**For example purposes, the following are excerpts (redacted) from nominations for past recipients of awards…**

**TOMORROW’S LEADERS CATEGORY**

***Honoring the young people who will guide our ministry in the future***

**MISSION**

[Name] is committed to his organization, [Health System], and his mission of driving quality outcomes through patient-centric care, improved care coordination, chronic disease management and population health management. He elegantly serves as a representative of [Health System] in interactions with business, civic and political leaders, coordinating strategy with health system leadership. [Name] lives out the values of [Health System] each and every day with his commitment to creating communities of health, hope and well-being. We hope you will agree that [Name] is beyond qualified to represent [Health System] and be recognized as one of the Catholic Health Associations’ Tomorrow’s Leaders.

**HIGH PERFORMANCE**

Since joining [Health System] at the hospital level in [year], [Name] has held a variety of positions that uniquely positioned him for success in his current role as vice president. [Name] first joined [Health System] as an administrative intern and soon after became a manger of service excellence. In this role, he implemented innovative patient satisfaction initiatives, which led to an overall increase from the 76th to 84th percentile in the national database for the Department of Health & Human Services. It was in this role where [Name]recognized his unique ability to improve the overall patient experience through leadership. He operationalized a post-discharge phone call initiative which resulted in 99th percentile performance nationally for discharge instructions. After two years of success, he was promoted to director of projects and planning development where he managed clinical and physician contracts for [Health System], facilitated the renewal and renegotiation processes for clinical and physician contracts, and generated savings of $700,000 for FY [year]. In this role, he also supervised the logistical planning and development for the [Health System] free standing emergency department and ambulatory campus – at the time, the first free standing emergency department in central [State]. Prior to serving as the vice president for chronic conditions, [Name] was the assistant to the CEO, where he worked closely with and supported the executive team including the CEO, CMO and CNO. In addition to his duties developing strategic priorities for the hospital, he went above and beyond and served as the business liaison for the Project Search program, a partnership with an area academic medical center which assists autistic high school seniors in securing work experience prior to graduation. In March [year], [Name] was promoted to vice president for service line strategy in [Health System] market. His responsibility now includes the leadership of six service lines across [City] serving seven acute-care facilities with integrated ambulatory sites. [Name] also has oversight for the strategic development and execution of the oncology, neuroscience, cardiovascular, senior, women’s & children’s and behavior health service lines. Over the last year, the integration of [Health System] has resulted in much change and transition at the ministry. During this time of transition, [Name’s] leadership has remained strong. [Name] has been vital in working with other market and system leaders to set new strategic priorities that will propel the ministry forward into the next decade.

**LEADERSHIP POTENTIAL**

[Name] became one of [Health System’s] youngest vice presidents due in large part to his strong drive, his agility, and his commitment to serving our patients and our ministry. As vice president for service line strategy in one of [Health System’s] strongest markets, [Name] pulls on his experience from his various roles to be a well-rounded leader. [Name] is focused on improving the overall patient experience through his leadership. A lifelong learner, [Name] obtained his Master of Business Administration from the [University] in [year], solidifying his dedication to [Health System] and to the overall health care industry. He served as the president of the MBA Student Leadership Council. [Name] is constantly looking for ways to grow both personally and professionally. He also recently completed a year-long Legacy and Leadership Cohort as part of the Ministry Leadership Formation series with [Health System]. In his current role, [Name] leads the strategic planning and business development initiatives for all strategic service lines for [Health System’s] market. He has worked successfully with his stakeholders to achieve more than $1.5 billion in net patient service revenue in the last full performance year, and identifies, develops and implements areas of innovative growth for the ministry to increase market share in a highly competitive marketing and changing health care landscape. In addition, [Name] has been successful in developing strong physician relationships. He understands the importance of maintaining these relationships to support the ministry and does so by collaborating with these stakeholders to implement and execute strategic initiatives for high quality clinical program growth and development. As part of the response to COVID-19, [Name] has been instrumental in leading the recovery and ramp-up of clinical services after pausing elective and non-urgent procedures during [year]. This has been critical to the financial performance of [Health System] and quickly meeting the clinical needs of the community. Beyond driving volume to the health system in his various roles over the years, [Name] goes above and beyond by also collaborating with community organizations to develop strategic programs to serve our community and create new areas of access for the health system.

**CONTRIBUTION TO COMMUNITY**

In addition to serving [Health System] in his leadership role, [Name] is also very active in the community. Over the years he has led a hospital wide fundraising campaign for the United Way, he has taught basic business principals to elementary school kids in underserved areas through Junior Achievement, he has volunteered with the [City] YMCA and the Reinhardt Guest House at [Hospital]. As an alumnus of [University] in [City], [State], [Name] is a member of the [University] Program Advisory Council Board for Health Administration, where he provides advice, suggestions and support to the program faculty and department leadership to strengthen the health administration program at the university. He previously served as the alumni committee chair. [Name] also remains actively engage with the University of [City] MBA program where he recently served as an alumni advisor to the incoming [year] MBA cohort. [Name] currently serves on the following boards: the [Health System] ACO, [City] YMCA, [Health System’s] Home Care and [City] Radiation Oncology. Previously, [Name] has served on the board for the [Organization]. Beyond his community outreach through volunteering and serving as a board member, he is also an active member of the [Healthcare Association] and the [Organization]. [Name] exemplifies what a Tomorrow’s Leader should be. He is a naturally gifted leader, he understands the importance and the value of a mission-driven organization, and he’s committed not only to his organization, but to his community. He goes above and beyond and would be an incredible addition to CHA’s Tomorrow’s

**SISTER CAROL KEEHAN CATERGORY**

***For boldly championing society’s most vulnerable***

**ADVOCATE**

In the [year] edition of Health Progress, the CHA’s magazine, [Name] wrote what turned out to be a prescient article of what was the come three months later during the COVID-19 pandemic: [article]. [Name] has been an advocate of health equity all his career- and that career has a street-level perspective. Long before he earned his medical degree, [Name] was an EMT in [City], as he served his country as a physician in the U.S. Army in the war in [Country], his experience broadened. Today, he is a colonel in the U.S. Army Reserves. In [year], his advocacy aided all U.S. residents as he helped develop its response to the H1N1 outbreak as chief medical officer for the [Department]. He later chose to work at [Health System] because of its focus on equitable community and charitable care. All of these experiences prepared him for perhaps his most arduous role: leading the COVID-19 response for four health systems and numerous public governments that serve 2.8 million people, through the [task force]. With his military background, the Task Force asked [Name] to lead the initiative. He helped the region keep its infection rate significantly lower than that of the [State]. And he noted to everyone who would listen how the pandemic reflected the social disparities that led to four time as many cases in [community]. As early as [year], [Name] asked his teammates across the Task Force to probe the data that the pandemic was generating and examine what it revealed about which populations were bearing the brunt of the outbreak. “This tells a story that we’ve said before”, he grimly told reporters. “COVID disproportionately affects the Black community much more than the non-black community, and we’ve finally been able to generate some numbers that show that discrepancy.” As the [City] newspaper reported, “[Name] daily briefings with the media have helped frame the pandemic in a way that exposes a larger problem: the fragile health of underserved.” In [year], [Name] was named [position]- a role he helped create to focus on social determinants of health, equity, and social justice.

**COURAGE**

[Name] has also been outspoken in noting that “health disparities” are a misnomer for the risk factors that disproportionately endanger the poor and vulnerable. “It’s not so much health disparities,” he said, “but social and economic disparities that actually produce the health disparities. If we ever want to come across a solution to a pandemic, we have to address these things first.” Theoretically, confronting a public-health challenge like an insidious, never-before-seen disease should not have generated adversity beyond the fight to heal what COVID-19 did to the human body. Yet, just like the flu pandemic of 1918, not everyone wanted to wear a mask or take other measures to protect themselves or their loved ones- every through studies supported such preventive actions. The misinformation and conspiracy theories that spread so rapidly on social media contributed to the hostility and doubt that [Name] faced, even from elected officials, but he has remained resolute in adhering to the healing science and art of medicine- while still demonstrating empathy to his detractors and those who made threats against him. “Facing a pandemic like this is taxing o our whole community,” he said at one briefing. “Everything has changed, and it’s hard, and I understand that.” In [year], [Name] co-authored a [University] study demonstrating that wearing masks could cut the risk of COVID infection by more than 40 percent- which was precisely how much his leadership had cut the risk in [City]. And, in a state that preferred fewer restrictions, he politely but passionately pressed the governor- who had recently cruised to a re-election victory- for a mask mandate. “We are past the time when individual behavior alone can address this disaster,” he told reporters. “The spread of cases are blanketing the state and no locale is safe anymore.” In so doing, [Name] has also demonstrated the embrace of his faith, which was shaped through Catholic education in his native [City]. That faith, he told the Archdiocese of [City], imbues his delivery of health care and his courageous defense of the poor and vulnerable- those whom Jesus called “the least of these.” “We can never lose sight…that these are people created in God’s image,” he said. “It doesn’t matter if they come in handcuffs or with their extended family. They all need to be treated equally.”

**INFLUENCE**

In [year], when COVID-19 became prevalent, it changed all aspects of our lives. That’s when the [City] region’s largest health care systems began working to better serve the community as the [City] Metropolitan Pandemic Task Force. Led by [Name], the task force began holding daily media briefings to inform the community about the virus and ways to help stop the spread of the virus. The briefings also included the release of real-time data for daily hospitals admissions and discharges, hospitalizations, deaths and ventilators and ICU beds in use by patients with COVID-19. The task force strengthened the relationship between the region’s leading health care systems and provided support during times of uncertainty. Barriers were removed and collaboration and sharing of resources created a community approach, instead of silos. This may lead to more post-pandemic collaboration related to social determinants of health. A bond of trust formed between [Name] and the community, as people look to the task force to cut through the chaos and provide science-based guidelines to keep themselves and their families safe. His experience on the national stage led to requests for his calm, reassuring approach on news programs from ABC’s “Nightline” to MSNBC, from CNN to Fox Business. Throughout the pandemic, [Name] has been a voice of reason and a resource for health and government leaders working to protect the community from the virus. He has courageously and persistently worked for the greater good- fighting to change the minds of those opposed to proven mitigation methods in the region. His unmatched dedication to the communities he serves has undoubtedly saved thousands of lives, protecting the vulnerable from a virus that has proven to be an unrelenting opponent. The Board of Alderman of the [City] recognized this, adopting a resolution on [year], commending [Name] and the task force for the work in protecting the population. “We thank [Name] for his dedicated to our community in leading and coordinating the region’s response to the COVID-19 global pandemic,” it said. [Name] is the champion everyone needs- standing up for the greater food and the health of everyone- whether they listen to his advice, or not. He will never stop working to help people, to tell their stories in hope that it will change minds and, ultimately, save lives.

**COMPASSION**

Helen (not her real name) was a patient with COVID-19 at the [Health System] in [City]. As she lay prone on her stomach, with high-flow oxygen helping her breathe, she heard the nurses mention that [Name] was visiting front-line workers that day. She’d seen the task-force leader conduct press briefings on TV and admired his empathy. She asked her nurses if they would ask him to visit her. [Name] came to her room. He knelt on the floor by her bed, so they could see each other face to face. He held her hand as she talked about her children and grandchildren- and how she was strong and would fight the coronavirus and get to see them again. “I felt extremely humbled that here she was, extremely sick, in the hospital, and to have her say that she was excited to see me was just overwhelming,” he recalled. “Sometimes I feel like I was not worth of that interaction of her kind words.” A week later, quietly and privately, he came back to see Helen, a woman “who reminded me of my grandmother,” he would later say. But Helen had been moved to the ICU. AS he stood by her bed, she could no longer respond to him. Shortly thereafter, she passed away. Helen’s influence is present in [Name’s] work today. It’s why he regularly reminds the media that “these are not numbers; these are human beings.” [Name] embodies the mission of [Health System]- revealing the healing presence of God in all that he does- always keeping the underserved and marginalized at the center of his work, following in the footsteps of the founding sisters of the health system. He has organized mask drives- directing the collection to underserved communities. He has worked with local health organizations who are embedded in the communities, ensuring they have access to the resources they need to be successful in their missions. And even when he warns the public about curbing behaviors that may increase their exposure to COVID-19, his words are bracketed by kindness and understanding. “Now is really the time to be kind to each other,” he said at one news briefing. “We’re depending upon each other for guidance and not for criticism and judgment. Show compassion for our loved ones and do whatever it takes to slow (the virus) down.”

**SISTER CONCILIA MORAN CATEGORY**

***For demonstrated creativity, leadership and breakthrough thinking that advances the ministry***

**INNOVATION**

[Name] develops and leads the formation programs at [Health System], one of the nation’s largest Catholic health systems. She has created expansive programs, reaching the 120,000 caregivers in the health system. These dynamic programs are very much in touch with the tenor of the times. [Name] mindfully transformed curriculum during the COVID-19 pandemic, helping her organization weather the crisis and emerge spiritually healed. It was [Name] who helped [Health System] remind its caregivers of the importance of reconnecting and instilling hope in themselves and one another during the darkest pandemic days. Her 30-minute refresher courses were lifelines, rescuing caregivers from burning out amidst the months of unprecedented and demanding work. She understood where she could help, and these simple sessions proved a much-needed elixir. Additionally, [Name] moved core programs to the virtual sphere, providing the connection that caregivers yearned to have. All of this is not surprising, given [Name’s] history of developing formation programs that are widely credited with preserving [Health System’s] Catholic identity. As [Health System] has grown, [Name] recognizes that it cannot take for granted its Catholic identity. She has been intentional about developing leaders of the Catholic ministry who understand the tradition and are competent and confident in integrating Mission into the work. “One of our biggest risks is that we continue to be a fine health care provider but lose our identity and our sense of faithfulness to the Mission,” she says. A product of love and deep commitment, [Hospital] formation programs all have an impact. All sessions rate very highly with participants, with the core ministry leadership program scoring a 9.4 out of ten for program satisfaction. Participants reveal better leaders and more whole in their daily lives, increasingly aware of their relationships with themselves, their colleagues, loved ones, and their faiths. Developing such successful and inspired curriculum is not easy, but the programs that [Name] and her colleagues have prepared are widely considered among the most inventive and welcoming among health care formation leaders. Her programs are used as templates for other Catholic health care systems. The curriculum is also among the most enduring, having weathered and changed for perhaps the most challenging health care crisis in generations.

**IMPACT**

[Name] leads one of Catholic health care’s most widely regarded leadership formation programs. There are the Ministry Leadership Formation program for executives now in its 25th year; Affiliate Leadership Formation, and Mission and Mentoring for managers and above, the virtual Foundations for [Hospital] Leaders, We are the Mission! for all caregivers and the pandemic-related Sustaining the Spirit programs. Much of the success of [Hospital’s] formation efforts lies in the standards [Name] and her team set for every program that is rolled out –standards that have been emulated by other Catholic health systems. Through this rigor and focus, more of Catholic health care’s workforce understand and are guided by core Catholic teachings. Ministry leadership formation is a high priority for the ministry and is a necessity, not an option. Participants cannot allow other assignments or office pressures to overshadow training.

To ensure that content is relevant for each cohort, agendas remain a bit flexible. However, leaders must address:

* Sharing one’s gifts and talents in service to the common good
* Basic Catholic theology
* The Mission and values of the organization
* The identity, heritage, and tradition of the sponsoring sisters
* Qualities of servant leadership
* Personal and organizational spirituality
* Catholic social teaching
* Organizational and clinical ethics
* Whole person care

Each cohort focuses on its experience as a community, as well as individual results. Formation uses the principles of adult learning to engage the group. To this end, there are obligations of both the participants and facilitators, with all expected to complete the pre-work and between-session assignments, as well as integrate their lessons into daily life. [Name’s] impact on Catholic health care has not gone unnoticed. She has become a requested speaker on formation and leadership. Recently, she teamed with [Author] to address CHA’s Mission Leader Virtual Seminar with their presentation, "You're on Mute! — Fostering an Empathetic Culture in the Changing Workplace." In [year], [Name] also received an Honorary Doctorate from [University]. This honor has special meaning as [Name] is a former graduate of [University], the original name of the school before it became [University]. In describing the honor, university leaders remarked, “Throughout [Name’s] various roles within the [Health System], she has worked with leaders, physicians, and all caregivers on personal, spiritual and professional development in tirelessly connecting the dots between personal mission and the organization’s Mission.”

**MISSION**

[Name] and the [Health System] team have developed a program for formation that embraces a wide range of core commitments.

Promote and defend human dignity: The inclusiveness of formation programs speaks to the promotion of human dignity. There is a deep sense that all of us can contribute traditions and stories from our past to become a leader and move mission forward.

Attend to the whole person: [Name] insists that these are not just lessons on how to lead others. The instruction goes much deeper, helping participants grow spiritually and, in turn, achieve better emotional and physical well-being. These are not just leadership but life lessons. This concept of “whole person” learning was also masterfully demonstrated during COVID-19, when formation became a lifeline for caregivers needing spiritual and emotional support.

Care for poor and vulnerable persons: Formation reinforces the importance of opening one’s heart and serving with compassion. Although the path to this essential revelation is personal, the intent is always to see beyond oneself.

Promote the common good: Participants are instructed in their responsibilities and the terms with which they are provided authority.

Act on behalf of justice: The lessons are intense, as one learns to have emotional self-awareness when leading others. Participants are directed to have a sound sense of one's self-worth and capabilities while ensuring staff members remain fairly treated.

Steward resources: The program itself is put together with a small budget. Yet, the impact of results is not diminished. Participants see firsthand the results of when committed people come together and give of themselves to make something impactful.

Act in communion with church: Participants learn key lessons of the Catholic ethos, and how to act in communion with the church as effective leaders. They leave with a sense of responsibility, knowing that they have been called to continue timeless traditions.

The impact of [Name’s] work cannot be over-emphasized. In developing formation programs that are widely recognized as best practices, she has influenced caregivers at many Catholic organizations outside of [Health System]. Her legacy is not just better leaders, but more spiritually whole individuals who conduct good works across the nation.

**LIFETIME ACHIEVEMENT CATEGORY**

***For a lifetime of contributions to the ministry***

**INSPIRATION**

Formation is on of [Name’s] greatest passions. Her deep love for formation, dating from her time in graduate school, profoundly influenced her approach to Mission Integration and left a lasting legacy at [Health System] and, by extension, Catholic health care in the U.S. [Name’s] keen insights into the nature of the human spirit and the lifelong journey of formation shaped her conviction that if individuals get a taste of genuine formation experience, it will make them want more. [Name] piloted this principle by facilitating formation for the senior leadership team early in the history of [Health System]. Soon those leaders were endorsing a two-year Executive Ministry Leadership (EML) program, which was quickly followed by a plan for Ongoing Executive Formation in every one of [Health System’s] Ministry Markets. This later led to her design and participation in development of the [Health System’s] Leadership Academy, a fully integrated formation and leader development program. Today, despite the challenges of COVID-19, [Health System’s] Formation team designs and facilitates formation experiences at all levels across [Health System] for thousands of associates and leaders. [Name’s] instinct for formation has borne such fruit that [Health System’s] programs are known as the gold standard throughout Catholic healthcare in the U.S. and globally. Through all of that expansion and complexity, [Name] never lost the ability to touch the hearts of formation participants and associates across [Health System]. The following reflection exemplifies the influence connection [Name] fostered with so many. [Person quoted], recalled: “Your quiet, unassuming ways and words captured my attention so many years ago, and your insight, wisdom and perspective have permeated my leadership. I had the privilege of seeing you address deep, difficult issues within our ministry, which eventually led to the creation of new and expanded formation programs. I had the privilege of watching you choose to spend time with an ailing, frail mother while balancing work priorities, which led to a richer perspective on work-life balance. I had the privilege of listening to your ever deepening discovery of the sacred and the divine, which led to me to seek a master’s degree in Theology and discover more. In short, I wanted what you had, and your impact on my life cannot be understated.”

**ACCOMPLISHMENT**

One of [Name’s] gifts was to bring others together through a “system” mindset to allow for the greatest impact inside and outside of hospital walls. Her indelible fingerprint can be seen in almost every major [Health System] initiative, as well as Catholic healthcare as a whole. Even in our earliest years, she was able to bring together sisters from different communities who were serving as mission leaders and successfully “professionalized” the practice of Mission Integration throughout [Health System]. Her vision also gave clarity to the centers of expertise that continue to constitute [Health System’s] Mission Integration team and assure fidelity to [Health System’s] identity as a Catholic healing ministry. [Name] was also instrumental in the design and implementation of the Catholic Identity Matrix in collaboration with the [Institute] at [University]. The Catholic Identity Matrix was developed as a way to evaluate the degree to which current policies and operating processes in Catholic healthcare ministries are consistent with the aspirations of the Catholic moral traditions, actively engaging leadership in an evaluation of their Mission Integration efforts. Several Catholic health systems have come to use this model as a way to identify where vital moral values had been integrated effectively within their organization’s operations and where integration was lacking. The assessment thus highlights both areas of strength and critical improvement opportunities. Prior to [Health System], she held various service and leadership roles in professional social work including leadership of two Catholic Charities Agencies in the Diocese of [City], [State]. In [year], she began one of the first transitional housing programs in the nation for homeless women and children affected by HIV/AIDS. Reflecting on [Name’s] contribution to [Health System] and Catholic healthcare, [person quoted] recalled: “One of the most significant things [Name] promoted and helped to facilitate, especially during her early years in her senior Mission Integration leadership role, was to raise awareness of Mission leaders serving on executive teams and leadership teams at local, regional and national levels. This promoted peer relationships and engagements with other key leaders to “be at the table” together for meetings, discussions and conversations, being able to get a “pulse” and better understanding of what is happening across our ministries. This gave us the settings and opportunities to make observations, offer reflections, suggestions, questions, to help us all stay focused on our Mission, Values, Catholic identity.”

**INFLUENCE**

Mother Teresa once said, “We ourselves feel that what we are doing is just a drop in the ocean. But the ocean would be less because of that missing drop.” [Health System’s] efforts to quash the tragedy of human trafficking would certainly be less without [Name]. The initiative began with the development of a System Policy and Procedure, the design and production of learning materials, and a creative organizational approach with leadership in each [Health System] Ministry Market by Executive Sponsors, Project Coordinators, and a multidisciplinary team. Using a standard process, they assure the availability of specific internal and external responders and the resources necessary to support and keep safe both those we serve and our caregivers. Education to recognize and to assist persons affected by trafficking begins only when a care site has its plan in place to address the complexities of trafficking. This comprehensive approach has proven to be effective, and our Ministry Market teams continue to extend it to more sites of care. To date more than 9,000 registered viewings of required educational modules with subsequent testing indicate that more than 3,000 trained clinicians and other caregivers serve in various key points of entry in [Health System’s] Ministry Markets. A powerful example of this was shared by the Project Coordinator from one of our ministries, who wrote: "The week following our first in-person education, a participant who is a hospitalist was then able to identify a victim. The hospitalist stated that he would not have identified the red flags and indicators had he not attended the training." [Name] is a member of the [Advisory Council]. She has met with representatives of the U.S. Department of Health and Human Services and brought forward awareness and best practices around [Health System’s] organizational approach to the response to human trafficking. She has further met with congressional leaders about the nexus between health care and human trafficking. Her guidance has been influential to shape legislation to meet the core needs of survivors, especially that of transitional housing. These opportunities have enabled [Health System] to share our learnings within the larger healthcare space and advance the framework that human trafficking is a public health concern, a perspective consistent with our Mission and our focus on the full flourishing of human persons, with special attention to those who are most in need and most vulnerable.

**MISSION**

Although [Name] exemplifies each and every core commitment listed, her care for the poor and vulnerable shines through. To know [Name] is to know her immense dedication to the poorest and most abandoned individuals in today’s society, with a firm commitment to causes that address access to care for them. Two of MANY examples are detailed below: Most dear to [Name’s] heart have been poor and vulnerable persons who have been impacted by human trafficking. For years, [Name] was the driving force behind [Health System’s] systemic approach to recognize and assist persons who are among the most vulnerable in our world today. They are women, men, children and the elderly who, through use of force, fraud or coercion, are made to provide labor or commercial sex. Aware that healthcare is one of very few places where we come in contact with victims, she led the development of a policy and procedure that has since expanded across [Hospital] and beyond. Using her impeccable foresight and wisdom as a guide, she designed the program in such a way to ensure that health ministries are ready – both internally and externally – so that patients and those serving them are safe and out of harm. As a result of her leadership, [Health System] ensures that a sponsor and transitional housing are in place well before associate training begins. The comprehensive program includes an evaluation tool to determine ministry readiness and access to needed services in the community, an education program, and an expanded protocol for victim identification and response. [Name] also championed the works of [Organization], which provides unused medication samples to those in need, leading to important partnerships in serving our nation’s uninsured. It has evolved to become a national charitable medication distribution program that annually collects and distributes tens of millions of doses of pharmaceuticals generously donated by drug manufacturers to those who are poor and uninsured. The [Organization] now fills more than a million prescriptions annually, serving more than 150,000 people year after year. [Name] was instrumental in securing funding, generously provided to the collaborative effort from [Health System], which allowed the [Organization] to expand from proof of concept to a national charity medication distribution program. This vital safety net is now available in all 50 states, thanks in part to the seeds [Name] planted.

**ACHIEVEMENT CITATION CATEGORY**

***For innovative programming that changes lives***

**PROGRAM SUMMARY**

**Needs the program addresses**: The [Organization] strives to help pregnant women and new moms with substance use disorder through a holistic program, built around the foundational principles of medication assisted treatment (MAT) – the use of medications, in combination with counseling and behavioral therapies. The [Organization] views medication as just the first step for these moms, with all patients receiving individual and group therapy from a substance use counselor. Equally important, women are given comprehensive wrap-around services throughout their pregnancy and up to two years post-partum.

**Goals of the program**:

• Upholding Catholic values and [Health System’s] Mission by respecting the dignity of society’s most vulnerable, who are traditionally marginalized

• Mitigating, or eliminating altogether, the impact of substance use on pregnant women, resulting in healthy babies

• Keeping mothers and their new babies together and safe

• Eliminating the stigma of substance use disorder in general and in health care

• Advocating on behalf of addicted moms on key public policy initiatives

• Providing wrap-around services, including community support, for up to two years post-partum • Ensuring that new moms are taught coping skills and life skills to help them maintain their sobriety long term.

**Target Audience** (population[s] served by the program): There was a five-fold increase in the number of babies born dependent on opioids between [year-year], according to the National Institute on Drug Abuse. The ground-breaking [Organization] was the first of its kind in the [City] region, and one of few in the nation, to provide holistic care for expectant mothers with substance use disorders, as well as their unborn children. The innovative program serves the many psychosocial and medical needs of pregnant women with addictions.

**Collaborative Partners**: The [Organization’s] interdisciplinary care team consists of perinatologists, women’s health nurse practitioners, registered nurses, a pharmacist, master’s prepared social workers, and a behavioral health counselor that all specializes in substance use disorder. In addition, [Organization] partners with key members of the [City] community -- including United Way; the [City] Area Diaper Bank; The [City] Alliance for Period Supplies, and the Queen of Peace Center, a Catholic Charities provider of family-centered behavioral healthcare for women -- to address the biopsychosocial needs that impact outcomes for moms and their babies.

**Financial Synopsis:**

* [Start-up funding:]
* Current operating budget: [Budget]
* Sources of funding: There were no specific start-up costs for the [Organization], as it began as a small, half-day subspecialty clinic within the OB/GYN Residency program at [Health System]– [City]. The new service was added in to the schedule where there was availability and low utilization, and quickly blossomed from there. Clinical staff realized they needed a “center” specializing in this service, so developed a pro forma/business case. It was approved by [Health System] senior leaders, resulting in a $1.3 million investment for a stand-alone center. The operating budget is funded by [Health System’s] [City] Region.
* Number of staff: [number]
* Number of clients: [number]
* Additional comments:

**INNOVATION**

The ground-breaking facility was the first in the [City] region, and is still one of few in the nation, to provide holistic care for mothers with substance use disorders and their unborn child(ren). It is also especially unique in that the care doesn’t stop after birth but can continue for these mothers up to two years postpartum. It serves as a prototype for organizations looking to support this vulnerable population. The [Organization] started as a half-day subspecialty clinic, co-located in the [Center] at [Health System] – [City]. It expanded to a stand-alone site in [year]. The [Organization] operates by providing medication assisted treatment (MAT)—the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. Pregnant women with substance use disorders are prescribed buprenorphine, or they receive methadone from a federally licensed program. With few exceptions, naltrexone isn’t used during pregnancy, however, new moms might be transitioned to naltrexone following delivery. Medication is just one part of the program for these moms. Social work intervention is a key part of the [Organization] model. Every patient meets with a social worker at each of their visits and they are expected to participate in individual and/or group therapy from a substance use counselor. A [College] faculty member provides on-site services one day per week to [Organization] mothers. This co-location of services is a model of best practices recognized by the Office of Personnel Management for the U.S. government. The [Organization] continues to innovate, developing new opportunities for resident, fellow and medical students alike at the [Organization]. It also has initiated a fourth-year, four-week medical student elective course that’s been extremely popular among students, as there is a waiting list for the course. In addition, the [Organization] offers a long-distance learning project that links providers in outlying areas to perinatal experts. Teaching is conducted via live webinars and includes experts offering recommendations to participants, who bring difficult cases in newborn drug dependence for review.

**ROLE OF CHA MEMBER**

Through a $1.3-million investment by [Health System], [Organization] expanded to a stand-alone site in [year], operating 4.5 days per week with a staff of [number], including a medical director, supervising and coordinating social workers, a sonographer, nurse practitioners, nurses, clerical staff and behavioral health counselor. Upon the foundation of high-risk prenatal care, [Health System] has added additional layers of services. These include antepartum social workers for case management, payment for post-partum, (post-Medicaid) addiction medication, transportation and behavioral health services, and a behavioral health therapist to provide group, individual and phone counseling.

**IMPACT**

In the past, pregnant women who struggle with substance use addictions have not placed much trust in medical providers. They often felt judged, misunderstood, and subsequently mistreated. In the last seven years, the [Organization] has worked hard to diminish that stigma and those feelings by building close, caring relationships with the expectant and postpartum mothers. Many enjoy coming to their appointments to see [Organization] staff as they know they are cared in a worthwhile way. The [Organization] has positively impacted the lives of [number] clients since opening in [year], offering solutions and hope for the most vulnerable among us. In fact, the impact of the [Organization] has been so profound and the need for this kind of specialized care so great, that it’s not uncommon for women who live up to two hours away to be referred to and become clients of the [Organization]. The [Organization] is comprised of a committed, compassionate, and knowledgeable multidisciplinary team. Patients are cared for by a team of specialists from [Health System] and [Health System] including physicians, nurse practitioners, a psychiatrist, nurses, social workers (two antepartum, one exclusively postpartum), a sonographer and behavioral health counselor. In addition, a [College] faculty member, who supervises pharmacy students and residents, provides care to our women and support for our staff. The faculty member comes to the [Organization] with pharmacy students weekly to provide medication reconciliation and smoking cessation counseling. By co-locating these activities, the [Organization] has achieved a model of best practices recognized by the Office of Personnel Management for the United States government. [Organization] staff members advocate for their patients outside of the delivery room as well—for long-term systemic change—in [City] and on [location]. For pregnant women who need coverage of their Buprenorphine medication after their baby is born, staff are testifying to extend Medicaid. Once a patient delivers usually 60 days postpartum their Medicaid changes to limited coverage which does not currently cover their Buprenorphine (MAT) and sometimes won’t cover their behavioral health medications. [Organization] has also been able to add a colposcopy machine in-house to check for cervical cancer. Since [Organization] patients often have transportation issues this has greatly helped improve their general medical care.

These two videos vividly tell the story of some of our patients: [videos]

**INSPIRATION**

Most [Organization] patients become the primary care provider for their babies once they’re born. While some [Organization] babies still may go through withdrawal after birth, most are able to able to stay with their mother, have their withdrawal managed non-pharmacologically, and also without any removal or intervention by the state in regard to child protection issues. The best treatment for a baby who is exposed to opioids in utero is to be cared for by their mother once they are born as long as it can be done safely. Since opening, some [number] clients have benefited from [Organization] care and compassion.

They include:

• [Name]: a registered nurse, had lost her license due to her addiction. She stayed active with the [Organization] throughout her pregnancy and then, desperate for sobriety, continued with the program. The [Organization] team continues to follow up with women after delivery if they want to remain with the program. She eventually regained her nursing license, is sober and back to work as an RN.

• [Name]: had been in recovery for three years after kicking an addiction to heroin, but a lot of stress caused her to begin using again. A month later, she learned she was pregnant. Her baby was lucky, though, because [Name] sought help and found it at the [Organization]. Her first appointment lasted six hours, and she soon was on medication that helped wean her from heroin. Her baby daughter was born premature but was not dependent on heroin. [Name] says: “The [Organization] saved my daughter. I was able to have a healthy baby, bring her home and not have any issues. And I’ve stayed clean afterward.” [Organization] clinicians note that addiction has become more complex over time – for both prescription drugs and street drugs. Also, the clients of [Organization] often come to the clinicians with multiple medical morbidities along with their substance use history. The holistic care these patients receive is nothing short of life-changing in a multitude of areas. In addition, a United Way grant allows the [Organization] to continue working with patients two years after their babies are born, to ensure stability to women taking on the responsibility of motherhood at the same time they are trying to stay off drugs.

**REPLICATION**

[Health System’s] [Organization] is the type of facility that could be replicated by other health systems to ease the burden of substance use among pregnant women. To be successful, multiple considerations – in addition to financial resources – must be taken into account, including:

• Building a strong staff of perinatologists, women’s health nurse practitioners, and registered nurses who are specially trained in managing psycho-social aspects of working with pregnant women with substance use disorders

• Employing social workers, who are equipped with master’s degrees in behavioral health, and a behavioral health counselor who specializes in substance use disorder

• Having a pharmacist dedicated to supporting the needs of this special group of clients

• Developing a comprehensive program that continues care for post-partum moms long after their babies’ birth

• Identifying and developing relationships with key community partners, because health care systems can’t do it all on their own. Along with health system experts, partners can help on a number of fronts, including coordinating and providing treatment, helping with transportation, coordinating with insurance providers, and connecting moms and their families to community organizations that provide support services to help maintain their sobriety.