

TASK FORCE ON MINISTRY WITH INDIVIDUALS WITH MENTAL ILLNESS

Membership

The Rev. Dr. David Gortner, <i>Chair</i>	Washington, III	2021
The Rt. Rev. David Bailey	Navajoland Area Mission, VIII	2021
Dr. Brandon Beck	West Texas, VII	2021
The Rev. Dr. Jeanine Driscoll	Rio Grande, VII	2021
Ms. Amanda Henes	Milwaukee, V	2021
The Rev. Dr. Robert Phillips	Washington, III	2021
The Rev. Deacon Susan Phillips	Delaware, III	2021
The Rev. John Stewart	Alabama, IV	2021
Ms. Evangeline Warren	Ohio, V	2021
Ms. Alice R. Webley	Southern Virginia, III	2021
The Most Rev. Michael Curry, <i>Ex Officio</i>	North Carolina, IV	
The Rev. Gay Clark Jennings, <i>Ex Officio</i>	Ohio, V	

Changes in Membership

- The Rt. Rev. John Tarrant, died 8/24/2020.
- Dr. Charles Zimbrick-Rodgers, resigned due to personal reasons, returned to Philadelphia in full-time pediatric medicine 2019.
- The Rt. Rev. David Bailey, did not participate in meetings, no reason given.

Mandate

2018-Co34 Ministry to People with Mental Illness and their Families

Resolved, That the 79th General Convention authorize the establishment of a Task Force on Mental Illness to further the Episcopal Church's commitment to, with and for persons with mental illness and their families as reflected in the General Convention resolution 2015-Co20, as adopted and which reads:

Resolved, That the 78th General Convention of the Episcopal Church calls upon diocese, congregations, schools and other entities of The Episcopal Church to explore and adopt best practices for the vitality and increased capacity of their mission and ministry in the inclusion, support and spiritual care for persons with mental illness and their families; and be it further

Resolved, That dioceses, congregations, schools and other entities of The Episcopal Church increase understanding about mental illness by providing educational material and training; utilizing existing programs such as the National Alliance on Mental Illness, veterans groups, government departments on mental health, local organizations and other programs; and sharing the information so it is readily accessible.

And be it further;

Resolved, That this task force be appointed jointly by the Presiding Officers, with between 10 and 12 members, two or three of whom shall be bishops, two or three of whom shall be clergy, and not more than six lay persons, and all of the members shall have some professional, family or personal background with mental illness, and that this task force report back to the 80th General Convention; and be it further

Resolved, That the General Convention request that the Joint Standing Committee on Program, Budget and Finance consider a budget allocation of \$30,000 for the implementation of this resolution.

Summary of Work

The Task Force for Ministry with Individuals with Mental Illness and Their Families took up its work in its first online meeting on February 22nd, 2019. It continued its work with monthly online meetings until December, 2020. The task force gathered for an in-person working conference Sept. 29th – Oct. 2nd, 2019, at the Maritime Center in Baltimore, MD.

In the first months, the task force sought to define its scope and determine its focused work based on members' interests, passions, and insights. The following were points of sustained focus in the task force's work:

- Distinguishing mental illness from other challenges such as cognitive decline, developmental disabilities, addictions, and the ups and downs of everyday life.
- Noting how mental illness intersects with other challenges, including those above as well as profound experiences of poverty, trauma, abuse, neglect, racial injustice, and addiction in people's environment.
- Seeking to diminish and eliminate stigmatization of mental illness.
- Combating negative theological assertions about mental illness and providing more helpful theological frameworks and perspectives.

- Building informational sources to help educate the Episcopal Church about mental illness – its frequency, most common types, and its impact on personal, congregational, and community life.
- Collecting data and stories to build informational sources
- Exploring models for training people locally in effective crisis response, sustained relationship-building, and advocacy for and with people with mental illness.

From these focal points, the task force aimed to gather information, testimonies, and resources to build some on-hand informational tools and best practices for recognizing mental health challenges, providing healthy and supportive interaction, and assisting in appropriate ways that connect people to others professional and informal sources of help. The effort included assembling quick notes on signs and symptoms of some of the major mental illnesses, connecting with resource networks who work with and for people with mental illness, and seeking supportive psychological, pastoral, and theological perspectives.

The group determined to focus on producing single-page (two-sided) informational, testimonial, and resourcing fliers for each of the following topics:

- Mental Illness (a de-stigmatizing overview and introduction)
- Depression
- Anxiety Disorders
- Trauma
- Schizophrenia and Related Thought Disorders
- Bipolar Disorder

In addition, the following topics were discussed as next-level documents to produce:

- Maladaptive personality patterns
- Mental health issues related to addiction
- Eating disorders
- Obsessive-Compulsive Disorder
- Children and Teens (unique and similar dimensions of above major categories)
- Behavior Disorders in Childhood and Early Teen Years

A tertiary set of possible single-page informational documents were mentioned but not pursued as part of this task force's work – these included Attention Deficit Hyperactivity Disorder, various dementias, and other cognitive challenges.

Distilling material into single-page documents has been difficult work. Task force teams first drew together data on frequency and patterns of the most common and most frequently cited forms of

mental illness, and listed important signs and symptoms for each. They sought out biblical and theological perspectives that were affirming of the dignity of people facing mental health challenges. They invited testimonial stories of direct experience of mental illnesses in personal, familial, and congregational life. These inputs were then further distilled and tightened into the most essential and helpful pieces to contribute to a single page document for each topic. To date, five drafts have been completed, with several more underway. The task force will work with the Office of General Convention and the Episcopal Church Center to post these one-page fliers in an accessible location on the Episcopal Church website or an allied site, and will seek support to distribute these fliers by print and internet for use across the Episcopal Church.

The task force also explored and examined materials and web-based resources created by other denominations and by ecumenical and interfaith networks. Some of these resources are named in the Resolutions submitted with this report. To date, it appears that the United Church of Christ has made the strongest headway with resources of any denomination examined, with its WISE resources (Welcoming, Inclusive, Supportive, Engaged) for ministry and care with people with mental illness. There are also impressive resources and connections compiled on the Interfaith Network on Mental Illness. The U.S. Department of Health and Human Services' Office for Faith and Opportunity Initiatives developed a helpful roadmap for faith communities, titled Compassion in Action. Together, these provide some excellent starting tools for consideration in educating and training congregations and pastoral teams. The task force recommends development of an Episcopal curriculum for pastoral care and inclusive relationship drawing from these resources, during the next triennium.

The task force came to embrace both Mental Health First Aid (MHFA) and the National Alliance on Mental Illness (NAMI) as the strongest organizations and networks to help the Episcopal Church develop compassionate competency in basic understanding of mental illness, in fundamental skills for helpful and supportive interaction during times of distress, and in normalizing and humanizing relationships with people who experience challenges in mental health. The chair (the Rev. Dr. David Gortner) completed training as an MHFA trainer, in July of 2019. Several other clergy and laity in the Episcopal Church have also already been trained as trainers, including four people in the Union of Black Episcopalians. Three task force members (the Rev. Susan Phillips, the Rev. Jon Stewart, and Dr. Brandon Beck) are also members of NAMI and have noted NAMI's important role in training people in advocacy and in creating support structures for people with mental illness.

The task force is launching some pilot one-day basic MHFA* training sessions for congregations and church organizations in several dioceses and will have completed five such pilot diocesan basic training sessions before the next General Convention. Some partnership has already been fostered with NAMI to help provide some of this training in some locations.

* Please read resolution A108 and its explanation for further information on Mental Health First Aid USA (MHFA) and the reasons for recommending it. The website of Mental Health First Aid USA is at <https://www.mentalhealthfirstaid.org/>. Information on courses in Spanish is at <https://www.mentalhealthfirstaid.org/toma-un-curso/>.

Proposed resolutions

A107 Ministry with People with Mental Illness and Their Families

Resolved, the House of _____ concurring, That the 80th General Convention of The Episcopal Church recognize the worldwide prevalence of mental illness and the need for effective ministry with people facing mental health challenges, and the need to continue the work begun with the General Convention resolutions 2015-C020 and 2018-C034; and be it further

Resolved, that The Episcopal Church now equip all its people, both clergy and laity, to interact in compassionate, competent ways with those experiencing mental health challenges; and be it further

Resolved, that the provinces and dioceses of The Episcopal Church utilize resources to strengthen care, inclusion, support, and advocacy for all people (both laity and clergy) who struggle with mental health challenges; and be it further

Resolved, that the provinces and dioceses of The Episcopal Church develop and strengthen resources to support the mental health of their clergy by advocating for clergy to be intentional about their self-care, and realizing that clergy, like anyone else, may also struggle with challenges to mental health.

EXPLANATION

Even prior to the current pandemic, mental health challenges as well as mental illness have constituted significant health problems both in the US and globally. In the US, at least 1 in 4 people struggle with anxiety and 1 in 5 with depression. Globally, anxiety and depression are among the primary causes of disability. Mental health is a public health matter which impacts quality of life for people with mental health problems and their families and friends. And yet, stigmatization of mental illness has persisted, leading to shame-based and fear-based avoidance of admission and discussion of the mental health challenges that people experience.

In our baptismal vows, we promise to respect the dignity of every human person and to seek and serve Christ in all people. Through our work since the General Convention in Austin, TX, we have become convinced that it is time for The Episcopal Church to encourage its members to live more deeply into their baptismal vows. Our country is torn by divisiveness and recent FBI statistics indicate a 3% surge in hate crimes from last year. However, the hate crimes have become more violent. As mental health professionals, we know that where there is hate, there is fear, fear born from misinformation, stereotypes, and myopic interpersonal constellations. When it comes to mental health, there remains an unfortunate stigma rooted in narratives of individual strength and persistence with an insistence on ‘pulling one’s self up by her bootstraps’ as well as ‘snapping out of’ mental distress.

Individuals and families, within our communion, continue to suffer silently with the fall-out of mental illness. The existence of mental illness may not become known to pastoral care ministries in a

congregation until a terrible crisis occurs involving law enforcement and or suicide. By remaining silent about mental health issues in our congregations, we enjoin a kind of violence which harms the creatures of God, a violence of silence and separation by which clergy and congregants often distance themselves from those who suffer, out of fear, ignorance, or even apathy.

The resolutions which we are putting forth emphasize the necessity of education and training for lay leaders and clergy. Such endeavors include integrating and requiring information regarding the intersection of pastoral care and mental health into the formation process for persons discerning a call to ordained ministry, much the way Safe-church practices are required. These endeavors also call for mental health first aid training to be provided by dioceses or by provinces for lay leaders and clergy with eventual progress toward train the trainer curricula throughout the TEC.

But Jesus brings relief and release from all shame and stigma. Jesus proclaimed “I have come that you may have life and have it to the full” (John 10:10). As Emmanuel, God-with-us, Jesus communicated that God wants all humans to thrive. Jesus’ ministry was summarized in the words he read from Isaiah in the synagogue: “The Spirit of the Lord is upon me... to bring good news to the poor... to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free, to proclaim the year of the Lord’s favor” (from Luke 4:18-19).

We are calling for methodical approaches in our denomination for preparing laity and clergy to recognize and respond effectively to community members’ mental health matters. We imagine a church wide commitment in which nurturing mental health and addressing mental illness is a well-integrated component of congregational life and pastoral care. We envision programmatic education for the ministry of the baptized of all orders so that ministry embodies attention to and care for all peoples’ mental health right along with their spiritual and interpersonal well-being. We want to encourage the wider Church to endorse the importance of clergy well-being by endorsing the necessity that congregations and their lay leadership support clergy wellness via respecting boundaries, encouraging adherence to time off, and realizing that clergy also struggle with mental health issues. Now, with the additional complexities and uncertainties precipitated by the COVID pandemic, mental health matters have intensified. Anxiety and depression and substance use, common, prevalent mental health issues, are exacerbated. Tending to mental health issues will be essential to learning how to be and ‘do’ church differently.

A108 Training of trainers for Episcopal Provinces in Mental Health First Aid

Resolved, the House of _____ concurring, That the 80th General Convention authorize launch of training people in dioceses, congregations, schools, seminaries, and other entities of the Episcopal Church in the forming of caring relationships with people with mental illness and their families, in recognizing possible mental health crises and interacting in healthy and supportive ways with people in crisis, and in advocacy and bridge-building support, using the resources and training processes of Mental Health First Aid and the National Alliance on Mental Illness, as well as the Interfaith Network

on Mental Illness, WISE for Mental Health, and other helpful organizations and networks; and be it further

Resolved, that the 80th General Convention authorize and fund the training of at least 15 regional trainers in Mental Health First Aid (MHFA) for the sake of providing basic MHFA training in the Provinces of the Episcopal Church, drawing as well upon MHFA trainers who are part of the Union of Black Episcopalians along with other Episcopal MHFA trainers, with training to be completed by June, 2023, so that they will become available as resource trainers for the dioceses in each Province; and be it further

Resolved, that the 80th General Convention recommend requirement of training in Mental Health First Aid and general awareness of mental health and illness for all active clergy and lay staff in the church entities of each diocese, with issuance of certifications beginning by the next General Convention in 2024; and be it further

Resolved, that the 80th General Convention request that the Joint Standing Committee on Program, Budget, and Finance consider a budget allocation of \$35,000 to help fund the training of the regional trainers for the Provinces.

EXPLANATION

Weakness in response to the challenges of mental illness, within the Episcopal Church as well as across community life, is directly linked to lack of awareness and of developing habits and practices for responding. The lack of awareness and healthy response is the result of avoidance of the topic altogether due to shame and stigmatization. We fail to learn what we avoid and intentionally banish from awareness.

This is a nationwide and worldwide problem that persists because of inaction. People facing challenges in mental health often remain in hiding. Others avoid approaching those facing such challenges because of uncertainty about what to do, embarrassment about raising a “touchy” subject, and fear of doing unintended harm. Still others communicate harmful ideas that blame people for the mental health challenges they are experiencing. All of this adds to a default culture of stigma, shame, and silence.

Different networks of support, training, and advocacy have emerged in the past decades. The National Alliance of Mental Illness (NAMI) began in 1979 and has spread across the U.S. with local affiliates helping build networks of support, education and advocacy for those with mental illness. Mental Health First Aid (MHFA) was first developed and created in Australia in 2001, to help people in all areas of public life to think differently about mental illness, become more aware of its frequency and impact, and become confident in effective ways to help people who are experiencing mental health distress. MHFA is now present in 24 countries and launched in 2007 in the United States. Other faith-based networks began to emerge, to help strengthen congregational and ministerial capacities for care, support, companionship, and advocacy for people with mental illness. These include the Interfaith Network on Mental Illness, the WISE for Mental Health resources of the United

Church of Christ, and the Partnership Center for Faith and Opportunity Initiatives of the U.S. Department of Health and Human Services. Each of these networks is developing tools and resources that are compassionate, affirming of dignity, and evidence-based in their helpfulness.

The Episcopal Church can benefit greatly by tapping into the resources and tools of these various networks and by forging partnerships to increase opportunities for training of its laity and clergy. After reviewing the various resources and methods of instruction, the Task Force for Ministry to Individuals with Mental Illness determined that MHFA provided solid, consistent training with resources that could become widely adopted. The Task Force supports use of all networks' training resources and tools, with MHFA leading the way in training the Episcopal Church's laity and clergy in skills for helping people who are in the midst of distress. The training helps people become skilled enough to step in and help pave the way for other professionals and supportive networks. The skills learned focus on how to approach someone experiencing distress, how to assess the situation and be particularly attentive to potential for self-harm, how to listen non-judgmentally and with care, when and what to offer as helpful information, and how to encourage someone to seek support. The training helps people understand some of the experience of mental illness and thus goes a long way to destigmatizing the realities of mental illness. The website for Mental Health First Aid USA is at <https://www.mentalhealthfirstaid.org/>. Information on courses in Spanish is at <https://www.mentalhealthfirstaid.org/toma-un-curso/>.

The Task Force on Ministry with Individuals with Mental Illness considers this MHFA training as an essential baseline of skills and habits to develop in all congregations, schools and seminaries, and other entities of the Episcopal Church. The Union of Black Episcopalians has also recognized and embraced the value of MHFA training for its leaders and congregations, and already has at least four of its members who have been certified by MHFA as trainers. These members are in Provinces II, III, and IV. Other certified Episcopal MHFA trainers are in a range of Provinces, including VII and VIII. NAMI also supports MHFA and has agreed to provide training for the Episcopal Diocese of Delaware. The Task Force is coordinating with other dioceses to pilot training, using currently certified MHFA trainers in the Episcopal Church or in NAMI.

The Resolution to train and certify Episcopal trainers across Episcopal Provinces, if affirmed, will anchor MHFA training in each Province and its dioceses. The number of new trainers to be certified will secure a minimum of two trainers per Province Number of regional trainers. In addition, Provinces are increasingly sharing resources across territories, allowing for MHFA to extend its reach to more remote areas. During the COVID-19 pandemic, MHFA pivoted to create online training possibilities. These adaptations also allow for a wider reach across regions.

MHFA training is recommended as a foundation for demystifying, destigmatizing, and naturalizing the reality of mental illness, and for helping Episcopal Church laity and clergy learn and become confident in healthy and helpful interaction with people who are experiencing distress and challenge in mental health. Next steps will include local and regional partnership and resource utilization with NAMI, INMI, WISE, and other networks.

A109 Developing Curriculum and Required Training for Clergy in Mental Health Pastoral Care

Resolved, the House of _____ concurring, That the 80th General Convention authorize the creation and launch of new curriculum to train all Episcopal ordained clergy, candidates, and postulants in mental health and mental illness awareness that emphasizes pastoral care, the forming of caring relationships, and effective advocacy. This new curriculum will incorporate and expand upon a range of resources including Mental Health First Aid, the National Alliance on Mental Illness, the Interfaith Network on Mental Illness, WISE for Mental Health, and other helpful organizations and networks; and be it further

Resolved, that all those to be ordained from January 2024 onward be trained in this new curriculum that will include training in Mental Health First Aid and in the advocacy work of the National Alliance on Mental Illness; and be it further

Resolved, that the 80th General Convention requires the training of all active priests, deacons, and bishops in this curriculum for mental health and mental illness awareness by December, 2028; and be it further

Resolved, that the 80th General Convention request that the Joint Standing Committee on Program, Budget, and Finance consider a budget allocation of \$15,000 to support curriculum development for this training of clergy.

EXPLANATION

The explanations offered with the resolutions of the Task Force on Ministry with Individuals with Mental Illness set the stage for this Resolution. Further education and training for clergy and laity alike in the realities of mental illness in our communities and churches will lead to a demystification, destigmatization, and increased confidence in care, support, and advocacy for people experiencing challenges in mental health.

Education and training for clergy in awareness and in basic skilled response is essential, as clergy can help set the tone for care, support, and advocacy in Episcopal congregations, schools and seminaries, and other church entities. Research from prior decades has indicated that clergy often function in society as gatekeepers and gateways for people to enter into mental health care. Even in an age of declining religious affiliation, people may first come to their pastors, rabbis, imams, priests, or deacons with life concerns that carry with them matters of mental health.

However, education and training in pastoral care for clergy has not consistently given sufficient or even the most basic awareness, understanding, and development of best practices in relation to mental illness and challenges to mental health. Resources for ministerial and congregational care are available and are continuing to be developed, across denominations and faiths. However, these are not consistently incorporated into seminary- and diocesan-based education and training for deacons and priests.

General ignorance of Episcopal clergy about mental illness is not an acceptable sustained practice. General ignorance leads to avoidance of and lack of awareness of how mental health challenges can impact individuals, families, congregations, and communities. Failure by clergy to engage the topic of mental health as a part of life only serves to sustain a culture of avoidance, shame, silence, and unintended stigmatization. But clergy will not engage the topic or approach a situation of mental health distress if they are not equipped to understand, recognize, and effectively respond.

A foundation in Mental Health First Aid can provide a good introductory understanding. But, to help communities become more equipped and resourceful, to increase effectiveness in building bridges for people into helpful mental health care, and to help open healthy space for affirmative inclusion of people with mental illness in the life and mission of the Church, a fuller curriculum and set of resources for education and training of clergy needs to be developed. The aim is not to turn clergy into alternative mental health counselors. Rather, the aim is to equip clergy with sufficient knowledge and skill that they have confidence in helping to create good space and respectful boundaries for people struggling with mental illness, connecting wisely with mental health professionals and with mental health support networks, and fostering more positive cultures of response and relationship in the congregations, schools, and entities of the Episcopal Church and the communities they inhabit.

The expectation set in this Resolution makes clear that clergy education and training about mental health and mental illness will become required in the same way that training in prevention of sexual abuse and misconduct is required and anti-racism training is required. With over 25% of the population, nationally and worldwide, experiencing significant mental health challenges at any time, it is essential that clergy become more fully aware of and ready to engage with people experiencing mental health challenges, to be equipped to help Episcopal Church entities become responsive and natural in care, support, and advocacy, and to offer whole and life-affirming spiritual and theological perspectives about mental illness.

A110 Continuation and Expansion of Task Force on Ministry to Individuals with Mental Illness

Resolved, the House of _____ concurring, That the 80th General Convention continue The Task Force on Ministry to Individuals with Mental Illness, in order to aid in the direction and development and provision of resources, trainings, and curricula in pastoral and ministerial mental health care for The Episcopal Church, its provinces, dioceses, parishes, seminaries, schools, and affiliated organizations, among all of its bishops, priests, deacons, and parishioners; and be it further

Resolved, That The Task Force on Ministry with Individuals with Mental Illness be expanded to eighteen in its membership that represents a depth and range of professional, personal, familial, and

organizational experience with mental illness, in order to successfully develop and provide aforementioned resources, trainings, and curricula;

Resolved, That the Task Force on Ministry with Individuals with Mental Illness, in its expanded version in conjunction with its development of and provision of aforementioned trainings, will develop and share resources for The Episcopal Church, its various organizations, and all of its people centered on pastoral and ministerial mental health care; and be it further

Resolved, That this expanded Task Force report back on its actions to the 81st General Convention; and be it further

Resolved, That the 80th General Convention request that the Joint Standing Committee on Program, Budget, and Finance consider a budget allocation of \$21,700 to complete resources for churchwide distribution and use by the next triennium.

EXPLANATION

In the three-year period in which the Task Force on Ministry with Individual with Mental Illness has begun its work, the world and especially The United States experienced instability in ways that do not often occur to this degree or in this many simultaneous ways. The task force convened because mental health concerns in The Episcopal Church are finally being realized as part of our lay and ordained spiritual calling and not simply a secular psychological matter. As the three years of service for this task force come to an end, the situation of the world and country with respect to COVID-19, politics and leadership, and racism exacerbate stress, depression, anxiety and other mental health concerns for those in our churches and schools. This task force must continue as we, The Church, continue not just to observe, but to preemptively create systems through which both lay and ordained persons can seek, find, and execute healing practices around the strains of our times. The continuation and expansion of the task force will support the completion and distribution of informational resources, the implementation of trainings around the United States (and beyond) by which lay and ordained leaders can learn how to better recognize signs of mental health distress and minister to those in need of that crucial mental health care from a spiritual/religious standpoint, and the development of robust curriculum that will expand upon the trainings offered by partner organizations.

Budget

All expenses incurred for the work of this task force were tied solely to the single in-person working conference held at the Maritime Institute in Baltimore, MD, September 29th through October 2nd, 2019. These expenses were tallied and paid in full directly by the Office of General Convention. Total expenses for travel, room and board, and meeting room use was far less than the original \$30,000 that was originally marked as part of approval of Resolution C034 in 2018.

The chair of the task force (the Rev. Dr. David Gortner) was supported by Virginia Theological Seminary to enroll in and complete training as a trainer with Mental Health First Aid. These expenses included \$2,000 training tuition, \$460 air travel, \$220 car rental, and \$200 in meals and expenses not otherwise covered in the training package (lodging and food were provided by in-town family members of the chair).

Remaining expenses are already covered by the administrative and technological support provided by the Office of General Convention, and are not accounted as part of this task force's expenses.

Continuance recommendation

This task force recommends that it continue its work until the next General Convention in June, 2022. During this time, the task force will complete its written resources for print and web publication. The task force requests financial support to bring this project to closure.

The task force further recommends and urges continuation and expansion of the task force as an interim body or commission through the next triennium and beyond, to pursue and bring to fulfillment the Resolutions proposed in this report for the sake of building and ensuring competence in ministry with people with mental illness and their families.

Budget 2022-2024 if continuation is approved.

Budget Item	2022	2023	2024	Triennium Total
Task Force Meetings (Two full 3-day meetings for 18 members, or more meetings of task force subgroups)				
• Travel (\$500/person)		\$9,000	\$9,000	\$18,000
• Lodging & food (\$450/person 3 nights)		\$8,100	\$8,100	\$16,200
Mental Health First Aid Training and Certification of Trainers				
• Onsite 3-day training for 15 trainees		\$24,000		\$24,000
• Travel for 15 trainees (\$500/person -- to be paid in part through Province or diocese sponsoring trainee)		\$7,500 (minus regional contributions)		\$3,500
• Lodging & food for trainees (\$450/person -- to be paid in part through Province or diocese sponsoring trainee)		\$6,750 (minus regional contributions)		\$2,500
Provincial travel support for trained trainers				
• Travel support \$250/trainer each year		\$3,750	\$3,750	\$7,500
Training manual for provincial participants -- \$25 each -- paid by each participant or supporting congregation, school, or diocese				
Zoom monthly working meetings, as supported technically and administratively by the General Convention Office				
TOTAL				\$71,700