The Other Side of the Fence: Perspective from a Former Manager

**Housekeeping**

Understand this is a diverse group so if I sound VA exclusive I am aware of our DoD friends. Similarly, I know not all managers are female but may use a lot of feminine pronouns.

My experience is both personal and global. I have been involved with FH for nine years and I’ve heard a lot of stories from other houses. This talk is a distillation of that experience.

Please save questions until the end; I’m not good with rabbit holes.

**Introduction**

All the houses are beautiful. All of them are staffed by amazing people. They will serve Veteran and military families with or without a community group. But there is a difference in the quality of guest experience between houses with a group and one without.

(Guest story)

Encourage groups in cap campaign to continue as sustaining group.

Warning to groups in capital phase: Post Opening Whiplash. Symptoms may include emotional let-down, hurt feelings, and booboo faces. You are still important but your role has changed.

**Public-Private Partnership**

(Slide one)

Illustration of the public-private partnership. Government/manager have a sphere, groups have another. The intersect is the mission. All of us are involved in its fulfillment; we have different responsibilities.

Government – 4 Ps

CGs – Fundraising and board development

Good news: if it’s on the government side you don’t have to worry about it!

You do the one thing your manager can’t – by law-do: be the money

(Stephanie’s nickname for me is The Money. I embrace it because the most important job is directing donated funds to improve the experience of the families)

**Manager’s Not List – The Fix**

Thorniest issues for managers fall into three basic categories:

1. **Boundaries**
2. **Relational**

* Ownership – exercised with sensitivity to staff obligations
* Work together: call first, don’t drop in; don’t schedule tours, etc. before clearing it with staff
* Respect the role, refer to the manager. Boards don’t manage guests, program volunteers, or staff.

1. **Operational**

* Have a separate identity – email, physical address, phone. There will be overlap but keep the lines as clear as you can (at least a cell phone and PO box)
* Checks to your org are yours; all else is GPF. You can ask to have funds directed to you instead of GPF (examples) but your name has to be on it for it to be yours.
* Represent role clearly, accurately, generously. Avoid creating confusion in the community. Avoid making more work for staff. (Ernie story)

1. **Collaboration**

* Manager should be at your meetings (hospital staff, too, as appropriate). You cannot make decisions in a vacuum. (Hamilton reference) Manager is the SME – listen & learn
* Consider a board liaison to the House (staff or board member); pay attention to what that liaison reports out
* Manager should feel board has her back (“I don’t think they like the Managers very much.”)
* Manage expectations
  + Work with manager to identify what minimum support looks like (groceries) and maximum support (garden, playground, massage, pony rides, etc.)
  + Board articulates guiding principles for decision making, e.g. “does it directly benefit the families? Do we have the resources? If not, what is our strategy for finding the resources?
  + Decide what you can do (budget) and assume contingencies (microwaves don’t die on a schedule)
  + Establish how you want your manager to make requests (trigger amounts, bids, etc.)
  + Communicate to the manger those intentions, principles, amounts, procedures
  + Your scope and vision will evolve and expand as you work with the manager. The question “What do we need to do to accomplish the program vision? This guides your strategic plan, case for support, fundraising, plan, communications plan, etc.
  + What community relationships can we cultivate to grow support (donors), volunteers, board members?
* Establish communication agreements: best/preferred methods
* Be responsive. Board members are volunteers, this is her day job. She will likely feel more urgent about requests so be timely in response. No crickets! That reads as a lack of concern.
* Respect the job and the complexities of the job. At home mom syndrome (refer to Brian’s list from yesterday). Hospitals do it, too. FH Managers are constantly tasked with acting roles for stints of at least 160. (Steph is on her 3rd in 4 years). Meanwhile, assistant manager does the work of a GS 12 or 13 at a GS 7 or 9, without extra compensation.

1. **Commitment**

* Know your house: how many rooms, etc. history & stories, follow the House on social media
* Board members come and go more frequently than House staff; create a positive culture that will endure any one board member
* Be in the House (e.g. quarterly board dinners); gives you a connection and your own stories to tell (FHF resources are awesome but the best stories are always going to be your own)
* Orient new board members to all this and review and reset occasionally
* Board chairs: police boundary crossers
* Be human. Caregiving is grueling.
* Managers are human and they make mistakes. That have cares and concerns outside of work. (Cecile’s dad story) Show them respect, kindness, compassion, empathy. You are colleagues and partners in this work.

I shared with you the story of Jodi and Kris, how they became the heart of the home during their stay and how Jodi’s passing affected all of us. But Jodi was happy in those last months in Fisher House and to this day her family thank us for making her last home such a special place. Your houses have similar stories and countless people who are forever grateful for Fisher House.

That’s why we community groups do this. We are partners in this mission of care and compassion and it’s a powerful mission. Thank you for your commitment in support of the Houses.