and anxiety
Right-size staffing model — reduce FTEs by 8%	Protect the organization's long-term sustainability	Ensure we're here for the next generation of patients

Rule: For every financial ask, have a mission answer ready before you walk in the room.

Know Your Numbers Cold

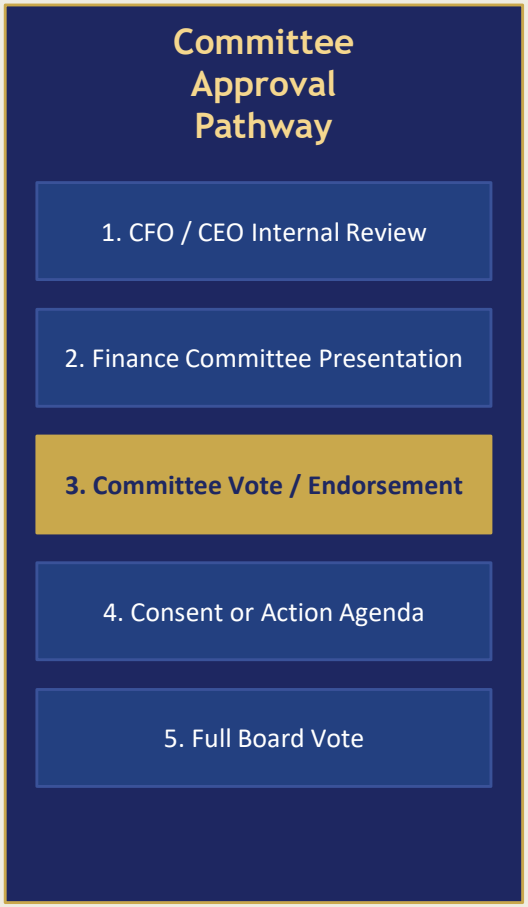
Days Cash on Hand	Payer Mix %	Cost per Patient	Collection Rate
Target: 90+ days	Medicaid · Medicare · Self-pay · Commercial	vs. benchmarks	Net vs. gross revenue

- Always a defensible comparison— benchmarks transform opinions into data conversations
- Show trend lines, not just point-in-time snapshots
- Round numbers for the presentation; leave precision for the appendix

- Present the risk of inaction alongside the risk of action — boards fear losses more than they value gains
- Anticipate the question: 'How does this compare to health centers our size?'
- Have the full detail ready in the packet — don’t get too far into the weeds in the presentation

The Finance/Audit Committee as Your Runway

- The Finance/Audit Committee is your most important pre-approval vehicle — use it strategically, not just procedurally
- Present complex financial strategies to the committee first: surface objections, refine your narrative, build technical credibility
- A committee recommendation to the full board carries significant weight — it signals peer review has occurred
- Understand the difference: items requiring committee action vs. items requiring full board vote
- Use the consent agenda for routine financial reporting — reserve live presentation time for decisions
- Build a standing financial dashboard item into every meeting — normalize the data before the ask
- Invest in your committee chair: they become your co-presenter and internal advocate



The Anatomy of a Board-Ready Financial Proposal

1	**The Problem**	What challenge or opportunity are we addressing? Why now? What happens if we don't act?
2	**The Data**	Evidence: financial data, peer benchmarks, trend analysis, risk assessment
3	**The Options**	At least 3 paths forward — conservative, recommended, and aggressive
4	**The Recommendation**	Your clear, specific recommendation — and the rationale behind it
5	**The Ask**	The exact motion you are requesting the board to vote on tonight

Making the Data Accessible to Non-Financial Board Members

Visuals Beat Tables

- Use bar and pie charts, not spreadsheets
- One chart = one message
- Label the 'so what' directly on the visual
- Color-code for intuitive understanding

The 'So What' Test

- Every data point must answer: 'Why does this matter to our patients?'
- If you can't explain it in plain language, rethink the slide
- Use analogies — '90 days cash is like 3 months of reserves in your household savings'

Benchmark Comparisons

- UDS Mapper peer data
- State PCA comparative reports
- Compare to 'health centers our size' — use similar patient volume or revenue range
- Show where you are vs. where you should be

Pro tip: Build a one-page visual dashboard as slide 1 of your board packet — the board sees the picture before the narrative.

Framing Options — Not Just a Single Recommendation

Always present three paths forward. Boards that feel they have ownership of the decision are more likely to approve.

Option A
Conservative

Lower Risk

Minimum intervention — lower risk, lower reward. Include full downside if chosen.

Option B
Recommended

✓ Our Recommendation

Your preferred path — supported by data, benchmarks, and expert input. This is what you're asking them to approve.

Option C
Aggressive

Higher Risk/Reward

Maximum investment or change — acknowledge the higher risk and what mitigation looks like.

Framing principle: Structure Option B so it is clearly the most defensible choice — not the most optimistic one. Boards approve decisions they understand and can defend to their neighbors.

The Ask: Clear, Specific, and Actionable

Drafting the Motion

- Draft the exact motion language before you walk in — don't let it be improvised on the floor
- Be specific: dollar amounts, timeframes, authorizations, conditions
- Have your board chair review the motion language in advance
- If a second is needed, know who will provide it
- Define what implementation looks like the day after a 'yes'

Sample Motion Language

"I move that the Board of Directors authorize management to establish an Operating Reserve Fund with a target of 90 days cash on hand, funded by a transfer of $[X] from the current-year surplus, with the CFO reporting quarterly on reserve status beginning [date]."

Tip: The motion is complete when it includes WHO, WHAT, HOW MUCH, and BY WHEN.

Agenda Timing: Place major financial items early in the meeting when energy and attention are highest — not last.

Board Packet Best Practices

1	**Cover Memo: 1 Page Max**	Bottom-line-up-front format. Problem in sentence 1. Recommendation in sentence 2. Cost and benefit in the next paragraph. Everything else is appendix.
2	**Pre-Read Timing**	Distribute 5–7 days before the meeting. A packet that arrives the night before signals poor planning and invites 'I need more time' objections.
3	**The Appendix Strategy**	Full financial models, detailed projections, legal agreements — they belong in the appendix, not in the presentation. Have them ready; lead with the summary.
4	**Follow-Up Calls**	After the packet goes out, call your board chair and any known skeptics. Answer questions before they become objections in the meeting room.

The 5 Most Common Board Objections

Every financial strategy presentation will face pushback. These are the five you will encounter most often.

1	**"We can't afford this"**	*Budget availability & fiscal risk*
2	**"This feels too risky"**	*Uncertainty & fear of failure*
3	**"We need more time / more data"**	*Delay tactic or genuine concern*
4	**"This doesn't align with our mission"**	*Values conflict or framing gap*
5	**"What happens if this fails?"**	*Accountability & downside risk*

The next five slides give you a framework and language for each objection.

Objection #1: "We Can't Afford This"

What they really mean: "I'm not sure I understand this, or I'm worried about budget impact on areas I care about"

Response Framework

- Acknowledge the constraint — never dismiss fiscal concern
- Reframe: 'Can we afford not to do this?' Present the cost of inaction
- Show the funding source — is this new spending or a reallocation?
- Offer a phased approach: 'What if we started with a pilot?'
- Use peer data: 'Here's what similar health centers spend on this'

Sample Language

"I appreciate the fiscal discipline in that question — it's exactly the right thing to ask. What I want to make sure we also consider is the cost of not acting. Our analysis shows that [inaction cost]. The funding for this proposal comes from [source], and here's what peer health centers our size have done..."

When to push for a vote: When you have done the pre-work and this is a delay tactic. **When to defer:** When the concern reveals a genuine gap in your preparation or a legitimate unanswered question.

Objection #2: "This Feels Too Risky"

What they really mean: "I'm afraid of being blamed if this goes wrong, or I don't understand it well enough to vote yes"

Response Framework

- Name the risk clearly — boards fear ambiguity more than known risk
- Show your mitigation plan — what are the off-ramps if things go wrong?
- Distinguish between strategic risk and operational risk
- Remind the board of the risk of inaction — status quo is also a risk
- Reference HRSA guidance or legal counsel opinion where applicable

Sample Language

"That concern is exactly why we built a mitigation plan into this proposal. Let me walk you through it. The risks we've identified are [A, B, C]. Here is what we would do if [A] occurred. And here is what our peer health centers experienced when they took a similar step. Standing still also carries risk — here's what that looks like..."

When to push for a vote: When you have done the pre-work and this is a delay tactic. **When to defer:** When the concern reveals a genuine gap in your preparation or a legitimate unanswered question.

Objection #3: "We Need More Time / More Data"

What they really mean: "I'm not ready to vote, or I wasn't prepared enough by the packet and pre-work"

Response Framework

- Diagnose first: Is this a genuine data gap or a delay tactic?
- If data gap: 'What specific information would help you feel ready?'
- If delay tactic: Restate what data is already available and where
- Offer a conditional approval: vote with implementation contingent on a specific milestone
- Set a clear decision deadline: 'If we defer tonight, I'll bring this back on [date]'

Sample Language

"I want to make sure you have everything you need to vote with confidence. Can you help me understand what specific information is missing? We do have [X, Y, Z] in the packet. If there's a specific analysis that would close the gap, I can have that ready within [timeframe]. I want to be respectful of the board's timeline — can we agree on a date to bring this back?"

When to push for a vote: When you have done the pre-work and this is a delay tactic. **When to defer:** When the concern reveals a genuine gap in your preparation or a legitimate unanswered question.

Objection #4: "This Doesn't Align with Our Mission"

What they really mean: "This feels like it prioritizes money over patients, and I'm uncomfortable with that"

Response Framework

- This is almost always a framing problem, not a strategy problem
- Return to the Dollars → Patients → Community framework immediately
- Invite the board member to articulate what alignment would look like
- Share a patient story or community impact metric tied to this decision
- Remind the board: financial sustainability IS a mission responsibility

Sample Language

"Thank you for naming that — it's the most important question we can ask. Let me be direct about how this connects to our mission: [specific patient/community impact]. I'd also offer that our mission requires we remain financially sustainable — a health center that can't keep its doors open serves no patients. Can you help me understand what alignment would look like from your perspective?"

When to push for a vote: When you have done the pre-work and this is a delay tactic. **When to defer:** When the concern reveals a genuine gap in your preparation or a legitimate unanswered question.

Objection #5: "What Happens If This Fails?"

What they really mean: "I'm worried about accountability, and I'm not sure management has a Plan B"

Response Framework

- Show you've thought about failure — boards respect prepared leaders
- Define what 'failure' would look like and what triggers a course correction
- Describe specific decision points: 'If we don't hit X by [date], here is what we do'
- Clarify board vs. management accountability — who is responsible for what
- Propose a reporting cadence: regular updates keep the board informed and engaged

Sample Language

"That's exactly the right question, and I'm glad you asked it. We've defined success as [specific metric] by [date]. If we're not on track by [milestone], the specific steps we would take are [A, B, C]. I'm proposing to bring a progress report to this board every [timeframe]. Ultimately, management is accountable for execution — and we're committed to full transparency throughout."

When to push for a vote: When you have done the pre-work and this is a delay tactic. **When to defer:** When the concern reveals a genuine gap in your preparation or a legitimate unanswered question.

Common Financial Strategy Scenarios: A Broad View

Six scenarios C-suite leaders most frequently bring to FQHC boards:

1 — Reserve Fund Policy

Establishing or strengthening operating reserves — the most universally important FQHC board financial decision

2 — Capital / Facility Investment

New sites, major equipment, renovation — large one-time decisions with long-term financial implications

3 — New Service Line Investment

Behavioral health, dental, pharmacy, vision — expanding scope with business case and ramp-up projections

4 — Payer Mix / Sliding Fee Changes

Adjusting the sliding fee scale, targeting payer mix improvement, or renegotiating managed care contracts

5 — Deficit Response Plan

Presenting a recovery plan — the highest-stakes, most emotionally charged board financial conversation

6 — Value-Based Care / Risk Contracts

Entering capitated or shared savings arrangements — complex, high-reward, requires sophisticated board education

Scenario Deep Dive #1: Building or Defending Reserves

The Conversation

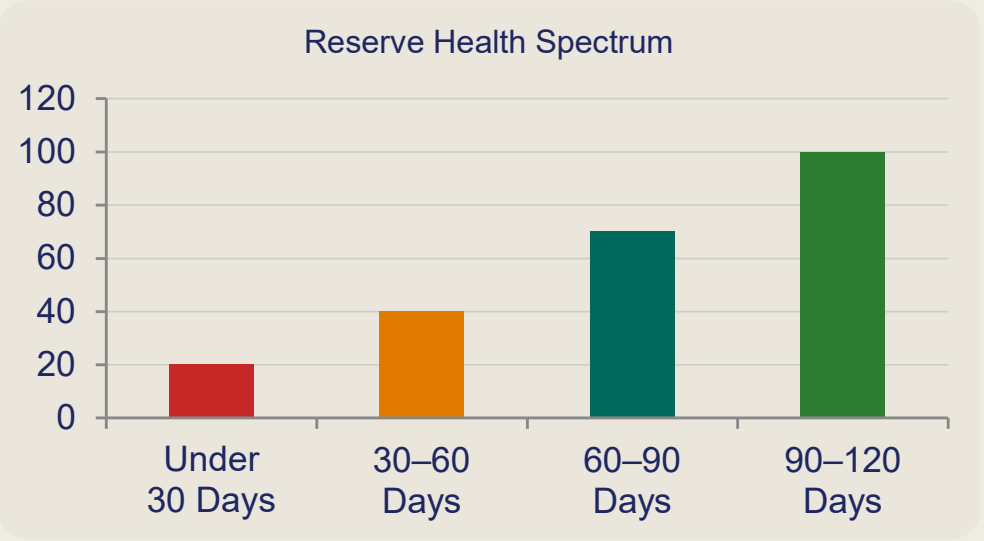
- "Why do we need reserves when we have patients we could be serving right now?"
- The mission-vs-money tension is most visible here — and most easily resolved with the right framing
- Connect reserves to mission resilience: reserves are what keep the health center open during funding disruptions
- Reference the federal funding landscape — the current environment makes this conversation urgent

Key Benchmarks

- HRSA recommendation: minimum 60 days cash on hand
- Best practice: 90–120 days or more
- Under 30 days cash on hand: financial distress territory

The Framing That Works

"Reserves are not money we're keeping from patients. Reserves are the reason we'll still be here for patients in year 3, year 5, and year 10."



Scenario Deep Dive #2: New Service Line Investment

The Business Case Structure for Behavioral Health, Dental, Pharmacy, and Other Expansions:

Phase 1
Ramp-Up
(Yr 1)

High costs, lower volume. Show the board you have planned for this — it's expected, not alarming.

Phase 2
Growth
(Yr 2)

Volume builds, revenue follows. This is where grant dependency risk is highest.

Phase 3
Steady State
(Yr 3+)

Sustainable model. Show the board what 'success' looks like in concrete financial terms.

- If Grant funding involvement, always disclose grant dependency risk: 'If the grant is not renewed in Year 2, here is our contingency'
- Show the PPS (Prospective Payment System) rate impact — new encounters drive FQHC revenue in ways boards often don't realize
- Include the workforce plan: the service line only works if you can staff it
- Reference successful peer health centers who have launched the same service

Scenario Deep Dive #3: Responding to a Deficit

The highest-stakes, most emotionally charged financial conversation you will have with your board.

1	**Diagnose First**	Is this a revenue problem, a cost problem, or a volume problem? The board needs to understand root cause before they can evaluate solutions. Don't bring options before you've shown the diagnosis.
2	**Present a Clear Recovery Plan**	Specific actions, responsible parties, timelines, and financial targets. Vague plans breed board anxiety. Concrete plans build confidence even in difficult news.
3	**Balance Transparency with Confidence**	The board needs honest information — and they also need to believe leadership has a handle on it. Both are true simultaneously. Lead with the problem; follow with the plan.
4	**Define What the Board Needs to Do**	Is this informational, or do you need board action? Be explicit. 'I need the board to approve a line of credit,' or 'I need the board to authorize a staffing reduction of X FTEs.'

When Approval Is Denied or Tabled

Reading the Outcome

- Tabled ≠ Rejected — understand the difference before you react
- Tabled means the board needs something you haven't yet provided
- Rejected means the board has heard you and said no — for now
- In either case: do not argue in the room. Thank the board, ask clarifying questions, and listen
- The question to ask: 'What would need to be true for this board to approve this proposal?'
- Proper advance preparation will almost always prevent this outcome

What To Do Next

- Debrief within 48 hours: call your board chair and 2–3 key members
- Identify the real concern — often different from what was said in the meeting
- Reframe before you return: same strategy, different narrative, better data
- Set a return timeline: 'I will bring a revised proposal to the [Month] meeting'
- Document the board's concerns and your responses for the record

HRSA Note: Document all board financial decisions and discussions — approval, denial, and tabling — in board minutes for compliance purposes.

Building Long-Term Board Trust in Financial Leadership

SECTION 6: WHEN IT DOESN'T GO YOUR WAY

Financial Literacy as a Board Development Strategy

- Orient new board members with an FQHC Finance 101 session
- Annual board education agenda: one financial topic per meeting
- NACHC, state PCA, and FQHC Associates resources for board training

Regular Dashboard Rhythm

- Monthly financials to Finance Committee; quarterly to full board
- One-page visual dashboard — same format every time builds familiarity
- Trend lines matter more than monthly snapshots

Celebrate Financial Wins with the Board

- Closed the year with a surplus? Announce it with context
- Reserve milestone reached? Make it a moment
- Boards that see results trust the leaders who delivered them

The goal is a board that trusts your financial judgment before the big ask — not one you are building credibility with during the big ask.

Key Takeaways

1. The board meeting is where decisions are announced — the real work happens in the pre-meeting relationships and conversations.
2. Translate every financial strategy into mission language. Dollars → Patients → Community, every time.
3. Use the Finance/Audit Committee as your runway. A committee endorsement is powerful social proof before the full board vote.
4. Present three options, not one. Boards that feel ownership of the decision are more likely to approve.
5. Know your five objections cold — and have your response framework ready before you walk in the room.
6. Build board trust between meetings. Financial literacy, regular dashboards, and celebrated wins make every future ask easier.

Questions and Wrap Up

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