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## USCCB Provincial Meetings

### National Association of Catholic Chaplains

#### I. **David A. Lichter, NACC Executive Director 2.11.16 NACC World Day of the Sick Letter to Bishops excerpt:**

In the coming months, NACC members will seek to get a few minutes on the agenda of your provincial meeting to update you on the work of NACC and to seek your advice on how we can better promote and support chaplaincy and the pastoral care ministry with you and your diocesan leaders.

#### II. **Bishop Donald J. Hying, USCCB Episcopal Liaison to NACC, 4.1.16 Letter to Archbishops excerpt:**

- We realize your provincial meeting agendas are most often packed with urgent and important items.
- However, we hope you would consider providing 10-15 minutes on the agenda for an NACC representative to meet with you to seek your advice on how NACC can better promote and support chaplaincy and the pastoral care ministry in your diocese.
- The representative would provide some brief material on NACC, but most importantly seek from you your advice and counsel on:
  - how best to encourage our Church's priests, deacons, religious, and lay members to consider this ministry of pastoral care, and
  - how NACC can best support those in your diocese who are designated to provide the pastoral care ministry in your parishes.
- Why? As Mr. Lichter mentioned in his 2.11.2016 World Day of Sick to you:
  - “While our lay members increase annually, this increase (one new lay member for every two religious women and priests who retire) remains slow, too slow to meet the demand for the prepared, certified Catholic ministry presence in health care that our members provide.
  - At this pace of growth, we will have a serious lack of prepared, certified Catholic chaplains who can provide the timely counsel for Catholic ethical decision-making, appropriate care for Catholics and their religious needs, and the healing outreach to many who have been at the margins or outside of the Catholic Church and seek, in their time of suffering and confusion, the tenderness and compassion that our Church through its NACC members can provide.
  - We continue to seek ways to make priests, religious, deacons, and lay people aware of this vital ministry, and we seek your assistance in helping us to do so.”

**III. We request that you encourage lay men and women, priests, religious and permanent deacons to consider this ministry of pastoral care.**

**1. The vital role and need for Board Certified members:**

- i. Most health care facilities now require board certification for employment.

**2. NACC board certified members have decreased by 40 percent over past 20 years.**

**3. Catholic ministry presence in healthcare is in jeopardy - eyes, ears and hands of the Church for:**

**I. Catholics needing spiritual care**

- i. Connecting or re-connecting them to sacraments and religious rituals
- ii. Assisting them in applying the *Ethical and Religious Directives* to their medical decisions

**II. People of all Christian denominations and faiths (including no faith):**

- i. Providing religious resources from their faith tradition
- ii. Referring to their local clergy as needed
- iii. Helping them make treatment choices
- iv. Situating their lives in the context of God's love, mercy and care.
- v. Collaborating with the interdisciplinary care team to identify spiritual/religious issue among patients (or residents)

**III. Healthcare workers:**

- i. Helping them find meaning in their work
- ii. Alleviating experiences of stress and burnout
- iii. Providing compassion and accompaniment in their own professional and personal struggles

**4. The value of Board Certified Chaplains for a diocese:**

- i. Connectors from health care to the local parishes
- ii. Resources for mentoring and training others in pastoral care (e.g. Eucharistic ministers to the homebound, visitors to the sick)

**IV. NACC is exploring ways how to best support those in your diocese who are designated to provide the pastoral care ministry.**

Raskob Foundation for Catholic Activities awarded NACC a grant to support the planning process to identify a consistent sets of standards/competencies, and approaches for preparing those providing the pastoral care service to ensure the highest quality of pastoral care in our Catholic pastoral care ministry.

**1. Reality – pastoral care needed for:**

- i. Homebound
- ii. Long term care
- iii. Outpatient settings
- iv. Inpatient settings
- v. Hospice
- vi. Correctional setting

**2. Those providing care:**

- i. Priests
- ii. Pastoral Associates
- iii. Permanent Deacons
- iv. Parish Nurses
- v. Pastoral Care Volunteers

**3. Critical issues of those needing pastoral care:**

- i. Isolation of illness, aging, and dying
- ii. People preparing themselves for making health care decision (advanced directives/power of attorney)
- iii. People needing assistance when making choices – ethical decision making
- iv. Older people reflecting on life's meaning and utilizing their spiritual/religious resources

**4. Formation, training, and ongoing preparation and support for those providing pastoral care:**

- i. Who oversees pastoral care in one's diocese?
- ii. Who aids in the preparation of those who provide pastoral care?
- iii. How does one provide ongoing preparation and spiritual enrichment to those who provide care?

**5. Partners in Planning**

- i. USCCB Subcommittee on Certification for Ecclesial Ministry and Service
- ii. Hispanic Community pastoral care training
- iii. Catholic Health Association's Pastoral Care Advisory Committee
- iv. Catholic Health Systems with volunteer programs
- v. Association of Graduate Programs in Ministry
- vi. American Catholic Correctional Chaplains Association
- vii. National Association of Diaconate Directors
- viii. Alliance for the Certification of Lay Ecclesial Ministry
- ix. Representatives of programs that link healthcare to diocesan training programs
- x. Directors of Diocesan Health Care Ministries
- xi. Parish Nurses

**6. Desired Outcomes of the Planning Process**

- i. Will have identified:
  1. Who have with the most critical pastoral needs and the settings where they are most found;
  2. The type of needs and types of pastoral care needed;
  3. The competencies needed to meet those needs;
  4. The diverse ministries (board certified, pastoral associates, volunteers, parish nurses) needed with these competencies;
  5. The standards/training/formation required to obtain those competencies;
  6. The core elements for professional and volunteer pastoral care formation... and accountabilities required;
- ii. Will have an agreed upon organization approach to provide the ministry preparation needed in response to what we learn.