

JOURNEY INTO SPONSORSHIP'S FUTURE

Trinity Health's Public Juridic Person Develops a Formation Program for Prospective Members

BY SR. MARY KELLY, RSM; & SR. MARY MOLLISON, CSA



Sr. Mary Kelly is a member, Catholic Health Ministries, Novi, MI, and chair and associate professor, health services administration/health services, College of Health Professions, University of Detroit Mercy, Detroit; Sr. Mary Mollison is chair, Catholic Health Ministries, and director of pastoral care, Agnesian HealthCare, Fond du Lac, WI.

*We are pilgrims on a journey,
We are travelers on the road;
We are here to help each other
Walk the mile and bear the load.¹*

The U.S. Catholic health ministry contains a growing number of lay-religious partnerships. One of the newest is Catholic Health Ministries (CHM), the public juridic person (PJP) sponsoring Trinity Health, Novi, MI. A news release of January 7, 2004, announcing the appointment of two laypersons to CHM marked the end of a kind of "journey." This article is the story of that journey. Those of us who made it believe that our experience may benefit those contemplating similar journeys of their own.

ASSEMBLING THE "TRAVELERS"

In *After We're Gone: Creating Sustainable Sponsorship*, Mary Kathryn Grant, PhD, and Sr. Patricia P. Vandenberg, CSC, identify three steps that must be taken in developing new models of Catholic health care sponsorship: permission, preparation, and praxis.² In our case, permission was given nearly five years ago, in July 2000, when the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life established CHM in response to a joint petition from the Sisters of the Holy Cross and the Sisters of Mercy of the Americas—Detroit Regional Community. Both congregations had accepted the fact that the religious sponsorship of their health ministries must become religious-lay sponsorship in the form of a PJP. The two congregations had even conducted a ritual marking this acceptance. Still, even with the ritual and Vatican permission, the journey of sponsorship development was only beginning.

Preparation, the second stage of the transi-

CHM's Original Religious Members

Catholic Health Ministry's initial members, appointed in October 2000, were:

Sr. Mary Mollison, CSA (chair), president, Congregation of Sisters of Saint Agnes, Fond du Lac, WI

Sr. Yvonne Gellise, RSM, senior adviser for governance, Saint Joseph Mercy Health System, Ann Arbor

Sr. Christa Marie Hojlo, CSC, chief, Nursing Home and Subacute Care, Department of Veterans Affairs, Silver Spring, MD

Sr. Mary Kelly, RSM, chair, Health Services Administration, University of Detroit Mercy, Detroit

Sr. Kathleen Moroney, CSC, Immigration Legal Services, Holy Cross Ministries, Salt Lake City, UT

Sr. Aline Marie Steuer, CSC, president, Sisters of the Holy Cross, Notre Dame, IN

Sr. Linda Werthman, RSM, president, Sisters of Mercy—Regional Community of Detroit, Farmington Hills, MI

tion, was in this case the point at which some of the "travelers" began to come together. In October 2000, CHM's initial seven members were entrusted by the two congregations with the sponsorship of Trinity Health. All were women religious with experience in health care governance or sponsorship (see **Box** above). As Grant and Vandenberg define it, the preparation stage involves the conscious, intentional identification and systematic formation of the next generation of sponsors. *The Canonical Statutes of Catholic*

Health Ministries require an initial and continuing formation process for CHM ministries.³ The first CHM members put a high priority on identifying and preparing possible lay members.

THE "ROAD MAP"

CHM's founding documents included guiding principles, the outline of a developmental plan for member formation, and a list of the competencies required for CHM members as a group.⁴ The seven initial members, eager for companions on their journey, quickly began identifying other people whose personal and professional characteristics seemed to exemplify the identified sponsor competencies. They had decided not to take too many steps along the path alone, convinced that the insights to be gained from a larger group—including lay members—were necessary. As it happened, just as CHM's first members began their work in sponsor development, other ministry leaders were exploring the concept of sponsorship in the context of emerging PJPs.⁵

The seven initial members began by drawing up a two-year pilot sponsor-development program. They invited seven laypeople to join them in it. The program, which was inaugurated with a July 2001 orientation session, lasted nearly two years, involving six weekend sessions. Then, in June 2003, the 14 participants gathered one last time to evaluate the pilot program's effectiveness and suggest possible revisions.

Praxis, the third stage in sponsorship transition, is the union of action and reflection. Inspired by the knowledge that they were clearing a "path" as they walked it, the 14 participants structured the pilot program to include prayer reflection on elements of lived reality. Their goal, after all, was to develop and strengthen the competencies required of a CHM member.

"TRAVEL" RULES

In preparing their petition for PJP status, the two sponsoring congregations had put together a list of sponsor competencies.⁶ Some of these competencies would be required only of particular CHM members (for example, expertise in civil law, canon law, business, or ecclesiology), whereas others (a desire for ministry, for example) would be required of all members (see **Box**). All participants were expected to make attendance at the pilot program sessions a high priority.

Language was a challenge from the very first session. The participating women religious, realizing that Catholic health care has its own lexicon, found the terminology familiar. However, the lay participants consistently raised questions not only about the meaning of terms but their nuances as well. As a result, the early sessions

were like the "immersion language" classes one finds in college. The lay participants had to simultaneously learn both the *content* of sponsorship—as well as discuss it and form an educated opinion of it—and the *language* in which sponsorship is couched. All 14 participants quickly established an understanding that no question would be off limits.

Not least among the terms discussed was the word "formation" itself. To the participating women religious, the word recalled aspects of their early training in religious life. To some of the lay participants, it seemed to undervalue their life experiences, suggesting that they were like young people in need of direction. Once all 14 had become sensitive to the word's implications, they agreed that it would be used only in CHM's annual stewardship-accountability reports to the Vatican. They also acknowledged that formation is a lifelong process—one that would be shared by all 14 participants.

The 14 did have guides for their journey. A faculty of experts used an adult-education model to instruct the participants in prayer, theology, mission, ethics, canon law, civil law, the concept of justice, corporate responsibility, human resources, and spirituality. Although each of the six sessions

Initial Developmental Plan for CHM Members (July 2000)

Identification and Selection Process

A. Competencies of CHM members

- > Identify core requisite competencies
- > Design process to assess competencies

B. Process for selection

- > Design a process to surface, screen, and appoint CHM members

C. Succession planning

- > Develop succession plan to ensure continuity

Formation Process

A. Components

- > Orientation
- > Conduct of meetings
- > Mode of theological reflection
- > Development and strengthening of agreed-on competencies

B. Annual retreat experience for members

Evaluation

A. Annual evaluation

- > Framework for annual evaluation (based on growth and development of competencies) for CHM, both collectively and individual members

B. Accountability to Holy See

- > Process for preparation and presentation of accountability to competent authority

had a specific focus, the instructional methodology was cyclic, so that each theme was reexamined and expanded upon in subsequent sessions. The participants came to see that the pilot program experience was shaped like a spiral—they discussed the

topics more than once, with increasing breadth and vision each time.

Meanwhile, the seven women religious agreed to conduct their meetings as CHM sponsors with the seven lay participants in attendance. This enabled the latter to hear discussions of critical issues in Catholic health care. Although not actually decision makers, the lay participants were encouraged to offer ideas and raise

questions. And, during a session near the pilot program's end, the religious and lay participants exchanged seats and simulated a CHM meeting.

PLANNING THE "JOURNEY"

CHM's founding documents describe sponsorship competencies as falling into three categories—theological, personal, and technical. The six theological and personal competencies required for the pilot program were also the basis for the pilot program's curriculum. During the program, the task of the seven lay participants was to join the seven women religious in exploring these competency areas, with a specific focus on sponsorship in the Catholic health ministry.

Evidence of Spirituality This curriculum element included reflection on and articulation of the individual participant's spiritual journey and his or her ability to identify areas of strength and of needed growth. Participants then drew up plans for their progress toward a holistic spirituality. They also gathered resources that would help them share with others the spiritual foundation that inspires CHM.

Ability to Work with and Be Influenced by a Group This curriculum element is a good example of the instructional process' cyclical nature. The participants shared not only ideas but feelings and values as well. To the extent that it was useful, they engaged in positive confrontation. Respect and support for diversity, willingness to work toward healthy compromise, and an ability to "hang in when the going gets tough" are other aspects of this element.

Commitment to Justice This element is based on the call to justice expressed by the Old Testament prophets and Jesus. Participants studied major documents and basic principles underlying the church's social teaching. Their discussions evoked

a clear sense of and commitment to the common good. As a result of presentations and interactions concerning issues such as labor relations, the participants evidenced a respect for the complexity of the issues themselves and for the organizations involved in health ministry.

A Heart for Ministry This element begins with a deep awareness of Jesus' mission and ministry as described in the Gospels. For the pilot program's participants, it served as a very personal invitation to probe their capacity for engaging in health ministry. It evoked in them an appreciation of their leadership role in the ministry.

Catholicity This element is a basic understanding of the church's 2,000-year tradition (creed, code, and cult) and includes comprehension of the significance of the Trinity for CHM. Participants had an opportunity to articulate with conviction the Catholic vision flowing from the Second Vatican Council. They developed an appreciation of and respect for the legitimate diversity of opinion in the church, as well as an awareness of and sensitivity to church language, polity, and organizational structure, including relevant canonical sources and the *Ethical and Religious Directives for Catholic Health Care Services*.

Experience in Governance and Fiduciary Responsibility This is the most multifaceted of the curriculum elements. It includes a working knowledge of a PJP's structure and responsibilities, Trinity Health's specific legal structure, and the differences between a governance role and a sponsorship role.

These six elements were already well-known to some of the "travelers." For the others, they were not completely familiar territory. For all 14, however, they yielded new insights.

EVALUATING THE PROGRAM

As the pilot program came to an end, it became important to capture the lessons learned from the "journey." Toward this end, the seven women religious had developed an evaluation process that included both qualitative and quantitative aspects. Before the final session, each participant completed a survey employing a four-point agreement/disagreement scale to rate major curriculum elements; the overall program; and the logistics and resources used, including the faculty. Open-ended questions invited the participants to identify the program elements they saw as highlights and those they saw as superfluous, and to record any other comments they wished to make.

The participants rated the overall effectiveness of the pilot program highly, most of them giving it either a 3 or a 4. They had difficulty rating the curriculum element *working with and being influenced by a group*, simply because they had found

Curriculum of the Sponsor-Development Pilot Program

- Evidence of spirituality
- Ability to work with and be influenced by a group
- Commitment to justice
- A heart for ministry
- Catholicity
- Experience in governance and fiduciary responsibilities

each other so compatible. They gave the *justice* element a 3 or 4, many of them adding that the documents on the church's social teachings had been very helpful to them. The *heart for ministry* element received similar positive ratings; many participants praised the readings and rituals used here, as well the relevant experiences shared by the women religious. The *Catholicity* element, on the other hand, received ratings ranging from 2 to 4 on three of the questions pertaining to it; some participants said that, although the element was helpful, too little time had been devoted to it. The women religious rated the *evidence of spirituality* element less highly than the lay participants did, partly, the former said, because they could not compare this formation process to the decades they had already experienced in the religious life. The 14 gave their highest scores to the element on *governance and fiduciary responsibility*.

LESSONS FROM THE JOURNEY

The participants identified the following as the pilot program's highlights:

- The mutual sharing of thoughts and feelings about faith and spirituality
- The simulated CHM sponsor meeting and other "real life" discussions
- The prayer and ritual with which each session began and ended
- The program content concerning theology, ecclesiology, and the changes that occurred during the Second Vatican Council
- The program content concerning the distinction between governance and sponsorship
- The program content concerning the histories of the founding congregations

A final highlight, according to the lay participants, was the opportunity the program had given them to spend time with the religious participants.

As a group, the participants recommended condensing the program into a period of less than two years, but making the sessions longer. Doing so, they said, would make unfamiliar content easier to absorb, especially content couched in unfamiliar terminology.

The 14 listed a number of key challenges facing future program participants:

- Distinguishing sponsorship from governance
- Eliminating language barriers
- Understanding and using both formal and informal communication networks within the church
- Gaining access, as PJP members, to church leaders (bishops are accustomed to relating to congregational leaders in sponsorship matters)
- Making the transition from working with women religious sponsors to actually being sponsors

- Creating an identity as sponsors, and an accompanying passion for sponsorship, that goes beyond the charisms of the founding congregations
- Examining the theology of "call"

INTO THE FUTURE

On January 7, 2004, CHM announced that the first laypersons had been appointed to its membership: Robert Ladenburger, president/CEO, St. Mary's Hospital, Grand Junction, CO; and Norma Smith, a Detroit-based consultant and former chair, Saint Joseph Mercy Health System, Ann Arbor, MI. Ladenburger and Smith were two of the pilot program's lay participants. As CHM members, they replaced Sr. Aline Marie Steuer, CSC, and Sr. Linda Werthman, RSM, who had represented the Sisters of the Holy Cross and the Sisters of Mercy—Regional Community of Detroit, respectively.

During the pilot program, the participants took care to share their experience (with the assistance of Sr. Catherine Declercq, OP, Trinity Health's vice president for governance and sponsorship) with the members of other PJPs. As result, that experience will become part of the Collaborative Formation Program for Public Juridic Persons that is being implemented jointly by CHM, Hope Ministries (the sponsor of Catholic Health East, Newtown Square, PA), Catholic Health Care Federation (Catholic Health Initiatives, Denver), and Covenant Health (Covenant Health Systems, Lexington, MA).

As PJPs journey further, they will reframe assumptions concerning formation and leadership development and identify the personal, theological, and professional competencies needed for new generations of sponsors. ■

NOTES

1. R. Gillard, "The Servant Song," OCP Publications, 1984.
2. Mary Kathryn Grant and Patricia P. Vandenberg, *After We're Gone: Creating Sustainable Sponsorship*, Ministry Development Resources, Mishawaka, IN, 1998.
3. *Canonical Statutes of Catholic Health Ministries*, Catholic Health Ministries, Novi, MI, July 14, 2000.
4. Congregation of the Sisters of the Holy Cross and Institute of the Sisters of Mercy of the Americas—Detroit Regional Community, Dossier for consideration by the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life, for the granting of the status of public juridic person of pontifical right, 1999.
5. See, for example, Michael D. Place, "Elements of Theological Foundations of Sponsorship," *Health Progress*, vol. 81, no. 6, November-December 2000, pp. 6-10.
6. Sisters of the Holy Cross and Sisters of Mercy, Dossier for consideration.

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