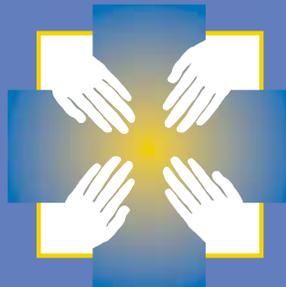


NEW COVENANT

Ministering Together

A Step-by-Step
Guide for
Collaboration
with Catholic
and Other
Community
Partners

November 2003



NEW COVENANT



Introduction

“We believe that church ministries can more authentically and effectively fulfill the caring and healing mission of Jesus by working together rather than separately.”

*Ministering Together:
A Shared Vision for Caring
and Healing Ministries, 2000*

It is our pleasure to present *Ministering Together: A Step-by-Step Guide for Collaboration With Catholic and Other Community Partners*, a *New Covenant* initiative. This guide reflects the New Covenant’s directive to strengthen and promote the organized expression of Catholic caring and healing ministries by working together rather than separately.

Much of the collaboration discussed in this guide is between two or more ministries of the Catholic Church. This ministry-to-ministry collaboration is emphasized because we have discovered that although in some communities a rich collaboration is taking place, in many other communities caring ministries work in isolation, often dealing with similar problems but without the help of natural partners.

Collaboration with other-than-Catholic community organizations sharing our vision of service is also important if we are to address critical community problems. We partner with vulnerable people, community leaders, and community service organizations to uncover needs, plan how to best address them, and carry out vital services.

This guide is based on a national study of collaboration sponsored by Catholic Charities USA and the Catholic Health

Association of the United States. Titled *Greater Than the Parts: A Collaboration Handbook for Catholic Charities and Health Care Organizations*, the study documents the current breadth of ministerial collaboration, identifies factors that facilitate or impede effective partnerships, and describes steps for local leaders.

We have also included an appendix that is a “how-to” guide for those interested in forming a collaboration with Catholic Charities, Catholic hospitals, parishes, Catholic schools, colleges, and universities on behalf of vulnerable populations such as immigrants, migrants, refugees, the homeless, and vulnerable women.

In keeping with the direction of *New Covenant*, Catholic ministries are doing more than just healing the sick and comforting the poor. Instead, we are creating transformation. Following Jesus’ example, we are challenging aspects of our society that perpetuate unjust structures, and we are creating fundamental changes in our social order. We are demonstrating that by *ministering together*, our collective action can *truly* make a difference.

**Signed by:
The New Covenant Steering
Committee**

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The starting point for *Ministering Together: A Step-by-Step Guide for Collaboration with Catholic and Other Community Partners* was *Ministering Together: A Shared Vision for Caring and Healing Ministries*, developed by the *New Covenant Steering Committee* in 2000 under the auspices of the National Coalition on Catholic Health Care Ministry.

The steps described for collaboration are based on lessons learned from a national study of collaborations between Catholic Charities and Catholic health care. That study was conducted for Catholic Charities USA and the Catholic Health Association by Health Systems Research, Inc. Members of the 2003 *New Covenant steering committee* added their varied experiences to bring in perspectives beyond social services and health care to include education, housing, economic development, and service organizations.

We are most grateful to the Saint Ann Foundation for funding the development of this document as well as other communication tools for *New Covenant*.

We are grateful, too, to Sr. Judith Ann Karam and her *New Covenant Models and Examples* task force for assembling the comprehensive list of ministry collaborations that appear in the appendix.

The gifted writer for this project was Marie Wood, who took hundreds of stories and translated them into the useful guidelines you will find within these pages. Thanks, too, to the staff who coordinated this and other *New Covenant* efforts: Roger Butler, Jane Stenson, and Julie Trocchio.

But most important of all, we are grateful to all the partners in ministry collaborations reflected in this document. To them, it was not enough to serve. They also gave their time and expertise so that others could learn to serve better by ministering together.

Step 1: Get Ready

Collaborating is about the sharing of responsibilities, resources, and risks to achieve a common goal; it is coming together as equal partners to find solutions to shared problems.

Be Clear About the “Why” of Collaboration

Inspired by the *New Covenant* vision of collaboration, ministry partnerships throughout the nation have discovered the potential for a stronger mission by working together:

- Collaboration results in better access to more services for more clients.
- Catholic partners collaborate because their organizations or agencies cannot deal with the scope and complexity of community problems by themselves.
- Catholic partners realize that they are more likely to make *lasting* changes in their communities if they speak and act together.
- Collaborating agencies have demonstrated that collaboration is a win-win situation for both organizations and their communities.
- Working collaboratively demonstrates *faith in action*.

Collaboration is one of the best ways to make the Catholic mission concrete and the values apparent.

- Working collaboratively demonstrates *good business in action*. Catholic partners define this as “using all available resources as thoughtfully, prudently, and effectively as possible.”

Partners in collaboration say working alone often isn’t enough because the needs of real people living in real communities are not categorical. For example, homelessness affects health status, and health status affects employability. If the organizations and agencies providing housing, health services, and job training are not working together, how can they expect to meet the complex, interactive needs of homeless people? If they are not speaking with one voice, what are the chances they will be able to successfully advocate changes that will improve the lives of the homeless?

Failure to recognize and deal with the cultural and organizational differences between partners can become a significant roadblock that could threaten the future of the collaborative.

“Collaboration efforts will maximize our resources and extend our response to the people and communities we serve. Achieving this vision, for the sake of the Gospel and for those to whom we minister, will require us as individuals and organizations to think, plan, and act differently. It will undoubtedly demand that we creatively address the cultures and mindsets that could easily keep us in our silos and limit the potential for collaboration. But this is the nature of a vision—to call us beyond where we are to a new future.”

*Ministering Together:
A Shared Vision for Caring
and Healing Ministries*

Understand Each Other’s Cultures (Including How They Do Business)

In the beginning of an effort between Catholic Charities and the Catholic Health Centers in Cleveland, OH, participants came to the table often carrying “uncharitable perspectives of each other and perhaps assuming malevolent intentions on the part of the other participants.” However, as they came to know and trust each other through the taking of small, manageable risks, “gradually mutual appreciation, respect, and trust replaced skepticism.”

Organizational culture is the context from which members of an organization view their role in the community. It also determines how people work within the organization. Different organizations carry on their work in ways that are comfortable for them and conform to the requirements of their organization. If each of the partner organization’s

cultural norms is not understood and respected by each of the other partners, problems can occur.

Take the following steps to help further the understanding of each other’s culture:

- **Create opportunities to get to know one another.** Visit the place where your partners work and provide services.
- **Review your potential partners’ annual reports and newsletters.** Attend annual meetings and fundraisers to sample firsthand the culture of your partners.
- **Understand how your counterpart conducts business.** Early on, learn how each organization carries out its mission.
- **Learn the other organizations’ processes** for sharing information, making commitments, arriving at and implementing decisions, and maintaining accountability.

Learn About Your Partner

Participants in the Community Health Enrichment Project of Orange County, CA, were surprised to discover they had a lot to learn about each other in the beginning of their collaboration; even though potential partners shared the same mission and values system, significant differences in institutional and organizational cultures still existed.

To ensure success when starting work with potential collaborative partners, actively listen to their point of view. Be sure you agree on the meaning of the collaboration right in the beginning. Focus on what people are saying and do not filter their words through a stream of preconceived ideas and prior experience. As a hospital CEO in California said, “It is important to step outside our personal experience and try to understand things from the perspectives of others.”

Others offered these ideas:

- Each partner has to take a risk and let the others “in” to their turf and to their individual styles of thinking, talking, and acting.
- Schedule monthly meetings and use other opportunities to regularly come together.
- Start and stay focused on what community residents need versus what the providers assume the community needs.
- Use each others’ strengths by getting to know and understand exactly what the other organizations and agencies do.
- Recognize and value your own resources and yourselves first before others can see and value who you are and what you do.
- Do not gloss over differences between partners with platitudes such as “We all share the same mission.” Rather, recognize, articulate, and address these differences.
- Finally, realize that no one group, agency, or organization totally owns the solution to problems any more than they own the problems. Include a diverse group of partners at your table, including representatives from other-than-Catholic organizations.

“Early on, be sure you are all speaking the same language.”

Collaborative Partner, Albany, NY



***New Covenant* is a commitment to strengthening and promoting the Catholic caring and healing ministries. It urges Catholic health care, social services, education, housing, dioceses, parishes, and other ministries concerned about the welfare of persons, families, and communities to work together to bring the healing presence of Jesus Christ.**

Acknowledge the Challenges of Ministry Partnership

In addition to the economic and societal challenges facing each of the church's ministries, organizations ministering together face internal challenges as well. Be realistic and explicit about these challenges, including:

- Cultural differences and the traditional separation among ministries of caring and healing.
- Fears that collaboration will diminish the distinctive identities and contributions of individual ministries.
- Current structures that inhibit collaboration.
- Diverse interpretations of what is meant by the "healing ministry of the church."
- Increasing demands on ministry leaders of all types, in particular on parish leaders, at a time when the other church ministries want to establish closer relationships.
- Competition among Catholic health and human services providers.

Putting such issues "on the table" can make a difference. As part of the *New Covenant* initiative, the Catholic bishops

of California convened a statewide meeting during which members of Catholic Charities, hospitals, and dioceses were challenged to find ways to work together. After this meeting, the Orange County partners came together and recognized that each organization possessed skills, relationships, experiences, and resources that were unique, allowing each to make its own special contributions. As a result, the partners were able to go from "I will" to "we will," knowing they could accomplish more acting collectively than they ever could individually.

These challenges can also be averted with clear leadership commitment. In the Tampa Bay, FL, area, commitment to the *New Covenant* ideal of an active Catholic community ministry is indisputable. This commitment helps the partners transcend the competitive and territorial barriers that often limit the success of collaborative projects. The commitment to ministry by religious and secular leaders, program directors, and direct service staff allows partners to put aside personal ambition and embrace the larger mission.

Step 2: Have A Plan

Create a Common Vision

Because collaboration often means different things to different people, developing a common vision becomes important in the beginning. This vision should also be reviewed regularly.

When the National Catholic Collaborative Refugee Network started three years ago, its partners—the Catholic Health Association, Catholic Charities USA, and the U.S. Conference of Catholic Bishops' Office of Migration and Refugee Services—created a common mission statement detailing what they hoped to accomplish together. Its guidelines for establishing future sites include requiring project participants to develop and share a statement of purpose for the project as well as developing and sharing clear goals and strategies for the year.

Steps to take to foster a common vision:

- **Use an explicit process** to identify common values you

share with your partners. This should include an open and ongoing dialogue.

- **Be clear about expectations and goals**—you will later be evaluated on whether you met them. Specific goals of the collaboration can include measuring numbers—such as numbers of clients, referrals, services, housing units, and meals serviced—cost savings, and health and quality of life.

- **State your objectives in writing.**

A good format for this is a vision statement that tells everyone where you are going. A vision statement should include a description of what you will accomplish, where and for whom you will achieve your vision, an account of the scope of the work, a statement of unique purpose, and clarity.

- **Stay focused** on the common vision.

Partnering between two compatible yet different organizations requires creating a palpable sense of what is important to both partners and then finding common ground on which to build a lasting relationship.

“The Catholic vision of caring for our neighbors calls us to treat illness with more than medicine, homelessness with more than shelter, poverty with more than just a handout. Our vision calls us to bring about healing—to seek health and wholeness of body, mind, and spirit for individuals, families, and communities—to carry on Jesus’ mission of love.”

*Fr. J. Bryan Hehir, President,
Catholic Charities USA
Fr. Michael D. Place STD, President
and Chief Executive Officer, CHA*

As the collaboratives launch initiatives and results, it is important that the community, policy-makers, funders, and the world know this.

Identify and cultivate champions of the project.

For example:

- Engage others by involving staff at all levels in the shaping of the collaboration, making it truly theirs.
- Include the community in the process, such as community foundations, the Catholic community, local government, and United Way organizations.
- Work with the communications and marketing staff of partner organizations and develop a communications and marketing strategy for the collaborative. Use these experts to help all the partners and stakeholders become more media savvy.
- Develop relationships with the media. Talk to members of the media about the issues the collaborative is addressing and explain why they are important to the health and well-being of the entire city or county.
- Remember that letting others know about the collaborative—including its goals and successes—buys visibility, credibility, political influence, and a whole array of resources, including new partners.

Decide How to Start

Talking about collaboration is easy; working collaboratively is a different story. Getting started means putting aside past experiences and leaping into the unknown in the belief that working collaboratively can result in better outcomes for our communities.

The process will begin when at least one person takes action to bring others together. It may be the bishop, the hospital CEO, or the director of the local Catholic Charities' agency. It may be a leader in another church ministry such as housing or education. What is needed is an individual or a group of individuals with a commitment to work collaboratively and the ability to inspire others to consider the same commitment. These are people who are able to convey the belief, as phrased by a Cleveland ministry leader, that "if we leap, the net will appear."

Some collaborative relationships start by tackling a specific aspect of a problem. In Phoenix, AZ, the Catholic organizations worked together to lobby for an increase in the Children's Health Insurance Program income eligibility criteria.

Other groups take on a well-defined problem. For example, a collaboration in Pittsburgh began in response to a large influx of young refugees who were more likely to use the emergency room for medical care unless they were provided with special assistance.

A Suggested Agenda for the First Meeting

Each partner describes and explains to the other:

- Here is what we do and whom we serve.
- These are some of our strengths.
- These are our current issues.
- These are what we see as unmet community needs.
- What could we accomplish together that we can't accomplish alone?
- These are some of the things I would consider contributing that could add value to a collaboration effort.
- This is what my organization needs to receive from collaboration.
- This is what I need to remain at the table.

Getting started may be the hardest step because it is the first step.



Sustaining collaboration over the long haul requires both partners to plan ahead and to plan together.

“Our shared vision commits us to a future encompassing new forms of ministry that transcend traditional boundaries, giving faithful Gospel witness. Such new forms will support innovative approaches to enhancing health and well-being—approaches that are more holistic and reach beyond both organizational boundaries and facility walls.”

*Ministering Together:
A Shared Vision for Caring
and Healing Ministries*

Decide What to Do

There are many different ways to decide what to do when starting a collaborative project:

- In Tampa/St. Petersburg, the Catholic Charities/Catholic hospital partners routinely use focus groups when beginning a project. This enables them to find out what issues are important to community residents.
 - A hospital in Green Bay, WI, also used focus groups to evaluate how well it cared for people at the end of their lives; they are now working with Catholic Charities agencies to address issues identified by the community.
 - Other groups, including the San Jose Mission in Florida, addressed the “What should we do first?” question by conducting an “assets and needs” assessment of the community. The assessment findings helped them determine where they needed to focus their attention.
- Sometimes existing systems join forces to address a community’s needs in a comprehensive way. In Cleveland, community problems were seen as complex and potentially overwhelming. Therefore, a broad-based strategy was formed to develop comprehensive services through the collaboration efforts of the Catholic Charities Health and Human Services, the Sisters of Charity of St. Augustine Health System (CSAHS), and the CSA Health System’s partnership hospitals in Cleveland. They agreed to jointly support the Inter-Organizational Development Department with its own staff of three, which was responsible for fostering collaboration efforts between the partners and within the community. They also sponsored a symposium—Blazing Trails—which is now held semi-annually, forming around one issue and developing an action plan each time it meets.

Time is money, and there is never enough of either.

“We have two great resources...professional competence translated into compassionate care...Competence in multiple ministries—education, social service, health care—is the vehicle through which Catholic social vision takes concrete shape in the lives of people throughout society. Competence is the means by which compassionate care is given effective meaning in the lives who are vulnerable, in need, or in pain.”

*Fr. J. Bryan Hehir
President, Catholic Charities USA*

Provide Sufficient Resources of Staff, Money, and Time

- **Staff**—A key lesson for a successful collaboration is the importance of staff. Early and ongoing involvement of staff at many levels helps to keep the collaboration on track. The designation of individuals to keep the collaborative vision in front of everyone will eliminate the danger of the group lapsing into old, categorical, hierarchical ways of doing business. In some cases two organizations will designate full-time inter-organization staff, such as Catholic Charities of Cleveland, which included a staff of three individuals responsible for the collaboration; in other instances, a person from one of the partners is designated collaboration coordinator, accountable to all the partners.
- **Money**—Funding agencies, when looking to fund projects, often like collaboration. The variety of funding sources tapped by different collaborations is striking. They can include diocesan and parish funds, government funds, county and state categorical program funds,

TANF funds, and private organizations, such as the United Way and the March of Dimes. In Cleveland, a small grant from a Catholic foundation got partners started. Catholic foundations tied to religious orders can also be a key source of support.

- **Time**—Collaboration requires time, and much of this is off-the-books time or time people didn't think they had. The reasons people are willing to give of themselves are varied. Sometimes it is a natural outgrowth of their faith. The overarching reason for putting unpaid effort into collaboration: the potential for benefit to the individual, the organization, the church, and the community. Volunteering tends to be successful when there is a specific task and a set time frame. Other responses to why people devote scarce time to working together have included sentiments such as, “I want to make things happen,” “It is a chance to make a difference,” “Something must be done now,” and “We will get more done this way.”

Decide What Structure Will Work for You

Create a structure that responds to community needs and available resources. For example:

- The bishop of Wichita, KS, addressed the needs of a growing Hispanic population and a struggling local economy by strengthening collaboration among the Catholic health, social services, and education systems. He convened a task force that includes representatives from each of the partner organizations who identify unmet community needs and create strategies to address those needs. The task force develops projects under its own auspices and helps other collaborative efforts that draw on the special ministries of the various members. The task force meets regularly every four to six weeks.
- *New Covenant* acted as a motivator for Catholic bishops in Orange County, CA, who challenged members of Catholic Charities, hospitals, and dioceses to find ways to work together. The result: the Community Health Enrichment Collaborative (CHEC), whose goal is to create a neighborhood-based health and social service

system guided by community residents and others involved in the community. The CHEC Advisory Council was formed with representatives from 12 other agencies, including a committee of representatives from the target neighborhoods, charged with empowering residents to improve their health and that of their families.

- The partners of the Albany Diocesan Community Health Alliance (DCHA)—Catholic Charities agencies, Catholic health care providers, Catholic parishes, and Catholic schools in the diocese—work together in a variety of organizational configurations determined by the nature of an initiative and its location. Its work is structured by a nine-member steering committee composed of representatives of the different Catholic ministries. The committee meets quarterly to discuss current projects and future initiatives, and it assigns project plans to different groups within the Alliance for detailed planning and implementation. DCHA hired a coordinator whose role is to prepare agendas, chair meetings, and prepare the minutes of collaboration meetings.

Talking about collaboration is easy; working collaboratively is a different story.

“We commit ourselves to transform our current relationships, structures, and services and to create a stronger, unified voice for justice in order to enhance the health and well-being of individuals, families, and communities.”

*Ministering Together:
A Shared Vision for Caring
and Healing Ministries*

Step 3: Make It Work

In Wichita, the bishop's vision and his outgoing, engaging personality brought the partners together, and the authority granted to the bishop, coupled with respect for him, keeps the partners at the table.

*Greater Than the Parts:
A Collaboration Handbook
for Catholic Charities and Health
Care Organizations*

Involve the Bishop

Leaders from the most successful collaborations have described the important role a bishop can play in starting and sustaining a collaboration. In Wichita, "The success of the collaboration demonstrates the importance of the active involvement of the bishop in promoting and sustaining effective collaboration."

As an integral part of a new collaboration, a bishop can, in the first meeting:

- Bring Catholic Charities agencies, health care providers, parishes, housing programs, schools, other ministries, and the larger community together to discuss a collaboration.
- Set the tone for collaboration.
- Encourage collaboration as part of the *New Covenant* initiative.
In subsequent meetings the bishop can:
 - Serve as the cheerleader for the group by regularly reminding partners what it is that brings them together.
 - Provide continuity by arranging for his successor to keep collaboration going.
 - Work with the partners to establish objectives of the collaboration, including general numbers such as clients, referrals, services, housing units, and meals served; cost savings; and improving health and quality of life for clients.



Remember That Meetings Matter

The first meetings of the collaboration set the tone and direction of the collaboration. During early meetings each partner explains to the others what it is they hope to accomplish together, each partner's strengths and weaknesses, and what it is that will keep the collaboration going.

As meetings progress, participants will enjoy the opportunity to meet many people who share their commitments. To ensure continued success:

- Make meetings fun. Celebrate anniversaries and other successes.
- Share meals together and visit each other's sites.

- Continue to participate in regularly scheduled meetings. Monthly meetings and other opportunities to regularly come together will provide forums for partners to nurture their relationships and build trust.
- Tolerate "messiness." Recognize that meetings in a collaborative don't usually proceed as smoothly as meetings held within an individual agency. Progress in meetings made up of partners from different organizations may not be as rapid and isn't achieved in a predictable, linear progression. If there are transitions in leadership, you may have to recognize that it will take a while until meetings run as smoothly as before.

Relationships have been strengthened as a result of meeting regularly every four to six weeks.

"We believe that caring and healing ministries are constitutive elements of the life of the church... We believe that greater collaboration among the church's human services, health care services, and parishes requires the active support and leadership of the diocesan bishop and diocesan structures... We believe that creating a new 'we' and using our resources together is not only important to the church, but is a gift to society at large as well."

*Ministering Together:
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and Healing Ministries*

Adopt Characteristics of Successful Collaborations

Collaborative partners relate experiences as varied as the partners and projects themselves. However, several overarching lessons emerged as essential for a successful collaboration:

■ Create synergy around the collaborative project. Arrange for representatives of each of the partner organizations to serve on the governance or advisory boards of the other partner organizations. Ideas generated at board meetings and the sharing of information and participation in discussions about these ideas strengthen relationships and bring synergy to the process.

- Acknowledge problems early in the process. Working in partnership can be difficult. Successful management of problems results from the willingness of the leadership of each organization to speak openly and candidly about their concerns.
- Be clear about expectations and abilities. Collaborative partners need to be up-front about what they can and cannot do as well as their differing opinions.
- Include the bishop, whose active involvement facilitates collaboration.
- View collaboration as an ongoing process in which you are continually learning.

Partners view this open-mindedness, faith in the collaborative process, and a shared Catholic mission as essential for success.

“[Our shared vision] has the potential of transforming our ministries, creating new synergies that will enhance the well-being of those we serve, and making our service to the Gospel more authentic and more effective.”

*Ministering Together:
A Shared Vision for Caring
and Healing Ministries*



Don't take too big a bite. You must have staying power while relationships mature.

“If the agenda is too broad or the outcomes too unfocused, the right folks won't stay with the collaboration.”

*Long-Term Care Administrator,
Pittsburgh, PA*

Set a Good Pace and Go for Early Wins

Trying to do too much too quickly can result in failure and disenchantment with collaboration as an approach to addressing community problems. To set a good pace from the beginning:

- Identify and focus on do-able projects with clearly identified objectives. Setting a good pace may mean tackling a specific aspect of a large problem.
- Start small with a collaborative project that has a low risk of failure.
- Do not be impatient. Success in one area generates confidence in the ability of partners to work together and encourages others to come aboard.
- Remember that partners need to experience meaningful success as soon as possible. Success breeds success and enthusiasm and over time builds trust for larger collaborative projects. This is why most partnerships choose to “start small.”

Set a Big Table

Although who comes to the table is often determined by a common Catholic mission, it is important at the outset to include all those who share some aspect of the mission. Setting a big table results in the coming together of a diverse group of partners, including representatives of other-than-Catholic organizations. By always asking and acting on the question, “Who else needs to be here?” you help to strengthen the ability to collaborate. Other potential partners can include:

- The diocese
- Parishes
- Catholic schools
- Catholic colleges and universities
- Catholic-sponsored housing
- Religious orders
- Local offices of the Catholic Campaign for Human Development
- Catholic women’s organizations
- Catholic volunteer organizations (e.g., St. Vincent DePaul,

Knights of Columbus, the Rosary Society, and the Knights of Malta)

Other nonprofit organizations, government agencies, and other religiously affiliated groups also can be important partners. A new clinic built in Miami to help serve the uninsured represents a collaboration between Mercy Hospital, Catholic Charities, the Knights of Malta, students in local schools, private vendors and contractors, the American Cancer Society, and the Robert Wood Johnson and Deering Foundations.

Sometimes local government agencies can provide the funds for special programs. A unique collaboration between the city of Phoenix’s prosecutor’s office and Phoenix Catholic Social Services is responsible for a very successful prostitution diversion program. In Montgomery County, MD, the county is setting up a parish nursing program in a Catholic Charities office. The county pays the staff person who works with congregational health ministers, many of whom are not Catholic.

No one group, agency, or organization totally owns the solution to problems any more than they own the problems.

“As the *New Covenant* Steering Committee... we look forward to discovering local leaders, bishops, pastors, religious, and laity who are interested in integrating the ministries of the church so that it will become a vital communion of disciples in creating communities of compassion and justice.”

*Bishop Joseph M. Sullivan,
Chair, New Covenant Steering
Committee*



In Chattanooga, TN, the Catholic hospital financially supports a parish nurse who is housed in facilities owned by the Baptist Church. In La Crosse, WI, the Catholic bishop brought together all the parish nursing programs in the community, including those sponsored by the Lutheran Church, to explore how they could work together. And Catholic Charities organizations often pool their talents with other faith organizations when resettling refugees. One such example: Catholic Charities of Joliet, IL, which works with New Hope Connection, a group of Catholic and Protestant churches and the local Islamic foundation, to adopt families.

Engage in Good Meeting Etiquette

Keeping partners involved and interested in the collaboration process requires good meeting etiquette. Some suggestions from Catholic partners:

- Be considerate when selecting a meeting location and make it easily accessible.
- Be sure the meeting location offers convenient parking and handicap accessibility and can be reached by mass transit.

- Remember to be sensitive to participant comfort zones, especially when involving community members. Consistently conducting meetings in the same location, such as a hospital board room, may give the impression that one organization is “in charge” of the collaborative.
- Conduct meetings on a regular, predictable schedule so partners can easily “find a place” on their calendars.
- Do not waste time! Tight, action-oriented agendas with concrete objectives make participants feel their time is well spent.
- Consider establishing ground rules. They could include starting and ending meetings promptly, respectfully listening to and disagreeing with others in the group, and expecting regular attendance.
- Finally, remember to respect each partner and recognize that each organization possesses skills, relationships, experiences, and resources that are unique. Allow each partner to make its own special contribution to the overall approach needed to effectively address community issues.

Collaboratives are fragile in their early days and need nurturing.

“Our shared vision calls us, as church, to work more collaboratively with other...faith-based organizations and values-compatible community agencies to enhance the health and well-being of individuals, families, and communities. Collaboration both within and outside of the church is not an ‘either/or,’ but rather a ‘both/and.’”

*Ministering Together:
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and Healing Ministries*

Step 4: Negotiate Roadblocks

It is important to recognize that roadblocks are inevitable and to prepare for their appearance.

“Our shared history provides the inspiration and wisdom we will need if we are to address successfully the challenges that face us in the new century...For 275 years, the ministries of education, social services, and health care have shared common origins and ecclesial space. In fact, one could surmise that the Ursuline Sisters did not plan on pursuing three distinct ministries, but rather saw themselves simply doing ‘what needed to be done.’ The forces of history brought about today’s sharp demarcation between the ministries.”

*Fr. Michael D. Place, STD
President and Chief Executive Officer
Catholic Health Association*

Acknowledge and Manage Turf Issues

Turf is always an issue when working with others. Arnold Andrews, Executive Director of Catholic Charities of St. Petersburg, FL, recalls a previous job where he worked in a drug abuse treatment agency for the government that would compete with others for dollars. “Collaboration is a different paradigm,” he says, “a more Christian way of looking at things and supporting each other’s work.” It is reassuring to bear in mind that once a collaborative has triumphed over one roadblock, the partners have learned valuable skills that will help them over the other bumps in the road. Here are some concerns involving turf and ways to circumvent them:

■ **Issue**—Fear of losing independence.

Solution—Pay careful attention to the uniqueness and importance of each partner. Be sensitive to organizational boundaries. Use memoranda of understanding, share project leadership, and cost out in-kind contributions.

■ **Issue**—Competition for funders.

Solution—Concern about the availability of funding can be a major roadblock. Decide to start small to build up funding confidence; make fund development every partner’s responsibility; think outside

the box for funders (do not just round up the usual participants); look to the full range of organizations committed to Catholic ministry for funding, including the Knights of Columbus, St. Vincent DePaul, Catholic schools and universities, and the foundations of religious orders; and remember that parishes can provide both human and financial capital for projects.

■ **Issue**—Not wanting to give up responsibility for previous issues.

Solution—As part of a collaboration, view community issues as problems every partner holds in common. This means sharing resources, responsibilities, and risks to develop solutions. The collaborative can then address issues in a noncompetitive, solution-oriented environment.

Some leaders have looked to our mutual heritage as a source of inspiration when navigating turf issues and similar obstacles to collaboration. The Ursuline Sisters of New Orleans are considered to be the founders of Catholic health care and social services, as well as education, starting 275 years ago. At times, a reminder of this more unified history can help key participants recall their original purpose and the advantages to be gained through collaboration.

Manage Transitions

Transitions, including staff turnover, new partners, and changes in staff and leadership can affect a collaborative's ability to go forward. Such was the case in Phoenix, where Catholic social services had been stymied in efforts to form a collaboration with a local hospital to address the medical needs of immigrants because of three recent turnovers of the hospital's executive staff. On the other hand, "new" people may bring skills and expectations to the group that will strengthen its work. Some suggestions for managing transitions:

- Create a welcoming atmosphere for newcomers. Welcoming a new leader to the collaboration and offering to share history or provide introductions plant seeds of collaboration that will bloom once the transition is over.
 - Cultivate participation in the collaboration throughout the organization so the loss of one leader does not create a void
- in the collaboration. When a hospital hierarchy is in transition, community outreach staff, volunteer service coordinators, and health mission staff are some of the possible managers who can sustain collaborative projects.
- Create relationships between similar organizational units in each organization. If people at lower levels of the partner organizations, not just the executive level, communicate, this will strengthen the capacity of the collaborative and help keep things going in times of transition.
 - Establish a process to keep all partners up to date on changes in organizations, including services, eligibility criteria, access information, "and contact information. Periodic brown-bag lunches or other in-service information-sharing opportunities are creative ways around this roadblock.

Turnover may actually be an opportunity disguised as a challenge.





Manage Conflict

Recognize that conflict can be inevitable—everyone has the individual organization’s agenda and responsibilities to attend to and also must deal with the larger and cross-agency agenda of the collaborative, all while managing everything within the context of a dynamic community.

Partners in the Orange County CHEC decided to minimize conflict from the start by developing and agreeing to a formal memorandum of understanding that carefully described the responsibilities of each partner in the collaboration effort. The CHEC partners and advisory council members also participated

in a leadership training session to help everyone learn how to discuss and make decisions collaboratively rather than unilaterally by organization. Collaboration is a different way of doing business and requires leadership skills that are different from those used in more traditional, hierarchical organizational structures.

The CHEC partners and other participants in the national study learned two other pointers:

- When negotiating particularly difficult items, work through the conflict gradually over the course of several meetings.
- Do not let conflict fester—get it out in the open in a spirit of fellowship and deal with it.

“Deal with fear of conflict; don’t allow folks to run away from it. Require that they stay, talk, and get past it.”

*Collaborative Partner,
Cleveland, OH*

Step 5: Sustain and Grow

What does it take to sustain and grow collaborations?

Persistence, creativity, and commitment to the Catholic mission.

“Collaboration rests on the foundation of the human person as a social being—a member of an assembly, a church that sees itself as a mystical body in which all the parts have a role to play, in which each is essential to the health of the whole. No one left out. The church is inclusive and seeks the active participation of all.”

*Bishop Joseph M. Sullivan
Chair, New Covenant Steering
Committee*

Use Each Other’s Strengths

A prerequisite to using each other’s strengths is getting to know and understand exactly what it is that other organizations and agencies do. Once potential partners become knowledgeable about the work of other organizations, they are in a position to recognize, value, and build on these strengths.

The nation’s largest nonprofit Catholic housing organization—the Mercy Housing Strategic Health Care Partnership—originated when the 11 religious communities who sponsor Mercy Housing joined forces with seven national Catholic health systems to increase the supply of affordable housing. Mercy Housing provided the housing construction and maintenance expertise while the health care partners contributed the financial resources. Together they have greatly increased the number of affordable housing units available to the poor in their communities.

In many places, collaboration could be enhanced if potential partners were more than “generally” aware of each other. Long-term care facilities seem to be less likely than hospitals to be both collabo-

rating with Catholic Charities and to be aware of specific services or programs offered by Catholic Charities. This suggests that there is unmet potential for collaboration between these partners. Even organizations and agencies currently engaged in some collaborative activities may not be fully aware of other areas where collaboration could be beneficial.

Bishops, Catholic Charities agencies, Catholic health care organizations, schools, parishes, and other ministries may consider developing strategies to increase awareness and knowledge among potential Catholic partners by taking the following steps:

- Organize a series of informal meetings to help introduce and develop professional relationships between the administrators of potential partner organizations.
- Hold separate meetings for the direct service staff of potential partner organizations.
- Conduct a structured forum or conference for the Catholic partners to share information about their organization or agency and collectively explore areas for potential collaboration.

Revisit Mission and Commitment

In Wichita, the Bishop's Community Task Force continues to keep its commitment to the Catholic mission by continually gathering information about current and emerging needs in the community.

Hospital partners in communities as diverse as Youngstown, OH, and St. Petersburg recognize that in today's competitive marketplace, it is the promotion of the core values of social justice, equity, and advocacy for the poor and disadvantaged that distinguishes Catholic health care from other health care. Similarly, Catholic

Charities agencies, housing programs, and other caring ministries know that their clients often require solutions to problems that are physical, emotional, and spiritual.

Sustaining and growing collaboration means revisiting your mission and commitment. Some ways to accomplish this include:

- Conducting annual joint retreats with a focus on mission and commitment.
- Engaging with leaders, staff, or boards on the foundational mission of the caring and healing ministries.

Promoting the Catholic values of social justice, equity, and advocacy for the poor and disadvantaged is central to increasing the visibility of Catholic ideals in our secular society.

"Together, the Catholic health ministry and Catholic Charities could make a real world and distinctively Catholic contribution to the concept of 'healthier communities'—one which benefits greatly the persons and communities we are committed to serve."

Profile of a Community Partner, 1996

Viewing community problems as problems you hold in common and then sharing resources, responsibilities, and risks to develop solutions is the essence of collaboration.

“Health care, human services, and local parishes can respond better to individuals and communities by creating a new “we”—bound together by a common vision, values, and language, and using our resources in creative and collaborative ways.”

*Ministering Together:
A Shared Vision for Caring
and Healing Ministries*

Make Collaboration Yours, Mine, and Ours

To sustain and deepen a successful collaboration means taking steps to consolidate support to keep the momentum going and growing into the future. The most frequently suggested strategies for sustaining collaboration focus on institutionalizing collaboration. This means “a collaborative way of thinking and acting is woven into the fiber of how Catholic partners and their colleagues view and address community health and social services problems and solutions.”

Some strategies that Catholic collaborations have used to nurture this approach:

- **Establish a staff position.** The person in this position must be seen as a trustworthy support of all the partners and a champion of collaboration.
- **Hold regular community meetings.** In Cleveland, a semiannual Blazing Trails conference is held that involves the community in discussions about collaboration successes and new areas to explore. Forums such as this keep the collaboration philosophy and approach continually visible and

also provide an opportunity for community members to actively practice collaboration.

- **Institutionalize the partnership** by integrating a focus on collaboration into the mission statement and/or the strategic plan of the organization and its performance standards for leadership staff. A focus on collaboration may also be included in orientation and training sessions for employees. Direct service staff are more likely to pursue collaborative solutions to problems if their organizations clearly value and reward this approach.
- **Speak with a single voice.** Remember that collaboration, by definition, means no one institution dominates the process.
- **Engage in advocacy.** See the next section for more on this.
- **Work together to identify and mobilize** resources to support collaboration efforts. This nurtures noncompetitive relationships between the partners and strengthens their ability to be creative in searching out and weaving together funding opportunities.

Engage in Advocacy

Many collaboratives note that speaking with one voice with either local or state government officials significantly increases the impact of their view on policies that affect the poor and disadvantaged.

For the most part, however, this is an area of untapped potential. Public policy advocacy can and should be a strong component of the Catholic mission. Building the Kingdom requires responding to the spiritual needs of persons while attending in an integrated way to their physical and social needs. Jesus not only healed the sick, he also challenged unjust structures

and called for fundamental social change. So, too, can ministries of the Catholic Church, with their combined voice of experience and compassion.

Leaders interested in pursuing collaboration may want to consider joint efforts around Medicaid funding and other federal/state programs for low-income populations. Other church ministries and community organizations could be enlisted. National advocacy efforts—such as Children’s Health Matters—can also be important vehicles for joint grassroots action at the local level.

“Advocacy with and on behalf of those who are poor, marginalized, and vulnerable is not optional. It is at the core of what we are about. This should not be surprising; Jesus’ mission was, after all, transformative. He cared for and healed individuals, but also demanded a change in those conditions which brought them harm. Working to bring about God’s reign is ultimately transformative work.

Our shared vision commits us to a future in which leaders in caring and healing ministries, along with those we serve and other partners, work prophetically to transform structures of society in order to provide access and opportunities to those who are voiceless, powerless, and unable to participate fully in society.”

*Ministering Together:
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“Action on behalf of justice and participation in the transformation of the world fully appears to us as a constitutive dimension of the Gospel, or in other words, of the church’s mission for the redemption of the human race and its liberation from every oppressive situation.”

1971 Synod of Bishops



The success of future collaboration is determined by planning that is done today.

“Our shared vision commits us to collaborative planning of innovative ways to address the needs of the communities served...We believe that by ministering together, all the caring and healing ministries will not only be better stewards of their resources but will address real needs more holistically and effectively.

*Ministering Together:
A Shared Vision for Healing
and Caring Ministries*

Promoting Catholic social teaching through the broad Catholic ministry requires the ongoing, visible collaboration of all partners.

Plan, Plan, Plan

Sustaining collaboration over the long haul requires the partners to plan ahead and to plan together. This can best be accomplished by:

- Involving all the partners— planning in a vacuum can result in competition around agendas and resources.
- Allowing representatives of partner organizations to participate in their counterparts’ strategic planning processes. This will allow for the identification and promotion of common goals and outcomes.
- Fitting collaboration into the organizations’ strategic plans.
- Establishing a structured, ongoing process for planning.

For the DCHA, what works is a nine-member steering committee that formulates its future work. Every two years, five to eight top executives from each of the collaborative partners come together in an all-day management leadership forum to discuss current

and emerging issues and propose projects to address those issues.

Washington state’s St. Joseph Hospital’s Community Outreach department works to maintain an ongoing assessment of the community’s health needs and resources. Outreach activities involve the development of collaborative responses to community needs, with particular attention to primary prevention programs for children.

Keep the Momentum Going

Sustaining and growing collaboration means keeping up the momentum you’ve established. Some ways to accomplish this:

- Conduct annual joint retreats
- Participate in shared trainings or workshops
- Organize recognition events/award dinners
- Foster ongoing press coverage
- Mobilize volunteers
- Stay open to new ideas
- Stay focused on the Catholic mission



Step 6: Assess and Celebrate Results

A community can measure its own health by the health of its collaboratives.

“As we move forward in implementing our shared vision, we should seize every opportunity to ensure that the church’s caring, healing, and educational activities are integrated for the well-being of individuals and communities.”

*Ministering Together:
A Shared Vision for Healing
and Caring Ministries*

Evaluate Objectives Met

It is essential that partners obtain and allocate resources for some level of evaluation of the collaborative. The need to do this is two-fold: First, evaluation of collaboration efforts provides the information Catholic partners need to offer the most effective, efficient services to their community. Second, an evaluation documents the results that can be obtained through collaboration. In this way collaborative partners can evaluate if their initial objectives were met.

Each of the sites involved in the National Catholic Collaborative Refugee Network documents accomplishments and challenges on a monthly basis and shares them quarterly with all other participating sites. In addition, local sites follow guidelines and use a progress evaluation tool to ensure goals are met.

Experience from the national study indicates there are different ways to measure the outcomes of collaboration:

- Measure success in terms of numbers, such as numbers of clients, referrals, services, housing units, and meals served. If carefully crafted, this approach is useful; it provides information that demonstrates that because of our efforts, more (or less) of something is happening.

- Measure success by using costs, particularly cost savings. For example, examine how the implementation of an effective community-wide information and referral system reduces inappropriate use of hospital emergency departments and associated costs.

- Measure success by measuring health and quality of life, using outcomes such as successful management of chronic health conditions for particular populations groups or mobility of the elderly. This truly spotlights the purpose of collaboration. However, it is challenging in that it requires the identification of measurement indicators for complex concepts such as comprehensive services, a seamless system, and continuity of care.

Different partners may have different perspectives on what to measure, but it is more important to agree on ways to measure and evaluate what the collaborative has done. A process for evaluation should be built into the overall planning process. The partner organizations can use current evaluation staff to assist evaluation. A local college or university may have faculty and students interested in working with the community on this issue.

Evaluate the Quality of Your Collaboration

Often Catholic partnerships fail to examine the quality and strength of their collaborative in a formal method. The exception is the CHEC of Orange County. Because it has the goal of developing a collaborative approach to the organization and delivery of services that can be replicated in other communities, it views evaluation as very important.

CHEC hired a consultant working with the collaborative's hospital partner to conduct the evaluation. The result evaluates the quality of their collaboration on a number of different levels:

- To evaluate the quality of their collaboration on the program and service levels, they measure the number of clients who are referred to or already receiving services.
- To measure the strength and growth of the collaboration, they used a variety of strategies, including surveys and key informant interviews.
- To measure the quality of the collaboration on the overall

system of care, they measure outcome indicators such as the reduction in the use of the hospital emergency departments as a primary site for care and the level of empowerment of community residents as measured by participation in city government.

CHEC also examines the effectiveness of the collaboration itself by using leadership, management, communication, decision-making, and conflict resolution as indicators to be rated as high, medium, or low. In addition, the group felt it would be important to assess participants' perceptions of equitable treatment and of the balance of costs to benefits of involvement in the collaborative. Each of these functions and factors was carefully defined, and a variety of assessment tools were used to gather data.

The result: CHEC partners and stakeholders found the evaluation process very positive and the findings extremely useful. Action plans have been formulated to address the findings.

Collaboration takes valuable time and resources and we want to spend the time available on activities that will quickly and directly benefit the community. As a result, evaluation of our efforts...is often given short shrift.

Failure can be a useful learning experience.

“The church is a learning and teaching institution continually striving to know God’s will and to proclaim it; to preserve its tradition and apply it to current circumstances; and to understand the joys, sorrows, hopes, and disappointments of people. This activity is both caring and healing in and of itself.”

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Learn From Your Failures

An early effort to establish a full ambulatory care service on the Catholic Charities campus of Tampa brought the partners together in an intensive collaborative strategic planning process. Later, financial considerations made the project impossible. However, the participants learned from their experience. The shared disappointment, solidified relationships, and strengthened a common commitment to future collaborative projects. In the words of one participant, “The failed attempt was actually good for us. The process was a success since we got to know people on multiple levels.”

Roadblocks that can’t be surmounted, and even the occasional failure of a collaborative effort, can actually deepen relationships because the process of overcoming difficulties often brings people together. Lessons learned from ministry partnerships suggest that the best approach to an unyielding roadblock is to consider it as an interesting challenge that requires creative problem-solving rather than as an insurmountable barrier. If the roadblock proves too difficult to overcome, the groundwork has still been laid and relationships forged for future, more successful collaborations.

This is not the time to be shy, modest, or pinch pennies.

We are animated by the Gospel imperative to further the caring and healing mission of Jesus.

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Trumpet Progress

- Trumpet your success. As the collaboratives launch initiatives and get results, it is important to let the community, policy-makers, funders, and the world know this.
- Develop a communications and marketing strategy for the collaborative by working with the communications and marketing staff of partner organizations. Use these experts to help publicize the collective's progress.
- Develop relationships with the media and bring them to the community to talk about the issues the collaborative is

addressing. This includes the print media, from the regional newspapers to the local “penny saver” newspapers. It also includes television outlets and local radio stations.

By trumpeting documented results that were accomplished because of collaboration, you are ensuring “money in the bank” in terms of positive publicity in the community, political influence, future funding, and the accountability and credibility of the collaboration. Trumpeting accomplishments is not boasting—it is being accountable to your organization, to the broader church, and to your community.

Appendix



Here's What You Need to Know to Collaborate With...Catholic Charities

Catholic Charities USA is a national network of more than 1,600 community-based agencies and institutions that aim to reduce poverty, support families, and empower communities. Since its founding more than 250 years ago, Catholic Charities has grown to become one of the nation's largest voluntary social service networks. Each Catholic Charities agency is unique, but every one shares the common goal of providing the services and programs that its particular community needs the most. The Catholic Charities network helps nearly 10 million people a year of all religious, economic, and racial backgrounds.

Catholic Charities agencies are organizations with many layers. Local Catholic Charities agencies offer anywhere from a few to more than 100 different programs helping the underserved, depending on the location. These include programs on adoption, foster homes, housing services, HIV/AIDS services, immigration, pregnancy, parenting, refugee services, and respite care.

To work in a collaboration with Catholic Charities you need to:

- Call the agency executive director and introduce yourself. With the exception of large agencies, most executive directors are easy to reach. He or she will know how to help you reach the appropriate staff person. The executive director should also know if his or her agency is participating in collaborative projects with other community nonprofit organizations. If so, he or she will have the potential to link you to a larger network.
- If you want to work on behalf of a specific population, such as the elderly or refugees, and you already know the Catholic Charities staff involved in that program, then start there.
- Many Catholic Charities agencies have a staff position with the title of "parish social minister." This individual can provide support for work involving parishes in the local diocese. Often they have initiatives in as many as 15 to 20 different parishes, know the parish staff, and can save time locating the appropriate person and program.

"Our shared vision commits us to a future encompassing new forms of ministry that transcend traditional boundaries, giving faithful Gospel witness. Such new forms will support innovative approaches to enhancing health and well-being approaches that are more holistic and reach beyond both organizational boundaries and facilities walls."

*Ministering Together:
A Shared Vision for Caring
and Healing Ministries*

Links For Catholic Charities:

Catholic Charities USA:
www.catholiccharitiesinfo.org
www.catholiccharitiesusa.org



- If you don't know where to start, go to the Internet and look up your state. In some instances the state web site will have a directory of local agencies and can link you to the local Catholic Charities office.
- The Catholic Charities USA web site is also helpful: www.catholiccharitiesusa.org. This membership organization serves as the national service center of the Catholic Charities network. It provides leadership, technical assistance, training, and other resources to local agencies. This site can link you to your local agency. This is especially helpful when, as in the state of Arizona, Catholic Charities agencies are known by different names, such as Catholic Social Service or Catholic Community Services.

Catholic Health Care

Providing adequate health care to the underserved in this country remains a huge challenge. Our communities are stretched beyond their capacity to provide what is necessary.

The Catholic health care ministry responds to this growing need not only with hospitals but with a vast network of nursing facilities, adult day care centers,

assisted living and senior housing facilities, home care agencies, and other home and community-based services.

Because more can be accomplished in this area with a partner than alone, many hospitals and continuing care providers are participating more and more in successful collaborative projects. Today successful collaborations are already in place between health care organizations and those who work on behalf of immigrants, refugees, and the homeless, providing education, housing, and health care services. Health care facilities today play many roles, including donating space for temporary shelters for the homeless, providing education to parents for the promotion of health for their children, and staff to teach preventive health care measures to immigrants.

To collaborate with Catholic hospitals and continuing care organizations:

- Find out what continuing care facilities currently offer to the community. Health care facilities usually work with people over a long period of time and often are familiar with their families, friends, neighbors, and other community supports. They tend to know about the community, its problems and resources. It is



Links for Catholic Health Care:

Catholic Charities USA:
www.catholiccharitiesinfo.org
www.catholiccharitiesusa.org

USCCB:
www.usccb.org

Catholic Health Association:
www.chausa.org

important to say, “What are you doing already?” For example, “What are the chances to collaborate on setting up mobile vans to be available to the community?”

- Find out the person who has the authority to authorize further action, either the president or another designee of the continuing care facility. Most Catholic health care facilities have a mission services person responsible for community outreach.
- Often the CEOs of hospitals, Catholic Charities, and other health care facilities serve on each others’ boards, so they are already aware of the right people to contact in other organizations. Remember that hospitals are usually very well-connected to their communities. Besides being large employers in their individual communities, they also know the “movers and shakers” in their city or town.
- Keep in mind that continuing care ministries typically have smaller administrative staff than hospitals, with leaders and staff wearing many hats.
- Learn about other successful partnerships and how they have formed. For instance, Mercy Hospital in Miami built a clinic in 2002 that was the result of financing from private foundations, such as the Deering Foundation and the Robert Wood Johnson Foundation, but also received help from the American Cancer Society, the Knights of Malta, Miami’s bishop and the parish, and physicians volunteering for Catholic Charities.
- Finally, be aware that continuing care ministries often need entry-level employees and strive to provide quality jobs to achieve quality care.

Parishes

There are more than 19,500 Catholic parishes in the United States. For many people, especially immigrants, the parish is the first place to seek help. Every parish is different, with different resources and abilities. Many have organized parish-based social ministry efforts that promote a range of projects from direct service to social concerns.

There are countless opportunities for collaboration in parishes. According to Mary McGinnity of the Secretary for Social Concerns Office for the Archdiocese of Washington, “Belief is crucial to our work here. We have to live organically, bring more hands around the table to find answers, whether regarding housing, health care, or immigration issues, whatever issues that the poor and vulnerable have.”

To collaborate with parishes you should know about the:

- Parish Social Ministry, a unique partnership between Catholic Charities agencies and parishes. It draws parishioners into the work of the Church’s social mission. Through parish social ministry, more than 4,000 parishes across the country address community problems in ways most appropriate for local circumstances.

The national parish social ministry network is composed of 80 agencies across the country. Catholic Charities USA’s Regional Parish Social Ministry Training Project continues to train agency and parish leaders and develop regional parish social ministry networks.

- A relatively new ministry in many parishes is the parish health ministry, which is local and community based. Health ministers emphasize prevention and education and they work within their parishes with social concerns ministries and homebound ministries. At the forefront of this work are parish nurses, whose numbers have been growing in congregations—Protestant, Catholic, and other faiths—for almost 20 years. They are viewed as health promoters focusing on the care of the whole person. Most work on a part-time basis.
- Health ministers also include lay volunteers trained as health advocates to provide support and listen to parishioners who are sometimes troubled and lonely.
- Wellworks is a good resource that assists congregations to develop congregational health and wellness models: www.wellworks.org.

Links for Parishes:

Wellworks:
www.wellworks.org



Catholic Campaign for Human Development

The Catholic Campaign for Human Development (CCHD) focuses on offering empowerment programs that foster self-sufficiency, helping lift people from lives of poverty. Established by the Catholic bishops of the United States in 1970, the Campaign has offered more than \$260 million to 4,000 self-help projects initiated and led by poor and low-income people.

With funds donated by parishes through an annual collection, as well as private donations from foundations, religious orders, and individuals, CCHD awards grants on the basis of need, not religious affiliation. CCHD-funded projects work to improve neighborhoods, advocate for better education in local schools, create jobs, and form more welcoming communities for immigrants and refugees.

CCHD achieves its long-term goal of eliminating poverty and injustice in the United States with collaboration and the active engagement of Catholic and other community-based organizations. In recent years, it has intensified its collaboration with organizations such as the Catholic Health Association, Catholic Charities USA, the Association of Catholic Colleges and Universities, and their

local affiliates. CCHD has assisted statewide Catholic Charities organizations and state Catholic Conferences to strengthen relationships with community-based groups dealing with issues such as immigration policy, criminal justice practices and policies, and welfare reform.

One CCHD collaboration included a welfare-to-work initiative in which CCHD joined the Catholic Health Association and Catholic Charities USA in the promotion of worker-owned cooperatives in the fields of para-professional home care and day care. Another occurred when CCHD worked closely with the Association of Catholic Colleges and Universities to sponsor an internship placement program through which university students acquire both knowledge and skills in the areas of community development and social justice advocacy.

If you want to form a collaboration with the CCHD, you can

- Contact your local diocesan director
- Contact the CCHD national office at 202-541-3210
- Consult the CCHD web site: www.usccb.org/cchd

Links for Catholic Campaign for Human Development:

Catholic Campaign for Human Development:
www.usccb.org/cchd

USCCB:
www.usccb.org

Catholic Health Association:
www.chausa.org



Links for Catholic Schools

NCEA:

www.ncea.org

Catholic Campus
Ministry Association:
www.ccmanet.org

Community-Campus
Partnerships for Health:
www.futurehealth.ucsf.edu

USCCB:
www.usccb.org/cchd/youth.htm

Center of Concern: www.coc.org

National Federation of
Catholic Youth Ministry:
www.nfcym.org

Catholic Schools

Catholic schools, colleges, and universities across the country are involved in numerous collaborations in a number of ministry settings. They include collaborative initiatives with the Catholic Health Association; Catholic Relief Services (CRS); CCHD; the United States Conference of Catholic Bishops' (USCCB) Secretariat for Social Development and World Peace and their Office of Higher Education and Campus Ministry; as well as collaboratives with other colleges and universities and local, state, and federal government agencies, such as the United States Agency for International Development.

More than 1,200 Catholic high schools serve more than 600,000 students throughout the United States, and 7,000 Catholic preschool, elementary, and middle school learning communities educate more than 2 million students. Through the National Catholic Educational Association (NCEA) and the USCCB, many of these students are actively involved in collaborative social justice projects. Other projects collaborate with agencies to meet the needs of families whose children attend Catholic schools.

Some examples of collaborative projects involving Catholic schools or Catholic school students include:

- CCHD developed a multimedia youth arts contest three years ago to reach out to youth and encourage them to work in a creative way on projects that explore the issues of poverty and injustice in the United States. It is open to students in the 7th through 12th grades in Catholic schools and parishes.
- *Frontiers of Justice*: A collaborative endeavor between CRS and the National Catholic Educational Association, secondary school department, seeks to integrate issues of global justice into the high school curriculum and social ministry projects.
- In New Jersey, the Sisters of Charity of St. Elizabeth run the Seton Center, a cooperative program of four schools that works with whole families to provide prevention programs for alcoholism, drugs, separation, and so forth. It provides preventive training and decision making skills for families and works with a neighborhood health center where nurse practitioners provide diagnostic services and treatment. It also offers a job search program and collaborates with other area Catholic schools as well as agencies in the private and public sector that make available resources and expertise to help at-risk students.



Resources include:

- Since 1997, Selected Programs for Improving Catholic Education (SPICE), a collaborative effort between NCEA and Boston College, identifies and makes available for duplication outstanding programs that address pressing educational needs. In 2000 SPICE sponsored a program on integrating the social teaching of the church into Catholic schools and listed schools that have successful ongoing social service programs. You can find out more about SPICE by visiting www.ncea.org/departments/cace/programs/spice.asp.
- The National Federation for Catholic Youth Ministry, a professional organization of affiliated dioceses and collaborating members, offers programs to enhance ministry with young people, including “Stand Against Violence,” “Environmental Justice,” and “Children of Military Parents.” Next November, in collaboration with CCHD, CRS, and the USCCB Office of Social Development and World Peace, the federation is designing a program called Youth Congress whose topic is social justice.

Catholic Colleges and Universities

Some examples of collaborative projects with students attending Catholic colleges and universities:

- Catholic University of America opened a Child and Family Community Behavioral Health Center, a mental health clinic funded by a grant from the U.S. Department of Health and Human Services’ Bureau of Health Professions.
- Saint Michael’s College, VT, is partnering with LakeNet, a nonprofit organization seeking to protect the world’s lakes, supported by a USAID grant.
- The University of Portland, OR, in partnership with Providence Health System, is establishing a multimillion dollar scholarship program that includes 75 full-time tuition scholarships and placement opportunities in the Providence Health System, the largest program of its kind to address the issues of this country’s nursing shortage.
- The University of Santa Clara, CA, in collaboration with the local Catholic Charities and hospital of that region, conducted a survey of the end-of-life preferences of its Hispanic community. The results of the survey were sent to

Links for Catholic Colleges and Universities

Association of Catholic Colleges and Universities:

www.accunet.org

NCEA: www.ncea.org

Catholic Campus Ministry Association: www.ccmnet.org

Community-Campus Partnerships for Health: www.futurehealth.ucsf.edu

Catholic Charities and local hospitals to develop informed practice taking into account what Hispanic families are looking for in terms of end-of-life care.

Resources for collaborations with Catholic colleges and universities:

- The Association of Catholic Colleges and Universities works with faculty on peace and justice and Catholic social teaching seminars. Its peace and justice education web site represents a collaborative effort of the Association of Catholic Colleges and Universities (ACCU), CCHD, CRS, and the Departments of Social Development and World Peace and Higher Education and Campus Ministry at the USCCB (USCCB/SDWP). It provides campuses with links to resources they can collaborate with (<http://update.accunet.org>).
- Another excellent resource is the Community-Campus Partnerships for Health, a non-profit organization that promotes health through partnerships between communities and higher educational institutions. It is a growing network of more than 1,000 communities and campuses that are collaborations to promote

health through service learning, community-based research, community service, and other partnership strategies.

Housing Programs

According to many local Catholic Charities agencies, the leading problem low-income families face is the shortage of affordable housing. The U.S. Department of Housing and Urban Development (HUD) reports that the number of families paying more than half their incomes for rent, living in severely substandard housing, or doing both is at an all-time high of 5.4 million people. According to HUD, for every 100 households at or below 30 percent of the area median income, there are only 36 affordable units available.

The housing shortage is typical in Arizona. In the words of Paul Martodam, executive director of Catholic Charities in Phoenix, “The demand for housing here is tremendous, way beyond what we can meet. We are turning away two requests for every family we can serve.”

The reasonable solution, to build more low-income housing, sounds simple but can be complicated. Barriers exist, including communities less than enthusiastic about welcoming low-income housing

Links for Housing Programs:

Catholic Charities USA:
www.catholiccharitiesusa.org

Mercy Housing:
www.mercyhousing.org



developments as well as a struggle for financing.

Building low-income housing also takes time. From the concept to grand opening takes three to five years. Families needing housing must wait until that time and continue to live in unsafe, unhealthy, and unaffordable housing conditions.

Luckily, families with limited means can be helped by working with local governments to restore unsafe and unsanitary apartments in such a way that the residents will not have to pay higher rents after the renovation (Section 8 can be helpful).

The ultimate solution is to recognize housing as a social and economic justice issue and, in the spirit of the *New Covenant*, find innovative, equitable solutions to a growing housing crisis.

To find out about providing housing for the underserved in your community:

- Make contact with your local community's organizations, such as hospitals, schools, local government agencies, and social

service agencies, to see who is already helping to serve the homeless.

- Become aware of nonprofit organizations that help the homeless, such as Catholic Charities, and nonprofit housing organizations such as Volunteers of America and National Church Residences.
- Contact the Strategic Health Care Partnership (SHCP), a collaboration of Mercy Housing and seven Catholic health systems that have formed an alliance to bring affordable housing and health care services to individuals and families. SHCP offers health care, education, child care, and employment as well as housing. SHCP can claim housing projects in 34 states. Their clients include the economically disadvantaged as well as the elderly and persons with HIV/AIDS. The Mercy Housing System has provided more than 40,000 individuals and families homes and it continues to grow.

Collaboration on Behalf of and With...

Links Concerning Refugees:

Catholic Charities USA:
www.catholiccharitiesusa.org

USCCB: www.usccb.org

Catholic Health Association:
www.chausa.org

Refugees

Refugees are defined in international law as people who are forced to leave their countries because of religious, political, or ethnic persecution and who are unable to return. It is not unusual for them to arrive in this country with just the clothes on their back. They often have untreated medical conditions or injuries resulting from brutality, and because of their traumatic experiences, they may have mental health problems as well.

When a large population of a country flees, the United Nations sets up camps for them in another nation and then tries to find a third country where these people can move permanently and start a new life. In this country, 10 national voluntary agencies have an agreement with the U.S. State Department to help process refugees. Of these 10, seven are faith-based organizations. The U.S. Immigration Office assigns these refugees to resettlement with one of these agencies.

The USCCB resettles approximately one-fourth of all refugee families arriving in the United States, working in conjunction with Catholic Charities agencies and Catholic dioceses. Helping refugees resettle involves a whole gamut of services. Short-term needs

include food, clothing, and housing, and long-term needs include health care, employment, language classes, schools, and job training. Collaboration with other partners is a necessity, not only with other churches, synagogues, and mosques but also with medical facilities, schools, employers, and even real estate agents and landlords. If done properly, the resettlement agency is the center of a hub able to contact other organizations and refer clients for services.

To help refugees in your community, you can:

- Contact the USCCB in Washington, DC, as well as the Catholic Health Association and Catholic Charities USA, your parish outreach person, and community services.
- Find out what agencies in your area already have experience in helping refugees and what services they provided.
- Look into what federal and state aid is available—federal funding provides immediate services, but long-term help involves commitment from collaborations.
- Learn about the Catholic Collaborative Refugee Network—a national network begun in 1995 that is sponsored by the Catholic Health

Association, Catholic Charities USA, and the USCCB's Office of Migration and Refugee Services—which helps refugees in their struggle to secure health care and employment. If your community does not yet have a participating site in this project, learn how to establish a site in your area.

Immigrants and Migrants

Thousands of people from various countries emigrate to the United States every day, yet there is no single organization in this country to bring them all under one umbrella and represent their interests. Recent figures from the Bureau of Labor Statistics estimate there were about 15.7 million immigrant workers in the country in 2000. About 5 million of them are illegal immigrants. Three million of them are migrant and seasonal farmworkers.

The labor of farmworkers is vital to our food production, yet farmworkers, their needs, and their circumstances are largely invisible to the American public. Most farmworkers are Hispanic and many travel thousands of miles each year to prepare and harvest our crops. Farmworkers still average less than \$10,000 per year in earnings and usually work without benefits such as health insurance.

The needs of immigrants and migrant farmworkers are daunting. They include adequate housing, health care, language training, and education. The U.S. Bishops' Migration Committee drafted a statement in 2002 on the role the church should play in helping immigrants become settled in the United States.

Many immigrants, because they are undocumented, are afraid to go to doctors or hospitals. They have health problems such as high blood pressure and diabetes but don't want to get help or are unable to afford a physician visit. There is a tremendous need on the part of immigrants to have a safe place to discuss their families' needs, and resources for them to have help in preventive medicine, not just emergency treatment in hospitals.

Even though since September 11, 2001, the number of immigrants entering our country is decreasing, there remains a pressing need to help these people on many different levels. To find out how to help immigrants in your community:

- Contact your local parish, community social services organization, Catholic Charities office, or hospital to see what services are available.

Links Concerning Immigrants and Migrants

USCCB Migration and Refugee Services:
www.usccb.org/mrs/

Catholic Legal Immigration Network, Inc.:
www.cliniclegal.org

USCCB Secretariat for Hispanic Affairs:
www.usccb.org/hispanicaffairs/staff

Catholic Charities USA:
www.catholiccharitiesusa.org

Immigrants Support Network:
www.isn.org

Links Concerning Vulnerable Women:

National Council of Catholic Women: www.nccw.org

USCCB: www.usccb.org

International Catholic Migration Commission: www.icmc.net

CRS: www.catholicrelief.org

End Child Prostitution, Pornography, and Trafficking (ECPAT): www.ecpatusa.org



■ Learn about successful collaboratives in other communities and how you can emulate their services. For example, “Bright Futures,” a project started in Whatcom County in Washington, is a nationally funded, three-year collaborative pilot with the county health department, St. Joseph Hospital, Head Start, Nooksack Valley Center for Children and Families, and the Lummi Tribal Health Center. It aims to build more effective well-child and developmental services to Medicaid-eligible children from birth through five years old. Its main purpose is to help parents become more involved in their children’s health care.

■ Try to involve leaders in the community you are trying to help, especially immigrants who have been in the community for a while. As Sr. Elizabeth Worley, Mercy Hospital, Miami, states, “This is very much an immigrant society, and even the affluent haven’t forgotten and come together to help.”

■ Learn about Catholic Charities USA’s Migrant and Farm Worker Project. Catholic Charities workers have spent the last few years visiting farms and interviewing farmworkers to better

understand the difficult conditions they live and work in (www.catholiccharitiesinfo.org).

Vulnerable Women

At-risk mothers, victims of domestic violence, those involved with respite care, the frail elderly, human trafficking victims—all can be classified as vulnerable women. Forming a collaboration on behalf of vulnerable women can be accomplished by following the same steps necessary to form any other collaboration: identify people and organizations with similar interests and goals and try to work with them.

According to Sheila McCarron, program chair for the National Council of Catholic Women, people often don’t take enough time to research the resources available in their community to identify collaborative partners. This can be accomplished by calling local agencies to find out who else in the community is working on behalf of vulnerable women and joining forces with them.

The Committee on Women in Society and in the Church, a standing committee of the USCCB, has been an advocate for women for the last 10 years, seeking to promote their dignity and just treatment in the church and in society. They examine

women's leadership roles in the church, domestic violence, and older women.

Other resources for helping vulnerable women include:

- A large number of Catholic organizations are working together to combat the growing exploitation of women and children in the form of human trafficking. According to the USCCB, from 1 to 4 million people worldwide will be trafficked this year to work in the illicit sex industry, sweatshops, and as domestic labor. Resources to help these victims include the International Catholic Migration Commission; CRS; End Child Prostitution, Pornography and Trafficking; and the Office to Monitor and Combat Trafficking in Persons, U.S. Department of State.
- USCCB Publishing produces helpful and practical publications for different groups involved in collaborations on specific topics. One such example is *A Pastoral Response to Domestic Violence Against Women*, which includes strategies for victims, updated statistics, and new resources and web sites that individuals can

refer to for assistance. This is one of many useful USCCB publications for parishes, women's and social justice groups, church-sponsored charities, and health care facilities.

- **Project Gabriel** is a compassionate and caring way that each parish can carry out its mission to proclaim and extend the Gospel of Life. Trained volunteers have knowledge of available government and community resources to help women who are pregnant and need help.
- **Project Rachel** is a diocesan-based ministry open to anyone whose life has been affected by abortion loss. It is composed of trained clergy, spiritual directors, and therapists to provide compassionate one-on-one care to those struggling with the aftermath of abortion. This healing ministry exists in more than 110 dioceses in the United States, with more ministries growing.

Links

Links For Catholic Charities:

Catholic Charities USA:
www.catholiccharitiesinfo.org
www.catholiccharitiesusa.org

Links For Catholic Health Care:

Catholic Charities USA:
www.catholiccharitiesinfo.org
www.catholiccharitiesusa.org

USCCB: www.usccb.org

Catholic Health Association:
www.chausa.org

Links For Parishes:

Wellworks: www.wellworks.org

Links for Catholic Campaign for Human Development:

Catholic Campaign for Human Development:
www.usccb.org/cchd

USCCB: www.usccb.org

Catholic Health Association:
www.chausa.org

Links for Catholic Schools:

NCEA: www.ncea.org

Catholic Campus Ministry Association:
www.ccmanet.org

Community-Campus Partnerships for Health:
www.futurehealth.ucsf.edu

USCCB:
www.usccb.org/cchd/youth.htm

Center of Concern:
www.coc.org

National Federation of Catholic Youth Ministry:
www.nfcym.org

Links for Catholic Colleges and Universities:

Association of Catholic Colleges and Universities: www.accunet.org

NCEA: www.ncea.org

Catholic Campus Ministry Association: www.ccmanet.org

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