

# BRIDGES FROM WELFARE TO WORK

## *Mercy Medical Center's Program Helps People in Transition*

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“Welfare-to-work” programs are the subject of increasing interest in many parts of the country (see “On the Front Lines of Health Care,” *Health Progress*, January-February 1999, p. 80). Our involvement in a welfare-to-work program began a few years ago. Mercy Medical Center, a ministry of the Sisters of Charity of St. Augustine, is a 476-bed hospital in Canton, OH. As a major employer in the community, Mercy Medical Center had something to offer: jobs, especially entry-level positions suitable for welfare recipients beginning to make the move to self-sufficiency. At the time, through our community outreach program, we were working closely with the residents of a local housing community, many of whom received government assistance. Our thought was to link up people from that community with the jobs we had available, and we interviewed and hired five women. But our success rate was not what we had hoped; within several months, our five employees had dropped to one.

This led us to take a look at what had occurred and try to figure out why. What, if anything, was different about this one instance? We discovered two things: first, Holly, the employee who had stayed, had reentered the workforce just prior to coming to Mercy Medical Center. She had briefly trained as a nurse assistant while working at a nursing home, but problems with child care, transportation, and her work schedule made it necessary for her to look elsewhere for employment. Already a friend of our outreach worker, Holly interviewed at our facility to become a patient service aide and was hired to work in our rehabilitation unit.

Our second discovery was that Holly had benefited from regular contact with us, in the form of visits to the floor, occasional lunches, and phone

calls. Our outreach worker had been a mentor to her, listening to her concerns and encouraging her. Without realizing it, we were “walking with her.”

Holly has since taken a position with another company. She has moved from the housing community, purchased a car, and no longer receives public assistance. Not only was Holly a fine employee, she was a “teacher” who helped us learn how to become more effective at working with those in our community who want to—and now, because of welfare reform in our state, have to—work. She helped us “give birth” to Bridges, our current program for helping people successfully make the transition from welfare to work.

### CAREFUL PREPARATION NECESSARY

As we explored ways to provide meaningful employment for people who no longer are eligible for welfare, several concerns came to light. First of all, someone needed to take responsibility for overseeing the Bridges program. The community outreach worker and the members of our human resources staff were unable to take on this additional task. Mercy Medical Center agreed to hire a person to coordinate the new program who would work with both the program participants and the directors of the departments in which the participants worked. The coordinator would also be responsible for all the necessary contacts with the welfare department and conduct the initial interviews for participants in the program.

Choosing the departments in which to place these special employees was also a critical part of Bridges’ success. We considered the departmental director’s willingness to be involved in new endeavors, as well as the chances of an opening in the department when a candidate was ready to be hired. The director had to be open to cultural diversity and understand that the participants’ work habits and self-esteem might need to be cul-

tivated. The participating department directors interview all the applicants and have the final say in who is accepted into the program.

Finally, it was vital to establish a strong working relationship with the county welfare department. We met with several representatives of the department to get a better understanding of what our responsibilities were, and open lines of communication with them have been very important to the success of the program. The

welfare department distributes applications to welfare recipients who are interested in coming to our facility, and explains what we expect in terms of attendance, dress, and attitudes. We have one central contact at the welfare department, who relays the other caseworkers' questions to us and who passes our concerns on to them. She also comes to Mercy Medical Center as needed for follow-ups. She has been very helpful in getting the participants to understand the importance of compliance with our standards.

#### **A TWO-PHASE PROGRAM**

The Bridges program has two phases. The first phase, LEARN, is a period of up to six months, during which we train and evaluate the participant. During this time, the participant works in his or her assigned department on a regular shift, rotating weekends and holidays with the other employees in the department. If participants are interested in other areas of employment in the facility, we will allow them to "shadow" an employee in that department for several days. This exposes them to various types of healthcare careers and helps them decide what they would like to pursue, now or in the future.

During the LEARN phase, the participants continue to be eligible for all their regular welfare benefits. They receive no compensation from the medical center. The department directors evaluate the participants' performance monthly, using our standard probationary employee evaluation. Many of the Bridges participants have not worked for some time and the feedback from these evaluations is very useful to them.

Our goal is to be able to find the employee a paid position in the medical center within three

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months. As paid positions become available, Bridges participants may apply for them, and may be interviewed again. If they meet all the requirements, and there are no eligible in-house applicants, they are awarded the job, with regular benefits and compensation. This moves them into the second phase of Bridges, the Subsidized Employment Plan (SEP). SEP continues for six months, and during this period the employee continues to receive some welfare

support, while the medical center receives funds from the welfare department to assist with expenses. During this time, the medical center must send reports to the welfare department twice a month, rating the participant's performance.

We strive to keep Bridges participants' identities confidential. Their name tags and uniforms are the same as those of the other employees in their departments. Most of their orientation is done in the regularly scheduled employees' orientation session. We do hold a special session for the Bridges participants that explains more clearly the attendance policy and other pertinent information. Participants also receive a modified edition of the employees' handbook that focuses on items they need to know. As do all of our new employees, Bridges participants undergo drug screening and background checks.

#### **THE FIRST GROUP**

Our first group consisted of eight people who were placed in four departments. Each of these people had been interviewed by the program coordinator and the department director. Our contacts at the welfare department had stressed that we should adhere to our established employment guidelines in accepting people into the program. Participants came to us with an understanding that they could be in the program, receiving welfare, for six to twelve months.

After only two months, our medical records department hired the two program participants that they had taken. Two other people took advantage of the opportunity to be shadows in other departments. One woman in the program followed all the rules, but felt that she was not able to

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be put out of my misery, why can't I have that right?" helps staff respond to the legal and ethical issues involved in physician-assisted suicide.

### IMPROVING END-OF-LIFE CARE

The current physician-assisted suicide debate in the United States is making healthcare providers more aware of the issues involved in end-of-life care. This is a good thing. Government should not have to legislate appropriate, high-quality care for dying patients. That responsibility lies with providers themselves.

SFHS is determined to make improved end-of-life care a high priority. Putting the manual on the shelf will not suffice, however. SFHS's leaders will not rest until such care is an integral part of the system's culture. They are currently considering ways to educate the system's staff. □

*The End-of-Life Manual is available for \$20 from the St. Francis International Center for Healthcare Ethics, St. Francis Medical Center, 2230 Liliha St., Honolulu, HI 96817.*

### NOTES

1. The SUPPORT Principal Investigators, "A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients: The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT)," *JAMA*, November 22-29, 1995, pp. 1,591-1,598.
2. Gallup Survey, "Knowledge and Attitudes Related to Hospice Care," *National Hospice Organization Newsline*, October 15, 1996, pp. 1, 3.
3. National Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, U.S. Catholic Conference, Washington, DC, 1995, p. 9.
4. National Conference of Catholic Bishops, p. 22.
5. National Conference of Catholic Bishops.
6. D. Weber, "Deathcare: Exploring the Troubled Frontier between Medical Technology and Human Mortality," *Healthcare Forum Journal*, March 1995, pp. 14-25; B. Rich, "Pain Management: Legal Risks and Ethical Responsibilities," *Journal of Pharmaceutical Care in Pain and Comfort Control*, May 1997, pp. 5-20; M. Buchan and S. Tolle, "Pain Relief for Dying Persons: Dealing with Physicians' Fears and Concerns," *Journal of Clinical Ethics*, June 1995, pp. 53-61.
7. National Conference of Catholic Bishops, p. 23.
8. National Conference of Catholic Bishops, p. 22.


keep up with the other employees. Working with the welfare department, we found her a more appropriate situation in another facility. Two other people left the program.

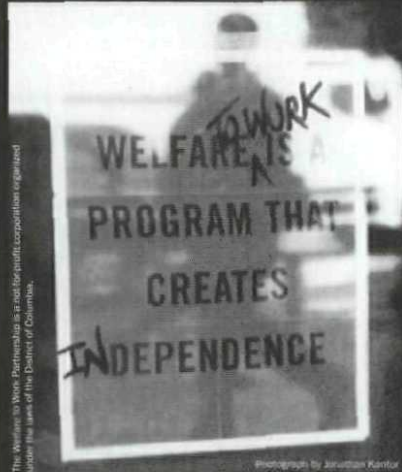
The participants in the first group, and a recently selected group of another eight, agree that beginning the program with others helped them make the adjustment to employment. We try to get the participants together regularly to discuss how things are progressing. The program coordinator is available to offer any assistance when participants are ready to become employees, as well as when there are any problems.

### FACING THE CHALLENGES

As we continue to expand the Bridges program, we encounter many challenges. Some are the challenges that any human resources department faces in selecting people for entry-level positions. We have had to intercede with the welfare bureaucracy for some of the participants. We needed to allow one person extra time off when her child-care arrangements failed and she had to find a safe place for her children to stay while she was at work. It has been difficult for some participants to have to wait to be hired for a full-time position. But we have had many rewards. The look on a single mother's face when she signs the papers that say she is now a paid employee with benefits and a future here is a reward in itself.

When we kicked off the Bridges program, Mercy Medical Center hosted a breakfast for other human resource professionals and directors of social service agencies in our area. We challenged other businesses to join in the effort to assist people who need to get off welfare. We have sent representatives to several countywide focus groups on the effects of welfare reform on the people and businesses in our county. By utilizing all the available resources, we hope to be able to provide the support and guidance that our participants may need. □

 For more information, contact Karen Feller at 330-489-1307.



**It takes guts for people to get off welfare to learn real skills and land real jobs. That's why companies are hiring off welfare. Because when they do, they discover workers who are determined to prove themselves, and are actually motivated to replace a welfare check with a paycheck. To learn how your company can benefit by hiring someone with the persistence to solve their own problems, call The Welfare to Work Partnership at 1-888-USA-JOB1. Or visit our website at [www.welfaretowork.org](http://www.welfaretowork.org). Welfare to Work. It Works.**

