

## **PASTORAL CARE OF THE SICK IMPLEMENTATION COMMITTEE**

### **REPORT AND SUMMARY**

**DECEMBER 2010**

A new Pastoral Care of the Sick Implementation Committee was formed in the spring of 2010 to provide some new momentum to the vicariate's Pastoral Care of the Sick plan and to do some strategic planning to advance some of the goals of the plan. Committee members initially included Mary Martin of St. Joseph Parish, Maria Jimenez of St. Damien Parish, Kathy Hasty of St. Joseph Parish, and Joyce Hyttinen of the Archdiocese of Detroit. Dale Youngpeter of the PAV-VPC also joined the committee early in the course of the committee's work. Fr. Stan Ulman, vicar of the PAV, received regular updates on the committee's work and met with committee representatives periodically. The committee began to meet and to plan its work in the spring of 2010. It was decided that this committee would develop a charter which would detail our goals and tasks (see "Pastoral Care of the Sick Implementation Committee Charter" for details). It was also decided that we would function as a committee until January of 2011 when we would hand over a summary report and recommendations for next steps. Committee meetings were generally held twice monthly until the last two months, at which time the committee met monthly. A presentation about the committee's goals and plan was made to the VPC in September and to the PMA that same month as well.

Given the multiple areas of need that are detailed in the Pastoral Care of the Sick plan, and the complexity of those areas, the committee realized quickly that we would have to narrow our focus in order to be effective. We chose to concentrate on pastoral care needs in hospitals as one primary area of focus, since we were already aware of needs in this area and this seemed to us to be particularly urgent. We chose also to address development and formation of volunteer lay ministers to the sick, education of the laity on pastoral care of the sick, facilitation of more equitable sharing of pastoral care of the sick by vicariate parishes, and improved networking and cooperation between hospital chaplains and pastoral care ministers. Even with limiting our agenda to these areas, it became evident that this was an overly ambitious agenda. While we made significant progress in some of these areas, there is still much more to do in each of these areas. Additionally, there will need to be future attention to the pastoral care needs of nursing homes and assisted living centers in the vicariate which were not addressed during this phase of the project. It became clear to us during our work as a committee that a paid position of "pastoral care of the sick coordinator" may need to be developed and funded on an ongoing basis within the vicariate to provide the consistent development, attention, and monitoring that this initiative requires. Without such a person (or a permanent committee with the time to dedicate to it), the plan is likely to flounder again and again, and as a vicariate we will then fail to actualize all that was originally envisioned. With such a person, it is much more likely that we will continue to make steady progress in this area and see at least some of our dreams come to fruition.

Our team purpose, stated in the charter we developed in July, reads as follows: "Our team purpose is to use our knowledge of the vicariate and insights gained from the Pastoral Care of the Sick Study to advance the implementation of the Vicariate Pastoral Care of the Sick plan, so that the People of God will grow in understanding of and participation in pastoral care of the sick, both as recipients and as co-ministers, and will receive timely, compassionate pastoral care in times of illness." Core values identified for this committee work were compassion, understanding, collaboration, efficiency, and growth.

Key responsibility areas were identified as follows:

- Facilitation of more efficient delivery of pastoral care to the sick in the vicariate, particularly in hospitals;
- Facilitation of more equitable sharing of pastoral care of the sick by vicariate parishes;
- Assistance in education and catechesis of the laity on all aspects of pastoral care of the sick;
- Aiding in the development and ongoing formation of volunteer lay pastoral care ministers;
- Improved networking and cooperation between hospital chaplains and parish-based pastoral care ministers in their care of the sick.

Some of the successes or areas of significant progress achieved during the term of this committee's work are as follows:

- Committee members met with chaplains or spiritual care coordinators from all four vicariate hospitals to ascertain their current ministry needs, programs, and resources, and to begin an intentional process of building relationships with them. Relationships are being built and nurtured, and this is critical to and foundational for good collaboration in pastoral care between parish ministers and chaplains and other hospital coordinators.
- Committee members made vicariate ministers aware of the particular ministry needs in the vicariate hospitals, and parishes were encouraged to try to respond to these needs. One opportunity was made available to the vicariate at large to train additional lay ministers to the sick to help meet the need at the most underserved hospital, POH. Seven (7) volunteer lay ministers representing two parishes completed this training; most of them are interested in hospital ministry and are following up on procedural steps in order to begin training at POH in the near future.
- The committee envisioned, planned, and carried out a formation/reflection day for current ministers to the sick from all over the vicariate, as a way of offering ongoing formation and also allowing them to reflect on their experiences together and to network with others in similar ministries. This was a great success. 51 volunteer lay ministers participated, representing nearly all vicariate parishes (and a few out-of-vicariate parishes as well) and a broad spectrum of pastoral care ministries encompassing everything from hospice ministry to hospital visitation to nursing homes to homebound Communion ministries to prayer shawl ministries and others. The group was enthusiastic about this formation and networking opportunity, and is eager for this to be an annual event. The theme "Pastoral Care to Persons at a Time of Crisis" was designed to advance their understandings and skills to include other ministerial situations they might at times encounter.
- Initial training needs for volunteer lay ministers to the sick were also identified. While a specific model for this training was intentionally not proposed, essential components of such training were identified and some valuable resources and materials for such training were also identified. These are delineated in one of the resource documents, "Suggestions for Initial Training of Volunteer Lay Ministers to the Sick", which can be found in the final report binder.
- A project binder, "Pastoral Care of the Sick Implementation Committee Project Binder," was created which contains summary documents and notes on various aspects of this phase of the project, the working charter of this committee, and our final report and recommendations, to be presented to the Vicar and the VPC Pastoral Care of the Sick Committee in January 2011, for discernment of next steps.

## RECOMMENDATIONS:

- Encourage the Pontiac Area Vicariate to create and fund an ongoing paid position for a Vicariate Coordinator of Pastoral Care of the Sick, effective this next fiscal year and beyond. This should be at least a part-time, 10-15 hrs./week position. This coordinator would continue to address, develop, and monitor the multiple areas of focus and concern that comprise the Vicariate Pastoral Care of the Sick Plan. This person would also interface with the Vicar, with parish ministers that are part of the vicariate PMA (Pastoral Ministers' Association), with ministerial staff and coordinators from health care facilities, and with the Vicariate Pastoral Council in matters related to the ongoing Pastoral Care of the Sick Plan. A list of some of the key responsibility areas and particular competencies needed in this position is attached.\*\*\*
- Continue to provide advanced training to current volunteer lay ministers to the sick. One important initiative in this area is the continuation of an annual vicariate day of reflection and formation for current volunteer lay ministers to the sick. Future themes should be chosen from the list of topics of interest that were generated by the ministers that attended the October 2010 formation day. Volunteer lay ministers should be involved in the planning as much as possible. (Kathy Hasty has offered to lead a team in planning next year's event, and some of this year's attendees have expressed interest in helping to plan the next one.)
- Continue to invite forth new volunteer lay ministers to the sick from vicariate parishes and see that they are properly trained, mentored, and assisted to find ministerial roles and settings that are a fit for them. Take special care to invite forth new volunteer lay ministers from under-represented gender and ethnic groups, so that the diversity of the people being ministered to is also reflected in our corps of ministers.
- Explore the possibility of a vicariate-wide comprehensive training program for new volunteer lay ministers to the sick, which could perhaps dovetail with ACTS and follow it --- (brainstorming with the developers of ACTS and other vicariate leaders would be very helpful in this regard). Any model chosen for this kind of initial training should include the following components: Theology of Ministry, Boundaries and Confidentiality, Listening Skills, Ministry of Caregiving, Grief and Loss, Theology of Suffering, Theology of the Eucharist/Care and Custody of the Eucharist, Communion Ministry in Various Settings, and Procedural Issues (background checks, Protecting God's Children program, etc.
- Continue to provide, through a variety of means, ongoing catechesis and formation for the laity on all forms of pastoral care of the sick.
- Continue to build and nurture relationships between parish-based ministers and hospital chaplains and spiritual care coordinators, through ongoing opportunities for dialogue, interaction, mutual formation, and partnership. Develop and nurture relationships with ministerial staff and coordinators of other health care facilities (nursing homes, assisted living centers, etc.) as well, so that ministerial needs in these settings can be discerned.

- Continue to encourage progress in the development and trial implementation of some type of emergency on-call system of priest coverage for the Pontiac hospitals. This was beyond the realm of what this committee could accomplish, since it is a matter for the priests, in concert with the vicar, to address.
  - Explore with the VPC a means of gathering metrics (e.g., number of communal anointings in the vicariate each year, number of volunteer lay ministers doing ministry in vicariate hospitals, etc.), so that data and statistics can be kept at the vicariate level to help us track progress on the Vicariate Pastoral Care of the Sick Plan.
  - Continuation of the advisory VPC Pastoral Care of the Sick Committee, under the guidance of the Vicar and Dale Youngpeter.
  - Preparation of an annual or bi-annual status report on our progress with the Vicariate Pastoral Care of the Sick Plan.
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Report submitted by:

Pastoral Care of the Sick Implementation Committee

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**Suggested Position/Job Title: PAV VICARIATE COORDINATOR OF PASTORAL CARE OF THE SICK,**

Part-time, 10-15 hours/week.\* (\*depending on available funding)

**Job description:**

The PAV Vicariate Coordinator of Pastoral Care of the Sick will continue to address the multiple areas of focus and concern delineated in the PAV Pastoral Care of the Sick Plan, and help to further develop needed programs and resources, with special attention given to Recommendations that have emerged from committee work under this initiative. This Coordinator will serve as a bridge and liaison between the Vicar, the PMA (Pastoral Ministers Association), the VPC (Vicariate Pastoral Council and its Pastoral Care of the Sick Committee) and ministerial staff and coordinators from hospitals and other health care facilities within the vicariate. This coordinator will also interface with AOD representatives in matters related to pastoral care of the sick.

**Key responsibility areas will include but not be limited to:**

- Facilitation of efficient delivery of pastoral care of the sick in vicariate hospitals and other health care facilities, especially in underserved areas or facilities where there are ministerial needs;
- Facilitation of more equitable sharing of pastoral care of the sick in hospitals and other health care facilities by vicariate parishes;
- Promoting ongoing formation and catechesis of the laity on all aspects of pastoral care of the sick;
- Promoting development of a more comprehensive, staggered/coordinated schedule of communal anointings within the vicariate;
- Aiding the recruitment, formation and development of volunteer lay pastoral care ministers to the sick;
- Networking with ministerial staff and spiritual care coordinators of hospitals and other health care facilities within the vicariate to discern and assess ministerial needs in those facilities, and communicating these to vicariate ministers so that effective responses to those needs can be developed.
- Networking with vicariate ministers and lay parish representatives through the PMA and VPC to build relationships in order to further our collaboration as a vicariate in pastoral care of the sick.
- Consultation and networking with AOD staff as needed in matters or opportunities related to pastoral care of the sick.
- Documentation of Vicariate progress at intervals specified by the Vicar/VPC. This may include some exploration of a way to keep some data/metrics in a few key areas to help us document progress over time.

**Skills and personal competencies needed:**

Candidate should be a relational person with good interpersonal skills; innovative and able to develop programs; Catholic and theologically trained/certified or degreed; experienced in pastoral care of the sick and interested in this area of ministry; have good organizational skills and good speaking and writing skills; and have a good working knowledge of the Pontiac Area Vicariate and its parishes.