ST. ANN'S CENTER FOR INTEGRATED CARE
Partner Agency Visioning & Facility Planning Assessment

Purpose

The purpose of this assessment is to gather partner feedback regarding the future development of St. Ann's Center for Integrated Care. Information collected will support facility design, program planning, service integration, workforce development strategies, governance structures, and long-term sustainability planning.

SECTION 1: YOUR ORGANIZATION'S ROLE IN ST. ANN'S

Why is your organization interested in participating at St. Ann's?

☐ Expanded service delivery ☐ Co-location with partners
☐ Integrated care opportunities ☐ Workforce challenges
☐ Facility needs ☐ Housing opportunities
☐ Other _____

How do you envision your organization contributing to the overall St. Ann's mission?

SECTION 2: POPULATIONS TO SERVE

St. Ann's is envisioned as a regional center serving Juneau and Southeast Alaska.

Which populations should be prioritized?

Population	High	Medium	Low
Frail Elders	☐	☐	☐
Seniors Aging in Place	☐	☐	☐
Adults with Disabilities	☐	☐	☐
Individuals with Behavioral Health Needs	☐	☐	☐
Caregivers	☐	☐	☐
Veterans	☐	☐	☐
Rural Southeast Alaska Residents	☐	☐	☐
Workforce Housing Residents	☐	☐	☐

Estimate annual participation from your organization:

Residents Served _____

Community Members Served _____
Regional Clients Served _____

SECTION 3: INTEGRATED CARE MODEL

The goal of St. Ann's is to create a seamless system of healthcare, housing, workforce support, and social services.

Which services should be available on-site?

☐ Primary Care
☐ Substance Use Services
☐ Senior Services
☐ Adult Day Services
☐ Rehabilitation
☐ Benefits Assistance
☐ Workforce Navigation
☐ Transportation (in-house/vender)
☐ Behavioral Health
☐ Care Coordination
☐ Home & Community-Based Services
☐ Telehealth
☐ Nutrition Programs
☐ Caregiver Supports
☐ Housing Navigation
☐ Other _____

Which services should work together as an integrated team?

SECTION 4: SPACE NEEDS ASSESSMENT

Dedicated Space Requirements

Space Type	Number Needed
Private Offices	_____
Shared Offices	_____
Exam Rooms	_____
Counseling Rooms	_____
Intake Rooms	_____
Conference Rooms	_____
Group Rooms	_____
Training Rooms	_____
Storage Rooms	_____

What unique features are required?

☐ ADA Accessible Workspace
☐ Secure Records Storage
☐ Medication Storage
☐ Telehealth Technology
☐ Outside Space
☐ Van Service (Activity/transportation to Bus)
☐ Smoking area
☐ Program Required Features _____

☐ Commercial Kitchen
☐ Barber/Salon Area
☐ Childcare Services
☐ Workforce Training Space
    ☐ Specialized equipment
☐ Community Meeting Space
☐ Fitness Area
☐ Barista/coffee shoppe
☐ Commercial Venders (Kitchen/barista)
☐ Communal Areas
    ☐ TV, couch space
    ☐ Arts and Crafts
    ☐ Small table meeting spaces
☐ PT/OT Room
☐ Locked Areas/Badge areas
☐ Other _____

SECTION 5: SHARED STAFFING OPPORTUNITIES

To improve efficiency and reduce costs, St. Ann's may support shared staffing.

Would your organization participate in shared staffing?

Function	Yes	No
Reception	☐	☐
Scheduling	☐	☐
Billing	☐	☐
Human Resources	☐	☐
IT Support	☐	☐
Transportation Coordination	☐	☐
Housekeeping	☐	☐

Is there software that could work for overall programming, billing, financial or other programming?

_____ _____

SECTION 6: BILLING & BUSINESS MODEL

Preferred Operational Structure

☐ **Independent Operations**: Each organization maintains its own staff, billing, administration, policies, and operations while occupying space within St. Ann's.

☐ **Shared Services Cooperative:** Partner organizations share selected services such as reception, scheduling, IT, human resources, maintenance, or purchasing to reduce costs and improve efficiency.

☐ **Managed Service Organization Model:** A centralized entity manages administrative functions, contracting, billing, compliance, and operational support on behalf of participating organizations, allowing partners to focus on service delivery.

☐ **Centralized Administrative Entity:** St. Ann's operates under a single administrative structure responsible for facility management, shared services, budgeting, tenant coordination, and strategic planning.

☐ **Hybrid Approach:** Organizations maintain independent operations while participating in selected shared services, administrative functions, and collaborative care activities.

Describe your ideal staffing model/What governance structure would best support integrated services while preserving your organization's mission and identity?

What concerns or opportunities do you see with a shared operational structure at St. Ann's?

Which expenses could be shared?

☐ Utilities	☐ Building Reception	☐ Billing
☐ Security	☐ Information Technology	☐ Human Resources
☐ Janitorial Services	☐ Maintenance	☐ IT
☐ Administrative Services	☐ Conference Facilities	☐ Security
☐ Purchasing/Procurement	☐ Marketing/Communications	☐ Scheduling

Additional thoughts on financial sustainability:

SECTION 7: WORKFORCE DEVELOPMENT HUB

St. Ann's could include workforce training opportunities for residents and community members (Rehab. Services and/or entry behavioral/medical supports).

Which workforce pathways should be developed?

☐ Commercial Kitchen	☐ MA
☐ Food Service	☐ Behavioral Health
☐ Coffee Shop / Barista	☐ Rehabilitative workforce opportunities
☐ Housekeeping	☐ Childcare Services (for employee's children)
☐ Hair Salon	☐ Building Maintenance
☐ Office Administration	☐ Health Information Management
☐ Community Health Workers	☐ CNA Training
☐ Peer Support Specialists	☐ Other: _____

Could your organization provide:

Opportunity	Yes	No
Internships	☐	☐
Job Shadows	☐	☐
Work Experience	☐	☐
Apprenticeships	☐	☐
Employment Placement	☐	☐

SECTION 8: COMMERCIAL PARTNERS & SOCIAL ENTERPRISE

St. Ann's may include mission-driven businesses that create employment opportunities.

Which social enterprise/vender service concepts should be explored?

☐ Café ☐ Bakery ☐ Transportation
☐ Commercial Kitchen ☐ Hair Salon ☐ non-profits
☐ Thrift Store ☐ Laundry Service ☐ Childcare
☐ Catering Program ☐ Retail Marketplace ☐ Care Coordinator
☐ Other _____

What local businesses should be approached as partners?

_____

_____

_____

SECTION 9: WORKFORCE HOUSING

Recognizing Southeast Alaska's workforce shortage, St. Ann's could include workforce housing.

Would workforce housing help recruitment?

☐ Yes ☐ No ☐ Unsure

Estimated workforce housing need:

Unit Type	Needed
Studio Units	_____
Shared Suites	_____
Temporary Provider Rooms	_____

Occupants

☐ Healthcare Staff ☐ Direct Care Workers (DSP) ☐ Care Coordinator
☐ Behavioral Health Providers ☐ Trainees (students) ☐ Other _____
☐ Visiting Specialists ☐ Instructors

SECTION 10: GOVERNANCE & LEADERSHIP

Would your organization participate in:

Governance Activity	Yes	No
Advisory Council	☐	☐
Strategic Planning Committee	☐	☐
Integrated Care Workgroup	☐	☐
Workforce Development Committee	☐	☐
Housing Committee	☐	☐

Would a board member be interested in serving?
☐ Yes ☐ No ☐ Maybe Who? _____

SECTION 11: PROJECT PRIORITIES

Rank the following from 1 (Highest Priority) to 10 (Lowest Priority) (or up to 15).

_____ Senior Housing
_____ Integrated Healthcare
_____ Behavioral Health
_____ Workforce Housing
_____ Workforce Development
_____ Adult Day Programs
_____ Regional Care Coordination
_____ Social Enterprise Opportunities
_____ Housing Coordinator
_____ Peer to Peer Staffing
_____ Personal Care Services
_____ Home and Community Services
_____ Transportation
_____ Caregiver Support
_____ Nutrition Services

SECTION 12: CORE CATHOLIC VALUES

Core Catholic Values are the core principles from Catholic social teaching and Gospel tradition. The Alaska Catholic Dioceses of Anchorage and Juneau, who currently own St. Ann's would like their core values continued in the building and new programming into the future.

As St. Ann's Center for Integrated Care evolves into a collaborative model of housing, health care, supportive services, and community programming, Catholic core values can provide a shared foundation for decision-making, partnership development, service delivery, and organizational culture. These values are intended to guide how services are offered, how residents and clients are treated, and how collaborating agencies work together to achieve a common mission.

The goal is not to require all partners to be Catholic organizations, but rather to ensure that all participating agencies can support and operate within a framework that honors the mission and Catholic identity of St. Ann's.

Core Values and Their Application to St. Ann's

Human Dignity
Every person possesses inherent worth and should be treated with respect, compassion, and dignity.
At St. Ann's this means:

- Providing person-centered care and services.
- Supporting independence and self-determination.
- Creating accessible environments for individuals of all abilities.
- Respecting cultural, spiritual, and personal differences.
- Ensuring seniors, persons with disabilities, and vulnerable individuals feel valued and included.

Compassion
Responding to the needs of others with empathy, kindness, and genuine concern.
At St. Ann's this means:

- Delivering care that recognizes the whole person.
- Creating welcoming and supportive environments.
- Addressing isolation, loneliness, and barriers to wellbeing.
- Fostering a culture of kindness among residents, clients, staff, and partners.

Service
Placing the needs of others at the center of our work.
At St. Ann's this means:

- Prioritizing services that improve quality of life.
- Removing barriers to access.
- Coordinating care and support systems.
- Working collaboratively to meet community needs.

Community
Recognizing that people thrive when connected to one another.
At St. Ann's this means:

- Creating opportunities for social connection.
- Encouraging intergenerational engagement.
- Supporting families and caregivers.
- Building partnerships that strengthen the Southeast Alaska community.

Solidarity
Standing with those who are vulnerable and recognizing our shared responsibility for one another.

At St. Ann's this means:

- Supporting low-income seniors and those with limited resources.
- Ensuring equitable access to services.
- Addressing unmet community needs.
- Building systems that support aging with dignity.

Stewardship
Using resources responsibly for the good of current and future generations.
At St. Ann's this means:

- Responsible fiscal management.
- Effective use of public and private funding.
- Sustainable operations and facilities.
- Maximizing community benefit through collaborative partnerships.

Justice
Promoting fairness, equity, and opportunity for all.
At St. Ann's this means:

- Eliminating barriers to participation.
- Supporting underserved populations.
- Ensuring fair treatment and access to services.
- Encouraging transparency and accountability.

Hope
Creating opportunities for people to live healthy, meaningful, and connected lives.
At St. Ann's this means:

- Supporting aging with dignity.
- Expanding access to care and services.
- Investing in long-term community wellbeing.
- Creating a vision for the future benefits for generations to come.

Hospitality
Creating a welcoming environment where all people feel safe, respected, and valued.
At St. Ann's this means:

- Welcome individuals from all backgrounds and beliefs.
- Promoting inclusion and belonging.
- Providing respectful care and services.
- Building trust among residents, clients, families, and community members.

Thinking about your agency, answer the following questions:

Mission Alignment

1. **Which of the St. Ann's values resonate most strongly with your organization?**
   _____

2. **Are there any values or operating principles that may conflict with your organization's mission or programming?**

   _____

Human Dignity and Client Care

1. **How does your organization ensure clients are treated with dignity and respect?**

   _____

2. **Describe your approach to person-centered services.**

   _____

3. **How do you support client choice, independence, and self-determination?**

   _____

Compassion and Service

1. **How does your organization address social isolation, loneliness, or barriers to care?**

   _____

2. **Describe how your organization meets people where they are while maintaining professional standards.**

   _____

Community Collaboration

1. **How do you currently coordinate referrals and care with other organizations?**

   _____

2. **How could your organization contribute to an integrated service environment at St. Ann's?**

   _____

3. **What barriers to collaboration have you experienced, and how might they be addressed?**

   _____

Equity and Justice

1. **How does your organization ensure equitable access to services?**

   _____

Stewardship and Sustainability

1. **How would co-location or shared service delivery improve outcomes for clients?**

   _____

2. **How does your organization measure efficiency and community impact?**

   _____

Respect for Catholic Identity

1. **Is there a mission conflict with the Catholic Core Values?**

   _____

2. **Can your organization participate in a shared values statement that emphasizes dignity, respect, compassion, inclusivity, and service to aging populations?**

   _____

Catholic identity in health care and integrated-care programming, it is important to distinguish between services that are broadly supportive of health, wellness, and human dignity and services that Catholic teaching generally considers inconsistent with the sanctity of life, human dignity, or Catholic Core Values.

Medical Services and Procedures Generally Inconsistent with Catholic Values

Reproductive Services

Abortion Services

- Elective abortion procedures
- Medication abortions
- Surgical abortions
- Referral programs intended to facilitate abortion access
- Programs that actively promote abortion as a health care option

Sterilization Procedures

When performed solely to prevent procreation:

- Vasectomies
- Tubal ligations
- Elective sterilization procedures

Contraceptive Services

Programs primarily focused on:

- Distribution of contraceptives for birth control purposes
- Contraceptive counseling intended to prevent pregnancy
- Long-acting reversible contraceptive programs when used solely for contraception.

End-of-Life Practices (differs from Hospice Services)

Assisted Suicide

- Physician-assisted suicide
- Medical aid in dying.
- Prescribing medication intended to cause death.

Euthanasia

- Any action intended to deliberately end a person's life
- Programs supporting euthanasia advocacy.

Reproductive and Fertility Technologies

Certain Assisted Reproductive Technologies

Potentially inconsistent services include:

1. In vitro fertilization (IVF)
2. Embryo creation for reproductive purposes
3. Embryo selection and disposal
4. Embryo freezing programs.
5. Surrogacy arrangements

Embryonic Research

- Research requiring destruction of embryos.
- Stem-cell practices involving embryo destruction.

Genetic and Human Life Concerns

Activities Requiring Further Ethical Review

- Human cloning
- Gene editing intended for enhancement purposes
- Research that may compromise respect for human life at any stage

In geriatric medicine, some treatments can involve medications or procedures that are also associated with reproductive health, but the purpose of the treatment matters medically and ethically.

Although pregnancy is uncommon in geriatric patients, there are circumstances where medications commonly classified as "birth control" may be prescribed for non-contraceptive medical conditions, including:

- Perimenopausal hormone regulation
- Abnormal uterine bleeding
- Endometriosis
- Ovarian cyst management
- Treatment of certain gynecologic disorders

- Hormone replacement or hormone stabilization

In these cases, the intent is treatment of a medical condition rather than prevent pregnancy. Many Catholic ethical frameworks distinguish between a treatment whose primary purpose is medical care and one whose primary purpose is contraception. Certain procedures that result in sterility may be medically necessary, such as:

- Hysterectomy for uterine cancer
- Removal of ovaries due to cancer or severe disease
- Removal of reproductive organs because of severe infection or life-threatening conditions

The resulting infertility is considered a secondary effect of treating disease rather than the intended outcome. For Catholic Core Values, there is often a distinction between: Direct sterilization (performed to prevent fertility) and Indirect sterilization (sterility resulting from treatment of a serious pathology).

Abortion is generally not part of geriatric medical practice because most geriatric patients are beyond reproductive age. However, in rare cases involving younger disabled adults or specialty care settings, questions may arise.

Catholic Core Values prohibits direct abortion. Emergency treatment for a serious medical condition affecting a pregnant woman may be viewed differently if the intent is to treat the mother's life-threatening illness rather than directly end the pregnancy.
Hospice, Assisted Suicide, and Euthanasia are services where misunderstanding frequently occurs. Catholic Core Values does not support Assisted Suicide and Euthanasia. Hospice Care is not Assisted Suicide and Euthanasia. Hospice care is designed to: Manage pain and symptoms, provide comfort and dignity at the end of life, support emotional and spiritual needs. And avoid burdensome or non-beneficial treatments. Hospice does **not** intentionally cause death. Death results from the underlying disease. Catholic Core Values supports hospice care, palliative care, aggressive pain management, comfort-focused care, and refusal of extraordinary or disproportionate treatment.

Under its Catholic Core Values, St. Ann’s Center for Integrated Care could not publicly advocate for abortion access or physician-assisted suicide, nor would its programs provide abortion-related educational materials. Catholic Core Values do support other women’s health services, including prenatal care, cancer screening, gynecological care, menopause treatment, and preventive care.

Having reviewed the Catholic Core Values and how they impact the delivery of programming, would your agency support St. Ann's Center for Integrated Care, to have defined policies that distinguish: palliative care from euthanasia, hospice from assisted suicide, medically necessary treatment from elective sterilization, treatment

of disease from contraception, and respect for dignity, autonomy, and informed consent in accordance with Catholic Core Values?

☐ Yes ☐ No

Thoughts or concerns?

_____
_____

Can services be structured to maintain a clear separation if mission conflicts exist?

_____

SECTION 14: INFORMATION SHARING

What confidential laws cover your client records?

_____

How do you visualize information sharing between service providers collaborating with in-house residents?

_____
_____

SECTION 13: THE ST. ANN'S OF THE FUTURE

Imagine St. Ann's 10 years after opening.

1. **What services are operating in the building?**

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2. **Who is being served?**

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3. **How are organizations working together?**

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4. **What makes St. Ann's a regional model for integrated care?**

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5. **What is the single most important outcome this project should achieve?**
