



STAYING ON TRACK

Keeping Christ at the Center of Your Ministry by Avoiding “Mission Drift”

by Steve Nobelett

James was honored when he was asked to serve on the board of the Christian community health center. He had heard a lot about the clinic and the two Christian doctors who started it. The clinic had received favorable press over the years for serving the poor in his community. The founding physicians openly testified that they were motivated by their desire to represent Jesus in both word and deed. James always thought that was the kind of thing the church should be doing, and he was excited for the chance to be part of it.

But James was in for a surprise, and not a very good one.

A few years earlier, the clinic had become a federally qualified health center (FQHC), which helped them become more financially stable, serve more people, and offer a broader panel of services. Things were going great until one of the founding physicians moved cross-country due to extended family issues. Less than a year later the same thing happened to the remaining doc. Now the clinic was left with a serious provider shortage. Being in a remote area, the board had a difficult time finding providers. Afraid that they might lose their FQHC status if they did not find replacements quickly, they hired new providers that were medically qualified, but were not committed to providing spiritual care.

Around the same time the board had to replace their executive director. Again, they found a capable person who would do a good job administratively, but

who did not really understand the original mission. Board terms began to expire, and within two years most of the original board was gone — replaced by people who had genuine interests in providing health care to the working poor, but who admittedly were not Christians.

Within three years this clinic had gone from being distinctively Christian in its mission to becoming a secular clinic very much like any other secular community health clinic in their state.

Over the last two years I have visited scores of Christian health ministries that serve the poor. When I visit a clinic I often ask, “What makes this a Christian clinic?” I get a variety of answers.

Virtually all of them talk about their desire to honor Christ by the way they serve and love their patients. Most of them look for opportunities to address the spiritual needs of their patients through prayer, counsel, helping them connect with a local church, and leading them into a personal relationship with Christ. Some clinics have staff prayer times and Bible studies. They talk about creating a work environment of peace, unity, encouragement, and joy. There is no end of great ways to honor Christ in a healing ministry.

I also like to ask about their major concerns and challenges. Responses are pretty predictable, with finances and personnel nearly always at the top of the list. Occasionally someone will share a concern

about the spiritual character of their organization. It is rare, but a few have been concerned about how the focus of the staff and administration may have shifted from their original mission and wonder how they can insure that the ministry will stay on track. I think this needs to be an issue at the top of everyone's list, because without a mission focus, "mission drift" is inevitable.

Mission drift occurs when the vision and values of an organization become compromised over time and the mission gets redefined. It is something that happens incrementally and unintentionally and is symptomatic of problems in leadership and governance. Mission drift is the second law of thermodynamics applied to organizations, and if left unchecked, will drive an organization toward secularism and mediocrity.

There is a difference between "adjusting" and "drifting" your mission. Every ministry needs to evaluate their mission from time to time to make sure that it is still relevant. For example, many clinics have a mission to serve uninsured people in the name of Christ. If health reform drastically reduces the number of uninsured people in their communities, then some of those clinics might adjust their mission to focus on becoming a medical home for their patients, or addressing health disparities in their communities. Adjusting your mission is intentional and strategic, and is an attempt to more faithfully follow the will of God for your ministry.

Some clinics seldom think about mission drift because their founders are still active in the ministry. It is usually not a problem in the first generation of an organization. But after the pioneers move on, mission drift becomes a real problem. Once an organization has lost their original core values, it is very difficult to get back on track. It takes commitment, patience

and a long-term strategic plan to recapture authentic spirituality and kingdom values.

WHO IS MOST AT RISK?

The word on the street is that clinics that take government money are the ones most likely to lose their Christian mission. Clinics that run on donations are thought to have more freedom to be Christ-focused. You might be surprised to learn that the opposite is true.

It is an unfounded concern that if you take federal money you will lose the freedom to have a Christian witness in healthcare. I have heard that so often that I figured it must be true... until I started actually looking at clinics that take federal funding. There are several dozen clinics that started out as Christian clinics and are now federally qualified health centers. Of those only a couple have experienced serious mission drift. (One of those is the clinic I referred to at the beginning of this article. But their departure from the original core values had nothing to do with regulations or pressures from government agencies. In fact, to my knowledge, not one of the CCHF related FQHCs has ever felt any pressure to play down the faith component of their ministry. To the contrary, some clinics report that their project officers have encouraged them in their focus on whole person care. Most Christian FQHCs are genuinely spiritual in character, regularly pray with patients, and freely share Christ with them.

I expected donor-based clinics to have less cause for concern about mission drift. Some of the clinics that I most enjoy visiting are charitable clinics that take little or no government funding. In some of those clinics there is a wonderful sense of the presence of God that is refreshing and unmistakable.

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But donor-funded clinics need to be concerned about mission drift. The director of one of the largest Free Clinic associations in the country recently told me that of the 60 “free” clinics in his state, between 75% and 80% had started out as faith-based clinics. 40% or fewer are still faith-based. In other words, of the 45 or more clinics that started out with the intention of being distinctively Christian, half of them no longer hold honoring Christ or holistic care as core values.

There were several contributing factors to the large numbers of Christian clinics that became secular. But the most prevalent was that boards and administrators felt that dropping their Christian identity would make them more attractive to foundations and contributors. It does not matter whether a clinic is federally funded or privately funded. What you will do - or will agree not to do - for money will determine how faithful you will be to your mission.

Please do not misunderstand my point. I am not suggesting that federally qualified clinics are inherently better than charitably funded clinics. Honestly, I don’t care how a clinic is funded. I have one interest: that Christian health workers choose to be part of the solution instead of perpetuating the brokenness of our health care system, and that we lead a movement of Christians who will seek to serve the poor by extending Christ’s love through healthcare.

We are committed to Christian care, not because it is easy or because someone will pay us to do it, but because it is right. We must guard ourselves from chasing resources that would require us to compromise our conviction that people are biopsychosocial-spiritual individuals who should be treated equally, compassionately, professionally, and respectfully. If the government, private donors, or the church want to fund us to do our mission, that is fine with me. If they should decide not to fund our mission anymore, then if our mission is God’s mission, He will provide another way.

LESSONS LEARNED

Here are my observations. Size does not matter. Large or small organizations can get off mission. Federal or private funding does not matter. Chasing funding will get you off mission if there are strings attached that do not line up with your mission and values. Transference of leadership can cause organizations to get off mission. Becoming immersed in the sea of need that shows up at your doors every day, and becoming overwhelmed by the mundane pressures of recruitment and finance can get you off mission... unless you do something intentionally to stop it from happening.

I believe there are three keys to remaining on track missionally. They have to do with governance, leadership, and having a real bond with the recognized body of Christ in your community.

GOVERNANCE.

This one is easy. Most clinics are run by boards. The by-laws of your organization should clearly spell out your mission and define your core values. The by-laws should also require that each member of your board embrace those values and embody them in their personal life. I am not aware of any state or federal restrictions that prohibit screening board members on the basis of the vision, mission and values of the organization. It is not very exciting, but clean up your by-laws.

LEADERSHIP.

Missions only get accomplished through strong leadership. If the core leaders in your organization are not clear about your mission and values, you have the wrong people in leadership. It may take longer to find the right people, but if your mission is God-given, then God will have the right people ready to lead. You need to take the time to find them; but I assure you, they do exist.

There are three things that leaders need to do to insure faithfulness to the mission.

First, a leader should serve as a symbol of the mission. Leaders need to be the incarnational embodiment of the values and vision of your organization. Bryan Hollinger at Esperanza, John Crouch at Good Samaritan, Art Jones at Lawndale and Bob Sayson at Good News in Portland are all excellent examples of well-known leaders that stand as symbols of their mission and values.

Secondly, leaders must be given the authority, responsibility and opportunity to communicate the vision and values of the organization. Fifteen minutes at a new employee orientation is a nice start, but it is not enough. This is not something that can be delegated to someone else. The leaders with the vision are the ones who need to be communicating it. The people who partner with us to serve the vision need to hear us talk about the vision on a regular basis... face to face, eye to eye, heart to heart.

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Thirdly, pioneers need to reproduce the vision in emerging leaders. In most CCHF clinics across the country the founding physicians are still around, and they set the spiritual tone of their organizations. But unless Christ returns in our generation, someone is eventually going to have to take over. God rarely gives us a vision for something that we can accomplish in one lifetime. That is why discipleship is so vital, especially in ministries like ours.

Unfortunately, leadership development is a weakness in most clinics. Some organizations are good at developing residents and helping new providers, but few seem to be doing much about raising up the next generation of leadership for their organization. It is not going to happen by accident, and if you don't start working on it now, mission drift is inevitable.



Vision has to become an internalized part of the soul of the next generation of leaders. It will require time and a level of relational commitment that few are willing to give. But when your vision becomes “their” vision, that new generation of dedicated leaders will begin to emerge.

CONNECTION WITH THE BODY OF CHRIST

Developing a meaningful, relational connection with a church is not always easy. The truth is that a lot of church leaders think they need to run things they are not qualified to run. Avoid those guys. There are plenty of church leaders who are genuinely concerned about and engaged in the community, and who understand how to walk in partnership with groups who have a common vision. Have them on your board. Invite them to involve with your staff during retreats, weekly devotion times, etc. Be accountable to them for the spiritual character of your ministry. Ask them to weigh in on how policies and plans line up with Biblical principles and with the wider work of God in your community.

YOUR CLINIC CAN PROVIDE A MEANS FOR THE CHURCH TO RECONNECT WITH ITS MISSION TO PREACH, HEAL, AND SHOW COMPASSION TO THE NEEDY.

You need the church. God has invested his Spirit and his truth to the church. When you see your ministry as an extension of the body of Christ into the needs of the world, you will begin to see the supernatural life of Christ flow through your organization. Your organization's connection with the recognized body of Christ in your community will increase your spiritual authenticity and help you stay on mission.

The church needs you, too. The church is at its healthiest when it is engaged in its mission. For a long time, the church in America has withdrawn from the world around it, becoming less and less relevant in the world's eyes and less and less effective at being salt and light. But there is a movement to re-engage the world in meaningful and Biblical ways. A lot of church leaders and congregations want to do that but do not know how. There is no more relevant or trusted ministry than holistic Christ-driven healthcare. Your clinic can provide a means for the church to reconnect with its mission to preach, heal, and show compassion to the needy.

THE STORY IS NOT OVER

I started by sharing about a clinic that had left its Christian roots. James felt much like Nehemiah did when he received a bad report about Jerusalem's broken walls and burnt gates. He was deeply grieved and responded by committing to a period of prayer and fasting. Then, at a board meeting he reminded the board about how and why the clinic started. He shared about the original vision of the Christian docs that founded the clinic, and told them that was his

vision, too. And he asked the mostly non-Christian board to consider recommitting to the original vision.

Amazingly, the board unanimously committed to take steps to return to being a Christian clinic. They recognized that they were a better clinic when faith was at the core of what they were doing. They are not entirely sure what to do. Their first step was to send James to the CCHF conference to begin to network with other Christian clinics across the country. That is where I met him and heard his story. James and his board have a long, hard road ahead of them, but I applaud their willingness to critique themselves, and to make this brave decision.

Succession planning, discipleship and leader development, communicating your vision regularly, recognizing and rewarding those who embody your core values, and having a real connection and accountability to the wider Christian community are all central to stewarding the mission that you have been given. In all things, our primary desire is to exalt Christ, that all may be drawn to Him.

Steve Noblett is the executive director of CCHF. He lives in Memphis with his wife, Victoria, and son, Paul, and their three dogs. He and Victoria also have two grown daughters.



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