

# PORTRAITS IN COLLABORATION

## *An Ambitious Albany Alliance Has Many Partners*



### NEW COVENANT

*A national study of collaboration, sponsored by Catholic Charities USA and the Catholic Health Association, was undertaken in 2002 to assess the state of collaboration in Catholic ministries across the United States. The study was conducted by Health Systems Research, Inc., and was funded in part by a grant from SC Ministry Foundation. As part of the study, researchers visited five sites (St. Petersburg/Tampa, FL; Cleveland; Wichita, KS; Orange County, CA; and Albany, NY) to learn what makes for successful collaboration. This is the last in a series of five articles highlighting the findings from this study.*

**T**he partners in the Albany Diocesan Community Health Alliance (DCHA) are:

- The area's four Catholic hospitals
- Fourteen Catholic Charities social service and housing agencies
- Nine Catholic long-term care and assisted living facilities
- Catholic schools
- Catholic parishes

In the Albany diocese, Catholic Charities uses a decentralized model to organize and deliver services. There are nine county Catholic Charities agencies, some of which are responsible for multiple counties. There are also five diocesan Catholic Charities agencies, including AIDS services, disabilities services, community maternity services, diocesan housing and property management services, and Hispanic outreach services. A diocesan CEO/director in Albany oversees these 14 agencies.

The four independent Catholic hospitals are St. Peter's Hospital (a member of Catholic Health East) in Albany, St. Clare's Hospital (which is diocesan-owned) in Schenectady, Seton

Health (a member of Ascension Health) in Troy, and St. Mary's Hospital (also a member of Ascension Health) in Amsterdam. There are several Catholic long-term care facilities in the area; some are sponsored by the hospital systems, one is sponsored by the diocese, and some others are administered by other religious communities.

### COLLABORATION

A nine-member steering committee, composed of representatives of the Catholic ministries noted above, was established to structure the DCHA's work. The committee meets quarterly to discuss current interministry and intraministry projects, as well as to plan for future initiatives. Every two years, five to eight top executives from each of the entities come together in an all-day management leadership forum to discuss current and emerging issues and propose projects to address those issues. These project plans are then forwarded to the steering committee for assignment to work groups for detailed planning and implementation.

For each collaborative project identified, the leaders of the Catholic entities involved in the project specify the staff members who will participate. The DCHA coordinator then meets with these people and briefs them on the new initiative. To ensure clear communication and continuity, various groups within the alliance meet on a periodic basis. These meetings include both regular sessions with the hospital CEOs and semiannual sessions that enable the bishop to meet with the sponsors, national health system representatives, and the Catholic Charities CEO.

Another ongoing group is the Catholic school health collaborative, which focuses on school health initiatives; this group brings together school, hospital, and Catholic Charities representatives in the four cities with Catholic hospitals.



Another subgroup, the Residential Facilities Consortium, includes representatives of both Catholic and other faith-based facilities. An implementation group has been established to develop long-term care campuses and senior housing through the collaborative effort of Catholic Charities, the diocese, health care organizations, and religious orders. The goal of all these groups is to work together to develop joint efforts that cut across Catholic institutional lines. Organizationally, all the groups are linked and coordinated through the DCHA Steering Committee and the efforts of the DCHA staff.

The members of the partnership work together in a variety of organizational configurations, each determined by the nature of the initiative involved and its geographical location. To promote and facilitate the process of collaboration, the DCHA hired a coordinator whose role is to develop the agendas, chair the meetings, and prepare the minutes of collaboration meetings. The coordinator serves in this role for each of the groups that form the DCHA. The DCHA coordinator has an assistant; the office has a budget that ranges between \$190,000 and \$210,000 a year. Catholic Charities, the hospitals, and the long-term care facilities involved in the collaboration make annual contributions using a formula agreed to by the partners. According to this formula, Catholic Charities contributes 17.5 percent of the total cost of maintaining the DCHA office, the long-term care facilities contribute 17.5 percent, and the hospitals contribute 64 percent.

## RESULTS

The DCHA has been able to attain a number of achievements concerning a variety of issues important to the residents of the greater Albany area.

**Employment Services** DCHA participants have been awarded several state grants to fund employment services through the Temporary Assistance for Needy Families (TANF) Program. St. Peter's Hospital developed a successful grant application in partnership with Catholic Charities of Albany and Rensselaer County. With this support, Catholic Charities recruit TANF participants and provide them with job readiness training. The hospital then hires the TANF participants for entry-level positions, which are subsidized by grant funds. The Catholic Charities staff provides on-site case management to the participants for at least four months.

Three other projects are funded directly by TANF. In one, TANF-eligible participants are recruited for entry-level positions in long-term care

facilities. A second project is designed to develop a career ladder for certified nursing assistants (CNAs) in the long-term care facilities. CNAs receive on-the-job training; as their skills are upgraded, their salaries increase. The third project involves the provision of on-site training to CNAs at the long-term care facilities, enabling them to become certified as licensed practical nurses.

**Subsidized Housing/Long-Term Care** The implementation group for the Catholic long-term care system has initiated a number of projects and is planning others. The group identified the need for affordable housing for older persons in the community with a continuum of residential options—-independent living, assisted living, and skilled nursing. The group conducted an analysis of all properties potentially available from Catholic partners and discovered several currently underutilized properties. The group is currently in the process of constructing one facility and designing two others. All the facilities are campus-based, targeted to older persons in a range of income levels, and include both market-rate and subsidized housing. Some include intergenerational programs designed to provide support and companionship for elderly residents. A goal is to use market-rate housing as a revenue source that will help subsidize housing and other services for low-income populations.

**School Health and Day Care** The Catholic Charities agencies, St. Mary's, Seton Health, St. Clare's Hospital, and St. Peter's Health Care Services are involved in collaborative efforts involving school health and day care. Seton Health provides nursing services for Catholic Charities-administered day care programs. Nurses visit the schools on a monthly basis and provide in-service education and distribute health education materials. This enables Catholic Charities to address the health education needs at the day care centers and to comply with state licensing requirements at a very low cost.

**Services Coordination—Subsidized Housing** Seton Health and St. Peter's have each contracted with the diocesan housing management corporation, which administers subsidized housing, to provide service coordination for U.S. Department of Housing and Urban Development Section 202 housing. It was through involvement in the DCHA that Seton Health and St. Peter's indicated an interest in providing these services. The hospitals have stepped in and offered to residents a level of service that goes beyond the contract requirements.

**Social Work Services at St. Clare's Hospital** Catholic Charities provides an on-site social worker who



serves individuals and families at the Family Health Center, which is located on the grounds of the hospital. This position, which is supported by United Way funding, allows Catholic Charities and the hospital to provide comprehensive on-site services to economically disadvantaged clients who obtain health services at the center. In addition, a parish nursing program—under the leadership of St. Clare's and using hospital, parish, and Catholic Charities staff members—has recently been developed to work with the extensive elderly population living in a community adjacent to the hospital.

#### **LESSONS LEARNED**

The DCHA partners have learned a number of valuable lessons.

**Flexibility in Collaboration Is Essential** The original intent of the DCHA was to create a health care network. However, as the local health care environment evolved, the alliance's purpose was refined. Although a health network was created independently of the DCHA, it is not the comprehensive vehicle that the founding partners originally envisioned. The alliance has developed additional strategies to build stronger relationships among Catholic ministries and health, social service, housing, education, and parish organizations. The objective of maintaining the viability of Catholic institutions in a challenging environment remains strong, as does the objective of identifying strategies to support needed community services. The means to accomplish these aims are constantly evolving in relation to ever-changing environmental factors in the local church and in the broader community.

**Funders Like Collaboration** The DCHA partners have also learned that collaboration can create funding opportunities. Collaboration involving multiple organizations is often looked upon favorably by funding agencies. Without the alliance, the TANF funds would not have been forthcoming because funding required documentation of the existence of a collaborative to manage the program. The DCHA made it easier for the partners to develop a fundable grant application that included the participation of multiple organizations and institutions.

**Bring in Other-Than-Catholic Partners** The Residential Facilities Consortium has benefited tremendously from the participation of other faith tradition residential facilities. This collaborative has also affected the overall environment for collaboration in the greater Albany area. Many of the DCHA partners are involved in the Healthy Capital District Initiative, which provides a variety of

public health services in collaboration with local health departments.

**A Full-Time Staff Person Makes Collaboration Easier** The partners have had the interesting experience of jointly funding a staff position whose role is to support cooperation and collaboration between organizations. Overall, the participating organizations are comfortable with the idea that not every organization is able to contribute the same amount in support of the DCHA office. Although there have been a few years when some organizations were late with their contribution, or when business conditions were such that adjustments had to be made, the participants have on the whole seen the benefits that come from providing resources to support a collaboration coordinator. The coordinator makes collaboration easier. The coordinator can facilitate and manage logistics and work directly with the staff of the partner organizations on approved projects, relieving the CEOs of these responsibilities.

**Commitment Is Needed throughout Each Partner Organization** The partners have learned that establishing a framework for collaboration does create opportunities. They've also learned, however, that making sure that commitment to collaboration spreads throughout each partner organization can be a challenge.

The DCHA has successfully strengthened relationships between Catholic partners and sparked a variety of collaborative activities. Although the various partners participate in DCHA meetings, and many show a strong commitment to this effort, not all have taken the concrete next steps required to ensure that commitment to collaboration extends throughout their organization. Many of the existing long-term care facilities continually struggle with financial challenges that make it difficult to devote adequate time, energy, and resources to building a successful collaboration. One of the partners indicated that one risk posed by the loose DCHA structure is that participants may develop the expectation that "all we are supposed to do is just meet." This risk will be overcome as long as someone takes the responsibility of translating the outcomes of meetings into action.

#### **THE FUTURE**

The DCHA steering committee (as well as each of the groups formed under the DCHA umbrella) plans to continue working together, seeking additional opportunities for collaboration in support of its collective mission and in service to its community. □

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