



Mission Leader Competency Model

2020 EDITION

ACKNOWLEDGEMENTS

The *Mission Leader Competency Model* is a product of the creativity, reflections and contributions of leaders across the ministry including representation from mission, human resources, talent development, operational and chief executives as well as sponsors. CHA is grateful to all who contributed to this resource with special thanks to:

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ABOUT CHA

The mission of CHA is to advance the Catholic health ministry of the United States in caring for people and communities.

Catholic health care is a ministry of the Catholic Church continuing Jesus' mission of love and healing in the world today. Comprised of more than 600 hospitals and 1,600 long-term care and other health facilities in all 50 states, the Catholic health ministry is the largest group of nonprofit health care providers in the nation.

At the national level, these organizations join together in the Catholic Health Association of the United States. In CHA, the ministry raises a collective passionate voice for compassionate care.

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Mission Leader Competency Model – Background

The role of the mission leader in Catholic health care in the United States was created in the mid-1970s. The process began when sponsoring congregations had fewer members to send into Catholic hospitals as nurses and administrators. They assigned women religious to leadership positions at the system headquarters under a title we now refer to as “mission services,” although the title then varied from system to system. The responsibilities and skills of these early mission leaders also varied greatly. It was soon recognized that in order for this position to be relevant and successful, a set of standard competencies was necessary.

In 1999, CHA published its first *Mission Leader Competency Model*. These competencies were primarily designed for academic institutions to develop courses and programs that would help educate and form mission leaders in the desired knowledge base and necessary personal qualities. The CHA *Mission Leader Competency Model* focused on theological, spiritual, ethical and organizational development as well as practical understanding of the operations and dynamics of health care organizations, recognizing that life-long learning is necessary to respond to the changing needs in the ministry.

In 2009, working with the Reid Group of Seattle, CHA engaged the ministry through a series of online surveys, focus groups and personal interviews to understand the challenges, needs and hopes of sponsors, CEOs and other stakeholders and what competencies they looked for in a mission leader. The 2009 CHA *Mission Leader Competency Model* begins with Personal Qualifications that include being well formed in the Catholic tradition and being a person of faith who is committed to and models the mission and values of the organization. The second competency, Leadership, calls out the ability to bring strategic direction and guidance in a

collaborative spirit to ensure the organization is faithful to its purpose, identity and values. Theology (pastoral, ecclesial and canon law) is the third competency; followed by Spirituality (personal, communal and change). The fifth competency, Ethics, includes promotion of organizational and clinical ethics as well as justice. Finally, Organizational Management, includes the necessary management competencies of communication, collaboration, business acumen and human relationship skills.

MISSION LEADERSHIP TODAY

The 2009 model served the ministry well for a decade. During that period, health care in the United States evolved from acute-centered care to preventative care, population health and care delivery in non-acute settings. New partnerships between Catholic health entities and other-than-Catholic providers became normative and new models of governance and sponsorship emerged. In addition, lay mission leaders began to outnumber those who were religious sisters, brothers and priests. These new lay mission leaders come from a variety of backgrounds: theological, operational and clinical.

While many mission leaders continue to have oversight of “traditional” areas of mission integration: Church relations, ethics, pastoral care, formation and community benefit; we also see new types of mission leaders specializing in areas such as measuring and improving Catholic identity, ministry formation, population health and managed care. More mission leaders are now serving in system and regional roles, which means they are often responsible for mission integration in several facilities and across shared services. Because of all these changes and factors, the ministry realized it was time for the *Mission Leader Competency Model* to again mature.

DEVELOPING THE 2020 CHA MISSION LEADER COMPETENCY MODEL

Beginning in June 2019, CHA again partnered with the Reid Group of Seattle to update the *Mission Leader Competency Model*. It was quickly decided that this would not simply be a “refresh” of the 2009 model, but rather, the process required collective discernment of the ministry as to what competencies are expected of a mission leader in the current health and ecclesial environments.

The process included interviews of more than 30 key stakeholders (sponsors, CEOs and other senior executives), a survey of more than 600 mission leaders and the convening of focus groups comprised of system executive mission leaders. A steering committee made up of mission, human resources and organizational development leaders offered advice and recommendations to CHA’s Mission Services Department staff and the Reid Group as the competencies were discussed and developed. Drafts were shared for feedback with system executive mission leaders and several listening sessions for mid- and entry-level mission leaders were held as the model was nearing completion.

One early determination by the steering committee was that the new model should be three-tiered: entry, mid and executive. The competencies are the same for all three levels; however, the behavioral expectations vary depending on the tier. The rationale for this approach is that a tiered model shows the increasing responsibility and expertise required as a mission leader develops. This creates a clear career path for the mission leader and a better understanding for those who work with them as to what to expect from their mission colleagues.

EACH SYSTEM MUST ADAPT THIS MODEL TO THEIR UNIQUE REALITY

As drafts of the competency model were shared with members, CHA was reminded that there is variation among the health systems and that any model proposed must always allow for adaptation. For example, what one system expects of an executive mission leader may be required of a mid-level mission leader in another system. A ministry primarily focused on senior care in non-acute settings will have different expectations of a mission leader than one who is primarily serving in acute care and clinical settings.

Another example is that in one system a mission leader may be responsible for overseeing community benefit, ethics or spiritual care functions for a facility or region; and in another system, the mission leader may have oversight for these areas and collaborate with others who have specific expertise and who take responsibility for these areas that report up to the mission leader.

CHA is committed to creating resources that reflect the diversity of our organizations and believes the 2020 *Mission Leader Competency Model* is flexible and adaptive.

Access this document,
the Self-Assessment Tool,
competency videos and more at
[www.chausa.org/
missionleadercompetencies](http://www.chausa.org/missionleadercompetencies).

Personal Qualifications & General Leadership Skills

A major change between the 1999, 2009 and 2020 *Mission Leader Competency Model* came from feedback received from CEOs and other senior leaders interviewed. They asked that there be a presumption that mission leaders already possess the necessary personal qualities and general leadership competencies. These key stakeholders asked that the new competency model focus on the *unique* contributions mission leaders bring to the senior leadership team and the ministry they serve. Therefore, the new model assumes a mission leader will have the necessary personal and leadership qualifications, and that like other senior leaders, those competencies will need to grow as their responsibilities increase.

THE PERSONAL QUALITIES MISSION LEADERS ARE PRESUMED TO POSSESS, INCLUDE:

- ✦ **Well formed in the Catholic theological tradition:** A mission leader has or should be working toward a minimum of a certificate in theology, health care mission or ethics, and preferably, a degree in Catholic theology, health care mission, ethics or equivalent. As a mission leader progresses in responsibilities, so should their theological formation.
- ✦ **Applies theological and ethical principles in a health care setting:** A mission leader needs to apply their theological training to the practical and pastoral issue they encounter each day. The ability to identify when theological and ethical principles are relevant and translate them into layman's language is an essential contribution of the mission leader.
- ✦ **Models servant leadership:** A mission leader must model what it means to serve others and put others' needs before self.
- ✦ **Establishes mutually-beneficial relationships with diverse groups:** Mission leaders are authentic, sincere and capable of building meaningful relationships at all levels of the organization across all demographics.
- ✦ **Inspires others to live the mission and values of the organization:** Mission leaders not only model the mission and values through their behaviors, but also, they are able to help everyone at all levels of the organization recognize how their work advances the mission and values.
- ✦ **Exhibits ongoing personal and professional development:** Mission leaders exhibit a commitment to ongoing education and formation so they stay abreast of the trends in health care and the mission and ethics implications these may hold.

GENERAL LEADERSHIP QUALITIES A MISSION LEADER IS PRESUMED TO POSSESS, INCLUDE:

- ✦ **Strategic thinking:** Staying aware of changes in the landscape of health care, mission leaders are able to anticipate the mission and ethics implications and plan for the future.
- ✦ **Business acumen:** Having a working knowledge of the organization's business and financial realities, mission leaders can meaningfully engage with other executive leaders in operational decisions.
- ✦ **Adaptability and agility:** Understanding change management and how systems operate, mission leaders demonstrate both personal flexibility and the skills to lead others through transformation while preserving the desired culture.
- ✦ **Communication skills:** Possessing effective written and oral communication skills, mission leaders invite, listen and respond to all voices in the organization and community.
- ✦ **Managerial skills:** Demonstrating the ability to lead teams, effectively manage multiple projects, and empowering and mentoring growth in direct reports, mission leaders are effective managers.
- ✦ **Succession planning:** Recognizing the changing landscape of health care, mission leaders understand the necessity for a pipeline of diverse associates who can progress in the organization and keep the ministry thriving.

Competencies for Mission Leaders

The 2020 *Mission Leader Competency Model* includes seven competencies: Catholic Identity, Strategy, Operations, Formation, Spirituality, Ethics and Advocacy. This is a change from the previous iterations, which included only six – and one of those six was Personal Qualifications. The addition of competencies demonstrates how integral the mission leader has become in all aspects of the organization. Additionally, the competencies now reflect the skills needed at three different levels – or tiers – of mission.

DEFINING THE TIERS

The titles of mission leaders and the structures of mission departments vary widely across Catholic health care. Based on ministry feedback and experience, CHA has outlined entry-, mid- and executive-level tiers with the understanding that each organization must make its own determination based on its mission department structure.

TIER I

Tier I refers to entry-level positions such as manager or coordinator. This level focuses on basic skills associated with the mission role. Such roles are important to succession structures and the maturity of the discipline.

TIER II

Tier II refers to mid-level positions, which vary widely by system and structure. Mission directors and senior directors likely fall into this tier as well as certain parts of a regional leader role.

TIER III

Tier III refers to the executive mission leader. Positions over large regions and certain system-level roles will also need many of the competencies at this level.

“Mission leaders are critically important members of the executive team as we respond to the complexities of this time. They adeptly apply our tradition to clinical and operational challenges, and invite all associates to understand their connection to and importance in carrying out the mission.”

SR. MARY HADDAD, RSM

President & CEO, Catholic Health Association

CATHOLIC IDENTITY

STRATEGY

OPERATIONS

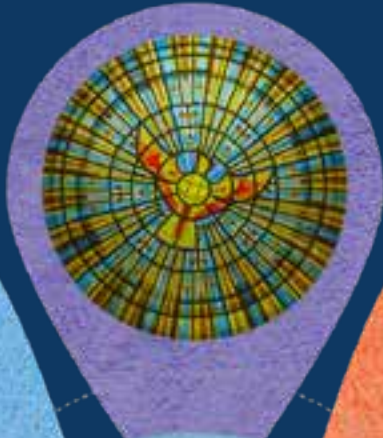
FORMATION

SPIRITUALITY

ETHICS

ADVOCACY

COMPETENCIES
for MISSION
LEADERS





Catholic Identity

Stewards Catholic identity and strengthens Church relations

Mission leaders foster the creation of a mission-centered culture that permeates everything throughout the organization and enhances relationships with the institutional Church. They promote a strong Catholic identity and implement key mission activities within the organization to ensure the ministry flourishes well into the future. Mission leaders serve as a bridge between sponsors and local bishop(s) regarding discussion of ethical and moral decisions, advocacy issues affecting the poor and marginalized, and accountability for Catholic identity.

A. Distinguishes the unique roles of sponsors, bishops, boards and senior leaders for overseeing the ministry

TIER I: Understands the distinct roles of the various groups accountable for the healing ministry of Jesus

TIER II: Engages in dialogue and bridges relationships with ministry leadership and ecclesial stakeholders

TIER III: Facilitates discussions with bishops, sponsors and ministry leaders in understanding the complexity of health care and canonical issues

B. Promotes and assesses the Catholic identity of the organization and appropriately reports to sponsors and bishops

TIER I: Understands the core principles of Catholic identity

TIER II: Evaluates and deepens the Catholic identity of the organization

TIER III: Sets benchmarks for key ministry metrics relevant to Catholic identity

C. Builds trust and maintains excellent relationships with sponsors, bishops, pastors, local religious leaders and other Catholic ministries

TIER I: Forms mutually-beneficial relationships with faith leaders who are committed to the future of Catholic health care

TIER II: Meets with bishop(s) and local faith leaders as directed

TIER III: Navigates and aligns complex relationships to address issues of common concern and clarifies distinct roles and responsibilities

D. Inspires others to participate in and advance the healing ministry of Jesus and models the charism of the founding community(ies)

TIER I: Articulates the founding heritage and legacy of the organization

TIER II: Identifies and promotes what differentiates Catholic health care in today's evolving environment in light of the healing ministry of Jesus

TIER III: Ensures a coordinated approach to educating colleagues and the community regarding the healing ministry of Jesus and the heritage of the organization's founders/foundresses



Strategy

Ensures the centrality of mission in strategy

Mission leaders serve an essential role in integrating the heritage, tradition and values of Catholic identity amid the changing context of health care. As the landscape and concerns change, mission leaders must read the signs of the times to ensure evolving strategies, partnerships and care models are suited to bring ministries into the future with integrity to the vision and charism of the founding communities. As vital culture bearers, mission leaders drive mission-focused strategy at all levels of the organization through personal integrity, wisdom and vision. Working with their partners, they bring the Catholic imagination to bear on the future of the organization.

A. Models the mission and legacy of Catholic health care

TIER I: Knows the mission and legacy of the organization and is aware their behavior should be a model for their colleagues

TIER II: Presents the mission with passion and inspires colleagues to live the mission more deeply

TIER III: Models and holds others accountable for an integrated personal and professional values system

B. Applies the Catholic theological and ethical tradition to strategic discussions

TIER I: Understands Catholic theology and ethics and verbalizes these principles in practical language for frontline associates

TIER II: Invites discussion and application of theological and ethical principles in senior leadership meetings

TIER III: Innovates strategic opportunities to advance the mission

C. Influences strategic direction to meet the needs of the times

TIER I: Contributes to strategic conversations to meet the needs of associates and the community

TIER II: Facilitates executive-level conversations regarding the organization's priorities

TIER III: Shapes decision-making and organizational priorities to align with the mission and values

D. Innovates practices and procedures to ensure the vitality of the ministry

TIER I: Attends to the mission implications of organizational policies and procedures

TIER II: Recognizes where policies and procedures may be needed and participates in their creation and implementation

TIER III: Develops plans, policies and procedures proactively to meet the emerging changes in health care



Operations

Incorporates the mission and values into all operations of the organization

Mission leaders are critical partners in ensuring that the Catholic worldview and commitments are expressed in an organization's policies, practices and procedures. While day-to-day operations may look the same in Catholic health care and other-than-Catholic health care organizations, it is the how and the why things are done that differentiate the experience of patients, residents, families, co-workers and communities served by Catholic health. Every mission leader must be able to promote, shape and create practices consistent with the values and vision of Catholic health care and Catholic social teaching, which acknowledges the inherent dignity of each person, calls for the furthering of the common good and seeks justice through solidarity.

A. Collaborates with leaders to ensure recruitment, selection and retention are inclusive and consistent with the organization's mission

TIER I: Dialogues with leaders on the role of mission and values in the selection, orientation and onboarding processes

TIER II: Participates in and provides meaningful feedback when key leadership and governance roles are filled to ensure they are representative of the community

TIER III: Builds system-wide processes with colleagues to ensure alignment with mission, vision and values in recruitment, selection and retention

B. Analyzes the culture to ensure mission and values are embedded in policies and procedures of the organization

TIER I: Articulates the key components of a mission-driven culture

TIER II: Contributes to strategies for enhancing cultural strengths and addressing challenges

TIER III: Creates and maintains structures which sustain culture to embody mission and values

C. Applies the Catholic theological and ethical tradition to operations and clinical practices

TIER I: Engages in frequent conversations on the connections between theology and ethics in daily operations and clinical decisions

TIER II: Influences decisions through the application of Catholic social teaching and ethical principles in clinical and organizational practices

TIER III: Ensures all members of the mission team are able to apply Catholic principles in decision-making and daily operations

D. Ensures that organizational and clinical practices reflect the radical inclusivity, caring and compassion of Jesus

TIER I: Articulates and celebrates when mission and values are demonstrated in daily work and raises questions when they are absent

TIER II: Participates in designing organizational and clinical practices and services which bring to life the love of Jesus in community

TIER III: Reviews quality and satisfaction metrics to promote health equity and patient-centered care



Formation

Champions formation at all levels of the organization

Mission leaders are uniquely responsible for the creation, delivery, measurement and integration of formative experiences for associates at all levels of the organization. Understanding that formation is critical to a thriving Catholic health ministry now and into the future, mission leaders are attentive to designing a variety of formation experiences — in person, digital and virtual — that build on one another and meet individuals where they are. They invite others into conversations to consider the depths of their jobs and careers as vocations and as facilitators, and they hold space for the work of the Holy Spirit in each person.

A. Invites others to discover meaning and purpose in their work

TIER I: Dialogues with associates about their call to serve and the ministry of Catholic health care

TIER II: Helps colleagues experience and name what differentiates Catholic health care

TIER III: Ensures practices that integrate mission and values and celebrate associates and departments that embody them

B. Facilitates or ensures excellent formative experiences are provided in a variety of modalities

TIER I: Identifies and understands elements of effective formation

TIER II: Designs and facilitates meaningful and relevant formative experiences

TIER III: Ensures organizational priority for ongoing formation, design, measurement and resource allocation across the organization

C. Presents or ensures presentations are of high quality

TIER I: Presents broad formation content with ease and professionalism

TIER II: Assures that formation programming is timely and relevant

TIER III: Creates a process for measuring individual as well as organizational impact of formation programming

D. Supports leaders in creating meaning and purpose across the organization

TIER I: Offers leaders resources to extend formation with associates

TIER II: Creates experiences that invite and empower leaders to participate in the formation of their direct reports

TIER III: Collaborates with senior leaders to promote and embed formative experiences and formation programs for all associates

¹ Please see the Framework for Ministry Formation for competencies specific to a formation leader.



Spirituality

Nurtures spiritual health

Mission leaders articulate their lived faith experience and the meaning it brings to their lives as well as encourage and empower individuals and organizations to do the same. Cultivating an integrated spiritual life, they establish mutually beneficial relationships with diverse individuals and groups that are honest, caring and joyful. They help others find the sacred in the ordinary events of life and connect their own work and spirituality to the mission and values of the organization. Mission leaders help build a sense of community in the organization and, in collaboration with others, develop and foster well-being initiatives and holistic care models responding to the physical, spiritual and emotional needs of patients, residents and caregivers.

A. Demonstrates personal commitment to one's ongoing spiritual and vocational development

TIER I: Commits time to their personal spiritual journey, practices and faith tradition

TIER II: Integrates spiritual insights into conversations

TIER III: Inspires and energizes others to live their vocation more fully

B. Promotes workplace spirituality resonant with the desired organizational culture while inviting the expression of diverse spiritualities and their practices

TIER I: Leads communal prayers and reflections that respect the diversity of spiritualities in the community being served

TIER II: Designs prayers and rituals that honor religious pluralism and cultivates shared ministry identity

TIER III: Ensures organizational practices balance the founding sponsor(s) charism(s), Catholic and Christian spiritualities and respects other religious traditions and practices

C. Ensures the vibrancy and professionalism of spiritual care services to meet the unique needs of patients, residents, families, and associates

TIER I: Relates effectively with chaplains and other spiritual care providers

TIER II: Ensures the provision of sacraments for patients and residents as well as the integration of pastoral care into care teams

TIER III: Champions the essential nature of spiritual care in the ministry and assures robust staffing and certification of chaplaincy



Ethics

Promotes organizational and clinical ethics

Mission leaders understand, apply and serve as a resource regarding the principles of Catholic social teaching and moral theology, including the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs). They are responsible for ensuring that the appropriate level of ethics training is provided to various levels and disciplines in the ministry. Mission leaders can identify clinical and organizational ethical issues and facilitate an ethical discernment process in collaboration with key stakeholders, subject-matter experts and trained ethicists. They create and cultivate an organizational culture where difficult conversations can occur in a safe and transparent environment. Mission leaders consistently inspire fidelity to Catholic identity in all aspects of business operations and ensure that a respect for human dignity and the common good are at the core of the ethical discernment process.

A. Ensures effective on-going staff education on human dignity, the common good and other relevant ethical principles

TIER I: Understands common ethics issues, available resources and maintains relationships with subject-matter experts

TIER II: Collaborates with ethicists to offer relevant and timely training to ethics teams

TIER III: Ensures continued ethics training is available to all levels of the organization

B. Promotes the implementation of ethical standards throughout the organization

TIER I: Identifies ethical issues and raises awareness around reporting processes

TIER II: Participates in identifying and resolving organizational and personal ethics conflicts

TIER III: Collaborates with other leaders to ensure comprehensive organizational policies, processes and procedures in ethics training and reporting

C. Serves as a resource regarding the Catholic moral tradition, including the ERDs

TIER I: Understands key ethical principles in the moral tradition and the ERDs

TIER II: Facilitates dialogue and application of ethical principles and the ERDs

TIER III: Analyzes trends and implements policy review and updates in ethics education across the ministry

D. Ensures Catholic social and moral traditions are respected as partnerships are explored

TIER I: Identifies and escalates potential theological and ethical concerns

TIER II: Promotes the organizational, social and moral traditions critical to Catholic identity in the assessment and analysis of possible partnerships

TIER III: Ensures that Catholic identity is addressed in joint ventures, partnerships, mergers, acquisitions, etc.

E. Creates safe space for managing tensions and assists in resolving conflicts

TIER I: Cultivates self-awareness and non-judgmental presence in challenging situations

TIER II: Names and helps resolve conflict in light of competing core values

TIER III: Builds a just culture that promotes open dialogue and communal problem-solving

F. Promotes use of ethical discernment models

TIER I: Understands the process and purpose of ethical discernment

TIER II: Facilitates ethical discernment within planning and decision-making

TIER III: Ensures the integrity and effectiveness of ethical discernments



Advocacy

Advocates for persons who are affected by poverty and are marginalized

Mission leaders are uniquely positioned to hear the voices of those in vulnerable populations and then passionately advocate on their behalf. They engage community and system leaders in dialogue to ensure strategy, decisions, policies and budgets demonstrate a tangible commitment to justice, solidarity and right relationship. They also are intricately involved in setting advocacy priorities and collaborating with stakeholders to meet the demonstrated needs of the community. This advocacy encompasses the needs of patients, residents, families and associates, as well as the wider community. Mission leaders encourage all associates and community leaders to follow the Gospel values demonstrated in the example of Jesus Christ, with a preferential option for those who are marginalized and affected by poverty, and a special focus on ending systemic racism and injustice that lead to health disparities and inequities.

A. Relates with and respects vulnerable populations, including associates

TIER I: Listens to and dialogues with patients/residents and associates who are vulnerable

TIER II: Models regular rounding with patients/residents and associates with special attention to vulnerable populations and systematically addresses needs that are surfaced

TIER III: Advocates and designs opportunities for executives to directly dialogue with and learn from vulnerable populations

B. Establishes relationships with social service agencies serving individuals on the margins

TIER I: Meets with leaders of social service agencies with whom the organization partners

TIER II: Facilitates due diligence and discernment processes on partnerships aimed at advancing the common good

TIER III: Expands and promotes best practices throughout the organization

C. Influences and encourages the organization to respond to the needs of people who have limited resources

TIER I: Represents the needs of patients/residents and associates, and participates in discussions and decisions on how to address those needs

TIER II: Analyzes policies, procedures, budgets and community benefit plans to ensure a preferential option for the poor

TIER III: Ensures practices, policies and resources demonstrate organizational commitment to caring for associates and others who are poor and vulnerable

D. Advocates for public policies that enhance the common good

TIER I: Understands the advocacy priorities of the organization and assists in educating colleagues and community partners

TIER II: Meets with elected officials and administrators of public health and social service agencies to advance advocacy priorities

TIER III: Collaborates in setting the organization's advocacy priorities and connects unmet needs to Catholic social teaching and action

E. Advocates for the community health needs assessment, community improvement plan and reporting

TIER I: Collaborates with other leaders in the community health needs assessment, community benefit planning and community benefit reporting processes

TIER II: Ensures the community health plan is incorporated into the strategic planning and yearly operational budget decisions

TIER III: Assures, with others, that resources spent on community health programming demonstrate improved health outcomes for individuals and communities being served

Final Thoughts

As the new competency model neared completion, some mission leaders joked that, “Only Jesus can meet all of the competencies required of a mission leader!” Still, the majority appreciate that the model is both inspirational and aspirational, calling mission leaders to ongoing development and formation. A new mission leader is not expected to have developed all of the competencies to the level of a mid or executive leader. In some cases, a mission leader may possess a mix of entry- and mid-level competencies. Others may have both mid- and executive-level competencies.

This model offers mission leaders a career path that, with self-awareness and feedback from peers as well as mentoring, they should be able to mature in their role and take on increasing responsibility. It is recommended that all mission leaders use the self-assessment tool that accompanies this

competency model and then share their results with their leader or mentor. Knowing where one is in their competency development and what is expected to move toward the next, will enable a mission leader to determine what further studies, leadership opportunities and formation they need to undertake. CHA will continue to develop resources with our members to help the profession of mission integration grow.

While this is the third *Mission Leader Competency Model* published by CHA in the last 30 years, it will not be the last. However, CHA is confident this 2020 model will well serve its members for several years, until that time when the health care landscape has shifted in unforeseeable ways and the competencies of mission leaders must again be discerned.

*“Let us never forget that authentic power is service. ...
Only those who serve with love are able to protect!”*

*Caring, protecting, demands goodness. It calls for a certain tenderness. ...
is not the virtue of the weak but rather a sign of strength of spirit
and a capacity for concern, for compassion, for genuine openness to others,
for love. We must not be afraid of goodness, of tenderness!*

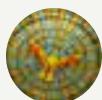
*Today ... amid so much darkness, we need to see the light of hope
and to be men and women who bring hope to others, to protect creation,
to protect every man and every woman. To look upon them with
tenderness and love, is to open up a horizon of hope; it is to let a
shaft of light break through the heavy clouds; it is to bring the warmth
of hope! ... Let us protect with love all that God has given us!”*

POPE FRANCIS

From the homily of the Holy Father at his installation on March 19, 2013

Self-Assessment Coaching Framework

The 2020 *Mission Leader Competency Model* includes an electronic self-assessment tool with coaching prompts that provide recommended actions a mission leader can take to advance from Tier I to Tier II to Tier III. This appendix shares an outline of all of the prompts that are included in the electronic tool, which is available at www.chausa.org/missionleadercompetencies.



CATHOLIC IDENTITY – STEWARDS CATHOLIC IDENTITY AND STRENGTHENS CHURCH RELATIONS

Mission leaders foster the creation of a mission-centered culture that permeates everything throughout the organization and enhances relationships with the institutional Church. They promote a strong Catholic identity and implement key mission activities within the organization to ensure the ministry flourishes well into the future. Mission leaders serve as a bridge between sponsors and local bishop(s) regarding discussion of ethical and moral decisions, advocacy issues affecting the poor and marginalized, and accountability for Catholic identity.

A. Distinguishes the unique roles of sponsors, bishops, boards and senior leaders for overseeing the ministry

TIER I: Understands the distinct roles of the various groups accountable for the healing ministry of Jesus

In order to reach Tier II, a mission leader can:

- ✦ Conduct an in-depth study of the founders/foundresses, their history and charism
- ✦ Gain an understanding of the bylaws of the sponsors and their reserved powers
- ✦ Study letters and statements made by your local bishop and follow him on social media
- ✦ If appropriate/approved, make an effort to meet the local bishop or attend a meeting with him and ministry leadership
- ✦ Be informed of the priorities of the board, sponsor(s) and the local bishop and find opportunities for collaboration

TIER II: Engages in dialogue and bridges relationships with ministry leadership and ecclesial stakeholders

In order to reach Tier III, a mission leader can:

- ✦ If appropriate/approved, establish a relationship with the local bishop and sponsor and maintain regular communication with them
- ✦ Inform the bishop of any negative media coverage (in advance, if possible), and coordinate with him and the diocese on whether and how to respond
- ✦ Ensure that ministry leadership (i.e., the CEO) meets with the bishop regularly
- ✦ Be informed of any issues or concerns that may arise and be prepared to respond
- ✦ Pursue a deeper understanding of pertinent canon law requirements

TIER III: Facilitates discussions with bishops, sponsors and ministry leaders in understanding the complexity of health care and canonical issues

B. Promotes and assesses the Catholic identity of the organization and appropriately reports to sponsors and bishops

TIER I: Understands the core principles of Catholic identity

In order to reach Tier II, a mission leader can:

- ✦ Participate in the organization's ministry identity assessment process
- ✦ Review organizational policies to ensure that they are aligned with Catholic Social Teaching and the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs)

TIER II: Evaluates and deepens the Catholic identity of the organization

In order to reach Tier III, a mission leader can:

- ✦ Review results of the ministry identity assessment, celebrate successes and identify opportunities for improvement
- ✦ Share ministry identity assessment results and improvement plan with sponsors, local bishop(s) and other key stakeholders
- ✦ Create and implement strategies to address Catholic identity improvement opportunities across the organization, including ministry leadership formation
- ✦ Track and measure tactics for improving Catholic identity and hold others accountable

TIER III: Sets benchmarks for key ministry metrics relevant to Catholic identity

C. Builds trust and maintains excellent relationships with sponsors, bishops, pastors, local religious leaders and other Catholic ministries

TIER I: Forms mutually beneficial relationships with faith leaders who are committed to the future of Catholic health care

In order to reach Tier II, a mission leader can:

- ✦ Study letters and statements made by the local bishop and follow him on social media
- ✦ If appropriate/approved, make an effort to meet the local bishop or attend meeting with him and ministry leadership
- ✦ Be informed of the priorities of the local bishop and other faith leaders in your community
- ✦ Host regular faith leader breakfasts or lunches to share information about the ministry and listen to the needs and concerns of attendees
- ✦ Develop strong relationships with Catholic parishes in the region to ensure that sacraments are provided to Catholic patients/residents in a timely manner

TIER II: Meets with bishop(s) and local faith leaders as directed

In order to reach Tier III, a mission leader can:

- ✦ Facilitate conversations between faith leaders and ministry leadership in an effort to share perspectives and concerns
- ✦ Ensure that faith leaders are informed of ministry advocacy priorities and include them when possible in collaborative efforts of common concern (e.g., homelessness, mental health, poverty, violence, etc.)

TIER III: Navigates and aligns complex relationships to address issues of common concern and clarifies distinct roles and responsibilities

D. Inspires others to participate in and advance the healing ministry of Jesus and models the charism of the founding community(ies)

TIER I: Articulates the founding heritage and legacy of the organization

In order to reach Tier II, a mission leader can:

- ✦ Undertake an in-depth study of the founders/foundresses and their history and charism
- ✦ Establish mission councils or other types of “mission extenders” at the facility level
- ✦ Create inspirational communications for all associates reminding them of the sacred calling they have to serve God’s people
- ✦ Review organizational policies to ensure that they consistently uphold the dignity of the human person
- ✦ Participate in formation programs offered by your ministry, CHA and others

TIER II: Identifies and promotes what differentiates Catholic health care in today’s evolving environment in light of the healing ministry of Jesus

In order to reach Tier III, a mission leader can:

- ✦ Support and/or lead a formal formation program for all associates
- ✦ Develop mission and values resources for mission councils and middle managers to use in department meetings, huddles and shift changes
- ✦ Collaborate with colleagues to ensure that Catholic identity, mission and values are interwoven throughout all training, orientation and educational offerings

TIER III: Ensures a coordinated approach to educating colleagues and the community regarding the healing ministry of Jesus and the heritage of the organization’s founders/foundresses



STRATEGY – ENSURES THE CENTRALITY OF MISSION IN STRATEGY

Mission leaders serve an essential role in integrating the heritage, tradition and values of Catholic identity amid the changing context of health care. As the landscape and concerns change, mission leaders must read the signs of the times to ensure evolving strategies, partnerships and care models are suited to bringing our ministries into the future with integrity to the vision and charism of the founding communities. As vital culture bearers, mission leaders drive mission-focused strategy at all levels of the organization through personal integrity, wisdom and vision. Working with their partners, they bring the Catholic imagination to bear on the future of the organization.

A. Models the mission and legacy of Catholic health care

TIER I: Is knowledgeable of the mission and legacy and is aware their behavior should be a model for their colleagues

In order to reach Tier II, a mission leader can:

- ✦ Conduct an in-depth study of the founders/foundresses and their history and charism
- ✦ Establish mission councils or other types of “mission extenders” at the facility level
- ✦ Create inspirational communications for all associates, reminding them of the special calling they have to serve God’s people
- ✦ Review organizational policies to ensure that they consistently uphold the dignity of the human person
- ✦ Participate in formation programs offered by your ministry, CHA and others

TIER II: Presents the mission with passion and inspires colleagues to live the mission more deeply

In order to reach Tier III, a mission leader can:

- ✦ Support and/or lead a formal formation program for all associates
- ✦ Develop mission and values resources for mission councils and middle managers to use in department meetings, huddles and shift changes
- ✦ Collaborate with colleagues to ensure that Catholic identity, mission and values are interwoven throughout all training, orientation and educational offerings

TIER III: Models and holds others accountable for an integrated personal and professional values system

B. Applies the Catholic theological and ethical tradition to strategic discussions

TIER I: Understands Catholic theology and ethics and verbalizes these principles in practical language for frontline associates

In order to reach Tier II, a mission leader can:

- ✦ Review meeting agendas in advance and be prepared to connect strategy discussions to our Catholic identity, mission and values
- ✦ Ensure familiarity with strategic business priorities and be able to discuss their implications with all members of the leadership team

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- ✦ Improve ability to ask deliberate, nonjudgmental questions in strategy conversations that help others to see potential theological and ethical issues

TIER II: Invites discussion and application of theological and ethical principles in senior leadership meetings

In order to reach Tier III, a mission leader can:

- ✦ Collaborate with colleagues in order to connect business and mission priorities in strategy discussions and planning (i.e., population health, ED readmission rates, community health workers, health navigators, Medicaid programs, preventative care initiatives, etc.)

TIER III: Innovates strategic opportunities to advance the mission

C. Influences strategic direction to meet the needs of the times

TIER I: Contributes to strategic conversations to meet the needs of associates and the community

In order to reach Tier II, a mission leader can:

- ✦ Review meeting agendas in advance and be prepared to connect strategy discussions to Catholic identity, and the organization's mission and values
- ✦ Ensure familiarity with strategic business priorities and an ability to discuss their implications with all members of the leadership team
- ✦ Improve ability to ask deliberate, nonjudgmental questions in strategy conversations that help others to see potential theological and ethical issues

TIER II: Facilitates executive-level conversations regarding the organization's priorities

In order to reach Tier III, a mission leader can:

- ✦ Collaborate with colleagues in order to connect business and mission priorities in strategy discussions and planning (i.e., population health, ED readmission rates, community health workers, health navigators, Medicaid programs, preventative care initiatives, etc.)

TIER III: Shapes decision-making and organizational priorities to align with the mission and values

D. Innovates practices and procedures to ensure the vitality of the ministry

TIER I: Attends to the mission implications of organizational policies and procedures

In order to reach Tier II, a mission leader can:

- ✦ Collaborate with colleagues in the creation and implementation of new policies related to strategic initiatives in order to ensure their fidelity to Catholic identity, mission and values

TIER II: Recognizes where policies and procedures may be needed and participates in their creation and implementation

In order to reach Tier III, a mission leader can:

- ✦ Volunteer to serve as the champion and leader of workgroups assigned to design and implement new strategic priorities

TIER III: Develops plans, policies and procedures proactively to meet the emerging changes in health care



OPERATIONS – INCORPORATES THE MISSION AND VALUES INTO ALL OPERATIONS OF THE ORGANIZATION

Mission leaders are critical partners in ensuring that the Catholic worldview and commitments are expressed in an organization's policies, practices and procedures. While day-to-day operations may look the same in Catholic health care and other-than-Catholic health care organizations, it is the how and the why things are done that differentiate the experience of patients, residents, families, co-workers and communities served by Catholic health. Every mission leader must be able to promote, shape and create practices consistent with the values and vision of Catholic health care and Catholic social teaching, which acknowledges the inherent dignity of each person, calls for the furthering of the common good and seeks justice through solidarity.

A. Collaborates with leaders to ensure recruitment, selection and retention are inclusive and consistent with the organization's mission

TIER I: Dialogues with leaders on the role of mission and values in the selection, orientation and onboarding processes

In order to reach Tier II, a mission leader can:

- ✦ Ensure participation in the interview process for all executive leadership positions
- ✦ Volunteer to support and advise the CEO when board vacancies arise and new members are being recruited
- ✦ Raise questions around diversity, character and ministry-fit when considering candidates for executive and board positions

TIER II: Participates in and provides meaningful feedback when key leadership and governance roles are filled to ensure that they are representative of the community

In order to reach Tier III, a mission leader can:

- ✦ Create and share a list of mission-focused interview questions to be included in the selection process
- ✦ Collaborate with HR and OD colleagues in the design and implementation of recruitment and selection processes
- ✦ Champion leadership formation and development programs across the organization
- ✦ Serve as a core team member or “buddy” in the onboarding process for all new executives and board members

TIER III: Builds system-wide processes with colleagues to ensure alignment with mission, vision and values in recruitment, selection and retention

B. Analyzes the culture to ensure mission and values are embedded in policies and procedures of the organization

TIER I: Articulates the key components of a mission-driven culture

In order to reach Tier II, a mission leader can:

- ✦ Become familiar with business priorities and be able to discuss their cultural implications with all members of the leadership team

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- ✦ Improve the ability to ask deliberate, nonjudgmental questions in strategy conversations that help others to see potential theological and ethical issues
 - ✦ Ensure that associate well-being concerns are considered in all operational decisions
 - ✦ Collaborate with others (HR, OD, communications) in order to ensure that messaging of operational initiatives are presented from a mission-focused perspective

TIER II: Contributes to strategies for enhancing the cultural strengths and addressing the challenges

In order to reach Tier III, a mission leader can:

- ✦ Establish mission councils or other types of “mission extenders” at the facility level
- ✦ Share inspirational communications for all associates reminding them of the sacred calling to serve God’s people
- ✦ Review organizational policies to ensure that they consistently uphold the dignity of the human person
- ✦ Champion and support internal formation programs and additional programs offered by CHA and others

TIER III: Creates and maintains structures which sustain culture to embody mission and values

C. Applies the Catholic theological and ethical tradition to operations and clinical practices

TIER I: Engages in frequent conversations on the connections between theology and ethics in daily operations and clinical decisions

In order to reach Tier II, a mission leader can:

- ✦ Facilitate the organizational discernment process in mission-critical operational decisions
- ✦ Collaborate with colleagues in order to connect business and mission priorities in strategy discussions and planning (i.e., population health, ED readmission rates, community health workers, health navigators, Medicaid programs, preventative care initiatives, etc.)
- ✦ Serve on the organization’s ethics committee

TIER II: Influences decisions through the application of Catholic social teaching and ethical principles in clinical and organizational practices

In order to reach Tier III, a mission leader can:

- ✦ Ensure that the ethics committee reviews all clinical and operational policies that have serious ethical implications
- ✦ Train all members of the mission team in the facilitation of the discernment process for important, mission-critical operational decisions
- ✦ Support the inclusion of mission leaders in the design and implementation of leadership development programs

TIER III: Ensures all members of the mission team are able to apply Catholic principles in decision-making and daily operations

D. Ensures that organizational and clinical practices reflect the radical inclusivity, caring and compassion of Jesus

TIER I: Articulates and celebrates when mission and values are demonstrated in daily work and raises questions when they are absent.

In order to reach Tier II, a mission leader can:

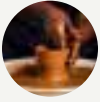
- ✦ Become familiar with business priorities and be able to discuss their ministry implications with all members of the leadership team
- ✦ Improve the ability to ask deliberate, nonjudgmental questions in operational conversations that help others to see potential theological and ethical issues
- ✦ Ensure that associate well-being concerns are considered in all operational decisions
- ✦ Collaborate with others (HR, OD, communications) in order to ensure that messaging of operational initiatives are presented from a mission-focused perspective

TIER II: Participates in designing organizational and clinical practices and services which bring to life the love of Jesus in community

In order to reach Tier III, a mission leader can:

- ✦ Ensure that all quality and satisfaction metrics include a special concern for the poor, vulnerable and underserved
- ✦ Collaborate with colleagues in order to connect business and mission priorities in operational initiatives (i.e., population health, ED readmission rates, community health workers, health navigators, Medicaid programs, preventative care services, etc.)
- ✦ Collaborate with others (HR, OD, communications) in order to ensure that messaging of operational initiatives are presented from a mission-focused, inclusive perspective

TIER III: Reviews quality and satisfaction metrics to promote health equity and patient-centered care



FORMATION – CHAMPIONS FORMATION AT ALL LEVELS OF THE ORGANIZATION

Mission leaders are uniquely responsible for the creation, delivery, measurement and integration of formative experiences for associates at all levels of the organization. Understanding that formation is critical to a thriving Catholic health ministry now and into the future, mission leaders are attentive to designing a variety of formation experiences — in person, digital and virtual — that build on one another and meet individuals where they are. They invite others into conversations to consider the depths of their jobs and careers as vocations and as facilitators, they hold space for the work of the Holy Spirit in each person.

A. Invites others to discover meaning and purpose in their work

TIER I: Dialogues with associates about their call to serve and the ministry of Catholic health care

In order to reach Tier II, a mission leader can:

- ✦ Take classes/programs or secure certification in some of the following subject matter: ministry formation, spiritual direction, emotional intelligence, mentoring and coaching

TIER II: Helps colleagues experience and name what differentiates Catholic health care

In order to reach Tier III, a mission leader can:

- ✦ Work with a mission mentor to deepen content and design acumen to create and lead ministry-wide events, celebrations and ceremonies that connect work to organizational and individual spirituality

TIER III: Ensures practices that integrate mission and values and celebrate associates and departments that embody them

B. Facilitates or ensures excellent formative experiences are provided in a variety of modalities

TIER I: Identifies and understands elements of effective formation

In order to reach Tier II, a mission leader can:

- ✦ Attend ministry formation programs/workshops and trainings offered by CHA and others
- ✦ Work with a formation mentor to deepen facilitation and content-design expertise

TIER II: Designs and facilitates meaningful and relevant formative experiences

In order to reach Tier III, a mission leader can:

- ✦ Demonstrate the impact of formation on associate engagement, patient satisfaction, culture and financial performance through methodical data-driven satisfaction surveys and program evaluations
- ✦ Implement a 360-degree leadership feedback process that is conducted annually and attached to compensation

TIER III: Ensures organizational priority for ongoing formation, design, measurement and resource allocation across the organization

C. Presents or ensures presentations are of high quality

TIER I: Presents broad formation content with ease and professionalism

In order to reach Tier II, a mission leader can:

- ✦ Become well informed of current social, economic and Church trends and how they impact the ministry
- ✦ Pursue studies in a variety of modalities through which formation can be effectively provided
- ✦ Create and deliver presentations at ministry leadership events on the vital need for ongoing formation and its role in developing direct reports, as well as the impact on sustaining the ministry and the overall success of the organization

TIER II: Assures that formation programming is timely and relevant

In order to reach Tier III, a mission leader can:

- ✦ Study the strategic priorities of the ministry, the role of current social, economic and Church trends, and identify ways in which effective formation programs can contribute to meeting ministry goals

TIER III: Creates a process for measuring individual as well as organizational impact of formation programming

D. Supports leaders in creating meaning and purpose across the organization

TIER I: Offers leaders resources to extend formation with associates

In order to reach Tier II, a mission leader can:

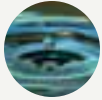
- ✦ Create and deliver presentations at ministry leadership events on the vital connection between developing direct reports and the overall success of the organization
- ✦ Review meeting agendas in advance and include formative content meaningful to the meeting in prayers and reflections

TIER II: Creates experiences that invite and empower leaders to participate in the formation of their direct reports

In order to reach Tier III, a mission leader can:

- ✦ Study the strategic priorities of the ministry and identify ways in which effective formation programs can contribute to meeting ministry goals

TIER III: Collaborates with senior leaders to promote and embed formative experiences and formation programs for all associates



SPIRITUALITY – NURTURES SPIRITUAL HEALTH

Mission leaders articulate their lived faith experience and the meaning it brings to their lives as well as encourage and empower individuals and organizations to do the same. Cultivating an integrated spiritual life, they establish mutually beneficial relationships with diverse individuals and groups that are honest, caring and joyful. They help others find the sacred in the ordinary events of life and connect their own work and spirituality to the mission and values of the organization. Mission leaders help build a sense of community in the organization and, in collaboration with others, develop and foster well-being initiatives and holistic care models responding to the physical, spiritual and emotional needs of patients, residents and caregivers.

A. Demonstrates personal commitment to one's ongoing spiritual and vocational development

TIER I: Commits time to their personal spiritual journey, practices and faith tradition

In order to reach Tier II, a mission leader can:

- ✦ Commit to daily prayer practice or mindfulness discipline
- ✦ Volunteer and take leadership roles within the local faith community
- ✦ Work with a spiritual director on a regular basis
- ✦ Plan for and attend an annual retreat

TIER II: Integrates spiritual insights into conversations

In order to reach Tier III, a mission leader can:

- ✦ When speaking and presenting, link scripture, the ministry's charism, Catholic social teaching and mission and values to the issues at hand in a genuine and authentic manner
- ✦ Develop the ability to listen and ask meaningful questions
- ✦ Speak with authenticity about your spiritual journey and religious practices

TIER III: Inspires and energizes others to live their vocation more fully

B. Promotes workplace spirituality resonant with the desired organizational culture while inviting the expression of diverse spiritualities and their practices

TIER I: Leads communal prayer and reflections that respect the diversity of spiritualities in the community being served

In order to reach Tier II, a mission leader can:

- ✦ Speak to a member of the founding community(ies) about the community's prayer tradition
- ✦ Learn about other faith traditions and world religions and participate in prayers outside of your tradition
- ✦ Build relationships with leaders of other faith traditions and world religions in your local community
- ✦ Read about the elements of good ritual
- ✦ Familiarize yourself with the religious diversity within your facility, system and community

TIER II: Designs prayers and rituals that honor religious pluralism and cultivate shared ministry identity.

In order to reach Tier III, a mission leader can:

- ✦ Take a class or read a book about organizational culture and how culture is transformed
- ✦ Participate in diversity, inclusion and belonging training
- ✦ Develop a yearly plan of prayers, rituals and spiritual enrichment to celebrate the religious diversity of the community
- ✦ Build inclusive, multiple-disciplinary teams to plan and lead prayer and liturgy

TIER III: Ensures organizational practices balance the founding sponsor(s) charism(s), Catholic and Christian spiritualities and respects other religious traditions and practices

C. Ensures the vibrancy and professionalism of spiritual care services to meet the unique needs of patients, residents, families and associates

TIER I: Relates effectively with chaplains and other spiritual care providers

In order to reach Tier II, a mission leader can:

- ✦ Learn the requirements for becoming a board-certified chaplain
- ✦ Shadow a chaplain
- ✦ Register for chaplaincy and spiritual-care focused webinars and classes
- ✦ Inquire about the standard work of the spiritual/pastoral care department
- ✦ Consider how the pastoral care department is staffed based on the CHA Pastoral Care Standard Work and Staffing model
- ✦ Become familiar with Part Two of the ERDs as well as the theological basis for whole-person care
- ✦ Build relationships with local faith communities
- ✦ Collaborate with human resources and volunteer services in presenting a segment on whole-person care, spirituality and spiritual care services during associate and volunteer orientations

TIER II: Ensures the provision of sacraments for patients and residents as well as the integration of pastoral care into care teams

In order to reach Tier III, a mission leader can:

- ✦ Advocate pastoral care be involved in clinical rounds and ethics consults
- ✦ Consider how the pastoral care department is staffed based on the CHA Pastoral Care Standard Work and Staffing model
- ✦ Work with pastoral care staffing on associate wellness initiatives

TIER III: Champions the essential nature of spiritual care in the ministry and assures robust staffing and certification of chaplaincy



ETHICS – PROMOTES ORGANIZATIONAL AND CLINICAL ETHICS

Mission leaders understand, apply and serve as a resource regarding the principles of Catholic social teaching, moral theology, including the *Ethical and Religious Directives for Catholic Health Care Services*. They are responsible for ensuring that the appropriate level of ethics training is provided to various levels and disciplines in the ministry. Mission leaders can identify clinical and organizational ethical issues and facilitate an ethical discernment process in collaboration with key stakeholders, subject-matter experts and trained ethicists. They create and cultivate an organizational culture where difficult conversations can occur in a safe and transparent environment. Mission leaders consistently inspire fidelity to Catholic identity in all aspects of business operations and ensure that a respect for human dignity and the common good are at the core of the ethical discernment process.

A. Ensures effective ongoing staff education on human dignity, the common good and other relevant ethical principles

TIER I: Understands common ethics issues, available resources and maintains relationships with subject-matter experts

In order to reach Tier II, a mission leader can:

- ✦ Research ethics training programs available in the ministry and who the content experts are who design and deliver the programs
- ✦ Become familiar with CHA's *Excellence in Ethics* resources to see best practices from around the ministry
- ✦ Sign up to receive CHA's ethics quarterly, *Health Care Ethics USA*, to read about the latest developments in Catholic ethics
- ✦ Shadow an ethics consultant in a family care meeting to see the ways ethics consultants help to address ethical challenges
- ✦ Research organizational training opportunities on becoming an ethics consultant

TIER II: Collaborates with ethicists to offer relevant and timely training to ethics teams

In order to reach Tier III, a mission leader can:

- ✦ Develop and deliver presentations on the ERDs, Catholic social teaching and other ethics-related topics
- ✦ Attend CHA's Ethics for Mission Leaders program

TIER III: Ensures continued ethics training is available to all levels of the organization

B. Promotes the implementation of ethical standards throughout the organization

TIER I: Identifies ethical issues and raises awareness around reporting processes

In order to reach Tier II, a mission leader can:

- ✦ Learn to facilitate a decision-making process through either internal resources or through CHA's discernment model
- ✦ Pursue training and/or certification in conflict resolution and managing difficult conversations

- ✦ Shadow an ethics consultant in a family care meeting to see the ways they help to address ethical challenges

- ✦ Research organizational training opportunities on becoming an ethics consultant

TIER II: Participates in identifying and resolving organizational and personal ethics conflicts

In order to reach Tier III, a mission leader can:

- ✦ Review the impact of ethics training in the organization as well as trending issues that require system-level attention

- ✦ Review internal policies that relate to ethical situations (e.g., DNR, surrogate decision making, withdrawing of a ventilator, etc.)

TIER III: Collaborates with other leaders to ensure comprehensive organizational policies, processes and procedures in ethics training and reporting

C. Serves as a resource regarding the Catholic moral tradition, including the *Ethical and Religious Directives for Catholic Health Care Services*

TIER I: Understands key ethical principles in the moral tradition and the ERDs

In order to reach Tier II, a mission leader can:

- ✦ Develop and deliver presentations on the ERDs, Catholic social teaching and other ethics-related topics

- ✦ Pursue training or a certificate in theology and/or ethics

- ✦ Secure a mentorship with a senior mission leader who serves on an executive team

TIER II: Facilitates dialogue and application of ethical principles and the ERDs

In order to reach Tier III, a mission leader can:

- ✦ Serve on organizational committees responsible for the review and development of policies in order to ensure that all policies are congruent with the ERDs, Catholic social teaching, mission and values

- ✦ Pursue training in quality and performance improvement approaches

- ✦ Study the elements of the Next Generation of Ethics Committees

- ✦ Shadow an ethics consultant in a family care meeting to see the ways ethics consultants help to address ethical challenges

- ✦ Research organizational training opportunities on becoming an ethics consultant

TIER III: Analyzes trends and implements policy review and updates in ethics education across the ministry

D. Ensures Catholic social and moral traditions are respected as partnerships are explored

TIER I: Identifies and escalates potential theological and ethical concerns

In order to reach Tier II, a mission leader can:

- ✦ Serve as a resource and subject-matter expert for teams considering possible partnerships and escalate any concerns to the system-level mission and ethics leaders

TIER II: Promotes the organizational, social and moral traditions critical to Catholic identity in the assessment and analysis of possible partnerships

In order to reach Tier III, a mission leader can:

- ✦ Participate in conversations where new partnerships are being considered in order to ensure that Catholic identity and tradition are included as a vital part of the process
- ✦ Work with strategy or growth leaders to understand the concepts and principles used to plan for the future of health care

TIER III: Ensures that Catholic identity is addressed in joint ventures, partnerships, mergers, acquisitions, etc.

E. Creates safe space for managing tensions and assists in resolving conflicts

TIER I: Cultivates self-awareness and nonjudgmental presence in challenging situations

In order to reach Tier II, a mission leader can:

- ✦ Undergo training to facilitate the discernment process used by the organization
- ✦ Pursue training and/or certification in conflict resolution and managing difficult conversations

TIER II: Names and helps resolve conflict in light of competing core values

In order to reach Tier III, a mission leader can:

- ✦ Partner with human resources, talent management and others in designing, developing and delivering programming that promotes a just culture based on servant leadership, mutual respect and subsidiarity

TIER III: Builds a just culture that promotes open dialogue and communal problem-solving

F. Promotes use of ethical discernment models

TIER I: Understands the process and purpose of ethical discernment

In order to reach Tier II, a mission leader can:

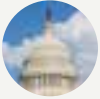
- ✦ Learn to facilitate a decision-making process through either internal resources or through CHA's discernment model
- ✦ Pursue training and/or certification in conflict resolution and managing difficult conversations

TIER II: Facilitates ethical discernment within planning and decision-making

In order to reach Tier III, a mission leader can:

- ✦ Hold leaders accountable in the appropriate use of the discernment process and provide coaching as needed
- ✦ Create a mechanism where all discernment processes are stored and analyzed for effectiveness and trends

TIER III: Ensures the integrity and effectiveness of ethical discernments



ADVOCACY – ADVOCATES FOR PERSONS WHO ARE AFFECTED BY POVERTY AND ARE MARGINALIZED

Mission leaders are uniquely positioned to hear the voices of those in vulnerable populations and then passionately advocate on their behalf. They engage community and system leaders in dialogue to ensure strategy, decisions, policies and budgets demonstrate a tangible commitment to justice, solidarity and right relationship. They also are intricately involved in setting advocacy priorities and collaborating with stakeholders to meet the demonstrated needs of the community. This advocacy encompasses the needs of patients, residents, families and associates, as well as the wider community. Mission leaders encourage all associates and community leaders to follow the Gospel values demonstrated in the example of Jesus Christ, with a preferential option for those who are marginalized and affected by poverty, and a special focus on ending systemic racism and injustice that lead to health disparities and inequities.

A. Relates with and respects vulnerable populations, including associates

TIER I: Listens to and dialogues with patients/residents and associates who are vulnerable

In order to reach Tier II, a mission leader can:

- ✦ Take part in and study the organization’s Community Health Needs Assessment to be familiar with the areas of greatest concern and disparity
- ✦ Participate in the design and implementation of the Community Health Improvement Plan; observe who is part of the prioritization process and point out any groups being left out who could help
- ✦ Engage in training opportunities to improve skills in managing difficult conversations, including unconscious bias training
- ✦ Ask to be a part of multi-disciplinary rounding teams
- ✦ Read *What the Eyes Don’t See*, by Mona Hanna Attisha, about the Flint, Mich., water crisis
- ✦ In cafeteria and in meetings, ask to sit with groups of associates from different departments, including housekeeping, maintenance and others that include entry-level staff members

TIER II: Models regular rounding with patients/residents and associates with special attention to vulnerable populations and systematically addresses needs that are surfaced

In order to reach Tier III, a mission leader can:

- ✦ Include executives in the Community Health Needs Assessment process
- ✦ Host/attend focus groups in the community where fellow executives are invited to participate and/or where community decisions are made
- ✦ Lead a panel discussion with community representatives at leadership development and formation events
- ✦ Facilitate a process where members of the executive team conduct one-to-one “key informants” interviews with community leaders for the needs assessment, such as the mayor, principals of schools in low-income neighborhoods, the director of the local Catholic Charities branch and pastors of churches serving racially or culturally diverse communities

TIER III: Advocates and designs opportunities for executives to directly dialogue with and learn from vulnerable populations

B. Establishes relationships with social service agencies serving individuals on the margins

TIER I: Meets with leaders of social service agencies with whom the organization partners

In order to reach Tier II, a mission leader can:

- ✦ Study the Community Health Needs Assessment and implementation plans and identify appropriate partners in the community
- ✦ Research whether any other community-based organization has conducted a Community Health Needs Assessment, such as the United Way or a federally qualified health center to ascertain possible partners
- ✦ Identify a community-based organization that addresses social or environmental needs (housing, food security, violence prevention, human trafficking, pollution) and attend meetings
- ✦ Consider joining a community-based organization as a volunteer or board member
- ✦ Interview staff/leaders of agencies and other programs to which the ministry refers patients about the referral experience and how the relationship could be improved
- ✦ Interview patients that have been referred to local agency partners and ask about their experience

TIER II: Facilitates due diligence and discernment processes on partnerships aimed at advancing the common good

In order to reach Tier III, a mission leader can:

- ✦ Host/convene or participate in a conversation with community partners with similar goals about serving the vulnerable
- ✦ Champion partnership opportunities in the community to address needs
- ✦ Sit in on meetings with community partners and consider ways the meeting might be more inclusive

TIER III: Expands and promotes best practices throughout the organization

C. Influences and encourages the organization to respond to the needs of people who have limited resources

TIER I: Represents the needs of patients/residents and associates and participates in discussions and decisions on how to address those needs

In order to reach Tier II, a mission leader can:

- ✦ Review organizational policies and priorities/strategic goals
- ✦ Read your organization's financial assistance policy and procedures, including the full written policy, the "plain language summary," signage about financial assistance in billing areas, the organization's collection policy and contracts with any vendors that collect for bad debt
- ✦ Take the role of a person wanting information about the ministry's financial assistance to find out what can be learned on the website, in billing areas and/or by the phone
- ✦ Study the Community Health Needs Assessment and Implementation Plan

TIER II: Analyzes policies, procedures, budgets and community benefit plans to ensure a preferential option for the poor

In order to reach Tier III, a mission leader can:

- ✦ Collaborate with human resources and other leaders in the creation of an associate well-being program, including vacation/PTO sharing banks and emergency financial assistance funds
- ✦ Review the ministry's bad debt collection records for what the IRS calls "extraordinary collection action: selling an individual's debt to another party, reporting to a credit agency, denying care before payment, and any legal action, such as placing a lien or foreclosing on property, seizing bank accounts or any civil action"
- ✦ Learn about one or more issues that the ministry's low-wage employees are facing, such as housing, transportation, childcare, legal or banking problems

TIER III: Ensures practices, policies and resources demonstrate organizational commitment to caring for associates and others who are poor and vulnerable

D. Advocates for public policies that enhance the common good

TIER I: Understands the advocacy priorities of the organization and assists in educating colleagues and community partners

In order to reach Tier II, a mission leader can:

- ✦ Participate in advocacy webinars and other educational opportunities offered by CHA and others
- ✦ Be able to explain the direct correlation between Catholic social teaching and critical policy issues
- ✦ Learn who the national, state and local elected representatives are and their views on health and social issues
- ✦ Become informed and up-to-date on public policy issues affecting the ministry at the local, state and federal levels
- ✦ Select one or more issues that impact the health of vulnerable persons (water quality, access to healthy food, access to health care, mental health, affordable housing), follow in the news and monitor any government action

TIER II: Meets with elected officials and administrators of public health and social service agencies to advance advocacy priorities

In order to reach Tier III, a mission leader can:

- ✦ Join ministry advocacy leaders on visits to government officials at the local, state and federal levels
- ✦ Participate in advocacy strategy discussions and planning sessions
- ✦ Serve as a resource for advocacy leaders in connecting policy priorities to Catholic identity
- ✦ Utilize CHA's e-Advocacy program and sample letters to contact elected officials in support of priorities for the Catholic health ministry
- ✦ Stay abreast of the positions of various organizations about health-related issues such as housing, work, poverty, gun violence, climate change, etc.

TIER III: Collaborates in setting the organization's advocacy priorities and connects unmet needs to Catholic social teaching and action

E. Advocates for the Community Health Needs Assessment, community improvement plan and reporting

TIER I: Collaborates with other leaders in the Community Health Needs Assessment, community benefit planning and community benefit reporting processes

In order to reach Tier II, a mission leader can:

- ✦ Study/participate in the development of the ministry's Community Health Needs Assessment and be familiar with the areas of greatest concern and disparity
- ✦ Participate in the design and implementation of the ministry's Community Health Improvement Plan
- ✦ Advocate for budget priorities aimed at addressing health disparities in the community
- ✦ Identify other persons or areas within the organization that could contribute to or should know about the ministry's needs assessment and plan (strategic planning, ER, communications, finance)

TIER II: Ensures the community health plan is incorporated into the strategic planning and yearly operational budget decisions

In order to reach Tier III, a mission leader can:

- ✦ Collaborate in the development and implementation of measurable goals and metrics that track the impact of community benefit programs
- ✦ Hold others accountable in the tracking of metrics
- ✦ Review results of community benefit programs and be part of the process to adjust tactics as necessary
- ✦ Become familiar with public health documents that address evidence-based approaches to community health, such as *Healthy People 2030*, *County Health Rankings*, *What Works for Health*, the *Community Guide* and the work of the U.S. Prevention Task Force to help set priorities and develop action plans for community health improvement

TIER III: Assures, with others, that resources spent on community health programming demonstrate improved health outcomes for individuals and communities being served

How To Use This Guide

The Mission Leader Competencies and Self-Assessment with Virtual Coach have many uses in the health care ministry, including:

1. Clarify the mission role internally and externally

- ✦ Review mission leader job descriptions for alignment with the competencies and the performance review process
- ✦ Have conversations with organizational leadership to help them understand the comprehensive nature of the mission leader's role in Catholic health care
- ✦ Educate and orient new CEO's and other leaders on the role and responsibilities of mission leaders
- ✦ Use to understand the different roles, responsibilities and authority of the sponsors and bishops and then serve as a bridge or facilitator when there is role confusion
- ✦ Use in the education of board members
- ✦ Use as a recruitment and pre-screening tool for mission leader positions
- ✦ Use to educate staff about the mission of the organization and the role of the mission leader
- ✦ Use with community groups to promote a better understanding of the mission of Catholic health care

2. Enhance initial and ongoing development and formation of mission leaders

- ✦ Use the Self-Assessment Tool for personal and professional development at www.chausa.org/missionleadercompetencies
- ✦ Based on the self-assessed tier ranking, review suggestions provided by the virtual coaching tool and determine which actions to follow

- ✦ Balance the ministerial and theological aspects of mission leadership with the operational and strategic elements
- ✦ Use as a guide in areas where there is opportunity for improvement as well as suggestions of what actions could be taken in terms of professional, educational and personal development
- ✦ Create a developmental plan based on the competencies using the assessment tool, virtual coach recommendations and a mentor
- ✦ Dialogue about the competencies with the executive team to promote increased collaboration and integration of the organization's mission and values

3. Succession planning

- ✦ Use the competencies as a conversation tool to assess interest in the position of mission leader
- ✦ Invite potential mission leaders to utilize the self-assessment tool
- ✦ Develop needed competencies based on the self-assessment and suggestions provided by the virtual coaching tool
- ✦ Pursue an appropriate mentor based on the competency self-assessment and professional development suggestions
- ✦ Use to assess current mission leaders for potential promotion to regional or system-level roles
- ✦ Use with institutions of higher learning offering programs for mission leaders so courses and formation are aligned

Form Follows Function

By Brian Smith, MS, MA, M.DIV.

The architect Louis Sullivan is credited with the maxim “form follows function.” To appreciate the full beauty and poetry behind his words, one must study the full quote, written by Sullivan in 1896:

“Whether it be the sweeping eagle in his flight, or the open apple-blossom, the toiling work-horse, the blithe swan, the branching oak, the winding stream at its base, the drifting clouds, over all the coursing sun, form ever follows function, and this is the law. Where function does not change, form does not change. The granite rocks, the ever-brooding hills, remain for ages; the lightning lives, comes into shape, and dies, in a twinkling. It is the pervading law of all things organic and inorganic, of all things physical and metaphysical, of all things human and all things superhuman, of all true manifestations of the head, of the heart, of the soul, that the life is recognizable in its expression, that form ever follows function. This is the law.”¹

Although this principle is usually associated with late 19th- and early 20th-century architecture and industrial design, Sullivan would say this law can be applied to anything — including human organizations. The “manifestation of the head, heart and soul” in Catholic health care, especially as it relates to the preservation and promotion of Catholic identity, has greatly changed in the last 50 years. The functions of sponsorship, governance, management and mission have greatly changed over the last five decades and so has their form. That is good, according to Sullivan. It shows Catholic health care is adapting, changing and alive!

This article focuses on one particular aspect of Catholic health care that has been evolving for almost 50 years — mission integration. “Mission integration is the sum of the processes, programs and relationships that serve to enhance our understanding and commitment to the tradition and values from which the healing ministry originated and in which it continues. It is more than programs and celebrations; it is the work of the soul. It translates into day-to-day language and struggles with complex issues and brings light to significant decisions.”²

The form of mission integration has greatly changed through the decades. The position of mission leader has grown in prominence and influence. Competency models continue to change to express the increasing functions and responsibilities associated with the role. This article weaves together the historical highlights of mission integration, with the shifts in function and form in Catholic health care, so the reader will see how mission has always adapted to serve the needs of the ministry.

EARLY BEGINNINGS — MID 1970s

The role of the mission leader in Catholic health care in the United States was created in the mid-1970s. The process began when sponsoring congregations had fewer members to send into Catholic hospitals as nurses and administrators. They assigned women religious to leadership positions at the system headquarters under a title we now refer to as “mission services,” although the title then varied from system to system.

CHA’s archives indicate the first reference to this role was in 1976. The Sisters of Mercy Health Corp. system in Farmington Hills, Mich., started a department of ministerial development. It was led by Sr. Concilia

Moran, RSM. Other systems soon followed with their own version of mission departments including Holy Cross Health System's office of apostolic development in Indiana and the philosophy department of Mercy Health System in Burlingame, Calif.³ The early system mission leader's primary role was to keep the connection between the Church and the ministry alive and to develop a structure for identifying and training mission leaders for the member facilities. "Mission leader positions were sometimes held by sisters experienced in health care, but frequently one of the congregation's educators or even former members of its leadership team took the job."⁴

"The early mission leaders usually had to define, as well as legitimize, her own position in the organization."⁵ The skill set varied from leader to leader with some having backgrounds in theology, formation, pastoral care and spirituality and others having clinical and administration backgrounds. As a result, there was great variation in job descriptions, functional responsibilities and salaries. Accountability varied across the systems. In some cases, the mission leader was appointed by and reported to the sponsoring congregation; in other cases, the leaders were appointed by the congregation and reported to the congregation and the corporation's CEO, while still others were appointed by the congregation and reported solely to the CEO.

CHA SHIFTS ITS FOCUS: 1973–1987

Meanwhile, CHA recognized the health care environment was rapidly changing and new member needs were emerging, especially in the area of sponsorship. In 1970, the Board of Trustees of CHA appointed Sr. Mary Maurita Sengelaub, RSM, as chief executive director. By far the most significant development during her administration was the work of the CHA Study Committee that began in 1973.⁶ It addressed CHA's long-term needs, and in 1975 a committee for long-range planning was formed.

In early 1976, the Long-Range Planning and Development Committee commissioned the consulting firm of Arthur D. Little to determine how well members' expectations and needs were being fulfilled

by CHA. In September 1977, the consulting firm made 30 recommendations. Some of the most notable recommendations implemented over the next three years included:

- ✦ Expediting the movement toward a more dynamic and responsive CHA with a major leadership role in the health ministry of the Church
- ✦ Giving CHA a more Catholic and ecclesial orientation
- ✦ Focusing CHA's central mission on education and advocacy as its primary functions
- ✦ Placing less emphasis on the technical aspects of health services (for instance, eliminating CHA's dietary, X-ray and housekeeping departments, which at the time collected and shared related best practices) that duplicate the work of other associations and are unrelated to CHA's mission
- ✦ Developing alternatives for sponsorship, with an emphasis on building systems (the formation of larger health care systems required sponsors to think more strategically and as a system)
- ✦ Encouraging initiatives to establish and strengthen relationships with appropriate church-related and other national and regional organizations by building formal and informal communications networks and relationships
- ✦ Taking the initiative for developing guidelines and criteria for a self-evaluation process that members may use in assessing their apostolic effectiveness
- ✦ Changing CHA's name from the Catholic Hospital Association to the Catholic Health Association of the United States
- ✦ Strengthening the association's advocacy and government efforts and opening an office in Washington, D.C.⁷

With this new focus, CHA restructured and created the mission services department in 1980, hiring Sr. Margaret John Kelly, DC, Ph.D., as its first vice president of mission services. The department grew and developed in the early 1980s and included staff responsible for mission, sponsorship, theology and ethics, church relations and pastoral care.

In 1980, CHA published the *Evaluative Criteria for Catholic Health Care Facilities* to enable members to evaluate their mission effectiveness. In their 1981 pastoral letter, *Health and Health Care*, the U.S. bishops cited the Evaluative Criteria as a “commendable” effort because it was designed to draw attention to questions related to Catholic identity. In 1987, a new CHA publication, *The Dynamics of Catholic Identity in Healthcare: A Working Document*, subsumed the Evaluative Criteria as an instrument for assessing and enhancing a health care facility’s Catholic identity. It was written primarily by Laurence J. O’Connell, STD, Ph.D., then CHA’s vice president, division of theology, mission and ethics. The book was designed in the words of O’Connell “to provide an orientation or point of departure rather than extensive definition of Catholic identity.”⁸

EVOLUTION OF THE MISSION LEADER ROLE: 1980–1995

In the early 1980s, the mission leader’s responsibilities and roles were often unclear and as a result, some mission leaders lacked legitimacy in their organizations. Those without health care experience reported feeling marginalized and relegated to leading prayer at meetings, organizing retreats and overseeing charity drives. This early phase was labelled the “Mascot” period by Mary Kathryn Grant, Ph.D., Holy Cross Health System’s vice president of sponsorship and mission services. The mission leader was viewed as a cheerleader, reminder or symbol that the sponsors were trying to ensure a connection between themselves and the organization. In reality, mission leaders were rarely able to influence strategy, operations, budgets or decision-making processes. Some reported their CEOs felt threatened because they saw themselves as the primary mission leader, while others experienced resentment during times of staff reduction because the mission leader position, usually held by a woman religious, was secure.⁹

As systems were coming together in the late 1980s and early 1990s, new mission statements and core values were developed by sponsors, and mission services departments were expected to help educate staff on how to live the mission and values. This second phase Grant referred to as the “Mentor” period. Mission began to

be seen as something everyone in the organization was responsible for. The mission leader provided mission education and formation to help staff see how their work contributed to the mission and how they could live the organization’s values through their behaviors. This meant mission services and human resources began to work closely together. At times this was expressed by human resources reporting to mission services and vice versa. Sometimes this led to tension between the two departments as both sought resources to shape organizational culture and provide the educational and formational programs needed for leaders and others working in the ministry.

By the mid-1990s, system competency models for executives, including mission leaders, began to emerge. System mission departments were trying to elevate the role of the facility mission leader so they would become part of the senior leadership team and participate in strategic planning and decision-making. Grant called this third phase in the evolution of the mission leader role “Mainstream.”¹⁰ While these early mission leader competency models showed some variability, they all concurred that mission leaders needed to have “pastoral” qualities such as compassion, approachability and the ability to listen as well as business savvy and organizational skills.

CHA had been hosting an annual forum for system mission leaders since the mid-1980s to share learnings and find solutions to common challenges. By the early 1990s, one theme that emerged from these forums was the need for a common set of mission leader competencies and a way for mission leaders to grow in order for the profession to develop, become relevant and truly “mainstream.”

EMERGENCE OF SENIOR LEADERSHIP AND MISSION LEADER COMPETENCY MODELS

It is important to know that during the time the ministry was discussing a set of mission leader competencies, CHA was simultaneously working on a general senior leadership competency model. In 1992, the Center for Leadership Excellence of CHA began and initiated a project in 1993 with the Center for Applied Social Research of DePaul

University in Chicago and Hay McBer in Boston to conduct a large-scale competency research effort. The research methodology included 1,200 CHA members nominating leaders they felt exhibited the leadership skills and competencies necessary for carrying the ministry forward. From those nominated, the top 10% (60 individuals) were interviewed and given leadership tests. The resulting study, *Transformational Leadership for the Healing Ministry: Competencies for the Future*, provided a unique framework for identifying and fostering the qualities that define excellence in health care. The research found that spirituality, professional expertise and integration and action are the key components of leader competencies necessary to preserve the Catholic healing tradition.

The most revealing finding in the research was that the majority of competencies that drive superior performance in executives are rooted in the “Spirituality Cluster.” That is the presence of a personal, integrated spirituality that is comprised of three elements: 1) positive affiliation or concern for relationships, 2) faith in God and 3) finding meaning through reflection.¹¹

The mission services department of CHA conducted the first survey of all known mission leaders (approximately 100 people) within the ministry in 1993. Because the profession was so new at this point, the purpose of this non-scientific survey was to simply gain demographic information on who was filling these positions and what professional development they could use to further their development. The survey revealed that 66% of the respondents had been a mission leader less than two years and 78% had never worked in a health care organization before becoming a mission leader. Only 12% were lay persons. The majority of respondents indicated that a background in theology, ethics, spirituality and ministry would be the best way to professionally prepare for the role of mission leader.

In 1999, CHA published the first *Mission Leader Competency Model*. These competencies were primarily designed for academic institutions to develop courses and programs that would help educate and form mission leaders to have the desired knowledge base and

necessary personal qualities. The *Mission Leader Competency Model* assumed that the formation of the mission leader would include theological, spiritual, ethical and social knowledge as well as practical understanding of the operations and dynamics of health care organizations.

The Model also assumed there would be a need for formal educational programs combined with internships under the guidance of a mature, credible mission leader to help apply and integrate the knowledge into the daily work of mission integration. In addition, there was the understanding that the mission leader would be committed to lifelong learning and formation since the mission role would continue to evolve to meet the changing needs of the ministry.¹²

COMPETENCY DEVELOPMENT PROGRAMS FOR MISSION LEADERS

CHA started an in-person workshop for new mission leaders named Prophetic Voice in 1998, later renamed in 2016 to Essentials for Leading Mission in Catholic Health Care. In addition, CHA began to offer biannual mission leader seminars beginning in 2003, aimed at competency and skill development for entry and mid-level mission leaders.

In 2006, the Aquinas Institute of Theology sought to expand its academic programs to include offerings in health care mission. The Ashley-O’Rourke Center for Health Ministry Leadership (named for theologian Fr. Benedict Ashley, OP, and ethicist Fr. Kevin O’Rourke, OP) was created to provide educational and formational programs for those who are leading health care mission. Offering both a master’s of arts in health care mission and a certificate in mission leadership, the Aquinas Institute has collaborated closely with CHA to ensure its offerings run parallel with the current *Mission Leader Competency Model*.

The Neiswanger Institute for Bioethics and Healthcare Leadership at Loyola University Chicago began a master’s program in health care mission in 2012, and also offers a certificate in health care mission. The first doctorate program in mission leadership began in January 2020.



AS THE CHURCH'S MINISTRY OF HEALTH CARE, WE COMMIT TO:

- ✦ Promote and Defend Human Dignity
- ✦ Attend to the Whole Person
- ✦ Care for Poor and Vulnerable Persons
- ✦ Promote the Common Good
- ✦ Act on Behalf of Justice
- ✦ Steward Resources
- ✦ Serve as a Ministry of the Church

THE SHARED STATEMENT OF IDENTITY *for* THE CATHOLIC HEALTH MINISTRY

We are the people of Catholic health care, a ministry of the church, continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen – bringing together people of diverse faiths and backgrounds – our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved and most vulnerable. By our service, we strive to transform hurt into hope.

2019 Version

A SHARED STATEMENT OF IDENTITY

Sr. Doris Gottemoeller, RSM, Ph.D., president of the Sisters of Mercy of the Americas and chair of the CHA Board of Trustees at the time, helped steer the ministry to name what constitutes Catholic identity in Catholic health care. Writing in *Health Progress* in 1999, Sr. Gottemoeller acknowledged this was a difficult task but strongly laid out the case for why this was necessary: “Why is the question of Catholic identity so difficult to address? We all agree that Catholic identity involves concern for the poor, adherence to the *Ethical and Religious Directives*, recognition by the church, and the other characteristics I've mentioned. But the topic remains painful, confusing, and even divisive because of our respect for pluralism of beliefs and legitimate diversity; because of what sometimes seem like arbitrary and inconsistent exercises of church authority; and because of the difficulty of quantifying and measuring adherence to ideals. The latter, especially, is not easy to implement and monitor in the real world of partnerships, mergers, and joint ventures. Not all of our potential partners share our beliefs; some of our employees have conflicting motives; neighboring bishops differ in their

assessment of comparable situations; the average Catholic seems indifferent to our fortunes — and who is to decide it we are ‘Catholic enough?’” She proposed fundamental characteristics. “To be effective, they will have to be enacted and interpreted by real people in real situations within the context of the entire Christian community. Doing so will never be easy, neat, or without controversy. But the struggle itself can be productive.”¹³

In 2000, the membership of CHA voted and approved a new *Shared Statement of Identity for the Catholic Health Ministry* and listed seven core commitments recognizing that formation of the ministry's leaders would be necessary to succeed. An updated version of the shared statement is still in use today.¹⁴

We are the people of Catholic health care, a ministry of the Church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen — bringing together people of diverse faiths and backgrounds — our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life

a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

As the Church's ministry of health care, we commit to:

- ✦ Promote and Defend Human Dignity
- ✦ Attend to the Whole Person
- ✦ Care for Poor and Vulnerable Persons
- ✦ Promote the Common Good
- ✦ Act on Behalf of Justice
- ✦ Steward Resources
- ✦ Act in Communion with the Church

"In order to fulfill this commitment, the Catholic health ministry needs leaders who recognize and respond to a call to service ... a call that comes from God and from the communities in which these leaders live and flourish. They come to leadership in the ministry sensing a personal congruence with the mission and values of Catholic health care. They are formed for leadership in the ministry in and by the communities to which they belong — church, professional, civic, family."¹⁵

Following up on the Shared Statement, CHA's Board of Trustees adopted the 2003–2005 strategic plan for the ministry with a new focus "on the need for qualified, prepared and formed leaders who will carry Catholic health care into the future." This began a new era for CHA aimed at creating a ministry-wide understanding of what is ministry formation, what are the key content areas needed and what are the metrics that demonstrate the impact of formation.

2006 CHA MISSION LEADER SURVEY

Knowing the number of mission leaders had greatly increased since 1993, CHA launched its second mission leader survey in 2006. This survey was sent electronically to approximately 700 mission leaders with more than 50% responding.

A comparison of responses between the 2006 and 1993 mission leader surveys showed tremendous advances in the field. More people were serving as mission leaders throughout the ministry. An additional 600 mission leader positions had been added to the ministry over 13 years at both the vice president and director levels. In addition, they were now serving across the continuum of care (acute, non-acute, long-term care and managed care offices). The percentage of religious to lay mission leaders was now 64% to 36%. Responsibilities, salaries and benefits for mission leaders had increased and now were closer, though not yet on par, to the salary and benefits of other senior leaders.¹⁶

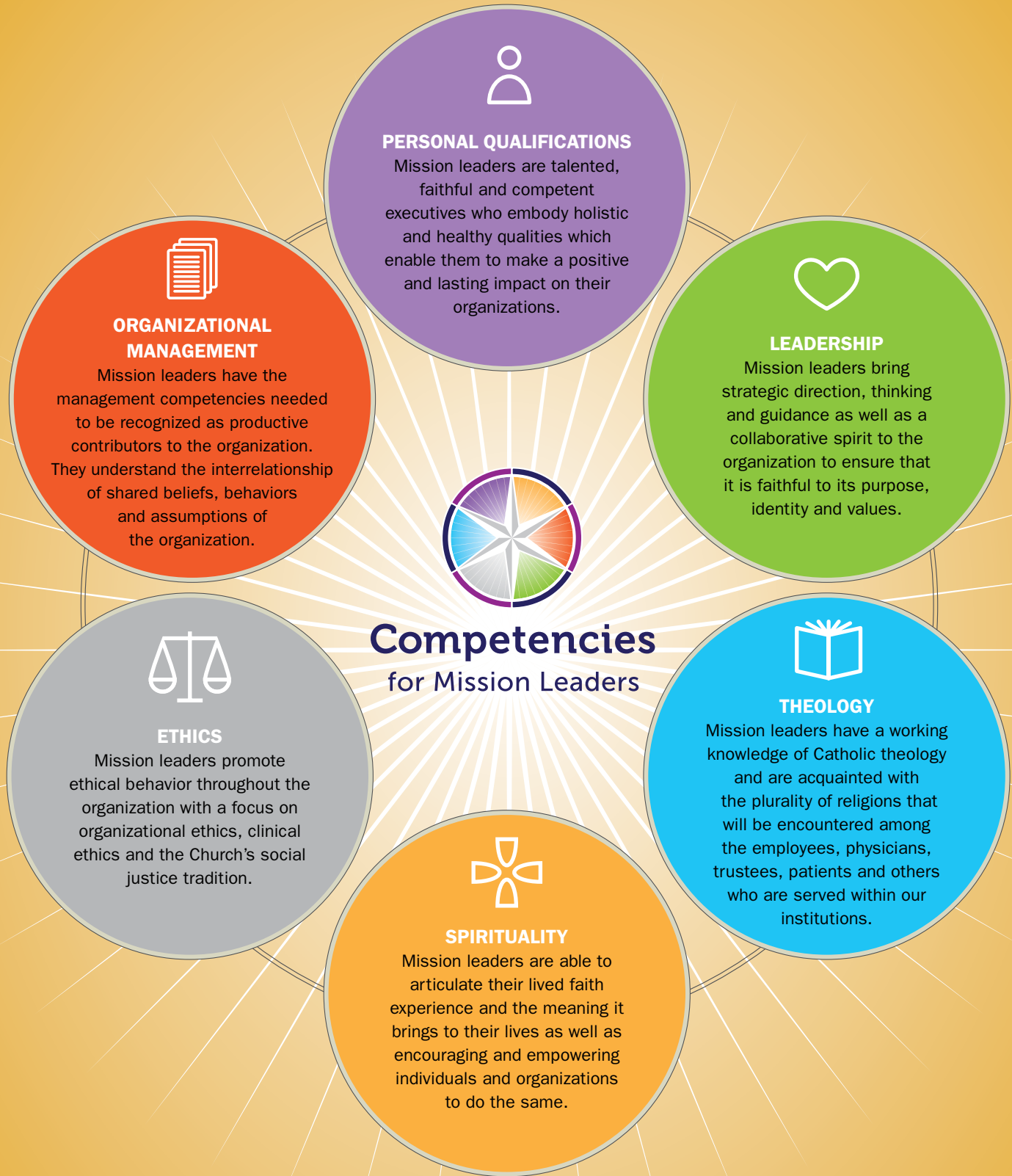
In 1993, networking among mission leaders within systems and across the ministry was fairly informal. Competencies and even the expectations for the positions were not very well established. By 2006, the role was more widely acknowledged and respected throughout the ministry. The areas of responsibility and number of direct reports had increased for mission leaders. Salaries and benefits for mission leaders had also increased during this 13-year timeframe and now were closer, though not yet on par, to the salary and benefits of other senior leaders.¹⁷

Thirty years into the profession, it was becoming clear there were three distinct pathways by which people were coming to the mission leader field. The first pathway by which the majority of mission leaders, then and now, enter the field is the "external" model. These were women and men who come to health care leadership as a second or third career, bringing their excellent educational and leadership backgrounds. They eagerly embrace the health care learning curve by entering graduate studies, internships or mentoring programs.

The second pathway, the "internal" model, was taken by women and men already in health care, sometimes clinicians, chaplains, patient advocates or community activists. Often these are individuals in whom administrators recognize key characteristics that seem to naturally fit them for mission leadership. The learning curve for these persons is in theology and ministry, and many of them have entered graduate programs to complement other skills.

The third model weds the "external" and "internal" models. Some system mission leaders appeal directly to young people currently enrolled in ministry programs in Catholic universities and schools of theology and bioethics. To help them consider health care mission as

THE 2013 CHA MISSION LEADER COMPETENCY MODEL



a career path, internships and fellowships are created to help them transition from the theoretical to the practical.

The success of these programs relies on a long-term commitment of both financial and mentoring resources. Trinity Health was the first system to offer a mission fellowship program in 2002 and continues to do so. As a result, Trinity Health has brought several new mission leaders into that system and also into the wider ministry.

2009 CHA MISSION LEADER COMPETENCY MODEL

Remembering Sullivan's maxim, "form follows function," it was no surprise with the huge influx of new mission leaders and new expectations for the role that the CHA *Mission Leader Competency Model* needed to be revisited. There were now clear areas of responsibility that mission leaders were overseeing: mission integration, church relations, ethics, pastoral care, spirituality and community benefit. In addition, expectations were being set by sponsors and other senior leaders as to what they wanted mission leaders to provide the organization. It was time for key stakeholders to express their experience of mission leaders thus far and the necessary competencies mission leaders needed to meet the responsibilities and expectations of the ministry.

Working with The Reid Group of Seattle, CHA engaged the ministry in a series of online surveys, focus groups and personal interviews with more than 200 key senior leaders to understand the challenges, needs and hopes of sponsors, CEOs and other stakeholders. While the 1999 CHA competency model was aimed at academic institutions to develop courses and programs to assist in the formation of new mission leaders, the 2009 competency model was created for four distinct reasons:

- ★ Reflect the competencies and behaviors that are essential for a successful mission leader now and in the future at the system, regional and facility levels
- ★ Act as a guide for sponsors, CEOs and human resource leaders as they shape the responsibilities of mission leaders now and in the future at the system, regional and facility levels and set criteria for selection of appropriate candidates
- ★ Aid Catholic health ministries in the development of succession plans for future mission leaders

- ★ Promote the role of the mission leader as a viable career path for persons in graduate and doctoral programs as well as a second career path for current associates and clinicians

The 2009 *Mission Leader Competency Model* begins with Personal Qualifications that include being well formed in the Catholic tradition and a person of faith who is committed to and models the mission and values of the organization. The second competency, Leadership, calls out the ability to bring strategic direction and guidance in a collaborative spirit to ensure the organization is faithful to its purpose, identity and values. Theology (pastoral, ecclesial and canon law) is the third competency followed by Spirituality (personal, communal and change). The fifth competency, Ethics, includes promotion of organizational and clinical ethics as well as justice. Finally, Organizational Management includes the necessary management competencies of communication, collaboration, business acumen and human relationship skills.

FORMATION PROGRAMS

Leadership development and formation programs grew concurrently as systems tried to help leaders internalize the mission and values of Catholic health care with the hope these leaders and their organizations would be transformed. System mission leaders worked with both internal partners (human resources and organizational development) and external groups (schools of theology, spirituality and lay formation programs) to develop the first formation programs. These first formation programs were primarily developed for executive leaders (sponsors, governance and C-suite executives). Some systems, such as Ascension, Catholic Health Initiatives and St. Joseph Health System in Orange, Calif., developed their own formation programs in the 1990s.

Other systems established collaborations where senior leaders from multiple systems participated in cohort groups. In 1998, Partners for Catholic Health Ministry Leadership was founded with John Fontana of Chicago as the executive director. Several health systems including CHA were members.

During this time, CHA's Foundations of Catholic Health Care Leadership program was updated and revised. A group of mission and formation leaders including Tom Nehring, Dan O'Brien, Carol Tilley, Betsy Goodwin and Thom Morris were tasked with revising the Foundations program. The original faculty

for this program included Brian O’Toole; Sr. Beverly McGuire, RSM; and Sr. Pat Smith, RSM; this two- to three-day program, intended for all leaders new to leadership in Catholic health care, has been replicated and adapted by other systems over the past 20 years. It has become the gold-standard for leaders who are beginning ministry formation.

Partners for Catholic Health Ministry Leadership officially folded in October 2000, but Bon Secours Health System, Catholic Health East and Covenant came together and began a joint formation program closely following the curriculum of Partners for Catholic Health Ministry Leadership. The leaders and faculty of this program included Betsy Goodwin, later replaced by Sr. Cathy O’Connor, CSB, from Covenant Health; Sr. Juliana Casey, IHM; Philip Boyle and Martha Conroy from Catholic Health East; and Fr. Joseph Driscoll and Thom Morris from Bon Secours. This collaborative offered the revised Foundations program across all three systems with shared faculty from the three systems and participation by leaders in any of the courses offerings. Additionally, all three began to look at other formation opportunities for senior executives. Bon Secours and Catholic Health East developed their own programs in collaboration with universities, Bon Secours with the University of Notre Dame and Catholic Health East with Seton University. Once Catholic Health East became part of Trinity, the collaboration decreased and eventually ended. Bon Secours and Covenant Health continue to offer joint programs and still share some faculty.¹⁸

The Ministry Leadership Center in Sacramento, Calif., grew out of the St. Joseph Health System Center for Ministry Leadership program, developed by Suzanne Sassus, CSJ, and Barbara Cox. This three-year senior leadership formation program began in 2004 under the leadership of Laurence O’Connell and included Catholic Health West, Daughters of Charity Health System, Providence Health, Sisters of Charity Leavenworth Health System and St. Joseph Health System. The partnership between the Ministry Leadership Center and the sponsoring systems dissolved in 2017.

LEADERSHIP FORMATION AND MINISTRY IDENTITY

Reflecting on her 15 years at CHA, first as senior director of theology and ethics and then as vice president, sponsorship and mission services, Sr. Patricia Talone, RSM, Ph.D., stated that from 2000 to 2015, “the

highlights for mission integration were the increased professionalism for the role of mission and the growth and development of formation programs for health care executives and sponsors.”¹⁹ The simultaneous professionalization of the mission leader role and development of formation programs can not be underestimated.

Mission leaders began to realize the best metric to demonstrate the effectiveness of the formation process is by measuring the strength of the organization’s ministry identity. The ministry’s adoption of *A Shared Statement of Catholic Identity for the Catholic Health Ministry* in 2000 prompted the creation of more rigorous ministry identity assessment tools including: the Catholic Identity Matrix (2005), which was the collaborative work of Ascension Health, based in St. Louis, and the Veritas Institute at the University of St. Thomas in Minneapolis, Minn.; a tool produced in 2012 by CHAN Healthcare, St. Louis, and Dignity Health; the Promoting Catholic Identity appraisal (2014) developed by Trinity Health²⁰ and the CHA Ministry Identity Assessment (2019). The mission leader of an organization typically oversees their ministry identity assessment process and corresponding quality improvement plan.

FRAMEWORK FOR SENIOR LEADERSHIP FORMATION

Under the guidance of Brian Yanofchick, CHA’s senior director, mission integration and leadership development, the CHA Ministry Development Committee worked for six years (2005–2011) and came to consensus on a *Framework for Senior Leadership Formation*, published in 2011. The background for this publication involved looking at the 18 existing system senior formation programs in the ministry and synthesizing the learnings and best practices. The Framework gives a common description of ministry formation.²¹ The description states, “ministry formation is a personal and communal process rooted in Catholic health care tradition and ministry that engages and inspires, integrates, articulates and implements the rich tradition of Catholic health care and strengthens and transforms individuals so that Catholic health care may flourish in the present and future.”

The Framework also offers several models for how formation can be delivered including retreats and mixed or team-based cohorts with pilgrimages, volunteer

service and mentoring suggested to supplement in-person sessions and assist with content integration. The models include 10 core content areas for senior leadership formation:

1. Heritage, tradition and sponsorship
2. Mission and values
3. Vocation
4. Spirituality and theological reflection
5. Catholic social teaching
6. Ethics
7. Leadership style
8. Holistic health care
9. Diversity
10. Church relations

The Framework did not give specific metrics by which to measure the impact of leadership formation but offered four key outcomes that should be part of any measurable outcomes developed:

- ★ Engages and inspires the lived experience of women and men in their ongoing growth as persons and as leaders
- ★ Integrates, articulates and implements the rich traditions of Catholic health care
- ★ Strengthens and transforms individuals, organizations, communities and the people they serve
- ★ Grounds leaders and the organization in the foundational values that enable the Catholic health ministry to flourish in the present and for the future

2013 CHA SURVEY ON FORMATION EFFECTIVENESS

One of the next steps articulated in the Framework was to establish effective assessment frameworks that measure the impact of formation on individual leaders and the organization they serve. In 2013, CHA conducted the first national survey, using the Framework model, of senior leaders who have participated in a leadership formation program of at least one year. The survey attempted to answer two questions: 1) Are the formation programs offered to leaders useful and applicable to integrating what they learn in their areas of responsibility? 2) Are the dollars and time being spent on executive formation good stewardship?

CHA partnered with the Center for Applied Research in the Apostolate (CARA) at Georgetown University, Washington, D.C., to help design and distribute the survey as well as to analyze the data gathered. CARA sent 2,100 senior leaders the survey, which was completed and returned by 1,200 people (a 55% return rate) from 64 organizations across the ministry.

Respondents to the CARA survey overwhelmingly viewed most of the content being offered in formation as new to their learning and useful to their current work. Leaders said they believed they were integrating their formation into their personal and professional lives, as indicated by what they found they learned from formation and how they made decisions affecting the organization. Yet this self-reporting was only one kind of measurement. CARA concluded that objective data from other sources was necessary to validate the conclusion that formation has positively affected the behaviors and decisions of leaders and that the Catholic ministry is flourishing under the leadership of the laity. That was beyond the scope of the 2013 survey.

Also, beyond the survey's scope is settling questions about formation and stewardship. In an era of shrinking reimbursement, how will the ministry afford the time and money to fund robust leadership formation programs? Each system must determine how to offer formation according to its economic reality; however, as Sr. Talone, vice president of sponsorship and mission services at the time, stated that "to not offer any leadership formation, or an occasional module now and then, is not being a good steward of the value of the Catholic health care ministry."

2013 MISSION LEADER SURVEY

The 2013 Mission Leader Survey was designed by Brian Smith and Sr. Talone of CHA's mission services department in collaboration with The Reid Group. The CHA Mission Advisory Committee gave feedback and piloted the survey tool before it was sent to 702 mission leaders and returned by 50%.²²

About 70% of respondents were women, 62% of whom were between the ages of 55 and 65. The majority (93%) of the mission leaders returning the survey were white/Caucasian. One noticeable demographic shift between 2006 and 2013 was the percentage of mission leader roles

filled by religious sisters, brothers and clergy compared to lay women and men. The survey showed the majority of mission leaders, 55%, were lay and 45% were religious or clergy. Approximately 87% of those responding noted they were Roman Catholic, down from 94% in 2013.²³ The largest number of respondents were between the ages of 55 and 65. Thirty percent of the mission leaders surveyed planned to retire by 2017 and 60% plan not to be working by 2022.²⁴ This telling piece of information resulted in an all-out effort by the ministry to recruit and form the next generation of mission leaders and to especially strive for recruiting a diverse team of leaders that better reflects the communities we serve.

2013 Mission Leader Survey at a Glance: Distributed to 702 mission leaders, with 50% responding .

Respondents Include:

- ④ 70% of respondents were women
- ④ 62% between the ages of 55 and 65
- ④ 93% were white/Caucasian
- ④ 55% were lay, and 45% were religious or clergy
- ④ Approximately 87% noted they were Roman Catholic (down from 94% in 2006)
- ④ 30% planned to retire by 2017
- ④ 60% plan to not be working by 2022

The results of the 2013 Mission Leader Survey demonstrated that, indeed, mission leaders have become part of senior leadership teams in most Catholic health organizations and that the types of competencies and skills of these leaders continue to expand as their profession evolves. Their salaries and benefits also have increased.

The mission leader role has evolved beyond acute and long-term care, and in many cases includes outpatient services, home care and rehabilitation services, hospice and palliative care, physician practices and new models of care delivery. Many mission leaders have oversight of mission integration in more than one of these areas. This requires ongoing professional development and formation, and mission leaders are asking for more resources (such as formal courses, mentoring and projects) to further their development.

In addition to the traditional responsibilities mission leaders have overseen (mission integration, ethics, spirituality, pastoral care and community benefit), the survey indicated there are new areas of responsibility. Not surprising, formation is a new and major area of responsibility for mission leaders. More than 50% reported their organizations were in some stage of discussions or negotiations with possible new partners.²⁵ Many mission leaders report they need more expertise in working in situations where Catholic health organizations are merging or partnering with other Catholic institutions or other-than-Catholic entities.

Mission leaders began to realize the best metric to demonstrate the effectiveness of the formation process is by measuring the strength of the organization's ministry identity.

THE NEXT GENERATION OF MISSION INTEGRATION

The next generation of mission integration is already taking shape. CHA's *Mission Leader Competency Model* is currently being revised and updated. Again, CHA is partnering with The Reid Group of Seattle. The process began in June 2019, and so far includes interviews with more than 30 key stakeholders (sponsors, CEOs and other senior executives), a survey of more than 600 mission leaders and three focus groups with system mission leaders, who reviewed a first draft and gave input in December 2019. System mission leaders and other key stakeholders will review the second draft in spring 2020, with publication of the revised model expected in summer 2020.

One thing already determined is that the new model will be a three-tiered model (entry, mid-level and executive). While the competencies to be named will be the same for all three levels, the behavioral expectations will vary depending on the tier. The hope is this will create a better understanding for mission leaders and those they work with as to what is expected of them and how they can progress on their career path.

After the competency model is published, CHA will be working on the next mission leader survey in fall 2020. We already know from the CHA database that the demographics of mission leaders is changing as are

their titles and the location of ministry. The percentage of religious and clergy in the mission leader role as compared to laity is now 32% to 68%. In 2013, it was 45% to 55%. The number of men entering into the profession has increased. In 2013 the ratio of female to male was 70/30 and in 2020 it is 66/34.²⁶

More levels of mission leaders have been created in the last five years. While there are fewer senior vice presidents and vice presidents according to the CHA database, there are more directors and managers. It may be that systems are creating entry-level positions and creating a career path for mission leaders that parallels that of their peers in other departments. Hopefully, it does not mean the mission leader is being marginalized from the senior leadership table and key strategic and decision-making processes. The 2020 mission leader survey will attempt to answer that question.

Finally, the CHA database shows approximately the same number of mission leaders working at a system level as in 2013, with more working at a regional level and fewer working at a facility level. It appears some systems have eliminated facility mission leader positions and consolidated these roles into a regional vice president who oversees the mission activities of several facilities, physician groups and outpatient services, with perhaps a director or manager to assist. As a ministry we will need to closely watch what impact these new structures of mission leadership have on the day-to-day operations of a facility and the way mission integration and Catholic identity are impacted.

CONCLUSION

Mission leadership in 2020 looks very different than it did when it started in 1976, with Sr. Moran in Farmington Hills. The profession has grown through the “Mascot, Mentor and Mainstream” periods Kate Grant described in 1999, and appears to be at the threshold of a new period — still too soon to be named, but one that perhaps can be described. In the next generation, there will be a presumption that mission leaders will already have general leadership skills such as strategic thinking, business acumen, communication and organizational skills. Their unique contribution to the senior leadership team and the ministry they serve will be the ability to translate and apply theological and ethical principles into strategy and day-to-day clinical decision-making and operations. They will be responsible for measuring Catholic identity within the organization and developing

process improvement plans so ministry identity is seen as part of continuous quality improvement. In short, mission leaders will have responsibilities and areas of accountability with objective metrics, just like their senior leader counterparts.

Many mission leaders will continue to have oversight over the traditional areas of responsibility such as mission integration, Church relations, ethics, pastoral care, formation and community benefit. However we will also see new types of mission leaders who will specialize in areas such as ministry formation, population health, managed care and in new technological arenas such as virtual care and artificial intelligence.

This history of mission integration in Catholic health care is still unfolding and will continue to do so as the needs of the communities change, health care delivery is transformed and sponsorship and governance models evolve. The architect Louis Sullivan would remind us that as function changes, so will the form. And that is a good thing. It means the ministry is alive and thriving.

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21. A ministry-wide definition for "ministry formation" was developed in 2019 and published by CHA in 2020: "Ministry formation creates experiences that invite those who serve in Catholic health care to discover connections between personal meaning and organizational purpose. These connections inspire and enable participants to articulate, integrate, and implement the distinctive elements of Catholic health ministry so that it flourishes now and into the future." From the *Framework for Ministry Formation*, CHA, 2020. See also the *Framework for Senior Leadership Formation*, CHA, 2011.
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25. Smith and Talone, "New Survey," 75.
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