The Evolution and Operational Framework of Spiritual Care Services of Maine: A Case Study in Pandemic-Response Healthcare Innovation

The inception of Spiritual Care Services (SCS) Maine emerged from an urgent need during the COVID-19 pandemic, illustrated by a pivotal case in April 2022. When a homeless woman, identified as "Christine," received emergency quarantine shelter due to COVID-19, she presented complex challenges: severe illness, substance withdrawal, and acute psychological distress. This case exemplified the critical intersection of physical and spiritual care needs that would come to define SCS Maine's mission.

The organization's foundations trace back to a Maine Center for Disease Control initiative through its Maine Responds program. The CDC recruited Lori Whittemore, notable for establishing spiritual care programs with the Maine Chapter of the American Red Cross, to develop a chaplaincy response to COVID-19 challenges in congregate care facilities. The initial model, a 24/7 chaplain call line, proved ineffective due to staff constraints and institutional cultural barriers. A subsequent outreach model, where chaplains-initiated contact with facilities, similarly showed limited success.

Despite these early setbacks, the organization identified viable service opportunities. A successful jail ministry program via Zoom demonstrated the potential for remote spiritual care delivery. The program's non-didactic approach garnered positive feedback, particularly notable in its ability to serve diverse religious perspectives.

A significant transformation occurred in winter 2022 when the Maine Department of Health and Human Services (DHHS) enlisted what was then the Spiritual Care Corps (SCC) to provide psychosocial support for COVID-19 patients. This partnership coincided with Whittemore's doctoral research on spiritual care needs outside traditional institutional settings. Her research indicated substantial demand for per diem chaplaincy services in social service contexts, particularly when external funding was available.

The convergence of successful state partnerships and research findings catalyzed the organization's evolution into a formal non-profit entity. By September 2021, SCS Maine had secured state contracts and established distinctive operational criteria, including the requirement for Clinical Pastoral Training certification for all spiritual care providers. The organization adopted a contractor-based model, employing chaplains, a clinical director, and support staff on a 1099 basis.

This structural evolution represented a significant advancement in community-based spiritual care delivery, though it faced notable constraints under cost settlement contracts, which limited overhead funding. The model nonetheless established a framework for delivering professional spiritual care services within the public health infrastructure, marking a innovative approach to integrating spiritual support into community health services.

Spiritual Care Services of Maine (SCS Maine) emerged from a volunteer-based spiritual care initiative established in response to the COVID-19 pandemic. The organization's predecessor, the Spiritual Care Corps (SCC), initially focused on providing remote spiritual support to staff in

congregate care facilities, subsequently expanding its services to include spiritual wellness groups and Biblical studies in correctional facilities.

The SCC's integration into a COVID Coordinated Care referral network marked a significant operational expansion, enabling the provision of comprehensive support services to individuals experiencing pandemic-related isolation. The effectiveness of their remote spiritual care model facilitated statewide service delivery across Maine.

Organizational Development and Service Evolution
Building upon empirical evidence and professional chaplaincy expertise, the organization transitioned to nonprofit status in 2021, restructuring as a per diem chaplaincy organization. This development was accompanied by the procurement of a government contract for remote care services via a telephone referral system.

The initial organizational structure comprised a volunteer executive director and board oversight. The institution successfully implemented a compensation framework for chaplains and established a clinical directorship for workload management and remote support provision. The demonstrated efficacy of their service model led to sustained partnerships with governmental agencies, particularly the Department of Health and Human Services, focusing on psychosocial support for populations disproportionately affected by COVID-19's aftermath.

Service Expansion and Crisis Response Capabilities
The organization's service portfolio expanded to incorporate in-person support services within various institutional contexts, including homeless shelters and mental health crisis centers. This expansion was facilitated through state funding mechanisms and grant acquisitions.

SCS Maine demonstrated remarkable operational agility during the 2023 Lewiston mass shooting incident, rapidly deploying support services across multiple sectors. The organization's capacity for swift response was evidenced by the 24-hour conversion of their referral system to a continuous operation model, though utilization was constrained by marketing limitations.

Grant-Based Initiatives and Professional Development
The organization has successfully secured and implemented various grant-funded projects, including:

- Development of moral injury training programs for public health workers addressing the opioid crisis
- Implementation of Critical Incident Stress Management training for chaplains
- Creation of specialized support programs for aging LGBTQI+ communities

Operational Structure and Financial Framework
The current operational model employs a distributed workforce structure, utilizing remote work arrangements to minimize physical infrastructure costs. The organization maintains a lean operational framework, employing basic technological solutions for data management and service delivery.

CURRENT OPERATIONAL BUDGET

BUDGET TO CONTINUE AS IS PROVIDING REMOTE SUPPORT AND LIMITED IN PERSON SUPPORT for services in Maine

BUDGET TO BUILD, LAUNCH AND SUSTAIN ONGOING ORGANIZATION

Annual Salary Structure

Position	Annual Salary (FTE)
Executive Director	$90,000
Development Director	$90,000
Clinical Director	$68,000
Financial Management	$53,000
Communications Director	$50,000
Administrative Support	$40,000
Grant Management	$70,000
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Total (0.5 FTE)	**$230,500**

Annual Operational Expenses

Category	Annual Cost
Insurance (Clinical, Liability, D&O)	$5,000
Legal Services	$10,000
Technology Infrastructure	$5,000
Operational Systems	$10,000
Marketing and Promotion	$15,000
Travel Expenses	$6,000
Materials and Supplies	$1,500
Contingency Allocation	$7,500
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Total Projected Overhead	**$210,500**

Service Delivery Metrics and Scalability

The organization's remote service model demonstrates significant scalability potential. The capacity for rapid expansion through additional telecommunication lines and spiritual care providers presents minimal operational friction. The administrative infrastructure benefits from economies of scale, with potential for regional or national administrative centers to optimize operational efficiency.

Labor Cost Projections for Referral System

The following table presents scaled projections for labor costs as service volume increases:

Monthly Calls	Annual Chaplain Hours	Chaplain Compensation	Clinical Director Hours	Clinical Director Compensation	Total Cost
100	520	$18,200	780	$31,200	$49,400
200	1,000	$35,000	1,040	$41,600	$76,460
300	1,500	$52,500	1,300	$52,000	$104,500
400	2,000	$70,000	1,500	$60,000	$130,000
500	2,500	$87,500	1,600	$64,000	$151,500
600	3,000	$105,000	1,700	$68,000	$173,000
700	3,500	$122,500	1,800	$72,000	$194,500
800	4,000	$140,000	1,900	$76,000	$216,000
900	4,500	$157,500	1,900	$76,000	$233,500
1,000	5,000	$175,000	2,000	$80,000	$255,000

Operational Considerations

The clinical director's workload is anticipated to demonstrate increased efficiency as enhanced data management systems are implemented. While overhead costs will increase proportionally with the implementation of more sophisticated management systems, these investments are expected to yield operational efficiencies at scale.

A significant consideration for future operations involves the transition from the current model, where chaplains utilize personal communication devices, to an organization-provided equipment framework.

Live Support Service Models

Two primary operational models have been identified for live support services:

Service Model	Annual Labor Cost
10 hours/day, 7 days/week	$127,750
24 hours/day, 7 days/week	$306,600

Technology Integration Opportunities

Future service delivery optimization could be achieved through the development of:

- Dedicated mobile applications
- Web-based access portals
- Automated call routing systems to on-call chaplains
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These technological implementations would enhance service accessibility while potentially reducing operational complexity and improving resource allocation efficiency.

[Previous closing sections remain the same]

Current service capacity accommodates approximately 100 monthly client interactions, requiring two hours of daily chaplain staffing. Service expansion would necessitate proportional increases in chaplain hours, while administrative overhead would benefit from economies of scale.

Gap In Funding

SCS Maine began as a volunteer organization. There was no overhead. During the transition to nonprofit status, SCS Maine received a small grant to develop the basic infrastructure and incorporate. A working board and a volunteer executive director moved the organization forward writing grants for small projects and securing a significant Government contract. The operating budgets for the first three years accounted for the donated labor and are not sustainable for continuing the work or building a sustainable organization.

Potential Revenue Sources.

The key to sustainable funding lies in diversifying these revenue sources and demonstrating the measurable impact of chaplaincy services on patient care and outcomes. A chaplain organization should consider developing a mixed funding model that combines multiple sources to ensure program stability and growth. Below are some potential revenue sources with advantages and disadvantages.

I. Foundation Grants

Major foundations actively support chaplaincy programs. For example, the John Templeton Foundation has awarded significant grants for hospital chaplaincy programs, including a recent $4.5 million grant to advance chaplain services. Many foundations specifically support spiritual care initiatives, like the Institute for Christian & Jewish Studies (ICJS), which offers Spiritual Care Capacity-Building Grants for chaplains and spiritual care providers. These foundations may be willing to support non-intuitional chaplaincy services to fund overhead and administration. The advantage of this would be that the funds would not be tied to specific projects and would allow for the organization to develop its own mechanism for development. The disadvantage might be that this kind of funding would be tied only to the startup of the organization and not be a sustained funding source.

Organizations like Spiritual Care Services of Maine have encountered criticism about being a religious organization (too religious) from secular organizations and not religious enough for faith-based organizations. Federal grant recipients may face restrictions on using funds for religious instruction or certain chaplaincy services.

Different foundations maintain varying restrictions on fund usage. For example:

- The ICJS grants program specifies funds must address interreligious needs of chaplains in small organizations
- ACPE foundation grants require alignment with specific organizational commitments and initiatives

II. Healthcare Institution Funding

In healthcare settings, chaplain services are typically funded through the institution's operating budget. Chaplains and nurses who provide spiritual care are paid using funds the facility obtains from patients, private, and public sources. Not-for-profit hospitals are particularly likely to maintain and fund chaplaincy services compared to for-profit institutions.

Many healthcare organizations are developing programs to serve the broader community. Maine Health for instance, Maine Health supports population health programs and services that improve the well-being of the communities they serve. There programs include addressing aging and other social determinants of wellness. The organization works to maximize the current resources for issues like homelessness, food insecurity, economic insecurity and access to transportation. This organization recognizes the value of spiritual care within their hospital system. They could extend that value into the communities they serve to promte a continuum of care outside of institutions.

Both public and private non-profit institutions are eligible for healthcare program grants through various government initiatives. These funds can support chaplaincy services as part of comprehensive healthcare programs. If a program such as SCS Maine affiliated with a nonprofit healthcare system it may be eligible for government funding to address social determinants of wellness.

There are several advantages of affiliation with a healthcare institution for foundational funding. Affiliating with a larger organization would provide access to infrastructure for administrative and development functions. This could reduce the administrative overhead of the chaplain organization while providing access to well-funded, professional resources such as grant writers and human resources, while also providing credibility and gravitas for seeking foundational and grant support as well as government and private sector contracts. A disadvantage would be that priorities would be dictated by the larger organization. The program would also have to compete with other wellness programs within the system

III. Government Funding

There are opportunities for providing services for the government through government contracting. There are opportunities to provide care for Department of Health a Human Services, Federal Emergency Management and likely other agencies as well. The advantages of this type of work is that it is a reliable sources of income that covers all operational costs and part of overhead. The disadvantage of these are that they require a significant amount of administration. The advantage of these contracts These contracts are typically cost settlement types of contracts so they do not help fund the overhead that is required to run the organization independent of the specific contract.

IV. Private Donations and Endowments

Many chaplaincy programs rely on private donations, planned giving, and endowments from individuals and organizations who value spiritual care services. These funds often help sustain ongoing operations and special initiatives. The advantages of this kind of funding are many. It

would likely be unrestricted and available to cover all overhead expenses. The challenge is to find these kinds of donations is the amount of resources required to cultivate and solicit these.

V. Organizational Partnerships

Partnerships with religious organizations, healthcare networks, and community groups can provide additional funding streams and resource sharing opportunities for chaplaincy programs. Examples of groups that might be a good fit are Interfaith or Multifaith Councils, regional judicatories, chaplaincy credentialing organizations or cognate groups, seminaries or other chaplaincy training organizations. There could be direct funding as a support for these efforts. There could also be support in the form of fiscal sponsorships, shared infrastructure, and assistance with grant seeking. The advantages of these funding sources are that they would provide a broad base of multi-faith/interfaith support and provider sources. These kinds of formal relationships would help demonstrate a broad theological base of professional level support. A disadvantage would be that there is a tight competition for a small amount of financial resource.

VI. Fee for Service

The organization would also develop business lines that would generate revenue that would help cover overhead. In addition to a call line, there are several services that spiritual care providers are uniquely able to support that could be contracted out. This would have to be developed through the development and programming team and marketed. Potential Clients are private sector companies, Employee Assistance Programs, United Way organizations (211, and other community action partnerships), pastoral care consortiums or co-ops of care providers. Development of a phone application could also be considered to access real time spiritual care with payment for access.

VII. Subscription model

Conclusion

SCS Maine has developed spiritual care models that are effective in addressing loneliness, isolation, and other spiritual and emotional challenges outside of institutional settings. Offerings by remote referral system or live line, in person support at nonprofit social service organizations and trainings/webinars offering spiritual tools to build resilience are three successful ways SCS Maine operates in the world. The next step in development of this model is to create a sustainable organization that can support the overhead and ongoing funding needed to grow and sustain the important work that is being done.