Do you always ask for permission for CCM before assigning them?	Not always. We may make an assignment based on what we know of a CCM, their history, etc. If the CCM is unable to do the assignment, they let us know and we pass it along to another CCM. Often times assignments are made at our team meetings where all the CCMs can weigh in.			
How and when are people released from CCM follow up?	The pastors and CCMs keep track of the care they are providing and determine together if the congregant is ready to be released from follow up. Each case is different. We follow some folks for years or more and others maybe just a one-time check in.			
How long are CCM visits? Critical Care b. Continued Care c. Long Term Care	We recommend visits are no longer than 5-10 minutes maximum for most cases. The idea of the visit is not to linger, but to provide a sense of comfort and the presence of Christ to the person and/or their family. Of course, we stress you need to listen to your instincts and stay longer if it seems appropriate. You also don't want to stay too long as it can begin to blur boundaries.			
How do you communicate visit information found in locked cabinet to Pastors?	If it is something highly confidential or done within the parameters of a pastoral counseling session, we just add "See file" in the Arena Care Notes.			
How do you assign CCM's who hop around to different services?	We ask the CCM to choose a primary service and then they work within that team and the assignments for that worship service. We do cross-over at times based on the CCMs personal story. We have a young woman that survived cancer, so she is often called upon to follow someone in the same situation regardless of worship service.			
If a CCM doesn't re-sign for a new year, do you still let them keep/wear their nametags?	We have only had a few CCMs move to other ministries and they don't wear their nametags. Others have moved out of town and they kept them for keepsakes.			
Do you have a time period after training where a new CCM is apprenticed or mentored through phone calls, visits, etc.?	We assign seasoned CCMs to the new ones coming on to the team to partner with them. They will shadow them on hospital visits, etc. Pastors meet with their new CCMs one-on-one and discuss opportunities that will fit their gift set and the care needs.			

Never go to a home visit alone. Why would a CCM be instructed to go there without someone knowing the situation?	The CCM will have detail on the situation but in following our Safe Gatherings guidelines, we ask they don't visit by themselves in a home setting. They can do so in hospitals or care homes as there is a way to usually meet with the congregant in a more public setting - even if it's to leave the door open. It's best to have someone with you for making calls to the congregant's home.			
Do CCM's have monthly supervision?	The CCMs meet once a month with their pastor(s) and team and go over how everyone is doing with their assignments as well as how they are doing personally/spiritually. They can always meet with their pastor separately if they desire.			
Process oriented vs Results oriented. Do you teach this in training?	We always stress to the CCMs their main objective is to provide a listening ear and the presence of Christ to someone. We don't necessarily focus on the "results" piece as we often times don't know what the result should be. We to leave that up to the Holy Spirit and the discernment of the pastor and CCM. We teach the CCMs they are not assigned to fix someone or their situation but to help guide them prayerfully to solutions they can manage.			
CCM's signing things. Is this liability on Church of the Resurrection?	The CCMs do not sign anything on behalf of the church other than maybe a note they leave at a hospital bedside. They do sign an agreement to continue to serve for the year. This is a way for the pastor's to check in and also give the CCM an out if they feel they are no longer called to do this ministry.			
I have heard that having windows in an office door violates Kansas laws about privacy when doing counseling. Is this true? It is for this reason that my church doesn't have windows in office doors.	Statutes and regulations vary from state to state, but in almost all cases clergy (and CCMS) are held to different standards than licensed clinicians. We encourage you to seek out the relevant ordinances in your area. In any case, maintaining the privacy and confidentiality of the people for whom we care is of critical importance.			

How do you help the congregation accept a CCM making the calls/visits rather than a Pastor? So many are accustomed to and want only the Pastor to make the visits. This is a smaller congregation of 300, 120 regular attending.	Our senior pastor is very clear in his message to the congregation that the CCMs are an extension on the pastor's office. When we commission them in front of the congregation he tells them, "These are the people that will be caring for you, visiting you in the hospital, leading support groups, etc." We have a video we show that gives an idea of what Adam shares with the congregation. It has to be something that is supported from the senior pastor's office. Once the congregation gets more familiar with it, they often times will request a CCM over a pastor as they know the CCM has more time to spend with them and is often times more available. If you'd like a copy of that video, e-mail susan.bell@cor.org			
How many patients or care receivers is a CCM assigned to at a given time?	This will vary depending on the CCMs availability and gift sets. We have some CCMs that are retired and serve almost full time with us. We have others that give the minimum of 3-5 hours a week. Knowing your team and what they can manage is key. The pastors also keep open communication with their teams to make sure the care plans are working. If they fall behind, sometimes a pastor will step in and ask if the CCM may have too much on their plate. We all need to watch our boundaries and sometimes with natural care givers, it's difficult to say no. We stress the importance of being able to say "no" often.			
Can you provide more information about your packets that go to families quarterly for the first year after a death?	We purchase them from Stephen Ministries, 2045 Innerbelt Business Center Drive, St. Louis, MO 63114, 314-428-2600. We buy them in bulk based on the number of deaths/books we used the year before. I believe that helps keep the cost down. They are sent out quarterly over the course of the year of the death. We use a reporting system tied in with our database, Arena, to run reports based on the timeframe the books need to be mailed. A report is sent twice a month outlining what books need to be mailed and to whom. The CCMs write the notes that go with the books.			
Do you have a minimum age limit for CCM's?	At this time, we ask CCMs to be at least 18 years of age.			
	We at times partner with our Student Ministry in caring for younger			
Can mature yet underage people be CCM's? Maybe				

Documentation....I do very little at this time in our church. The stories are passed on by word of mouth-usually, which I now have paused to think how we need to do better. I'm wondering if you could say a bit more about walking that thin line about what you do write down vs what you share verbally to assure continuity of care?

Word of mouth is perfectly fine - that's how we find out a lot about those that need care. Sunday school attendees, choir members, small group folks, etc. will share with others about someone in need. The key is to make sure you communicate to the congregation that you have a ministry ready to accept those calls and ready to provide care. Now that our teams have grown, we have CCMs in the choir, etc. that know to pass along information to us. As soon as we hear of a need, we call the person involved and inquire if they are open to a pastor or CCM calling on them. We never assume someone wants care! Once we have the approval, we make documentation in our database Arena Care Notes and make CCM assignments and a care plan based on need. If you don't document something right away, you risk it falling through the cracks.

Thank you!!! So much great and powerful information. Now...where to start when we return home. First, I need to describe to others what I've just experienced. Do you have any advice or wisdom about the first three or four steps to get headed in the right direction?

1. Get buy in from your senior pastor and lead staff. Share with them the videos on our website that explain the ministry from a CCMs view and a congregant's view. www.cor.org/ccm 2. Start with one or two people. Who in your congregation do you know has the gift of mercy and compassion? Who else may have the gift of organization that can help you with the set-up? As care situations come up, have the pastor start with the person and then introduce the CCM into the plan. Proceed with this model as long as you feel necessary and then recruit more CCMs. We recruit by personal invitation from pastors and other CCMs and through the worship bulletin. When the first class is commissioned (preferably in front of the congregation) then ask the senior pastor to encourage others to apply. Provide good training and follow up with the team. Go slow and be choosy in your selection. These CCMs represent your church and your ministry.

How do you handle prayer requests on Social Media? My congregation is in the habit of sharing too much detail on our church Facebook page about other people, ex: please pray for Phil who's having surgery on Tuesday at St. Francis. We're a small congregation.

We do not have an open Facebook page where anyone can post. We do see some posts from congregants about hospital admits, etc. but we do not track these as they are not a direct request. We follow up on prayer requests cards received in worship and online and calls made to our department.