

tidings!

July, 2006

MARK YOUR CALENDAR

September 11, 2006

CHA-MN Board Meeting
CHI, Minneapolis
FFI: 651/503-2163

September 14-17, 2006

2006 Catholic Charities USA
Annual Gathering
Minneapolis, MN
www.catholiccharitiesusa.org/gathering

September 17-19, 2006

CHA-USA: The Prophetic Voice
Chase Park Plaza Hotel
St. Louis, MO
FFI: 314/253-3525

October 4-6, 2006

CHA-USA: Leadership Formation
Chase Park Plaza Hotel
St. Louis, MO
FFI: 314/253-3525

AS I SEE IT

“91st Catholic Health Assembly”

Toby Pearson, CHA-MN Executive Director

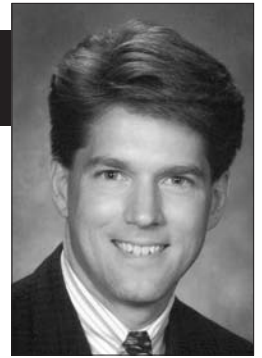
Some 1,100 Catholic health care leaders gathered in Orlando, FL, for the 91st Catholic Health Assembly held June 4-8. Educational sessions, liturgies, award presentations, and other assembly events sought to draw out and celebrate the Catholic health care ministry's embrace of the church's social tradition of showing a preferential option for persons in need.

I attended my first CHA-USA Assembly this past June 4-6. With a theme of *Always With Us, Living Our Commitment to Persons in Need*, I found myself with many reflections, questions, and a broader

vision of the healthcare ministry.

I was first struck by the breadth and depth of the universal commitment of the Catholic Healthcare ministry to serve persons in need. From the keynote address given by Pedro Jose Greer, Jr. M.D. and his personal story of founding the Miami-area healthcare organizations that serves the poor: Camillus Health Concern, Mercy Mission Services and Saint John Bosco Clinic – all the way through Bishop Skylstad's address reaffirming the need for health ministry. The conference highlighted the plethora of works that our ministry continues to pursue to serve those in need.

The meeting also raised some very important questions, questions that our society must continue to wrestle and address. What is the definition of health and healthcare? What role does personal responsibility play? What role does the state have in insuring adequate healthcare? What does universal healthcare mean?



*Toby Pearson,
CHA-MN Executive
Director*



Sr. Carol Keehan's address at the Leadership Luncheon

PEARSON continued on page 2

PEARSON *cont. from page 1*

Each of these questions comes back to us on the state level as we look at our lobbying efforts...higher reimbursement rates, expanded MinnesotaCare, increased expenditures for long-term care facilities, more public health dollars and other debates that take place at the Capitol. What we heard at the CHA-USA Assembly was that it will not get better, and neither the state nor Congress will act, until we demand that they act.

The conference also made me proud to me representing CHA-MN. We had a strong representation at the

meeting and carried our voices well in the question and answer sessions of the workshops.

CHA-MN and CHA-USA have a long and storied tradition of advocating for health and healthcare and this gathering reaffirmed our commitment to persons in need. This commitment does not stay at the gathering, but rather we live it each day in the care we provide and the policies we advocate. Thanks for renewing the commitment, and continuing with our wonderful ministry.

“To learn from the old we must love them, and not just in the abstract but in the flesh, beside us in our homes, business, churches, and schools. We want the generations mixed together so that the young can give the old joy and the old can give the young wisdom. As we get older, we sense more the importance of connecting old to young, family member to family member, neighbor to neighbor, and even the living to the dead. In connection is truth, beauty, and ultimately salvation. Connection is what makes life bearable for us humans.”

~ Mary Pipher, PhD
Therapist and Best-Selling Author
Plenary Speaker at CHA-USA Assembly

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“We have the honor of accompanying persons on their sacred journey to death. To accept this privilege, we must do all we can to bring quality, compassionate, supportive care to those with life threatening illness and to their loved ones, and through it provide an experience of God's loving presence.”

~ Sr. Karin Dufault, SP, RN, PhD
Executive Director,
Supportive Care Coalition
Plenary Speaker at CHA-USA Assembly

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“The message of the Gospel is very clear about who our neighbor is. Everyone is our neighbor. No one is exempt.”

~ Bishop William S. Skylstad, DD
Bishop of the Diocese of Spokane
President, United States Conference of Catholic Bishops
Plenary Speaker at CHA-USA Assembly

Dr. Pedro Jose Greer, Jr. Delivers Inspiring Keynote Address: “You Are the Ones Who Will Change the World”

Dr. Pedro José Greer, Jr. delivered a powerful and inspiring keynote address to the Catholic health ministry leaders from across the nation who gathered in Orlando, Florida, for the 91st Catholic Health Assembly.

Dr. Greer, who founded a Miami

health care clinic for the homeless shortly after finishing medical school in 1984, told those assembled that “you are the ones who will change the world.” One out of every six people in the United States is cared for in a Catholic hospital.

Dr. Greer spoke of the divide between the professional class and non-professional class in the United States, saying everyone deserves to have access to health care. “We are all here together now,” he said.

“The patient has to become the focal point,” he told the audience, “the bottom line should be human beings. . . not the dollar.” Dr. Greer’s clinic, Camillus Health Concern, serves more than 10,000 homeless individuals and families each year. He spoke eloquently

about how he has learned much about wisdom and humanity from these homeless men, women and children.

“Through his leadership, vision, and selfless service, Dr. Greer has proven that one person can inspire and change a community,” said Sr. Karin Dufault, SP, RN, PhD, executive director, Supportive Care Coalition, Portland, OR, and outgoing chairperson of the CHA Board of Trustees. “He shares our mission to bring God’s healing to all people, especially those most in need.”



Keynote Speaker Pedro José Greer, Jr., MD

Overview of Changes Affecting Human Services

(Provided by the Minnesota Department of Human Services)

The Minnesota Legislature approved a number of proposals affecting human services, including measures that strengthen mental health services, encourage quality in health care and long-term care, invest in child care and expand capacity to meet the needs of dangerous patient populations. Significant changes were made in the following areas:

MENTAL HEALTH

- Several key components of Gov. Tim Pawlenty's Mental Health Initiative were approved, investing more than \$10 million in new funds.
- Mental health infrastructure improvements include: a 23.7 percent rate increase for psychiatrists and other mental health professionals in short supply (\$7.5 million state funds with a \$5.9 million federal match), improvements in front-line services such as mobile crisis teams (\$2 million), a system to track available services (\$336,000) and an outcome evaluation system (\$423,000).
- Legislation also ensures that new investments will augment rather than replace current funding by requiring that counties maintain a level of expenditures for mental health services at least equal to a county's average expenditures for these services in 2004 and 2005.

Laws of 2006, Chapter

258). Operating costs associated with this growth also were funded (\$36.3 million).

- Operating costs for the growing number of people committed as mentally ill and dangerous to the Minnesota Security Hospital in St. Peter were funded (\$33.6 million).
- A salary supplement was approved that covers 85 percent of the increase in operating costs resulting from labor contracts approved for the 2006-2007 biennium (\$16.1 million).
- Activities were funded that support the sale and reuse of regional treatment center campuses that are being vacated as treatment services move to community settings (\$5 million).
- Patients who escape from the Minnesota Sex Offender Program will face new penalties.

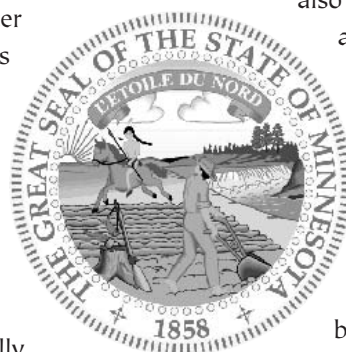
STATE OPERATED SERVICES

- A 400-bed expansion of the Minnesota Sex Offender Program was approved to meet the growth in that population (\$41.3 million), along with security upgrades to the program and other state-operated programs (\$5 million,

Previously, an escapee could be sentenced to a year and a day or payment of a \$3,000 fine; the new maximum sentence is 10 years, a \$10,000 fine or both (Laws of 2006, Chapter 260).

HEALTH CARE

- A pay-for-performance system for publicly funded health care programs was approved. As part of this, Minnesota will be the first state in the nation to participate in a pay-for-performance protocol known as Bridges to Excellence for diabetes management in state health plans.
- Other health care policy provisions also include: exempting additional groups of clients from transitioning from General Assistance Medical Care (GAMC) to MinnesotaCare, increasing critical access dental reimbursements and allowing the expansion of the Minnesota Disability Health Options (MnDHO) program.
- To comply with the federal Deficit Reduction Act of 2005, changes were made to eligibility for health care programs that receive federal funding. These include requiring Medicaid applicants and enrollees to provide documentation proving citizenship, increasing the look-back period for asset transfers for long-term care services under Medical Assistance and changing how assets are treated.



LEGISLATURE *cont. on page 4*

LEGISLATURE *cont. from page 3*

LONG-TERM CARE

- A proposal was approved that allows DHS to contract with nursing facilities to receive incentive-based payments. This is the next step toward a nursing facility reimbursement system that pays based on the quality and outcomes of services provided.
- Other changes to nursing facility payment rates include a revenue-neutral rebasing of case mix that will tie level of care more closely to costs.
- A shortfall in the Alternative Care program, which helps the elderly remain in their homes, was partially funded (\$1.7 million).

CHILDREN AND FAMILY SERVICES

- The maximum payment rates for providers in the Child Care Assistance Program will increase by 6 percent and up to 15 percent above the maximum rate if

providers hold current early childhood development credentials or are accredited. The rate paid by the child Care Assistance Program cannot exceed providers' actual rates.

- Other child care changes include reducing the number of families on the Basic Sliding Fee waiting list, modification of the "absent day" policy to give parents greater flexibility in managing their child care and giving priority status to veterans.
- New child support guidelines scheduled to go into effect in January 2007 were clarified (Laws of 2006, Chapter 280).
- Minnesota Family Investment Program payments to two-parent families will no longer be used to meet the state's maintenance of effort requirements under the Temporary Assistance to Needy Families program. This will reduce the state's risk of fiscal penalties for not meeting new federal work participation rates under the federal Deficit Reduction Act of 2005.

The Campaign for Children's Health Care, an initiative led by a diverse group of national organizations, announced recently its plans to raise public awareness about the plight of more than 9 million children who have no health care coverage. The Campaign is designed to make expanded health coverage for children a national priority. As a long-time advocate for health care that works for everyone, the Catholic Health Association of the United States (CHA) is pleased to join national partners to highlight the urgency of improving children's health coverage.

The U.S. public broadly supports ensuring that children have access to the care they need to develop into healthy, productive adults. According to a public opinion survey commissioned by CHA and completed on July 9, 70 percent of likely voters agree that providing affordable, quality health insur-

Catholic Health Association Proud to Join Campaign for Children's Health Care



ance to all children in the U.S. should be a top priority of Congress and the President, reflecting the Campaign For Children's Health Care's petition language.

"Members of the Catholic health ministry make it a priority each day to advocate for a system that serves everyone. As the most vulnerable among us, children deserve no less than the opportunities afforded to them by a healthy life, and the public clearly understands this," said Sr. Carol Keehan, DC, CHA's president and chief executive officer.

"The opinion survey continues to show that a large swath of the public is ready and willing to support children's health coverage, but also that many people are still unaware of the severity of the problem. We look forward to working with our partners in the Campaign for Children's Health Care to inform the public, keep the issue on the radar of Congress and the president, and inspire one another to act on behalf of our nation's children," said Michael Rodgers, CHA's senior vice president, advocacy and public policy.

CHA and its members will actively participate in the Campaign for Children's Health Care, including efforts to obtain signatures for the campaign's petition; local education and enrollment activities; and other events in Catholic hospitals around the country

St. Mary's Health Clinics

In June, CHA-MN Executive Director Toby Pearson had the opportunity to visit two of the eleven St. Mary's Health Clinic sites. The two site locations were the Park Avenue Clinic operated in collaboration with Park Avenue United Method Church in Minneapolis, and the Eastside Clinic at John A Johnson Achievement Plus Elementary School in St. Paul.

BACKGROUND

St. Mary's Health Clinics were established to provide health care services to the un-insured and medically underserved persons in the Twin Cities and surrounding metro area. The clinics were started in 1992 and are operated as a ministry of the Sisters of St. Joseph of Carondelet. There are currently eleven clinic sessions in operation throughout Minneapolis, St. Paul, and the suburbs.

SERVICES

Many of the health care services provided to patients are free. This includes the patient's visit to the clinic and if additional services are necessary (lab tests, x-rays, diagnostic tests, etc.), they are also provided to the patients without charge through coordinated efforts with area providers. St. Mary's Health Clinics also provide many prescription medications to the patient at no charge. When appropriate, patients are assisted by staff in applying for government subsidy programs for which they may qualify and accessing other community resources that are available to them.

STAFF AND VOLUNTEERS

St. Mary's Health Clinics are staffed by licensed physicians and nurses who volunteer their time. The admissions personnel and interpreters are also volunteers. These clinic volunteers truly care about the patients, and spend extra time with them to assure that all of their questions and concerns are addressed. Patients are often aided in accessing other community resources that are available to them. The clinics all operate in space that is donated by the host facilities. They have numerous specialty physicians

CHA-MN MEMBER PROFILE

throughout the metro area who see our patients without charge when referred to them by one of our clinic doctors; we also have discount arrangements with almost all of the area hospitals, anesthesia providers, laboratories, radiology groups, etc. We pride ourselves on this community network we have established and the quality health care we are able to provide for our patients because of it.

CLIENTS

To be eligible for care through St. Mary's Health Clinics a patient must be without health insurance (although if a person has catastrophic insurance only they may qualify), and cannot be receiving assistance from any government subsidy program such as Medicare, Medical Assistance, or MinnesotaCare.

Patients must also fall within the modest income guidelines that are established. People who are temporarily unemployed or who are working in low-paying full-time or part-time jobs, who do not receive any health care benefits or cannot afford the employee portion of



Toby Pearson visiting the St. Mary's Health Clinics

the premium are examples of those we serve. St. Mary's Clinics also serve those in transition between jobs and those awaiting eligibility for government subsidy programs.

Park Avenue Clinic opened 12/3/92 and is operated in collaboration with Park Avenue United Methodist Church, 3400 Park Avenue South, Minneapolis. The clinic is located in the church basement. This clinic provides health care to a neighborhood where over half the family units have incomes below the poverty level. The make-up of this clinic has changed from African-American in the early years to 83.8% Hispanic patients and 2.8% African-American. 33%

PROFILE *cont. on page 6*

MISSION:

BELIEVING IN THE WORTH AND DIGNITY OF THE HUMAN PERSON MADE IN THE IMAGE AND LIKENESS OF GOD, THE CATHOLIC HEALTH ASSOCIATION-MINNESOTA ASSISTS ITS MEMBERS TO FULFILL THE HEALING MISSION OF THE CHURCH.



Catholic Health Association of Minnesota
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INQUIRING MINDS
want to know...

...what's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163; e-mail: CHAMNToby@aol.com. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165.

PROFILE *cont. from page 5*

of the patients are unemployed and 41% are employed only part-time.

The Eastside Clinic opened 7/15/04 in the John A Johnson Achievement Plus Elementary School, 740 York Avenue in St. Paul. This clinic serves residents of the city's Eastside who were formerly served by the Metro State and St. Bernard's Clinics. In its first year at this location 300

*CHA-MN commends
St. Mary's Health
Clinics for their
efforts in fulfilling
the healing mission
of the Church.*

patient visits were recorded. The majority of patients seen were Caucasian and 38% were unemployed.

*Toby Pearson with
Volunteers at St.
Mary's Health Clinic*



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