

Program Description

The EPC wants to transform itself from a collection of inward facing churches to a denomination of outward facing churches serving their local, unique communities. We are committed to doing it and are looking for help.

The Evangelical Presbyterian Church (EPC) exists to carry out the Great Commission of Jesus as a denomination of Presbyterian, Reformed, Evangelical, and Missional congregations. We start by serving the local community.

The Great Commission defines and describes a healthy church. In our understanding, a healthy church incorporates the three elements of outreach, evangelism, and discipleship into every aspect of their life and ministry. In 2021 the EPC embarked on a daring endeavor to transform all of our member congregations with a new vision and mission. Led by a newly established National Church Health team, we developed innovative strategies, training programs and organizational structures, then piloted these innovations in selected communities. Having proven their effectiveness and value, it is time to fully deploy these tools, methods and personnel so as to transform each of our 640+ congregations over the next few years. Fundamental to this transformation is serving the local community. To us, evangelism means serving the community to establish relationships with people who do not know Jesus to gain the right to share the Gospel with them.

We view a church's health through what we refer to as the Great Commission Matrix or the Church Implementation Matrix. A church's implementation matrix results from the detailed revitalization work of the church and shows the relationship of the church's various ministry areas with three areas: outreach, evangelism and discipleship. It demonstrates how serving the community relates to the key ministry areas of the church. It is impossible to suggest a single, serving ministry for each church since they all have different environments, needs and opportunities. We have seen successful ministries focus on schools, food kitchens, elder care and many others environments. What is important is that the church health revitalization process identifies the target community, determines the most effective serving ministry in conjunction with that community, and integrates that ministry with the life of the church on a regular, consistent basis.

Results of an Effective Church Implementation Matrix

- The congregation understands and executes its ministry THROUGH the congregation rather than TO the congregation.
- People in the congregation grow in the faith when they are giving ministry rather than when they are receiving ministry
- Every ministry is a front door ministry. The Great Commission Matrix positions every ministry area of the church as a front door.
- Every ministry area develops the capacity to provide outreach, evangelism, and discipleship.

Purpose. The purpose of this proposed program is to fully deploy the Evangelical Presbyterian Church's newly established Church Health methods and structure, transforming the entire denomination from traditional inward focused congregations to evangelistic, outward facing vibrant congregations with a new vision and mission that starts with serving their local communities.

Our proposed program aligns very well with the Endowment's second focus area. It directly addresses "developing and strengthening outwardly focused ministries that serve those in their community." The methods and the Church Health organizational structure are highly transferrable and could be adopted by other congregations and denominations.

The Evangelical Presbyterian Church was formed in 1980 with 14 congregations. Fifty-three years later it has nearly 700 congregations. Sadly, this explosive growth has not been the result of organic growth, rather it has been fueled by congregations from other denominations seeking better theological compatibility. When viewing these nearly 700 congregations, there is an all too common thread. Most are inward facing with members excited to hear a good sermon once a week, happy to spend another hour during the week "loving on" each other, and sending an occasional get-well card. As time goes on their numbers dwindle and any impact on their community fades until the doors are closed and locked for good.

Like the EPC, most American churches are in serious decline or decline. Thom Rainer of Church Answers uses the figure that 86% of American churches fall into that category. In addition, between 100-200 churches in America are closing each week. Most American churches are unengaged from evangelistic efforts. In the EPC there is slightly more than 1 adult profession of faith per church per year. Between 45-50% of our current pastors in leadership will retire in the next 5-7 years. Congregations will be facing transitional periods in greater numbers than ever before. As a denomination, we believe it is our responsibility to prepare well for this historic shift. We clearly need to look for opportunities to inject church health principles into the life of our congregations at every opportunity. We can no longer afford to merely maintain the status quo.

Two years ago, EPC leadership envisioned a thrust of increased emphasis on church health and growth. This included 1) a dynamic, motivated church health movement across the denomination that is staffed and equipped to help all congregations develop a new outward focused vision and mission that serves their local communities in new and different ways; 2) an effective evangelism tool and training program to prepare everyone to be able to share the Gospel with those they were already serving; and 3) a trained leadership cadre able to lead churches through a period of transition from an inward focus to an outward vision of service. This shift is most easily accepted and supported by congregations while they are in between full-time pastors and being led by experienced transitional pastors.

The EPC leadership is convinced that re-vitalization of local churches using Church Health principles and methods is essential to fulfilling our mission in the future. In addition to and tightly integrated with Church Health methods are Evangelism thrusts and Transitional Pastors. These three initiatives form a coherent, integrated and effective method for transforming a church's vision and mission into one that serves their local communities through a plethora of ministry opportunities.

Program Design. A breakthrough in serving the community does not happen without a fundamental re-evaluation of vision and mission that places serving the community as a cornerstone. Our church health program takes a congregation through a re-evaluation so serving the community is a basic block of their new vision and mission, not an add-on activity.

The heart of our program is a team of Church Health Coordinators (CHC), one from each of our 16 presbyteries, and a Transitional Pastor Coordinator (TPC). They conduct training seminars and workshops for church leaders to develop a new vision and mission with its centerpiece of serving a target community. They also coach the individual churches throughout this revitalization process. This funding request provides a monthly stipend for these Teaching Elders (pastors) as this program is in addition to their regular responsibilities. No funding is used for administrative expenses. The following section describes how these training events and workshops are implemented within the EPC Church Health Program.

EPC Church Health Program. Our church health program has three primary components:

- Staff trained in the revitalization process
- Church health seminars with associated material and exercises
- Consistent coaching of individual congregations as they work through their revitalization process in their own unique way

Our trained staff forms a committed church health team that operates at all levels of the denomination—General Assembly Staff Leadership, a National Church Health Leadership team, presbytery Church Health Coordinators (CHC), and Lay Coaches that work with individual pastors, transitional pastors and congregations. The roles and responsibilities of this team are shown in figure 1. With the exception of the Director of Church Health, all other team members have church health as an additional responsibility or are trained lay volunteers.

Figure 1. Description of the EPC Church Health Organization and Membership

What	Basis of Assignment	Primary Responsibilities
Director of Church Health	1 at Denominational Level	- Provide overall Church Health Leadership - Recruit and Train Church Health Coordinators - Lead preparation of Church Health Material - Conduct Church Health Seminars around the country
National Church Health Leadership Team	5 Church Health Specialists and 4 CHC Leaders	- Prepare and disseminate Church Health materials - Train Church Health Coordinators - Interface with Church Health partner organizations - Train and management Transitional Pastors
Lead Church Health Coordinators	4 leaders located geographically	- Act as leadership bridge between national team and CHCs - Provide leadership, oversight, and encouragement to CHCs
Church Health Coordinators	1 per Presbytery (25 -75 Churches)	- Champion Church Health programs in Presbytery - Coordinate and conduct church health seminars - Recruit, train and supervise Church Health coaches
Church Health Coaches	1 per church	- Work with local congregations in conducting assessments, vision planning, serving approaches and implementation plans

Our Church Health Program has three steps for each congregation, coordinated by the Church Health Coordinators. As shown in figure 2, these steps are: 1) preparing the congregation, 2) forming vision and prayer teams, and 3) forming the implementation team.

Figure 2. Steps of the Church Health Process

STEP 1– Church Preparation

- Present an overview of the Church Health Process and determine if the leadership is ready to participate.
- Send the church leadership (1) The “Missional Posture” and (2) The “Ideal Church Leadership” self-assessment surveys for each leader to complete.
- Church Health Coordinator scores the completed assessments.
- Church Health Coordinator assigns a coach (matching the attributes and gifts of the coach with the church).
- Interpret self-assessment surveys with church leadership.
- Lead the church leadership through the key elements of “Refocus – an overview of the EPC Church Health Process” emphasizing:
 - The importance of balancing spiritual renewal with the strategic initiative,
 - The five (5) aligning phases of vitalization,
 - Awareness of the distinctive characteristics of church life cycles – incline (growing in ministry capacity and effectiveness), recline (stagnant in ministry capacity and effectiveness), or decline (decreasing in ministry capacity and effectiveness)
 - Understanding the Great Commission Matrix – incorporating outreach, evangelism, and discipleship into every ministry of the church
- Encourage the church leadership and congregation to participate in the “50 Days to Vitality” – a devotional study to prepare for the vitality seminar.

STEP 2 – Setting the Stage – Forming the Vision Team & Prayer Team

- Church leadership chooses individuals to serve as the Vision Team, who will be the team to discern, develop, and move the church health process forward in order to develop a “Church Life and Ministry Vision.”
- The Vision Team members will first choose a small team of folks (3 or 4 per team member) to serve as their prayer support.
- The Vision Team will meet with a church health coach (as necessary) to work through “The Five Phases of Vitalization,” which outlines the alignment process for developing fruitful ministry.

STEP 3 – Forming the Implementation Team

- Following the Session’s approval of the “Church Life and Ministry Vision” developed by the Vision Team, an Implementation Team is established consisting of 2 members of the Vision Team, 2 current Elders on Session, and 3-5 congregation members with a “get-it-done” attitude and giftedness.
- The Implementation Team is charged with the task of developing a detailed action plan of how to put the “Church Life and Ministry Vision” into action.
- The Implementation Team asks and answers these questions: (1) Given who we are trying to reach, how will we reach them? (2) What do we need to do to make the “Church Life and Ministry Vision” work? (3) How will we build relationships with those we are trying to reach?
- Following the development of a strategic action plan and timeline, the Implementation Team begins to implement the plan, seeking the Session’s guidance, approvals, and financing, as needed, along the way.

In the first step, the church health team previews the church health process while the congregation performs several self-assessments concerning their true missional and leadership posture. These self-assessments are extremely critical to the local churches as they force the church and its leadership to take a long, hard look at their current situation through challenging questions. Self-assessment has proven to be a valuable part of getting ready for change and moving on to a new vision and mission and through which the congregation begins to take ownership of the results. Based on these, the Church Health Coordinator assigns an appropriate coach to the congregation who will work with them throughout the revitalization process. The Church Health Coordinator then conducts a REFOCUS seminar that leads the congregational leadership through the revitalization process materials and a review/evaluation of the earlier self-assessment efforts. The congregation now engages in a learning process as it works through initial assessments and moves into the second step of the process.

The second step creates a specific vision and prayer team to begin the process of discerning and developing a new church life and ministry vision. Local demographic information from Church Answers, which we receive through a special reduced cost arrangement, aids their thinking so that their local community's needs and service opportunities are identified early. A critical element of this process is working through the five phases of vitalization shown in figure 3. This step engages the congregation with essential questions of: Who are we? Who is God sending us to? What are we going to do?

Figure 3. Five Phases of Vitalization

Phase	Key Questions	Tools and Training
Phase 1—Aligning Perception: <i>Who are we?</i>	<ul style="list-style-type: none"> - What will we discover about ourselves? - What will we do in the light of what we discover? 	<ul style="list-style-type: none"> - Refocus Seminar - Self-assessments: <ul style="list-style-type: none"> - Life-Cycle Analysis - Missional Posture Survey - Ideal Church Leadership - SWOT Analysis
Phase 2—Aligning Vision: <i>Who is God sending us to?</i>	<ul style="list-style-type: none"> --How does God want to express Himself through this church in this community at this time? --What does God mean by that? 	<ul style="list-style-type: none"> - 50 Days to Vitality - Session study of Nehemiah - Leadership training - Forming a Vision Team & prayer teams - Coaching
Phase 3—Aligning Strategy: <i>What are we going to do?</i>	<ul style="list-style-type: none"> --How do we make contact with those we are trying to reach? --How will we develop those we are trying to reach once we've made contact? 	<ul style="list-style-type: none"> - Great Commission Matrix - Review Purpose of Church Ministry - Establish an Implementation Team - Coaching
Phase 4—Aligning Structure: <i>How are we going to function?</i>	<ul style="list-style-type: none"> --What are the criteria for decision-making and resource allocation? --How does leadership function? 	<ul style="list-style-type: none"> - Great Commission Matrix - Review Complexity of Church Ministry - Coaching
Phase 5—Aligning People: <i>How will we get everyone involved?</i>	<ul style="list-style-type: none"> --How will we get people involved? --On whom does the future depend? 	<ul style="list-style-type: none"> - Spiritual Gifts Inventory - Coaching

At this point, the question of how to best serve the local community is front and center. Each congregation is challenged with the guidance of “we serve to establish relationships; we establish relationships to share the Gospel.” Each congregation, with the assistance and guidance of its coach and pastor or transitional pastor, will develop its own way of serving its local community based on the character of the congregation and the needs of the its local community. The vision team then incorporates these serving or ministry opportunities, as well as a strategy for addressing them, into its Great Commission Matrix, or Church Implementation Matrix, as reflected in Figure 4. This implementation matrix is the basis of adapting the congregation to changing cultural and social contexts. The approach of aligning perception, vision, strategy, structure and people brings tremendous clarity to the church’s vision and mission by turning vague vision statements into specific implementable actions that reflect the true heart of the vision and mission.

Step 3 brings further clarity to the church’s vision and mission by passing the ball to an implementation team. The Implementation Team develops a detailed action plan of how to put the “Church Life and Ministry Vision” into action. The Implementation Team asks and answers these questions: (1) Given who we are trying to reach, how will we reach them? (2) What do we need to do to make the “Church Life and Ministry Vision” work? (3) How will we build relationships with those we are trying to reach? Of course, the action plan is based on Christian practices that extend the heart of the church to those around them.

Figure 4. Church Implementation Matrix (Great Commission Matrix)

	Ministry Area 1	Ministry Area 2	Ministry Area 3	Ministry Area 4	Ministry Area 5	Ministry Area 6
Discipleship	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3
Evangelism	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3
Outreach	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3	Strategy 1 Strategy 2 Strategy 3

Objective. The objective of the Church Health Program is to have all congregations go through the revitalization process. We will periodically evaluate a church’s priority for revitalization and their suitability for this program using a Mission Profile survey. The congregation will complete this survey and the Presbytery Church Health Coordinator, in conjunction with the pastor and church leadership, will analyze it.

However, the most effective period in which to re-evaluate a church’s vision and mission is when the church is without a permanent pastor. Even without a mission profile survey we emphasize this period as a valuable opportunity to re-define the church’s vision and mission.

Doing so prior to calling a new pastor ensures that the new pastor is better matched with the congregation and both are prepared to move forward in serving the local community together. To facilitate this process, we strongly encourage churches to accept a transitional pastor for a period of one to two years while the specially trained transitional pastor leads the congregation through the re-vitalization process described above. Transitional pastors are typically experienced pastors, many of which are in a retired status but still want to continue serving with limited commitments. We avoid the term “Interim Pastor,” as used by many, because it simply focuses on a fixed period of time while a congregation is searching for their new pastor. We approach this time between permanent pastors as an opportunity for transformation: a process that should not be prematurely constrained by a specific period of time and requires special leadership skills.

We have several methods for providing transitional pastors. We train both new and retired pastors through special Transitional Pastor Seminars, showing and giving them experience with the tools of the Church Health Program described earlier. Since the need for transitional EPC pastors and their geographical availability are frequently not matched, we have established partnerships with other theologically compatible denominations. Through these partnerships, we hope multiple denominations will be able to benefit from our Church Health program as we train and use each other’s pastors in this important transition period. These partnerships are described in more detail in a later section. In those cases when a transitional pastor is not well-experienced in the church health program or transitional processes, we assign a highly experienced lay coach to work with the church in support of the pastor.

Collaborations and Partnerships. Our partnerships provide community information and experienced leadership directly to churches in transition so that they can better understand their local community’s needs and develop an effective way to uniquely serve their neighbors. We have an agreement with Church Answers that gives a discount to all EPC churches for detailed demographics so they can better understand the community they serve and its needs.

We established a Transitional Pastor Director/Coordinator to serve as a single point of contact for transitional pastoral needs. He manages the assignment of all EPC transitional pastors and is the relationship manager with the other organizations listed in Figure 5. He finds the transitional pastor who is the best fit for a congregation, regardless of the denominational affiliation or association. He is well-versed in the training programs of the partnering denominations and is the primary trainer for Transitional Pastoring in the EPC. This active transfer of skills and experience benefits all of the partnering denominations.

Figure 5. Partnership Descriptions

Who	Relationship	Role
Church Answers Inc	Existing	Provide local community data to individual congregations to assist in identifying areas of service and outreach
ECO: A Covenant	New	Recognize and employ pastors jointly trained as

Order of Evangelical Presbyterians (ECO)		Transitional Pastors in each other's congregations during congregational transitions between permanent pastors
Interim Pastor Ministries (IPM)	Existing	Employ pastors trained as Transitional Pastors during congregation transitions between permanent pastors
Vital Church Ministries (VCM)	New	Employ pastors trained as Transitional Pastors during congregation transitions between permanent pastors
Presbyterian Church of America (PCA)	New	EPC trains PCA Transitional Pastors in their denomination to support congregational transitions between permanent pastors using EPC developed methods

Evaluation. The EPC Director of Church Health is the primary evaluator of this program, collecting input from the Church Health Coordinators during monthly zoom meetings and semi-annual in-person meetings. The National Church Health Leadership Team (CHLT) will develop appropriate graphical presentations of all quantitative metrics to assist in the evaluation. These presentations include trend lines of all metrics identified in the preceding section along with any others that may be identified during the program. Qualitative information collected quarterly by the National CHLT will also be evaluated for success or areas needing attention.

We will measure and evaluate the program's progress and success on a quarterly basis quantitatively by measuring the amount of training conducted, involvement of the congregation in planning for their new vision and mission, and execution of the church's plan in terms of local community serving missions. These factors may be viewed as:

- Training--Number of churches actively involved in vitalization
- Planning--Number and participation level in church health training sessions
- Execution--Number and participation levels in local community serving ministries

We will develop a form for each congregation to complete and submit quarterly to their Presbytery Church Health Coordinator. The Church Health Coordinator will forward this information to the National CHLT who will identify denominational trends, note problem areas, and recommend support actions. In addition to the quantitative assessment, a member of the NCHLT will visit each presbytery at least once a year, interviewing church ruling elders who are actively in, or have recently completed, revitalization to discuss qualitative impacts of this process on their vision and missions. The National CHLT will consolidate and assess these findings for improvement actions.

Our desired outcome from this program is a major increase in ministries effectively serving local communities. Consistent with our theme, "we serve to build relationships to share the Gospel with those do not know Jesus," we want to see our churches involved in serving their target local community. These outcomes would be reflective of a fundamental change in the congregation's vision and mission, transforming it from an inward facing vision to an outward vision of serving and ministering to others. We qualitatively evaluate the change in vision and mission using three fundamental questions:

- How focused is the description of the target community?

- How well have the needs of the target community been identified through interaction with the target community?
- How well have the church ministries been focused on serving the target community on a consistent, continuing basis?

We will conduct evaluations semi-annually by discussing progress with the vision team as they identify their target community and later with the implementation team through their Church Implementation Matrix as they execute their renewed vision and mission. While quantitative, this evaluation provides important leading indicators of program success.

Communication. Our communication plan builds on our existing communication infrastructure to bring all potential participants into the conversation. Figure 6 shows the elements of our plan.

Figure 6. Communications Plan

Communication Method	Audience	Message	Frequency
EPC.org website	General Public	Program overview and way of entering	Periodic updates
EPC Connect Newsletter	General Audience	Events and opportunities	Monthly
Quarterly Presbytery Meeting presentations	Presbytery leadership, teaching elders, ruling elder commissioners	Success updates, Encourage full participation	Every 3-4 months
Presbytery Newsletters	Members of local presbytery	Latest events, opportunities and stories	Varies by presbytery
Leadership emailing (Pastors and Sessions)	Membership of Church Sessions	Status update, tips and guidance	Every 6 months
General Assembly presentations	Teaching elders, and elder commissioners	Global movement, success stories	Yearly
Direct Church Health Coordinator discussions with local churches	Local congregations	Requests for feedback, problems encountered	Quarterly
Partnership organizations (ECO, PCA, IPM, VCM etc.) emails and periodic program meetings	Other denominations facing the similar challenges as EPC	Recent lessons learned, success stories	Every 6 months

Sustainability. The EPC has incorporated the Church Health process as an integral portion of our activity and structure. Once initiated by the proposed program, it will continue through the Transitional Pastor process that occurs each time a lead pastor departs a congregation, and will be repeated with individual congregations that evidence a need for a renewal effort. Funding for the Director of Church Health and certain members of the National Church Health Leadership team will be supported through a change in the EPC budgeting. In 2022 the EPC changed its income stream method from a “per member

asking” to a percentage of the local church budget. This request provides necessary funding for initiatives like Church Health until this new assessment method is integrated into church, presbytery and denominational budgets over the next three years (2024-2026).

Support for the presbytery Church Health Coordinators beyond this program period will be picked up by the individual presbyteries as they begin to understand and experience the value created through this church health process. The nominal expenses, such as: local travel or training materials at the local congregation level, will continue to be covered by the individual congregations. Expenses associated with the increased serving opportunities, likewise, will continue to be supported as part of the local congregation’s ministry budget.

Because the physical resources for this program are already included in EPC assets, no source of future additional funding is required to sustain the infrastructure of this program.

Organizational capacity. Our Stated Clerk, Rev. Dr. Dean Weaver writes on our website: “Grace and peace to you in the name of our risen Savior, Jesus Christ, and welcome to the website of the Evangelical Presbyterian Church (EPC). As our name implies, we are evangelical; we have a love and passion for Christ and celebrate what He has accomplished for us at the Cross. We are a Presbyterian family of churches; spiritually mature elders connected together locally, regionally, and nationally is a biblical way to organize ourselves. We also are a confessional family of churches, embracing the Westminster Confession of Faith and Catechisms. Our “Essentials of the Faith” is taken from the Westminster Confession. We are committed to becoming a missional family of churches serving others for Christ in the 21st century.”

Our Vision Statement reflects all of these aspects of who we are: “To the glory of God, the EPC family aspires to embody and proclaim Jesus’ love as a global movement of congregations engaged together in God’s mission through transformation, multiplication, and effective biblical leadership.” This statement is the foundation for the four emphases on which we are focusing our ministry efforts as a denomination—what we call our Gospel Priorities:

- Promote and resource transformation, with a primary focus on church revitalization.
- Promote and resource multiplication, with a primary focus on church planting.
- Create a structure suitable for a global movement.
- Create a leadership development culture.”

Presbyteries are the EPC’s regional governing and missional bodies, and elect their own officers. A directory of officers and churches in each Presbytery are on the EPC website EPC.org, accessible by clicking on a Presbytery’s name. The Office of the General Assembly exists to support the presbyteries in their vision and mission. The structure of the Church Health substructure was described earlier. This flexible structure is now in place under a special short-term funding bequest and ready to continue fulfilling its role for the future. This broad and deep bench of experience enables this program to be effectively implemented.