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WorkForce Development

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Welfare to **WORK**

Strategies for Health Care Work Force Development

Project RISE **WorkStart**

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New Beginnings

WORK EXPERIENCE PROGRAM

Table of Contents

Forewords	iii
<i>Eli Segal, Founder, The Welfare to Work Partnership</i>	
<i>Gary A. Mecklenburg, President and Chief Executive Officer, Northwestern Memorial Hospital and Chairman, American Hospital Association</i>	
Acknowledgements	vii
The VHA Health Foundation	ix
Executive Summary	1
Task Force Welfare to Work Efforts –	
Overview and Program Components	19
Task Force Program Outcomes	27
Designing the Future – From Outcomes to Strategies	37
Endnotes	47
National Health Care Welfare to Work Task	
Force Members Program Profiles	53
Welfare to Work Links	113
Wage Subsidy Programs – State by State Listing	11

This publication is funded by a grant from the Annie E. Casey Foundation.

Forewords

Foreword by Eli Segal, Founder, The Welfare to Work Partnership

The Welfare to Work Partnership congratulates the VHA Health Foundation for their vision and leadership in identifying welfare to work as an important human resource strategy for the health care field. At a time when all industries are competing for entry level workers, health care has a lot to benefit from employing former welfare recipients.

With funding from the Annie E. Casey Foundation, the VHA Health Foundation recruited a National Health Care Welfare to Work Task Force whose members represented nine industry leaders already involved in welfare to work programs. Task Force members invested numerous days and hours in face-to-face meetings, conference calls and interviews to delineate the strategies for the operation of a successful program.

The result of their work is the only comprehensive work on employers involved in welfare to work that is sector-specific – in this case, health care. This report includes recommendations for program structure as well as references to resources and tools, such as national service providers and the necessary components for soft skills training.

Our Partnership with employers across the country has made significant progress toward ending “welfare as we know

it,” but more work needs to be done. The lessons learned by these nine organizations demonstrate that a welfare to work program is eminently doable in the health care arena.

It is my hope that the information contained in this report will challenge the health care sector to leverage their stature as a major employer in the community and commit to hiring persons transitioning out of welfare. Through their leadership and participation, the health of individuals and communities will be improved.

Please feel free to call on the Welfare to Work Partnership. Together, we welcome former welfare recipients as new participants in the American economy.

Forward by Gary A. Mecklenburg, President and Chief Executive Officer, Northwestern Memorial Hospital and Chairman, American Hospital Association

Chicago, like most of the United States, has benefited from an expanding economy. While this growth provides many opportunities for individuals and businesses, it also presents a nationwide challenge to maintain a full work force, particularly in entry-level positions.

The Bureau of Labor Statistics predicts that the health care sector will grow at least twice as quickly as the rest of the economy, adding more than three million jobs by 2006². In preparation for this expansion, Northwestern Memorial has invested in a number of initiatives, including a successful transitional work program for former welfare recipients called “Bright Futures.” As part of the city of Chicago’s Welfare to Work Collaborative, Northwestern Memorial has hired 61 former welfare recipients this past year and plans to hire 50 more in 2001. DePaul University’s Office of Applied Innovations partners with us to provide these individuals with customized training programs.

Our commitment to this program is strong. Workers come to us trained for specific jobs within our organization and quickly become great ambassadors for our hospital. The retention rate for “Bright Futures” employees at Northwestern Memorial has been almost 80 percent.

This study, sponsored by the VHA Health Foundation, profiles the experiences of nine health care organizations across the country, including Northwestern Memorial, which are engaged in Welfare to Work initiatives. It shows how this strategy goes beyond achieving business objectives to providing rewarding educational and career opportunities to members of our community.

Health care organizations are by nature “people places.” We are uniquely positioned to help our communities and ourselves by participating in Welfare to Work, and I encourage other health care organizations to consider this worthwhile program.

Acknowledgements

The VHA Health Foundation thanks the Annie E. Casey Foundation for their support of this project and the resulting publication.

Special thanks are extended to the members of the National Health Care Welfare to Work Task Force who have each contributed substantial information and wisdom to this publication:

- Katie Brooks, TMC HealthCare, Tucson, Ariz.
- Candy Collins-Adams, Henry Ford Health System, Detroit, Mich.
- Nancy Gerber and Mary Rosenthal, Allina Health System, Minneapolis, Minn.
- Deborah Knight-Kerr, The Johns Hopkins Health System, Baltimore, Md.
- Lacy Lee, Phoebe Putney Memorial Hospital, Albany, Ga.
- Wanda McClain, Partners HealthCare System Inc., Boston, Mass.
- Joan Pipal and Charlotte Warren, Northwestern Memorial Hospital, Chicago, Ill.

- Anette Smith, Sutter Health, Sacramento, Calif.
- Sister Amy Willcott and Sandy Cavanaugh, Exempla HealthCare, Denver, Colo

Special thanks are also extended to Patrick Cacchione, Carondelet Health System, St. Louis, Mo., Lynn Gillespie, Order of St. Francis – OSF, Peoria, Ill., Becky Miles-Polka, Central Iowa Health System, Des Moines, Iowa, Andrea Perry, Cedars-Sinai Medical Center, Los Angeles, Calif. and Bill Rochford, Vanderbilt University Medical Center, Nashville, Tenn. for their participation and contribution to the conference calls.

We also appreciate the significant contributions of Elisa Johnson and Patrick Mullane of the Welfare to Work Partnership, Washington, D.C., to the development of the content for this publication. In addition, we would like to thank the numerous speakers and presenters who shared their knowledge with the Task Force either through conference calls or presentations at the Round Table meetings.

Finally, this publication would not be possible without the timely research and subsequent narrative of Melissa Gruenwald, a consultant to the project. In partnership with the VHA Health Foundation, Melissa provided a detailed accounting of the programs included in this publication. The Task Forces' advice

from lessons learned provides a rich platform for the further development of programs that move people from welfare to work, and ultimately enriches the health care work force as a whole.

The VHA Health Foundation

The VHA Health Foundation, headquartered in Irving, Texas, was created by VHA Inc. as a public foundation to act as a national catalyst for creating synergies among health care leaders, consumers and business. The Foundation promotes leadership, knowledge and innovative solutions that lead to healthier individuals and communities through practical, applied research, demonstration activities and education. The Foundation engages in projects of a national scope that focus on new approaches to health; collaborates with others to leverage resources; shares its findings, skills and knowledge; and promotes systemic change in health care delivery to improve health. Since its revitalization in 1998, the VHA Health Foundation has taken a leadership role in projects that address work force development issues in the health care industry; strategies for health care organizations to sustain a community health focus; and children's health issues in regard to access, fitness and nutrition. Additional information about the Foundation is available at www.vhahealthfoundation.org.

Executive Summary

Strategies for Implementing Welfare to Work Programs in the Health Care Sector

INTRODUCTION

In 2000, The Annie E. Casey Foundation awarded a grant to the VHA Health Foundation for a 15-month collaborative learning project on Welfare to Work initiatives in the health care sector. The project's purpose was twofold: identify successful practices and potential barriers to health care organizations employing individuals transitioning out of welfare, and determine how those lessons might be broadened to improve overall health care work force development. The Welfare to Work Partnership has recognized this project as the only one of its kind specific to any sector.

As a national advocate for community health improvement in the broadest sense – a mission that includes raising families’ socioeconomic status and improving health care accessibility – the VHA Health Foundation was poised to be a catalyst for welfare to work programs in the health care sector.

The Foundation assembled a nine-member Task Force composed of leading health care organizations from across the country. The goal was to discover what key strategies made their welfare to work programs successful, and how applying these strategies to an overall work force development plan could make the health care sector more competitive. Participants were:

Allina Health System, Minneapolis

Exempla HealthCare, Denver

Henry Ford Health System, Detroit

The Johns Hopkins Health System, Baltimore

Northwestern Memorial Hospital, Chicago

Partners HealthCare System Inc., Boston

Phoebe Putney Hospital, Albany, Ga.

Sutter Health, Sacramento, Calif.

TMC HealthCare, Tucson, Ariz.

PROJECT COMPONENTS

1. Site visits to each Task Force health care organization.

Project staff met with a wide range of health care organization staff including chief executive officers and other health care leaders. They also met with community representatives, including chambers of commerce, community colleges and service providers to gain knowledge and perspective on why Task Force organizations were involved in welfare to work, and what made their programs successful.

2. Two round-table meetings. During the meetings, Task Force members discussed common barriers and components necessary for a program to succeed and participated in presentations from welfare to work experts.

3. Four conference calls. Each call focused on a specific topic including to child care, transportation, career ladders and program outcomes. Task Force members discussed lessons from other industries involved in welfare to work, as well as from government and private service providers.

PROJECT CONTEXT

Education level and economic attainment are considered to be the two greatest predictors of individual health¹; and individual

health influences both population and community health. Many health care organizations in this country include “improving community health” and “building community partnerships” in their mission statements. As employers, health care organizations can improve individual health by hiring former welfare recipients and ensuring that they – and all employees – have access to strategies that can lead to healthier outcomes. Providing health insurance coverage allows former welfare recipients to participate in wellness activities and access treatment, promotes efficient use of the health care system, and enhances personal health. Education and training not only provide career-advancement opportunities within the organization, but help create economic independence and growth.

Welfare Reform Meets Low National Unemployment

Two coinciding milestone events in the latter half of the 1990’s caused all businesses, including health care, to rethink their employment strategies. First, on Aug. 22, 1996, the Personal Responsibility and Work Opportunity Reconciliation Act became law, leading to widespread reform that technically reversed six decades of welfare policy. The Act merged funding streams from three programs – Aid to Families with Dependent Children, Job Opportunities and Basic Skills, and Emergency

Assistance – into one comprehensive effort. The goal was to change the focus of the nation’s welfare system from entitlement-based cash assistance to helping individuals and families become self-sufficient through employment. In short, the program focused on moving people from welfare to work.

At the same time, the United States was experiencing record-low unemployment rates as the booming economy created an extremely competitive environment for entry-level workers. Health care and other industries found themselves with more openings than qualified candidates. The 1996 Welfare Reform Act funded education and job training for people transitioning from welfare, and provided other support in the form of child care, transportation and expanded health care coverage. Since welfare recipients were now also subject to time limits, states found it increasingly important to partner with businesses and industries that could match welfare recipients with meaningful employment opportunities.

Work Force Issues Specific to the Health Care Sector

According to the Bureau of Labor Statistics, the health care sector will grow more than twice as fast as the rest of the economy and will add more than three million jobs by 2006². Added to that is a significant challenge in the nursing field, where the ranks are aging faster than any other profession, with

a current average age of 44. Some experts predict that as much as 40 percent of the current nursing force will retire within 10 years³.

Health care organizations are faced with a dual problem: competition for entry-level workers from sectors such as information technology, and decreasing numbers of people electing health care as their career of choice. Working with states and local providers, many health care systems have developed customized programs to recruit, train and retain former welfare recipients.

All of the Task Force organizations demonstrated a commitment to comprehensive welfare to work programs that emphasize retention, education, career ladders, supportive services, mentoring, case management, and outcomes measurement and tracking. The report that follows provides actionable information and tools for health care organizations poised to take the next step in developing their own welfare to work programs.

KEY FINDINGS

Program outcomes meet or exceed other industry's efforts. Task Force members collected outcome data based on a common set of indicators specifically for this report, including such components as retention rates, participation in continuing

education and wage rates. For example, the data revealed that the aggregate retention rate for the nine Task Force members was 69 percent, which met or exceeded business-specific rates like those of Marriott, which reported a one-year retention rate of 65 percent.⁴

Twenty-nine percent of all program participants in the Task Force programs took advantage of continuing education and training including GED completion. Information provided through the National Welfare to Work Partnership indicated that other businesses participating in Welfare to Work programs, such as United Parcel Service of America Inc., provide tuition assistance, on-site GED classes and college courses at many of their locations. Program participation rates were not included in the report, and therefore could not be compared to Task Force figures. In terms of wage rates, the average wage of \$8.89 per hour after 12 months for participants in the Task Force programs exceeded the 1999 rate needed to lift a family of four from poverty by nine percent.⁵

“We have a philosophy that Johns Hopkins is ‘of the community’ of East Baltimore. We need to do something about creating opportunities. This community has disproportionately high rates of unemployment, dysfunctional families, crime, abandoned homes, etc. It is in our best interest to take constructive steps to introduce the people of East Baltimore into the work force.”

Ronald Peterson

President, The Johns Hopkins Hospital

Mission is a critical driver. Almost all Task Force members gave these two reasons for involvement in welfare to work programs: improving individual and community health, and engaging in partnerships that enhanced community capacity. Several of these Task Force members’ welfare to work programs are key components of the organizations’ community benefit programs. These welfare to work initiatives meet the not-for-profit health care organizations’ requirement to provide services that support the community at no charge. Either through in-kind staffing or other services, health care organizations provide critical connections that make welfare to work successful. Task Force members also noted that Welfare to Work programs address a social justice concern: health care access for all.

“People have choices about where they can get their health care, and we need to build trust with the community residents. Our nursing work force needs to be reflective of our customers, and this program helps us get there. Hospitals need to benefit from the federal training dollars and do something constructive.”

Matthew Fishman

Director of Community Benefits, Partners HealthCare System Inc.

There is a business imperative to actively participate in welfare to work efforts. Not only is health care competing with retail, manufacturing and other industries for entry-level workers, it is competing with insurance and information technology for the nursing work force. If traditional recruitment processes are not yielding qualified, interested candidates, welfare to work gives the health care organization an opportunity to “grow their own employee.” Task Force organizations have found that welfare to work participants’ additional training and soft-skills development make them more dedicated and informed employees. An added bonus is the ability to attract potential employees who better reflect the patient population.

“We looked at our needs assessment ... we had an aging work force, aging community population that required more health care, low unemployment rate...and the mayor of Sacramento asked Sutter to get involved because of our mission to become the employer of choice.”

Colette Johnson-Schulke

Director of Community Relations, Sutter Health

Environmental factors propel involvement in welfare to work. Key drivers behind welfare to work programs include the aging of the general population, the sheer volume of entry-level jobs in all industries, and the sustained low unemployment rate nationwide. Other drivers are the effects of health care system integration on staffing and corporate culture; changing service-delivery models and their effect on the existing work force; the impact of the Balanced Budget Act and other fiscal issues; and the health care industry’s tremendous growth, at a rate more than twice as fast as the rest of the economy. The low unemployment rate, combined with effective training funded through government contracts, makes the welfare to work participant an attractive candidate for employment.

“Work force development is as critical as our financial performance. Success is limited by the ability to recruit and retain a top work force.”

Jeff Selberg

Chief Executive Officer, Exempla HealthCare

“Trustees must become better educated and involved in these areas. Work force development is a major issue.”

Jane Oehm

Trustee, Exempla HealthCare

Leadership from all levels is key. In all programs, support from chief executive officers is critical for program participation. In many Task Force organizations, key administrators serve on regional or local work force development boards. Trustee support is also important, because they serve as the health care organization’s eyes and ears into the community.

“...Soft-skills training is the most important part of the training. The soft skills of a job are critical to the success of the participants not only on the job, but in their personal lives.”

Katie Brooks

Coordinator, LEAP Program, TMC HealthCare

The “human element” must be addressed. All Task Force members noted that training in soft skills, or life skills, is imperative to the success of welfare to work employees and the programs. This concurs with findings published in a report by the Welfare to Work Partnership, “The Bottom Line for Better Lives – A Report to the President on Welfare to Work.”⁶ Forty percent of partnership employers stated that they frequently encountered problems with such considerations as punctuality, appropriate dress and common courtesy. Health care, like many customer service-oriented industries, is especially aware of these concerns. In fact, many Task Force members stated that soft-skills training should be integrated into training for all entry-level employees.

“Our strength has been with the assistance and dedication of Henry Ford Health Systems’ staff. We have called on them many times to step up to the plate and help in the discussion, planning and implementation of various concepts and programs.”

Vonda Turner

Director, Entry-Level Work Force Initiatives, Detroit Regional Chamber

Community partnerships are critical. Federal money provided to states and local partnerships funds soft-skills training, extended child care, case management and other

support by qualified service providers. Without this additional training support as a leverage point, many Task Force members would not be able to adequately support welfare to work participants. Local partnerships help identify and access other existing community resources that support both the individual and the organization in their welfare to work efforts. It is important to advocate for continuation of these services, whether they continue to be government-sponsored or become fee-for-service.

“Our ‘People First’ strategy is our primary driver. Our program has really raised the bar in terms of our work force expectations.”

Charlotte Warren

Staffing Specialist, Northwestern Memorial Hospital

Welfare to work participants make successful employees. In several organizations, welfare to work employees’ informed and positive attitudes “raised the bar” in terms of expectations for the total work force. Their presence in the work force also changed other employees’ opinions of their employers and the organizations’ culture. The programs also led the health care organizations to create and emphasize career ladders and opportunities for advancement.

“Odd shift times caused child care and transportation issues
– buses don’t run at 11:30 p.m.”

Barbara Carr

Cardiac Services, EKG, Phoebe Putney Memorial Hospital

Barriers to individual success are uniform across Task Force organizations.

Program participants had significant child-care and transportation needs. Many were affected by mental illness or domestic violence and some had criminal histories. Providing case management, social support and access to mental health services made participants’ integration into the work force more successful. Many managers noted that both pre-employment training and case management were key reasons for their involvement.

A new issue is emerging now that the current welfare to work pool has a higher percentage of people that are “harder to place.” These individuals require more, rather than less, social support and case management. Federal funding provides critical support for these programs and discussions concerning reauthorization should reflect this need.

Program evaluation must be enhanced. Currently, most health system-sponsored welfare to work programs are

evaluated with qualitative rather than quantitative measures. Should the current federal funding evolve to a fee-for-service system, it will become increasingly imperative to demonstrate retention effectiveness as well as cost savings. Anecdotal information now serves as one mechanism to communicate success to chief executive officers and Board members, but increasingly, these audiences, as well as work force development boards, will require data that prove an impact on the bottom line.

“We struggled so many years with child-care issues and realized that we can’t be all things, so we sought an organization with that expertise. We will be working with the local YMCA to deliver affordable child care.”

Al Johnson

*Vice President, Human Resources, Abbott Northwestern Hospital,
Allina Health System*

Welfare to Work helps health care organizations think about broader work force development issues.

Several Task Force members noted that participation in welfare to work is just one piece of their involvement in neighborhood improvement activities. Housing, affordable child care and transportation are included on the health care

organization agenda, as they affect the quality of life for neighborhood residents and their employees. Welfare to work also created an opportunity for one Task Force member organization to re-examine its criteria for a number of entry-level positions. This resulted in more positions becoming accessible to persons with limited education and training, and increased employee diversity to better reflect the patient population.

Welfare to work has been a good strategy to address critical staffing challenges in the health care sector. In order to continue to impact work force shortages, health care should extrapolate this experience to other non-traditional populations and implement similar types of job supports for all entry level employees.

DESIGNING THE FUTURE - WORK FORCE DEVELOPMENT STRATEGIES FOR HEALTH CARE

What are the next steps in health care work force development? The Task Force concurred with the findings in the Welfare to Work Partnership report “The Bottom Line for Better Lives – a Report to the President on Welfare to Work”:

1. Reauthorize the 1996 federal legislation that funded Welfare to Work to continue to provide the support needed by the welfare to work population, especially those that are truly the “hard to serve.” Reauthorizing legislation should include

funding for pre-employment skills training and funding for child-care and transportation needs.

2. The federal government should also do more to make the transition worthwhile for welfare recipients, including increasing the earned income tax credit for low-wage workers and continuing other work supports, such as Medicaid, the Children’s Health Insurance Program and food stamps.

The Task Force members also made four recommendations relative to health care work force development.

1. **Tap into other work force populations.** Broaden programs’ scope to other hard to employ populations, and actively recruit and support their participation in the health care work force. Start early with recruiting youth for health care careers by partnering with educators for curriculum enhancement and workplace experiences.

2. **Reframe the health care employer’s role.** Supportive services enhance all entry-level workers’ chances for success. The health care organization, as an employer, should reach beyond its four walls to engage other community partners, including local businesses, in the development of a long-term employment strategy.

3. **Focus on recruitment, retention and career ladder strategies for targeted populations.** Both individual and aggregate indicators of success should be tracked. Career ladders should be developed and implemented for all employees.
4. **Become the employer of choice.** Implement post-hire retention programs focused on retaining the employee within the organization. Expand welfare to work training/education opportunities to all entry-level workers.

Task Force Welfare to Work Efforts – Overview and Program Components

Health care organizations' need for qualified persons to fill entry-level positions is growing at an unprecedented pace that is heightened by the intense competition with other industries and the overall growth in the percentage of older adults requiring hospital care. Community-based health care organizations have always been committed to providing services that improve the health of the community they serve. Creating a program that focuses on hiring individuals facing a mandated

transition from welfare to work supports both mission and margin for the health care organization.

There is a true opportunity for the health care industry to make a significant contribution to the evolution of “welfare as we know it.” Grounded in principles of care for the individual and the community, health care organizations have always been “people-oriented” and more adaptable to working with diverse populations. Welfare to Work takes this expertise one step further by recommending that the health care organization, as an employer, assume an intervening, coaching role that ensures long-term success of its new employees.

Although it is not known precisely how many health care organizations are involved in Welfare to Work, the National Welfare to Work Partnership reports that 20,000 businesses - large and small - were involved in hiring former welfare recipients across the country. The retention rates for these individuals have been nothing short of astounding - for example, up to 80 percent for entry-level Bank of America employees in Dallas, Texas.

Because of the diversity of welfare reform implementation at the state level, there is no one template or blueprint for a successful program. There are however, critical components and community partners that every health care organization must incorporate and access in order to achieve its program goals.

These are discussed in the sections that follow along with references to Web sites that identify the state strategy, training service providers, support services and links to other industries investing in the welfare to work population.

The ultimate objective of this federal strategy is to weave together a system of temporary assistance that emphasizes employment for those who fall on hard times or tragedy. This system must include job training, education and other supports so that they may matriculate into careers that adequately support their families and allow them to contribute to the economy of their community and their nation. Health care organizations, with their community mission and people orientation, are uniquely positioned to play a major role in employing this new work force.

Across the board, Task Force members emphasized that a successful Welfare to Work program must have several fundamental components in place to ensure success. These components include: soft-skills training for the program participants, training for managers and supervisors, community partnerships, mentoring, career ladder and other retention strategies and a committed program administrator.

In addition to those core components, members acknowledged that additional collaborations were necessary to support the third or fourth wave of participants entering their

programs who were harder to serve. Not only did they have barriers to success such as transportation and child-care issues, they also experienced a whole host of social problems such as domestic violence, criminal backgrounds, and learning disabilities. Although these challenges were more difficult to address, hospitals were able to work with community partners whose expertise in these areas provided needed program support.

PROGRAM COMPONENTS

Addressing the Fear Factor – The Soft-Skills Component:

The first challenge that health care organizations face in developing a welfare to work program is alleviating the fear factor of the welfare to work participant. This barrier is the result of little or no work history and the lack of basic skills for everyday living. Welfare participants are sometimes unable to proactively solve a problem, which can soon turn into a full-scale crisis. Therefore, it is extremely important to address these issues by implementing training programs that include soft-skills development. This includes training in areas such as problem solving, communication, conflict resolution and customer service to develop positive interpersonal traits. Training in these areas must occur in the beginning stages and is just as relevant as technical instruction that may be

implemented later in the program.

Manager and Supervisor Training Component: It is imperative that the welfare to work program contain a component directed at educating and nurturing supervisors and managers. This will serve to break down the barriers and eliminate the stereotypes that managers may have of welfare to work participants. Some of the health care organizations studied built support for the program by involving all employees who will potentially work with the welfare to work participants from the point of program implementation. Others believe that staff other than the manager or mentor should not be aware of program participants.

Managers and supervisors need to understand the issues of the population they will be supporting, and in some cases, be willing to go the extra mile to help each individual reach their best and highest potential. Addressing these issues in the beginning serves to alleviate surprises and helps set reasonable expectations.

Community Partnerships Component: Partnerships with service agencies in the community are another critical component as many program participants face child-care issues and transportation challenges on an ongoing basis. If the health care organization does not have the capacity to provide those

services, it should seek partnerships with community organizations that have the expertise to help participants solve these issues. Many states have elected to use their federal welfare reform dollars to fund continuing child-care and transportation assistance for persons transitioning from welfare – which enhances the employee’s ability to stay on the job.

In locations where the Welfare to Work program has matured and the applicant pool has a predominance of harder to serve individuals, community partnerships are even more critical to address challenges such as domestic violence, mental health, drug abuse and learning disabilities. Taken case-by-case, these individuals can also be successful employees if they receive appropriate intervention and support.

The Mentoring Component: Mentoring activities enrich the program for both participants and current employees of the organization. Mentoring can range from the first line supervisors who help the new employees solve problems as they occur, to regularly scheduled one on one meetings with trained employees with a desire to make a difference in the lives of the welfare to work participants. Through mentoring, current employees develop leadership and team-building skills while the welfare to work participants receive valuable lessons and

support. In many states, there may be state funding to support a partnership with a community agency experienced in providing mentor training and experiences.


Career Ladder and other Retention Strategies: Another critical component of a successful welfare to work program is a commitment to employee development through career ladders and other mechanisms. Since many welfare to work participants lack advanced education and extensive work experience, they will begin their employment in an entry-level position. As they develop and grow in the organization, most strive to continue their education and advance in their career. Opportunities to learn and advance must be available in order to facilitate promotions within the organization. Examples of these opportunities include more formalized training for positions such as health care technicians and medical records specialists.

Benefit Packages: Another important retention strategy is the benefits package offered by the organization. According to the American Public Human Services Association, 24 states allow participants to keep their child-care benefits for more than 12 months after employment and 12 states allow them to maintain Medicaid eligibility for two years or longer.⁷ In other states, as

soon as the participants enter the employment phase, they are dependent on their employer for health benefits. It is extremely beneficial if medical coverage can be extended even to part-time employees, in order to make the transition from Medicaid seamless. Components that go beyond health care and child-care issues such as Allina's new home down payment grant program or tuition reimbursement programs go a long way to attract and retain new employees.

Committed Program Administrator: Finally, one of the most critical elements of a successful program is a committed individual to manage the day-to-day operations of the welfare to work program. Whether dedicated full- or part-time to Welfare to Work, this individual will build and maintain the important partnerships that lead to a successful program. They are the important link between the community service providers, the health care organization and the participants – and as such, can make or break the program.

Task Force Program Outcomes

 key objective of this project was the identification and collection of common outcome data for the nine participating health care organizations. The Task Force agreed, at a minimum, to collect data for the eight-month period between March and October of 2000. Since many Task Force members' programs were implemented several months or even years earlier, their data reflects the start date of their program. Data was weighted for statistical accuracy and included the following organization outcomes:

training completion, hiring rates and participant retention rates. Individual outcomes included average wage at hire and subsequent increase, and education level at hire and subsequent increase, Task Force members also collected demographic information as part of this process.

ORGANIZATION OUTCOMES

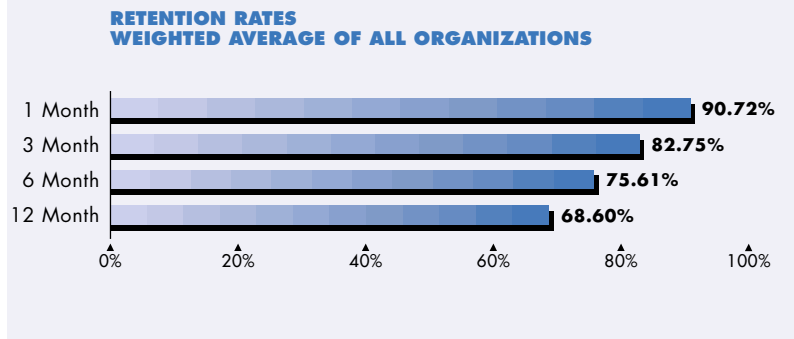
Program Participation: Participation in Task Force members’ programs ranged from 12 to 231 individuals. These numbers were weighted by years of program operation in order to make accurate comparisons. Of that number, 86.44 percent completed the health care organization’s required training component and 74.38 percent were then offered employment. Two health care organizations offered employment to 100 percent of the participants who completed the training. The programs that provide funding for training and support services vary from state to state and this had an impact on the placement rates for program participants. Participant numbers also varied by organization according to the number of years the program had been operational.

PARTICIPATION	Allina	Exempla	Henry Ford	Johns Hopkins	North-western	Partners	Phoebe Putney	Sutter	TMC	TOTAL (WEIGHTED FOR # YEARS)	
	Number of participants entering the program	185	12	45	32	148	95	121	33	85	804
	Participants completing training	100.00%	100.00%	71.11%	87.50%	94.59%	78.95%	100%	100.00%	75.29%	86.44%
	Participants offered employment	98.38%	100.00%	71.11%	87.50%	94.59%	62.11%	33.88%	100.00%	72.94%	74.38%
	Accepting full-time employment	30.27%	100.00%	68.89%	87.50%	80.41%	62.11%	29.75%	24.24%	16.47%	46.14%
	Accepting part-time employment	67.57%	0.00%	2.22%	0.00%	14.19%	0.00%	4.13%	75.76%	56.47%	28.14%

Note: Participant numbers were weighted in order to reflect the number of years the program was operational.

Retention Rates: The National Welfare to Work Partnership reported in Summer 2000 that 62 percent of their business partners surveyed said they experienced the same or better retention rates for Welfare to Work participants than standard-hire employees. Marriott International’s “Pathways to Independence” Welfare to Work training program reported a 65 percent retention rate at one year. This rate was similar to that of Sears at 67 percent (three year average retention rate) and CVS Pharmacy at 64 percent. The information from the Task Force members demonstrates that, on average, their 69 percent aggregate retention rate at one year meets or exceeds most of the business-specific rates. In fact, three health care organizations post retention rates above 80 percent at one year.

Listed below are the individual and aggregate retention rates for the nine health care organizations in the study.



The literature noted that one other business, Bank of America, demonstrated an equally high retention rate of 92 percent and 80 percent in two locations.

Hospital employee retention rates have not been captured in any industrywide documentation prior to this study. What does an increased retention rate mean for all employers and particularly for health care organizations? A reduction in recruitment and training costs is the key benefit of higher retention rates. An all-industry employer focus group in Florida reported that they lost or dismissed 50 percent of new hires within the first 60 days of employment and that it cost between \$2,500 and \$3,000 to hire and lose an employee within the first 60 days of employment.⁸ For health care, Fairview Health Services in Minneapolis reports that the cost of turnover for a non-exempt employee is three-fourths their annual salary.⁹

TMC HealthCare, which has one of the Task Force’s highest one-year retention rates of 86 percent, reports that the benefit of participation in their Welfare to Work program outweighs their costs by 68 percent. Factors that account for this ratio include a \$1,200 contract fee per individual that the state pays to the employer (TMC) and state-paid health benefits (Medicaid) for two years after hire. Other factors impacting this equation include the community perception of their participation and the added linkages to other service providers.

Wage Rates: Wage rates for Welfare to Work program participants varied by region and were reflective of the local economy. The average increase from initial hire (\$8.48) to 12 months of employment (\$8.89) was 4.8 percent. In contrast, the average national increase in 2000 was 4 percent¹⁰. This demonstrates a trend of economic reward for the program participants that exceeds the national average. Furthermore, the Task Force members’ aggregate wage of \$8.89 after 12 months is nine percent higher than the amount estimated by the Economic Policy Institute to move a family of four above the official poverty line in 1999, demonstrating a true path out of poverty.

Education: Additional training opportunities and continuing education were provided by all organizations in the study. On average, individuals from the Welfare to Work programs increased their educational level from 10.87 to 11.56 years in the first 12 months of employment. This was an average increase of .69 years. In all, 171, or 32 percent, of program participants took advantage of the educational opportunities offered by the health care organizations and furthered their education in the first year. This is of particular interest since several of the Task Force organizations noted that the lack of education is a real barrier for all entry-level employees. Because of this barrier, many have opened the training programs designed for the Welfare to Work program to all entry-level employees.

Demographics: Demographics recorded for this study include

TRAINING DESCRIPTION

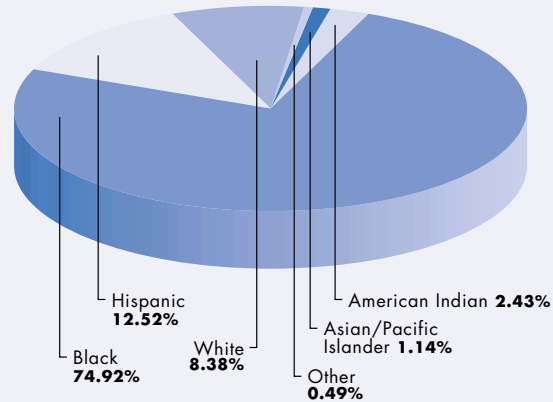
	Allina	Exempla	Henry Ford	Johns Hopkins	North-western	Partners	Phoebe Putney	Sutter	TMC
Life Skills Training	✓	✓	✓	✓	✓	✓	✓	✓	✓
Occupational Training		✓	✓		✓	✓	✓	✓	
Case Management	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mentoring	✓	✓	✓					✓	✓
Weeks of Training	4	8	12	6	3	7	*	5	8

*Note: Phoebe Putney – Total number of training weeks depends on how quickly the person adapts to the area and is evaluated and found to be suitable for employment.

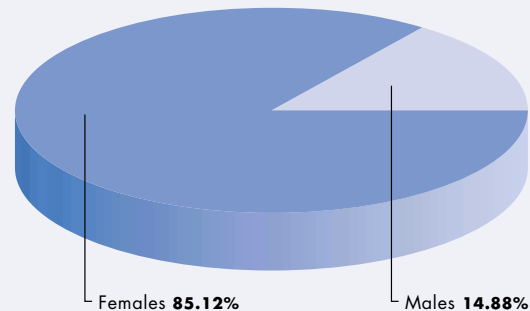
OTHER IMPORTANT STATISTICS

Average 12-month wage rate increase (From \$8.47 to \$8.88)	4.8%
Average 12-month educational level increase (From 10.87 Years to 11.56 Years)	.69 Years
Percentage of participants pursuing additional training and development courses in their first 12 months of employment (170 out of 589)	29%
Percentage of participants enrolled in health benefits when eligible (363 out of 507)	72%

PARTICIPANT DEMOGRAPHICS ETHNICITY



PARTICIPANT DEMOGRAPHICS GENDER



gender and ethnicity. Overall, 85 percent of the participants were female and 75 percent were Black. Although the majority of welfare recipients nationally are women, the ethnic breakdown for the sample was not reflective of the national welfare population. Statistics from the federal Department of Health and Human Services for mid-1999 provided this ethnic breakdown: White – 35.6 percent, Black – 37.1 percent, Hispanic – 20.0 percent, American Native – 1.6 percent, Asian – 4.6 percent, Other – .6 percent and Unknown – .5 percent. One explanation for the over-representation of Blacks in the project’s population may be the targeting of specific neighborhoods for participant recruitment.

SUMMARY OF OUTCOME DATA

The experience of nine hospital-based programs show that Welfare to work can benefit both health care organizations and program participants. Health care organizations can realize improved retention rates for specific jobs and program participants can begin a path of increased economic independence. With the needed program components in place, commitment to and support of the program at all levels of the organization, Welfare to Work is one solution for the health care industry’s current and future work force development. The learning from this program should be extrapolated to other

hard to employ populations to meet the increasing staffing demands in the health care sector.

Designing the Future – From Outcomes to Strategies

Programs that employ persons transitioning from welfare to work can provide health care organizations with an 'entree' into a new work force pool. As one component of an overall work force development strategy, these new employees not only fill entry-level positions in a highly competitive market, but can demonstrate a commitment to the organization and the further development of their own careers. Task Force member organizations clearly recognized the value of this new work force and their experience has

created further opportunities to position themselves as an employer of choice in their respective communities.

One example of this is the development of Allina’s Health Career Institute. Although developed to serve all employees, the Institute is located on the Abbott Northwestern campus, whose immediate neighborhood draws many of the Welfare to Work program participants. In its inaugural year, the Institute offered six certificate programs and English as a Second Language and served 116 students.

When queried about key components needed for work force development success, Task Force members noted four themes:

- educating a quality work force
- implementing post-hire retention strategies
- expanding welfare to work training/education opportunities for all entry level workers
- developing career ladders for all employees

EDUCATING A QUALIFIED WORK FORCE

The nine members of the Task Force were asked to identify the most critical overall work force issues facing their organizations in the near future. The responses clearly pointed to the

education of a qualified work force – a task that starts with the K-12 school system.

Health care must actively partner with the K-12 school system to encourage students to elect health care careers

- Sutter in Sacramento, Calif. stated that health care organizations need to create a pipeline of students to enter the work force. They plan to address this through partnerships with the local schools. Unless efforts reach this age group, there will be a continuing crisis in health care work force development.
- Henry Ford is focusing on their “adopt a school” program in the elementary grades to foster an interest in math and science. They expressed concern that people are educationally ill-prepared to enter into health care positions because of the myriad of competing job opportunities requiring little education or training.
- Phoebe Putney also noted that people are educationally unprepared to enter the work force. The hospital needs to be part of a process to help students graduate from high school so that they have opportunities in health care.

All health care employees should have organizational career paths

- Northwestern staff saw an acute need to hire people into entry-level technical positions and provide them with advanced training to move into the more hard to fill roles. Partners also noted that they needed to create career paths for non-professional employees. In order to satisfy the labor shortage, they needed to be the employer of choice for both people inside and outside their organization.
- Johns Hopkins also noted that recruiting a qualified work force was their number one concern – they needed to be able to find people with the basic skills to move into their training programs.
- Allina stated that the development of a career path from Certified Nursing Assistant to Licensed Practical Nurse to Registered Nurse was a big need. To accomplish that they also needed to create a pool of candidates by encouraging young people to consider the health care sector for future employment.

Public funds may be available to train specific populations

- TMC noted that the nursing shortage was on their radar screen, and opportunities to access federal training funds for targeted groups, such as employees who had experienced

domestic violence or had been part of the foster care system, might be one solution. These funds had previously been untapped and could serve to attract individuals who might not otherwise consider health care as a career.

Finally, Exempla noted that all of these issues require partnerships, and that they wanted to work toward having the training provider understand the overall needs of the organization, including employee access to transportation and child care.

POST-HIRE RETENTION STRATEGIES

Once the employee is trained and hired, developing organizational loyalty begins in earnest. Offering continuing education and job training is key to demonstrating the health care organization's commitment to their individual success. For example, Phoebe Putney Memorial Hospital offers all full-time employees up to \$5,000 for post-secondary education. Henry Ford Health System offers access to the Student Resource Center to all entry-level employees. This is an opportunity for individuals to work with the Center's staff to develop their own career ladder.

Northwestern Memorial taps into Chicago's "Bizlink" program to provide mentors for their Welfare to Work participants from outside the hospital. Partners HealthCare

System uses its Employee Assistance Program to administer a mental health component for Welfare to Work participants enrolled in the program's Job Club. TMC HealthCare has added a post-hire mentor for program graduates. Although located on the TMC campus, the mentor is funded by a state grant to the Volunteer Center of Tucson. The mentor supports Welfare to Work participants after they graduate by connecting them to needed resources. TMC also added a CPR certification to their training so participants could have an early "win" in their training. Abbott Northwestern (Allina Health System) is closely linked to their new Health Career Institute, which provides expanded retention services primarily in the career development arena.

EXPANDING WELFARE TO WORK TRAINING/ EDUCATIONAL OPPORTUNITIES TO ALL ENTRY-LEVEL WORKERS

Partners HealthCare System Inc. has established a task force to identify needs and make recommendations on making the resources available to the welfare to work population available to all entry-level workers. Johns Hopkins has created a two-week soft-skills training program based on their Welfare to Work experience for all entry-level workers in nursing support and environmental services called

"Business Success Skills." It also includes a customer service training component.

Responding to the changing demographics in their communities, Partners and Exempla HealthCare are both enhancing their English as a Second Language program for all entry-level employees. Allina is partnering with their managed care company and Hennepin County to provide the hard-to-employ with English as a Second Language and GED classes.

The Pima County One Stop training agency provides an intake specialist on the TMC campus to help other employees access publicly funded training and education programs. TMC also expanded the C.N.A. training class funded with dollars for the Welfare to Work population to all entry level employees. Henry Ford has recently opened up their Student Resource Center to all entry-level employees. This helps with retention efforts as employees are connected to the training needed to develop and achieve their own career ladder.

CAREER LADDERS

All of the Task Force members recognized that career development and career ladders that cross department lines are critical to recruiting and maintaining a committed work force. Many were in the process of partnering with community colleges or other organizations to develop on campus career

institutes or centers. A two-year college in Albany, Ga. has approached Phoebe Putney to partner with them in the development of the Southwest Georgia Center for Women. They are targeting 20,000 women living in poverty to provide them with the tools to become self-sufficient. Phoebe Putney will be one of the employers providing the employment opportunities for these women.

Henry Ford has improved the communications between the hospital and the service providers that has resulted in more quickly identifying and filling in training gaps. Exempla is working with their local community college to develop a career development component that they hope to provide on campus. Allina's Health Careers Institute offers certificate programs that require 14-16 credits for completion. In 2002, they would like to add programs that require one to two years of college-level training for graduation. The vision is to collaborate with a four-year college so that employees always have that linked opportunity to further their education.

TMC HealthCare is in the process of revitalizing its Career Center – a move brought about not only by the nursing shortage, but through an identified need in just about every area of the hospital. Northwestern Memorial is launching a Corporate Academy that is the responsibility of their chief learning officer, a position new in 2001. They plan to combine

their Welfare to Work efforts with the goals of the Academy. Johns Hopkins is developing training programs to “grow their own” nurses, pharmacy, respiratory, radiology and medical technicians. These programs will be available to all employees.

Partners is working toward a more coordinated connection between its Patient Care Assistants training and the community college's C.N.A. training so that employees can move seamlessly along a career path that can lead to becoming a registered nurse. They are creating similar programs to address shortages in radiology, medical and pharmacy technicians.

EMPLOYMENT IS A COMMUNITY EFFORT


All nine health care organizations noted that it was increasingly difficult to recruit for health care jobs, and that the perception of health care as a fulfilling, economically supportive career has to be shaped in the primary grades and beyond. Hospitals by themselves can do much to increase retention, but they must partner with the education systems and the community to get new employees in the door. Other important partners like the local Chamber of Commerce and other business associations can help health care as a sector work with each other to maintain a pipeline of qualified candidates for all health care

organizations.

Without a doubt, the experience gleaned from working with the Welfare to Work population has been a positive one that has uncovered opportunities for health care work force development today and in the future. A most notable discovery was that Welfare to Work cannot be conducted in a silo – but must extend across organizations and systems. These connections provide enormous opportunities for expanded work force development that benefits both the employee and the organization.

Endnotes

- ¹ “Social Determinants of Health: The Solid Facts” – World Health Organization, 1998.
- ² Department of Labor, Bureau of Labor Statistics, Employment Projections – 1998-2008.
- ³ NurseWeek/Health Week, “Thinning Ranks – Challenges loom as the nursing corps grows older,” Volume 99-9.
- ⁴ “The Road to Retention II” – The Welfare to Work Partnership, 2000.
- ⁵ Source: The Economic Policy Institute.
- ⁶ “The Bottom Line for Better Lives – A Report to the President on Welfare to Work.” The Welfare to Work Partnership, Summer, 2000.
- ⁷ Source: “Welfare Check to Paycheck – State Incentives for Businesses to Hire Welfare Clients,” American Public Human Services Association, February 1998. Child-care states include: AR, AZ, CA, CT, DE, FL, HI, IA, ME, NE, NH, NJ, NM, NC, OK, OR, RI, SC, TN, TX, UT, VT, WA, and WI. Medicaid eligibility states include: AZ, CT, DE, MI, NE, NJ, SC, TN, TX, UT, VT and WI.
- ⁸ Source: National Governor’s Association Center for Best Practices, “Helping Welfare Recipients Stay Employed” www.nga.org/Welfare/EmploymentRetentionEmployed.htm
- ⁹ Source: Health Care Employment Brief, Fall 1999 issue, “Community Partnerships to Meet the Need for Workers”
- ¹⁰ Source: The Conference Board, 2000 Salary Survey, July 10, 2000.



Allina Health System
Abbott Northwestern Hospital
Minneapolis, Minn.

Train to Work

INTRODUCTION

Allina Health System is a not-for-profit, integrated health care organization with two divisions: Allina Hospitals & Clinics, and Medica, a leading Minnesota health plan that provides health care coverage to more than one million members. The Allina Hospitals & Clinics network owns 11 hospitals and manages seven, and has six nursing home facilities and a senior-housing complex. The largest hospital in the Allina Hospitals & Clinics system is Abbott Northwestern, which is the largest not-for-profit hospital in the Twin Cities area.

In 1995, the number of homicides in Minneapolis spiked to a

historic 93. At the center of the storm was the Phillips Neighborhood, home to Abbott Northwestern Hospital and the Phillips Eye Institute, both part of the Allina system. The hospital and the adjoining institute had to make a choice: become a walled-in island in the middle of a troubled neighborhood, or work with their neighbors to make things better. Choosing the latter, Allina joined with city, county, state and national law enforcement; private businesses; and community organizations to form the Phillips Partnership. Its goals were to improve housing, increase jobs, clean up public spaces, and reduce violence and crime.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

In 1997, the Phillips Partnership included Honeywell, Hennepin County, the city of Minneapolis, Norwest and US Banks, city law-enforcement agencies, Abbott Northwestern Hospitals and Clinics, the Minneapolis Foundation, and Fannie Mae Minnesota Partners. Honeywell has since left the neighborhood, and Wells Fargo, which recently merged with Norwest, has joined the partnership.

Early in 1997, Abbott Northwestern administrators realized that the shrinking unemployment rate was affecting their ability to attract entry-level workers for the hospital. At the same time, the unemployment rate in the Phillips Neighborhood was reaching 14.5 percent, almost five times the national average. To compound the situation, community agencies told Abbott administrators that neighborhood residents were afraid to walk through the doors and apply for employment. At that point, Abbott

administrators convened a meeting with community members to answer the question, “What is preventing members of our own community from applying for our jobs?” And then, “How can we get them here?” Responses to these questions spurred the creation of the *Train to Work* program.

THE TRAIN TO WORK PROGRAM

The *Train to Work* program is sponsored by the Phillips Partnership and is administered by Project for Pride in Living, a community agency focused on community rehabilitation. With a focus on the skills of everyday living rather than technical preparation, the four-week *Train to Work* program uses a training curriculum, developed by Project for Pride in Living, that is based on the successful Marriott program “Pathways to Independence.” *Train to Work* began operating Sept. 15, 1997, and has since cultivated strong relationships with community agencies and area technical colleges.

Recruitment

Project for Pride in Living staff members run ads in local newspapers and on local radio stations, attend job fairs, and visit homeless shelters. However, the most successful advertisement has been word-of-mouth from prior participants and by local agencies working with *Train to Work*. A few individuals are referred directly from the Minnesota Family Investment Program, the state program that oversees Temporary Assistance to Needy Families, or TANF. The recruitment process for *Train to Work* has six steps: filing an application, attending an informational session, completing the

Adult Basic Literacy Exam, completing a background check, attending a second interview, and attending a human resources session that includes all paperwork and rules. If a recruit passes all phases of the process, he or she is accepted into the *Train to Work* program.

Work Readiness Program

Train to Work is a paid, four-week work-readiness program that starts at \$6.50 per hour. Classes are conducted every month, with an average of 15 to 20 students accepted into each class. Generally, a few individuals drop out along the way, and an average of 12 graduate by the end of the class session. Training covers three job categories – nursing assistant, clerical and entry-level service positions - which rotate each month. Training consists of classroom instruction and job shadowing for approximately 30 hours per week, for a total of 120 hours:

Week One:

The first week of training includes an introduction to the program, along with subjects such as team building, filling out the job application, managing time, stress, budgeting, motivation, goal-setting and anger management.

Week Two:

In the second week of training, the curriculum moves to communication, characteristics of a valued employee, finding the right job opportunity, understanding differences in the work force, and “150 ways to keep your job.”

Week Three:

The third week of training consists entirely of job shadowing.

Week Four:

Finally, in the fourth week of training, participants are exposed to interview techniques and job-search training. They end the week with a graduation and recognition ceremony.

The two major reasons participants drop out are attitude and lack of domestic tranquility. These and other factors that influence a participant’s success – such as housing, transportation, uniforms, interview clothing, telephone services and computer training – can be addressed through partnerships with other agencies.

Once they complete classroom instruction, program participants begin their careers in entry-level positions at Abbott Northwestern or Children’s Hospital. Starting salaries usually range from \$8 to \$10 per hour, and most individuals fill positions in nutrition services, environmental services, parking and transportation, and patient escort services. If an employee is hired into a position that is scheduled for more than 20 hours per week, the employee receives a benefits package that includes medical, dental and life insurance; tuition reimbursement; and a home-ownership program that ties into the Phillips Partnership strategic plan for improving housing. Qualified employees can receive grants for up to \$10,000 toward down payment on Phillips Neighborhood homes.

Staff retention specialists assist program graduates for up to 18 months after they graduate. If a manager has problems with a *Train to*

Work employee, he or she calls the Project for Pride in Living retention specialist for intervention, along with an internal human resources representative. The retention specialist provides case management that could address any area of the employee's life, from job issues to day care, transportation, clothing, food or utilities.

Project for Pride in Living employs staff members of *Train to Work*, although all classes are conducted on the Abbott Northwestern campus. Program personnel include one manager, two trainers, two retention specialists and an administrative assistant – a total of six full-time equivalents. Their salaries are funded through grants from the Phillips Partnership and the United Way. The Allina Foundation and Abbott Northwestern give in-kind support, including space, desks and computers. Abbott's vocational services department has received a separate Department of Labor grant to fund the inclusion of individuals with disabilities into *Train to Work*.

The cost of the program is approximately \$2,000 per graduate - a significant saving over the new-employee hiring cost of approximately \$4,300, estimated by Abbott's human resources department.

CONCLUSION

The *Train to Work* program is a significant piece of the revitalization of the Phillips Neighborhood in Minneapolis. In 1999, property values increased 45 percent. The number of Abbott Northwestern employees from the Phillips Neighborhood grew by 30 percent from 1998 to 1999.

In 1998, turnover in housekeeping and dietary departments at Abbott was at about 30 percent, and there were consistently more than 10 openings in each area. Since the inception of *Train to Work*, these departments rarely see more than three to five openings in these positions, and those can be filled quickly with *Train to Work* participants. The next phase of the Allina System's work force development is already underway with the launching of their Health Careers Institute that offers training and certificate programs for all employees.

E

xempla HealthCare

Denver, Colo.

WorkStart

INTRODUCTION

Exempla HealthCare was formed in 1997 by the integration of Lutheran Medical Center in Wheat Ridge, Colo., and Saint Joseph Hospital in Denver. Both organizations have been recognized in HCIA-Sach's Institute's "The Top 100 Hospitals-Benchmarks for Success" study three times in the last six years. Exempla offers a complete range of health care services, from acute care services to preventive outpatient care and wellness education throughout the community. Exempla HealthCare also includes the Exempla Medical Group, a large medical

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practice of primary care physicians who have practice sites throughout the Denver metropolitan area.

In the late 1990's, Exempla faced an ongoing issue: recruitment and retention of qualified employees from a shrinking candidate pool. Although available for employment, TANF recipients and people eligible for welfare to work lacked the skills and training needed to fill Exempla positions. Exempla's chief executive officer recognized the need to implement a work force development plan that met the needs of a growing organization while strengthening the surrounding community. The *WorkStart* program was the vehicle to accomplish these objectives, and the first graduates from the new program began their careers in August 1999.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

Both Exempla facilities have almost a century of history and experience in the communities they serve, which encompasses the Five Points area of Denver. Many families in Five Points and surrounding neighborhoods live on much less than the city's median income. While the unemployment rate in metro Denver is approximately 2.3 percent, unemployment in the Five Points area is estimated at 18.68 percent. As a large employer in the community, Exempla is among Five Points' most valuable assets.

In 1998, the Enterprise Foundation approached Exempla HealthCare and several other health care organizations with a proposal

for the *WorkStart* program. The Enterprise Foundation is a national not-for-profit organization dedicated to rebuilding low-income communities. Enterprise's Denver office, established in 1994, provides technical assistance and program support to local partners involved in affordable housing development, asset-based community development, and employment training programs. The organization acts as a catalyst for local partnerships, and in many cases, as a fiduciary agent. The foundation also can provide temporary assistance to individuals in need.

The community-development aspect of the program, as well as the potential for improving work force development and retention, were key factors in Exempla's participation in the *WorkStart* program.

THE WORKSTART PROGRAM

The Enterprise Foundation contracts with Goodwill Industries and the Community College of Denver to provide basic job-skills training, post-employment support, and continuing vocational education for *WorkStart* participants. Exempla enhances the training with department tours and internship experiences. Eligible candidates then apply for permanent positions with Exempla. Those who are hired receive case management and continuing educational support during their first year of employment.

Due to special emphasis on the community-development aspect of the partnership, Exempla's community development department operates *WorkStart*. This department works closely with the human resources department to ensure that all program phases are integrated. Currently,

human resources staff members only provide consultation to the community development department, but they may take a more active role in the future.

In the initial stages of the *WorkStart* program, two Exempla employees spent approximately 30 hours per week on the program, at a cost to Exempla of approximately \$30,000 per year. Both employees also managed other community-based Exempla programs. A newly proposed structure includes sharing a full-time equivalent with the Enterprise Foundation to sustain the program at Exempla.

To connect to the *WorkStart* program, welfare to work participants must first complete a Denver Department of Human Resources recruitment process. Identified individuals are referred to Goodwill Industries for training, funded by the Enterprise Foundation.

The four program phases are:

Phase One – Pre-Employment Training

Participants attend four weeks of pre-employment skills and personal-development training, provided by Goodwill Industries. Exempla provides hospital-department tours and guest speakers during Phase I, while Goodwill helps participants with ongoing case-management services. Child care, transportation and preliminary skills training are addressed. *WorkStart* partner health care organizations work with Goodwill to support orientation to the health care industry.

This initial phase emphasizes life skills and work-readiness training. Courses include aptitude testing, self-esteem and fitness building, active problem solving, basic

computer skills, customer-service training, basic professional dress, and interview training. If participants choose to continue education in a vocational area, such as becoming a certified nursing assistant or phlebotomist, the Community College of Denver provides that training

Phase Two – Two-Week Volunteer Internship

Participants work as volunteer interns in positions targeted as possible employment opportunities at Exempla. During this time, participants continue to receive their TANF benefits. Participants and their managers can use Phase II to assess the appropriateness of the targeted position for the candidate.

Phase Three – Part-Time Employment and Continued Education

Participants who have met all program requirements apply for permanent positions with Exempla. New employees from the *WorkStart* program work part-time hours in full-time positions, if at all possible, for the first three months of employment. This helps participants continue their education at the Community College of Denver.

Phase Four – Regular, Full-Time Employment

New employees from the *WorkStart* program increase their hours to a regular, full-time week at the end of three months. *WorkStart* managers continue to monitor and report on new employees' progress regularly so that appropriate support or additional training can be provided when needed during the first year of employment. Continued case management is available through Goodwill Industries.

An important asset of the *WorkStart* program is its mentoring component. A department mentor – a peer working the same or a similar position as the *WorkStart* participant – teaches the program participant details of his or her position and how to thrive at Exempla. The department supervisor, manager or director acts as the main liaison to the *WorkStart* program coordinator and Goodwill employment specialist, and supports the *WorkStart* participant in becoming a successful member of the Exempla team. To support managers in this role, Exempla has developed a system to recruit and train managers who work with *WorkStart* participants.

CONCLUSION

The *WorkStart* program changed service providers at the end of 2000 and now works with a neighborhood organization with strong community ties. The three-month job-training component is now called a practicum and completion of this allows the participant to apply for any open job in the System. Exempla is a great example of a program that is redefining itself to meet both the participant and organization needs – and at the same time forging firmer ties with their community.

H

enry Ford Health System

Detroit, Mich.

New Beginnings

INTRODUCTION

Henry Ford Health System is a leading comprehensive health systems, providing acute, specialty, primary and preventive care services backed by excellence in research and education. Founded in 1915 by auto pioneer Henry Ford, this 900-bed organization is one of the largest hospital systems in the Detroit region and is committed to improving the health and well being of a diverse community.

Healthy partnerships are the foundation of good health. Fostering those partnerships is one way that Henry Ford Health System fulfills its mission of improving the health of residents of southeastern Michigan. The people of Henry Ford Health System believe that the organization exists not only to serve the health care needs of the community, but also to be a good

neighbor. With this commitment comes an interest in contributing to the development of their community by providing employment-related opportunities for the citizens of Detroit. This commitment has led to several innovative welfare to work programs with their roots at Henry Ford Health System.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

Henry Ford Health System's long history of community service includes a wide variety of welfare to work programs. Coordinated through the volunteer services and human resources departments of Henry Ford, they include New Beginnings, Job Ladder, the Pharmacy Tech Program and a newly created initiative from the volunteer services department.

NEW BEGINNINGS

The New Beginnings Program, implemented in 1997 as a result of collaboration among the three major health care systems serving Detroit, provides employment opportunities for Detroit residents. Program collaborators include Henry Ford Health System, Detroit Medical Center, St. John's Health System and the Detroit Neighborhood and Family Initiative. Participants must live in the empowerment zone and meet federally funded guidelines for low-income individuals. New Beginnings participants gain education, training and part-time employment in health care while they pursue their education goals. Once participants complete the educational track, they receive full-time positions in their areas of concentration.

The Michigan Family Independence Agency and the Department of Career Development refer program participants and co-administer Michigan TANF funds. The educational partner for New Beginnings is Wayne County Community College, which develops the curriculum and teaches courses provided through the program. Henry Ford Health System partially funds New Beginnings through its McGregor Fund.

JOB LADDER

Henry Ford Health System also serves as an employer for the Job Ladder program. Supported by a grant from the Joyce Foundation to the Detroit Regional Chamber of Commerce in 1999, Henry Ford served as the program's pilot employer.

The program's objective is to expand the pool of entry-level workers, create a pool of "pre-screened" applicants for higher-paying jobs, and provide a clear path to success for job seekers who do not have a history of steady employment. One long-term goal is to determine if this is a viable concept for getting more people into the labor market and ultimately promoting them to higher-paying jobs. Another goal is to see if the concept can be expanded to job-placement programs throughout the region, or incorporated into welfare to work initiatives. The intent is to encourage career preparation, as opposed to simple job placement. There are two levels of participation, and Henry Ford Health System currently participates in both:

Tier One

Provides part-time, entry-level positions that pay minimum wage. Job seekers must stay employed for nine months and maintain 95 percent attendance to advance to Tier Two.

Tier Two

Provides full-time positions starting at \$8 per hour or higher, with medical benefits.

DEPARTMENT OF PHARMACY SERVICES PROGRAM

Hospital pharmacies employ pharmacy technicians, supervised by pharmacists, to help prepare medications for patients. Pharmacy technicians receive medication orders and enter them into the pharmacy computer system, prepare medications and labels for dispensing, and deliver medication to patient-care areas. To qualify for a pharmacy technician position, one must have prior experience as a pharmacy technician or be a graduate of a pharmacy technician-training program.

Attracting qualified candidates has become increasingly difficult during the past few years because the need for trained pharmacy technicians is greater than the number of available candidates. Initially, Henry Ford Hospital Pharmacy developed an internal pharmacy technician-training program. As the labor market grew tighter, the organization began to look for partners in the community to identify new candidates for the program. In 1998, the organization established a relationship with the City of Detroit's Welfare to Work Program. The training program was moved to Wayne County Community College in

1999, but Henry Ford Hospital Pharmacy still serves as a clinical training site where students receive five weeks of hands-on experience.

VOLUNTEER SERVICES DEPARTMENT INITIATIVE

Henry Ford Hospital's volunteer services department, three career institutions and the State of Michigan's Family Independence Agency collaborate to financially assist welfare to work recipients enrolled in allied-health-related career tracks, such as medical assistants and clinical service representatives. Students must work 25 hours per week to qualify for school grants. Ultimately, the collaborative would like to waive work hours and allow participants to volunteer in a variety of health care experiences for the same amount of time, gaining on-the-job exposure while attending class.

CONCLUSION

Henry Ford Health System continues to build on its relationships with area post-secondary education institutions to develop curricula and certificate and degree programs that meet their work force development needs. The organization also goes further "downstream" to work with neighborhood elementary and high schools to encourage interest in health care careers.

Employees are committed to Henry Ford Health System's work force development initiatives and act as advocates for the organization in the community. Henry Ford's philosophy is that everyone wins when physicians, patients, community groups and businesses partner for good health.

The Johns Hopkins Health System The Johns Hopkins Hospital Baltimore, Md.

WorkMatters

INTRODUCTION

Since 1889, Johns Hopkins Hospital has been well known for teaching, research, creation and dissemination of new knowledge, and innovative methods of patient care. The facilities at The Johns Hopkins Health System include 1,039 acute care beds and such renowned centers as the Brady Urological Institute, the Wilmer Eye Institute, and the Johns Hopkins Comprehensive Cancer Center and Children's Center. Two institutions were acquired in the 1990's to round out the Johns Hopkins' network: Johns Hopkins Bayview Medical Center and Howard County General Hospital.

The Johns Hopkins Hospital sits in the middle of a community that has experienced a large decline in health status during the past 20 years. Crime rates and drug issues have escalated, while educational opportunities have become scarce. Johns Hopkins has also experienced a major need for entry-level workers and has implemented programs to recruit residents from the local community. However, the organization has found it increasingly difficult to recruit qualified candidates with the necessary basic skills. Johns Hopkins was not alone in its search, as the labor pool in Baltimore included many long-term, “hard-to-serve” TANF recipients and non-custodial parents of children receiving TANF who had not successfully found and held jobs. To reverse the decline in community health statistics, Johns Hopkins needed the people in its community to be working, and most importantly, working at Johns Hopkins.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

The Johns Hopkins Health System’s participation in Baltimore’s welfare to work reform initiatives began in 1994 with the *Work Experience Program*. This still-active program provides on-the-job training for Family Investment Program participants. It is part of the Baltimore Office of Employment Development’s strategy to prepare welfare recipients for entry into the work force and to build self-sufficient families.

In February 1997, Hopkins began participation in OED’s *Employ Baltimore* program by developing customized and occupational skills-training opportunities for entry-level nursing and patient-transport positions.

The Johns Hopkins Health System’s corporate human resources department operates the programs in collaboration with the Historic East Baltimore Community Action Coalition and Baltimore City Community College. Program funding has been provided through private grant funds and federal Empowerment Zone funds awarded to the HEBCAC. However, as these funds began to diminish and the number of individuals with more severe barriers to success grew, Johns Hopkins decided to pursue Department of Labor funds specifically designed for welfare to work participants.

THE WORKMATTERS PROGRAM

In May 1999, Johns Hopkins, in partnership with Civic Works, a community-based training organization, was awarded a Department of Labor grant to implement *WorkMatters*, a new work strategy for Baltimore welfare recipients. This initiative targets hard-to-serve TANF recipients for employment opportunities in the Baltimore metropolitan area. *WorkMatters* uses a subsidized employment model to ensure that participants enter jobs immediately, and provides a comprehensive set of seamless services, including career-development counseling, skills training and ongoing personal support.

The *WorkMatters* program provides a developmental pathway that starts at Civic Works and transitions to the hospital. From the very start, the program attempts to make tangible and attainable a future of employment, education and training. At the same time, it gives participants the essential

tools for success: a supportive structure of caring adults and positive peer influence, treatment and counseling for substance abuse or psychological problems, and resources to address other barriers to employment.

The program directs participants into the health and bioscience industry pipeline at Johns Hopkins. All successful participants are placed at Johns Hopkins as environmental service workers, food service workers, dietician assistants/nourishment aides or inventory-management clerks. The first two positions do not require a GED or high school diploma, but the latter two do.

“Cohorts” of 20 participants start the program every three months. Four cohorts comprised the program beginning in August 2000. *WorkMatters* recognizes and celebrates participants’ achievements and success through events, ceremonies, parties, certificates and opportunities for advancement. The program consists of six phases:

Phase One – Recruitment/Enrollment

Johns Hopkins and Civic Works mount a comprehensive recruitment and outreach effort to inform eligible individuals of the program, with a focus on employment at Johns Hopkins. An extensive network of community associations, churches, Empowerment Zone agencies, area clinics and local businesses has been created to implement this strategy. Civic Works has hired a full-time recruiter to accomplish the recruitment process, which takes approximately three months for each cohort.

Phase Two – Program Orientation and Assessment

Civic Works developed and administers a three-part vocational assessment that consists of “The Interest Profiler,”

“The Work Importance Locator” and “The Ability Profiler.” The instruments assess participants’ interests, work values and abilities. A Johns Hopkins counselor interviews each participant to determine if there are barriers to employment, and administers the Comprehensive Adult Student Assessment System. Based on these assessments, an Individual Education Plan/Career Portfolio and a personal profile are developed for each participant. Subsequent programming for participants is based on assessments. During this two-week program phase, participants receive a \$30-per-week stipend for expenses.

Phase Three – Program Introduction/Internship

Based on the results of the assessment, participants are referred to facilities that provide substance-abuse treatment and counseling, if needed. The program also provides other services and assistance, including family-support services such as safe, affordable housing; day care assistance; crisis intervention; brief supportive therapy; fund assistance for emergencies; community outreach; and case management. The Johns Hopkins counselor oversees each referral and monitors each participant’s progress.

During this phase, Civic Works starts training in life skills, job readiness and retention. Much of the training is hands-on, experiential and participatory, occurring in teams as participants perform community-service projects. In the process, participants gain a sense of accomplishment and learn a variety of skills in areas such as teamwork, leadership, conflict-resolution, customer service, communications, problem solving, time and materials management, and planning. These services help participants gain and reinforce the work ethic.

Finally, participants start Johns Hopkins' Skills Enhancement Program, in which they are integrated with hospital employees and begin to learn from them about Johns Hopkins' culture and expectations. This phase of the program also lasts two weeks, during which participants continue to receive a \$30-per-week stipend for their expenses.

Phase Four – Subsidized Employment/Community Service

This phase involves intensive preparation for transition to Johns Hopkins and includes a continuation of life skills and job-readiness training, as well as barrier reduction. Career-development training begins, and participants explore the multiple career tracks and types of positions available at Johns Hopkins, based on their personal assessments. They learn how to interview for a job, produce a resume and conduct a job search.

The Johns Hopkins counselor continues case management and barrier reduction, and moves those who are ready into the Healthcare Core Program, which integrates them with current hospital employees. During this phase of the program, participants put in 25 hours per week for approximately two months and receive a wage of \$6.10 per hour.

Phase Five – Continuing Subsidized Employment

Participants start in entry-level positions at the hospital, working at least 25 hours per week. The Johns Hopkins counselor continues case management and life-skills and job-readiness training as needed. Participants also continue their work in the Skills Enhancement Program or the Healthcare Core Program. This is a period of intense on-the-job training.

During this phase, participants are paid \$6.10 per hour for approximately 25 hours per week. Although this

phase is designed to last four months, those who are ready to move more quickly into unsubsidized employment can do so. On the other hand, some participants may require additional time in this phase. Even though participants may move at different rates and are working in different departments, they all get together periodically to share successes, solve problems and reinforce each other's efforts to succeed.

Phase Six – Unsubsidized Employment

Participants transition into full-time employment in the departments in which they have been working, or in other departments if more appropriate positions are found. Most entry-level jobs start at \$7.34 per hour, with a \$.25 increase after 60 days. All hospital employees receive a full benefit package, including medical and dental benefits, life insurance, disability, retirement and time off. For employees who earn less than \$25,000 per year, Johns Hopkins offers tuition advancement for college credit courses. For those who earn more, tuition reimbursement is available.

Participants can continue their academic remediation or GED preparation through the Johns Hopkins Skills Enhancement Program or the Healthcare Core Program. In addition, the counselor continues case management, career counseling and job-retention work for a year after unsubsidized employment begins. Participants who are ready move into more technical training free of charge.

CONCLUSION

The Johns Hopkins Hospital has been part of welfare to work efforts for almost a decade. Now, with the *WorkMatters* program in place, the

hospital will hire this program's first cohort of full-time equivalent employees in early 2001. This program recognizes the importance of a career ladder and the program design includes those opportunities. Through broad-based work force development efforts, Johns Hopkins continues to positively impact the health status of hospital employees and neighborhood residents.

N

Northwestern Memorial Hospital Chicago, Ill.

Bright Futures

INTRODUCTION

Northwestern Memorial Hospital has provided Chicago residents with community service and patient care for more than 135 years. In 1999, Northwestern constructed a 492-bed facility adjacent to the existing building, funded by a combination of private support and efficient stewardship of hospital resources. The customer-friendly structure resulted in an influx of new patients.

While other Chicago hospitals were closing departments or discontinuing services, Northwestern experienced unprecedented demand that resulted in a need for increased staffing, particularly in entry-level positions. With low unemployment rates that reflected those nationwide, the human resources department was looking for new opportunities to

recruit and retain employees. The answer came in the form of a partnership with DePaul University and the collaborative welfare to work program, *Bright Futures*.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

In 1997, Governor Jim Edgar asked Northwestern to join Illinois' efforts in welfare reform by hiring 20 welfare recipients. Northwestern was able to hire three of the initial referrals, and then went on to hire 34 more. As the opening of Northwestern's new facility grew imminent, the organization had an immediate need for more than 50 new environmental services employees. This led to Northwestern's selection of a single service provider – DePaul University's Office of Applied Innovations – for its welfare to work program.

OAI's training program had existed for more than 20 years, but moved to DePaul in its last five years and began working with Northwestern in 1998. At that time, the city of Chicago was awarded a \$5.5 million grant in the first round of the Department of Labor competitive welfare to work grants, and Northwestern began recruiting for the opening of its new facility. The funding enabled OAI and Northwestern to collaborate on the *Bright Futures* program. The same federal funding, which is now shared by 12 to 15 service providers in the Chicago area, has been extended through 2002.

OAI is Northwestern's preferred provider because of its connection to the Welfare to Work Partnership's BizLink program. BizLink is an

innovative program that helps businesses and community-based organizations work together to hire and support an untapped source of workers. The program's mission is to create partnerships and leverage resources that enhance employee retention. The BizLink network has programs in five major cities – Chicago, New York, Los Angeles, Miami and New Orleans – to help businesses hire, retain and promote good, productive workers.

THE BRIGHT FUTURES PROGRAM

The partnership between OAI and Northwestern has been key to the success of the *Bright Futures* program. Northwestern's human resources department manages the program, reviewing Northwestern's employment needs and criteria for new employees in areas such as environmental services, materials management, food services and patient-care technicians. OAI provides recruitment, screening, training and case management, and worked with Northwestern department managers to develop the training curriculum.

Program components include:

Step One - Screening

OAI screens potential participants for training. Since OAI is not an employer, it is able to screen more thoroughly and ask questions about drug abuse, people living in the home, transportation ability, and child-care arrangements. The screenings take place at several community locations, and all candidates are on some sort of public assistance. The

program targets Chicago's neediest communities and focuses on low-income federal Empowerment Zones and public-housing developments.

Step Two – Interviews

OAI intake personnel interview potential candidates, observing attitude and basic skills, and administer a test to determine reading ability. The interview is held downtown to test candidates' punctuality and knowledge of the transportation system. Candidates who succeed during the interview process participate in drug and psychological screenings.

Step Three – Employer Interview

Northwestern interviews each candidate and receives valuable input from OAI staff members. If a candidate is accepted, he or she is guaranteed a position after completing training.

Step Four – Training

Training is developed with and customized for the hiring department. For example, in preparing to join Northwestern's environmental services department, candidates participate in two weeks of intense, customized job training. About half of their preparation focuses on life skills, such as managing work-related routines and issues such as child care and transportation. Additional training, in part designed by Northwestern's human resources department, is workplace-focused. Training concentrates on team building, time and money management, critical thinking, conflict-resolution, sanitation, safety, and job-specific modules. OAI staff members create the curriculum and provide the training, with

input from the hiring department and human resources. During the training process, there is zero tolerance for absences and tardiness.

JOB SUPPORT

Case management is important to Northwestern employees' success. Case managers from OAI are on-site at Northwestern two days a week to follow up with *Bright Futures* employees. They begin with intensive weekly home visits, which taper off to monthly visits after one year. Case managers follow each employee for two full years after employment. Because of this unique strategy, case managers can help employees deal with home issues that might affect their work environment. For example, an employee could be fired if he or she misses more than three days of work without reporting. Case managers investigate issues and help the employee retain his or her job.

Mentors also assist the case manager by helping new employees transition to their new jobs. Mentors are volunteers in the department or are referred to the program through an organization called Women in Community Service. Department managers also serve as mentors and have learned to recognize warning signs in their employees. Because of their commitment to *Bright Futures*, managers have become more aware of issues that affect employee performance.

CONCLUSION

Northwestern Memorial staff members not only play an active role in

preparing candidates for the positions, they celebrate their success. After training is completed, new employees participate in a graduation program jointly presented by DePaul University and Northwestern, with participation from staff members of the Mayor's Office of Workforce Development.

A new Northwestern Memorial staff position – chief learning officer – will continue to provide focus on work force development for the organization. This and continued involvement with city welfare to work programs will ensure the match of qualified workers to Northwestern job openings.

P

artners HealthCare System, Inc.

Boston, Mass.

Project RISE

INTRODUCTION

Partners HealthCare System Inc., founded in 1994 by Brigham and Women's Hospital and Massachusetts General Hospital, is developing an integrated health care delivery system in the Boston area that offers patients a continuum of coordinated high-quality care. The not-for-profit system, listed in HCIA-Sach's Institute's 2001 survey "The Top 100 Hospitals Benchmark for Success," includes primary care and specialty physicians, community hospitals, two academic medical centers, specialty features and community health centers.

Since its inception, Partners has continued its hospitals' longstanding tradition of community commitment. Each Partners hospital

focuses on its own specific community and population, yet operates under the community benefit mission adopted by the Partners Board of Trustees in January 1995: *Partners is committed to working with community residents and organizations to make measurable, sustainable improvements in the health status of underserved populations.*

In October 1998, Partners HealthCare implemented its welfare to work program, *Project RISE* (Reaching Individuals Striving for Excellence), as part of its continuing commitment to the community. The comprehensive training program targeted to welfare to work participants meets both Partners' employment needs and the system's commitment to improving the health and welfare of the Boston community. *Project RISE* was developed as a response to the organization's concerns about the effects of Massachusetts welfare reform on community members, and it met Partners' systemwide need to fill entry-level positions with job-ready applicants.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

The Boston Private Industry Council has led work force development programs in Boston for more than 20 years. The Boston business community has long been engaged in work force development. The business community responded quickly to the opportunity to expand training services for non-traditional labor pools, accessing funds made available through Welfare Reform legislation. The PIC, along with the Economic Development and Industrial Corp., received a four-year, \$11 million U.S. Department of Labor grant in 1998 to fund training and case

management for 12 welfare to work sites in the city, including *Project RISE*.

In Massachusetts, the Department of Transitional Assistance allocates TANF funding. Once an individual begins receiving TANF funds, the DTA refers him or her to one of three Boston Career Centers. Changes in federal law and strict two-year time limits on welfare benefits now emphasize "work first" job-placement activities for TANF recipients. The Career Centers are the prospective job seeker's first stop in this new model.

Caseworkers at the Career Centers provide assessment and preliminary guidance, and determine an individual's eligibility for welfare to work funds and programs. Eligible individuals interested in the health care field are referred to *Project RISE*. During the first two years, eligibility requirements limited enrollment to individuals deemed "hard-to-employ" - those who lacked a high-school diploma or GED, had low math or reading skills and a very limited work history. As a result of recent changes in federal legislation, *Project RISE* can now accept participants with a high-school diploma or GED.

Project RISE is operated by Partners Community Benefit Department in close partnership with human resources personnel at its two founding hospitals, Brigham and Women's Hospital and Massachusetts General Hospital. Community partners include Jewish Vocational Service, which provides pre-employment training, and WorkSource Staffing Partnership, which provides case-management and career-development services. Case-management and career-

development services, which individuals originally received for one year, have recently been extended to 18 months.

PROGRAM COMPONENTS

Project RISE has four goals:

1. satisfy the business need to fill entry-level openings with job-ready candidates
2. build on a longstanding commitment to improve the health of underserved Boston neighborhoods
3. provide employment opportunities for community residents scheduled to lose public assistance benefits due to welfare reform
4. improve job retention for entry-level employees

A variety of entry-level positions with full benefit packages are available, providing that all-important first step on a career path. *Project RISE* program elements include:

Job-Readiness Training

This eight-week, intensive, pre-employment training program builds job-readiness skills such as attendance and punctuality, appropriate workplace behaviors and attitude, appropriate dress, application and resume preparation, and interview techniques. Jewish Vocational Service manages this component of the training. During the eight weeks, participants tour the two hospitals and participate in class presentations from supervisors and managers to learn about

open positions and expectations for successful employment.

Job Shadow/Internship

Originally, each participant had two job-shadowing opportunities that let him or her gain firsthand knowledge of the responsibilities and demands of available jobs. During a recent program redesign, the two job shadows were replaced by nine full-day internships that match participants' interest with current job openings as much as possible. This has been a very successful component, as participants feel a sense of ownership of a position, and are motivated and encouraged by their ability to do well in the hospital environment. Supervisors and human resource staff members gain a good sense of the participant's skills, facilitating a good placement match.

Job Placement/ExpressLane

At the end of the pre-employment training, the ultimate goal is to place all graduates into full-time, permanent employment as quickly as possible. *Project RISE* ExpressLane brings the *RISE* graduates to the hospital in a setting where managers can stop by and meet them, examine their resumes and interview them on the spot. This innovation streamlines the interview process and has resulted in several on-the-spot placements.

Job Club

Available to program graduates who have not yet been placed in permanent employment, Job Club continues their formal connection to *Project RISE* by providing ongoing job-placement resources, including access to the Partners Web site where all open positions are posted. Program graduates

also participate in Expresslane interviews.

Case Management

During training and for 18 months after employment, WorkSource gives each *Project RISE* participant case-management services. Case managers help participants obtain child-care vouchers, access transportation assistance, and cope with the demands of single parenthood and full-time employment. They also provide referrals to community-based resources, such as domestic-violence counseling.

Career Development

While connecting participants to their first jobs is central to *Project RISE's* mission, Partners understands that true self-sufficiency will only be achieved through career advancement. *Project RISE* case managers help participants plan for their futures, offering assistance in obtaining high-school equivalency diplomas, English language classes and other resources to increase their workplace skills. Partners HealthCare System also provides a broad range of on-site classes to participants once they are employed.

The Mayor's Office of Jobs and Community Service allots *Project RISE* \$500 per employee for training and emergency items. This office is overseen by the Economic Development and Industrial Corp. and the Boston Private Industry Council – the local administrators of the Department of Labor Grant that funds *Project RISE*. In addition, part of the funding from the Massachusetts Department of Transitional Assistance goes toward this pool of money.

These funds are made available to *Project RISE* through the case-management partner, WorkSource. Since case managers work closely with employees who have graduated from *Project RISE*, they know firsthand of emergencies or training issues that require financial resources, and make requests to the EDIC and the PIC for funds when necessary.

CONCLUSION

Staff of *Project RISE* continue to enhance the program and recently advocated for an eighteen month case management period which was approved and funded. Additional work force development efforts are occurring throughout the organization, including recruiting people from diverse cultures for open positions and examining the viability of extending some of the supports for the Welfare to Work population to all entry level employees.

The Partners Human Resources and Community Benefits Departments work closely together to identify where labor shortages exist and how they can connect with community agencies to meet those needs. The value for Partners is making the people connection and getting them in the door.

P

hoebe Putney Memorial Hospital

Albany, Ga.

Work Experience Program

INTRODUCTION

Located in Albany, Ga., Phoebe Putney Memorial Hospital is Southwest Georgia's leading regional medical center. Since its founding in 1911, Phoebe Putney has grown to more than 450 hospital beds and now serves a region that is home to more than 300,000 people. It is the only provider of maternity, neonatal intensive care, perinatal care, cardiovascular surgery, mental health and radiation oncology services in an eight-county region.

The region is the poorest congressional district in Georgia, and its health status is the lowest in Georgia for leading causes of death. There is a significant welfare population in this rural area, but there are many job openings because most residents do not have the basic skills to find and

retain a job. Many employers have chosen to move out of the region and take job opportunities with them. As a community provider of health services and employment opportunities, Phoebe Putney, in collaboration with the state of Georgia and several other providers, has stepped up to the plate with an innovative welfare to work program, *Work Experience*, or *WEX*.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

In March 1997, the Georgia Department of Family and Children's Services asked Phoebe Putney to participate in Georgia's Work Experience Program, which places welfare recipients in the workplace to gain on-the-job experience and better their chances for full and sustainable employment. DFCS is the state's TANF administrator and distributes the funds through programs such as *WEX*. The goal is for program participants to gain valuable work experience and paid employment when vacancies occur. Phoebe Putney agreed to become a work-experience site, placing thoroughly screened welfare recipients in selected hospital departments where they could volunteer as much as 35 hours per week.

Phoebe Putney's mission as a not-for-profit hospital is to improve the health of those they serve. Moving welfare recipients to self-sustainability ultimately improves the health and well being of the entire community by providing health insurance, increased well being and other benefits. With manpower shortages and increasing health care needs in the community,

the WEX program not only sounded like the right thing to do, but it also sounded like the smart thing to do. Hospital administrators believed they needed to make an “upstream investment” in their community in order to effect long-term change.

When it adopted the WEX program, Phoebe Putney decided to house it in the hospital’s volunteer services department. Volunteer services staff members, accustomed to working with people who may have limited training or no hospital experience, were sensitive to the special needs of these new job seekers. Welfare to work participants in training also generate substantial volunteer service hours.

Community partners include the DFCS, the Department of Labor, the Albany Technical Institute, and the Job Training Partnership Act. For approximately one week before placement at Phoebe Putney, the Department of Labor works with Albany Technical Institute to provide training that includes job readiness, resume preparation, employer expectations, applications and life skills. DFCS and JTPA provide funding, recruiting and training to eligible individuals.

PROGRAM COMPONENTS

The WEX program consists of job-readiness activities and work-experience placements limited to six months. The number of hours that WEX participants work each week is based on the amount of TANF assistance and food stamp allotment, divided by the minimum wage. Beyond work experience for WEX participants, Phoebe provides:

Phase One – Referral and Screening

DFCS and DOL coordinators refer clients to the Phoebe Putney WEX coordinator. This coordinator is funded through the WEX program, so Phoebe Putney has no salary, recruitment or advertising costs. Once the coordinator successfully interviews the client, the client is interviewed by the department head or the supervisor.

Phase Two – Orientation

Phoebe Putney guides participants through a custom-designed hospital orientation to make them more comfortable in their new workplace.

Phase Three – Training

Training takes place in the specific department where the participant is volunteering. This training can be anywhere from one to six months long.

Phase Four – Life Skills and Employment Education

Training is provided by the Department of Labor, the County Extension Service, and Phoebe Putney’s Department of Behavioral Medicine.

Phase Five – Ongoing Support

Phoebe Putney presents “Lunch & Learn” sessions, where lunch is provided along with practical help with life- and money-management skills, motivation, self-esteem, effective parenting, and assertiveness training.

WEX participants volunteer to work in departments such as food services, environmental services, central sterile, security, transportation, EKG, the Breast Center and the Family Tree Daycare. GED high school

equivalency diplomas are required for all jobs, with the exception of food services and environmental services. Even in these departments, participants must stay at entry-level positions until they receive GED's. Criminal background checks are conducted at hiring, and GED support services are offered to help participants gain desired employment opportunities. When a WEX participant moves from welfare to employment, the hospital receives the participant's welfare benefit check for up to nine months to cover the cost of their training.

The WEX program does not include one-to-one mentoring, but the paid WEX coordinator serves in that role, providing counseling and making referrals to other service agencies. Her office is within the hospital and is open 15 hours per week.

The DFCS also gives WEX program participants services such as child care, transportation and incidental services. TANF recipients receive child-care services free of charge, and once employed and off TANF, they receive child care for a small fee as long as they remain economically eligible. Transportation and incidental services, limited to \$350 per month, enable participants to get to and from work and child-care facilities. This also includes the cost of operating a vehicle, bus tickets or tokens, taxis and parking fees. Incidentals include vehicle repairs, eyewear, apparel for work, tools and supplies for work, occupational license fees and GED testing fees.

CONCLUSION

Phoebe Putney's experience with the WEX program was an impetus for their participation in a regional effort to move 20,000 women out of poverty. Directed by the Southwest Georgia Center for Women, the hospital will be one of several organizations to provide the employment component.

Continued efforts to help students stay in school and receive their high school diploma are on the top of the list for Phoebe's work force development priorities. GED classes designed for WEX participants have been made available to all employees of Phoebe Putney. The hospital is also providing assistance in developing a career ladder for their employees. An average of three series of career classes are provided each year through the one-hour "Lunch & Learn" programs. Class attendance helps employees satisfy a required number of yearly education hours.

Sutter Health

Sacramento, Calif.

WorkForce Development

INTRODUCTION

Sutter Health provides health care services in more than 100 Northern California communities. The organization's network of providers includes 26 hospitals, 5,620 hospital beds, 25 occupational health centers and close to 30 specialty service centers. In 1999, the total un-sponsored community benefit expense of the entire network was more than \$218 million.

Sutter Medical Center, Sacramento, was established in 1923 as Sacramento's first state-of-the-art hospital. Today, more than 75 years later, SMCS continues its record as the area's most comprehensive health care provider. The medical center is located on three campuses: Sutter General Hospital, Sutter Memorial Hospital and Sutter Center for Psychiatry.

In the late 1990's, SMCS began to experience work force issues, including an aging employee population, an aging community population that required more and more health care services, and a low unemployment rate. Sutter Health conducted a needs assessment that stated, "of the 8,100 employees in the greater Sacramento Area, more than 50 percent are 40 years old or greater." The retirement rate for the next five years was expected to be approximately five percent per year, which translated into nearly 2,500 position vacancies. With a local unemployment rate of approximately 3.1 percent, this was an ominous figure.

Guided by their commitment to community development and a strong mission and values, SMCS' administrators realized they could only address these issues through community collaboration. As timing would have it, the mayor of Sacramento and the Sacramento Valley Organizing Community, a faith-based neighborhood association, asked Sutter Health to collaborate in a groundbreaking welfare to work project. Along with an additional partner, the Sacramento Employment and Training Agency, Sutter Health implemented its welfare to work program in fall 1998 on the campus of SMCS.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

The Department of Social Services is the California state agency that receives federal TANF funds and administers the welfare program CalWORKS. DSS sets guidelines for counties and appropriates the funds for distribution at the

county level. Counties develop innovative programs to address the needs of their own CalWORKS participants. In Sacramento County, the Department of Human Services provides welfare services for more than 35,000 CalWORKS participants and subcontracts with many different providers to give CalWORKS participants training and needed services.

The Sacramento Employment and Training Agency is the county/city organization that serves as the Private Industry Council. This organization receives funding from the state Department of Employment Development, which receives U.S. Department of Labor Funds to administer the One-Stop concept. The Sacramento Valley Organizing Community then provides the training with SETA funding. SVOC is comprised of more than 30 predominately Latino and black churches in the lowest-income neighborhoods of the region. SVOC provides job-readiness training programs and child-care services to low-income individuals in member churches.

PROGRAM COMPONENTS

All CalWORKS participants create a welfare to work plan with a DHA human service specialist, or counselor. When the plan is established, SVOC or SETA is the usually the first step. SVOC then recruits among this pool of clients for its programs, including its partnership with SMCS. These recruits for the health care industry face challenges such as work schedules, transportation, child-care, and performance and soft-skills issues that could prevent some of them from being successful. Through case

management, SVOC addresses these challenges before participants reach the training phase of the program.

SVOC TRAINING COMPONENT

Once a participant expresses an interest in health care and is selected by SVOC, he or she enters a four-week Job Exploration and Readiness Workshop.

Week One:

Participants attend several classes, including “The Power of Knowledge,” “Self-Revelations,” “Lifelong Skills” and “Emerging Opportunities.” These classes not only give them practical skills, they build self-esteem.

Week Two:

Participants tour the hospitals, colleges and training center. Recruiters from SMCS’s human resources department discuss expectations within the hospital environment. Participants also begin learning about the application process, building a resume and interview techniques.

Week Three:

Participants take part in mock interviews and learn about the world of work. They also spend two full days in a specialized leadership-development course that helps them develop civic thinking.

Week Four:

Participants conduct job-search activities as part of their training, and participate in evaluations and a full graduation ceremony.

Individuals who complete the SVOC component are referred to SMCS's human resources department or one of several other participating health care organizations in the Sacramento region. If they decide to continue their education, such as pursuing technical training as a certified nursing assistant, they go on to a college program funded by the California Department of Education. This training is among the first of its kind in California.

SVOC continues to train and present Sutter with eligible candidates, while Sutter calls SVOC with job openings. Sutter has now taken over the role of training mentors and provides additional training to new employees from the SVOC program. SVOC received a grant to fund a program to train Sutter Health and SVOC staff members interested in being mentors. Sutter also receives funding for additional life-skills training for new Sutter employees. Sutter Health, in turn, conducts the intern training program for SVOC's certified nursing assistants program, which is taught through a local community college, and will have the right of first refusal in hiring the graduates.

CONCLUSION

Sutter Medical Center recently implemented a full-time position to develop Welfare to Work and work force development strategies. This position is unique in the field and one of few in any industry that is solely responsible for the development of Welfare to Work and other work force development strategies. The position is systemwide as the incumbent will not only be

responsible for increased participation in the Sacramento area, but will assist other Sutter locations in meeting their work force development needs. Sutter Health is also looking into the potential impact it can have on students and their career choices and will examine strategies that make health care an attractive occupation.



LEAP: Learn, Earn, Advance and Prosper

INTRODUCTION

TMC HealthCare traces its roots to the Desert Sanatorium, which opened in 1927. The sanatorium was donated to the people of Tucson in 1943 and was established as a community, not-for-profit hospital. Today, the hospital is licensed for 611 adult and skilled-nursing beds, 62 psychiatric beds and 90 bassinets, and serves more than 30,000 inpatients and 122,000 outpatients yearly. More than 3,600 employees work on the TMC campus, making it one of Tucson's largest employers.

In October 1997, Linda Blessing, Ph.D., C.P.A., M.B.A., director of the Arizona Department of Economic Security, challenged TMC to

develop a welfare to work program that would meet the DES clients' employment needs and TMC's staffing needs. Over the next several months, a five-member team from TMC addressed that challenge and developed a plan for a multi-step program that was appropriately named *LEAP: Learn, Earn, Advance and Prosper*.

PARTNERSHIP FOR WORK FORCE DEVELOPMENT

The *LEAP* program uses existing community resources and expertise through collaborations with the JOBS/TANF programs of DES; Pima Community College; the Volunteer Center of Tucson; and the OneStop Career System, part of the WorkFirst Program administered by Pima County Community Services. These agencies have extensive experience addressing barriers welfare recipients face as they move through the process of returning to work. All of the collaborators share a mission that includes the long-term sustainability of jobs, good health and continued opportunities for all residents.

Specifically, *LEAP* program objectives include:

Objective 1:

To work in partnership with *LEAP* program participants to place approximately 40 individuals annually into entry-level positions with advancement opportunities at TMC HealthCare.

Objective 2:

To cultivate within each individual his or her highest and best potential, both personally and professionally, within the TMC HealthCare organization.

THE LEAP PROGRAM

LEAP is a seven-phase program that begins with outreach and recruitment by JOBS/TANF and ends with the placement of 95 percent to 100 percent of *LEAP* participants in full-time, sustainable careers. Phases one through three – Outreach and Recruitment, Intake and Assessment, and Case Management – represent the joint efforts of TMC HealthCare, TANF/JOBS, the Volunteer Center of Tucson and the OneStop Career System. TMC HealthCare, in collaboration with Pima County Adult Education, support the remaining four phases: Interviews and Screenings, Job Exploration, the Internship Program, and Additional Training.

Phase One – Outreach and Recruitment

TANF/JOBS refers long-term welfare recipients to the Community Services Department, OneStop Career Service of Pima County and the Volunteer Center of Tucson. As potential participants are identified, OneStop works closely with the Volunteer Center to ensure that clients receive the services they need to be successful in the work force.

Phase Two – Intake and Assessment

Intake by OneStop uses a modified Joint Training Partnership Act form that allows data collection. Assessment consists of a review of work history; education and training accomplishments; and barriers to employment, such as transportation, legal problems, substance-abuse history, child care and domestic violence issues. Participants take the Test of Adult Basic Education and an interest survey. In some cases, Temporary Assistance to Needy Families completes a full or partial assessment, and OneStop obtains the results electronically through data-sharing agreements.

Phase Three – Case Management

Upon referral to OneStop by TANF/JOBS, each client is assigned to and routinely meets with a case manager. The case manager obtains specific data about the client and dependent children – for example, a history of domestic violence – in order to develop an individualized service strategy. Case management is conducted jointly by OneStop, the Volunteer Center and TANF/JOBS. Case managers record barriers encountered and steps taken to circumvent them, as well as each strategy's success. After they complete this phase of the program, clients who the case manager believes are well-matched to *LEAP* are referred to TMC HealthCare for interviews and screenings.

Phase Four – Interviews and Screening

The coordinator conducts final interviews for placement in the *LEAP* program. Before a selection is made, a criminal background check is completed, as are two or three reference checks on each candidate. Once participants have been selected, they complete the standard tuberculosis skin test, along with a drug and alcohol screening. Participants who satisfactorily complete phase four are offered a position in the program. The targeted number of participants for each group is 15 to 20 participants, and sessions take place three or four times per year.

Phase Five – Job Exploration

Phase five of the program includes a one-week Job Exploration session at TMC HealthCare. Phases five through seven of *LEAP* are coordinated and facilitated by the *LEAP* program coordinator at TMC. *LEAP* participants receive an orientation consisting of a tour of the hospital or health care

facility, and a review of processes and various departments and functions at the site where they will complete their training. After the orientation, participants can explore various employment opportunities and job descriptions at TMC HealthCare. During this time, they review job descriptions, receive assistance in outlining potential career paths, and learn about the training requirements of their potential career paths. During the next three days, participants “shadow” employees in the positions in which they have expressed an interest. On day five of this phase, participants spend an hour with the program coordinator to discuss their experiences and make a decision as to which career they would like to explore as interns for the upcoming eight weeks. The first three career choices are ranked according to preference, with every attempt made to accommodate the participants’ first choice. However, in some instances, participants may have to intern in their second or third choice, depending on the availability of a position at TMC HealthCare or the participant’s qualifications or certifications.

Phase Six – The Internship Program

Three general career paths are available for *LEAP* program participants: clinical, clerical and general. *LEAP* program participants interested in the clinical path start with a certified nursing assistant internship at TMC HealthCare. The participant is paired with a mentor to learn job-specific duties and responsibilities during the internship. At the end of the internship, the participant is eligible to apply and interview for any open certified nursing assistant position or equivalent position. Similar career paths are available for the clerical and general paths. As *LEAP* participants learn about their paths, they are paired with seasoned hospital employees

who have volunteered and received training to become *LEAP* participant mentors. The mentoring component of the *LEAP* program is one of the most important components in building success. The mentor helps the participant develop skills and learn about the hospital environment for approximately the next seven weeks. After completing the internship, the participant is eligible to apply for any open positions.

In most cases, participants are provided with on-the-job training during regularly scheduled shifts on Mondays, Tuesdays, Thursdays and Fridays. On Wednesdays, from approximately 8 a.m. to 5 p.m., participants attend an extended training session and support group. Participants spend the morning working on a three-hour class, then for two hours, go to their support group with a trained counselor from TMC HealthCare’s Employee Assistance Program. Lunch is provided to enable participants to maximize their time in the support group. Participants then return for another block of training in the afternoon. During this phase, all participants who do not have a GED or high school diploma must attend GED classes on the TMC campus twice a week for two hours.

At the end of the internship phase, most participants are ready for employment, with a total training and education investment of about 13 weeks. Positions that could be filled at this time include certified nursing assistant, patient care technician, general office associate, transporter, hospitality associate, food service associate and courier. Other positions that can be appropriately linked to the *LEAP* program are also made available to participants.

Phase Seven – Additional Training

Employees who wish to continue their education and training advance to phase seven of the model. *LEAP* program

participants who are employed by TMC HealthCare can advance in their chosen career paths after a minimum of three months in their first position. This advancement may be vertical (into a higher-level, higher-paying job) or horizontal (into a similar position). In some cases, the employee may elect a lateral transfer to a similar position and, from there, enter into a new career path. For example, an employee who wishes to change from a general position to clerical track would transfer to a receptionist position, and from there have the opportunity to move to a higher-level clerical job, such as office associate.

At the end of 24 months, employees who continue along a designated career path should be ready to move into higher-paying positions. These educational opportunities require education and training outside TMC, available through Pima Community College or Pima County Adult Education.

CONCLUSION

TMC HealthCare's *LEAP* has been a model for other organizations around the country. *LEAP* continues to evolve to meet the needs of the participants, program partners and the greater Tucson community and as such has added new program components to enhance the success of the participants. Through creative collaborations with agencies that have access to targeted funds, TMC has been able to broaden its reach beyond the Welfare to Work population to all entry level positions. This inclusion addresses the broader issues of work force development and the value of being recognized as the "employer of choice."

Welfare to Work Links

The following links provide useful information on local and national resources and were current at the time of publication.

WELFARE TO WORK PROGRAM COMPONENTS

***U.S. Department of Health and Human Services –
Administration for Children and Families, Office of Family Assistance
www.acf.dhhs.gov/programs/ofa***

The Office of Family Assistance is located in the United States Department of Health and Human Services, Administration for Children and Families and oversees the Temporary Assistance for Needy Families Program that was created by the Welfare Reform Law of 1996. The website provides reports, charts and directories including a listing of State Human Services Administrators and Funding Services for Children and Families through TANF – A Guide.

***U.S. Department of Health and Human Services –
Administration for Children and Families, National Child Care
Information Center
<http://nccic.org/dirs/devfund.html>***

This link provides a state by state listing of Child Care and Development Fund contacts and serves as a central point for child care information for states, territories, tribes, policy makers, child care organizations, providers and the general public.

**Center on Budget and Policy Priorities –
Start Healthy, Stay Healthy Campaign**
<http://www.cbpp.org/shsh>

Since 1994, this national outreach effort has worked with a wide array of community-based organizations, health and human services providers, advocacy groups, program administrators and others to identify children from low-income working families who may be eligible for free or low-cost health insurance programs. The campaign also promotes coordination between state child health insurance programs and Medicaid to ensure that children are not in danger of being left without coverage.

U.S. Department of Labor Employment and Training Administration
www.doleta.gov
www.doleta.gov/employ.asp

The Employment and Training Administration supports the development of the labor market through workforce training and job placement via employment services. The first website noted is specific to welfare to work and provides resources on that topic. The second site is targeted to employers of all populations and includes information on incentives for hiring and a workforce tool kit.

The Welfare to Work Partnership
www.welfaretowork.org

The Partnership is a national, independent, nonpartisan effort of the business community to help move people on public assistance to jobs in the private sector. They provide information, technical assistance, support

and complimentary resources, including user-friendly guides that explain all the necessary steps in creating a successful welfare and online networks that link businesses with service providers that can meet their hiring needs. Other informational resources include quarterly newsletters, weekly news updates on issues and events dealing with welfare to work, and regular policy briefings on key issues like transportation, child care and tax credits. Finally, The Partnership maintains a library of practical guides on such issues as transportation, community building and retention and career advancement.

The Welfare Information Network
www.welfareinfo.org

This website is a clearinghouse for information, policy analysis and technical assistance on welfare reform. It is a comprehensive resource on both welfare to work and broader workforce development issues. Some helpful sections include:

Federal and State Legislation, Regulations, Guidance and State Plans. In addition, the site provides access to federal and state legislation relating to welfare, welfare-to-work, workforce investment and related issues. Finally, the site includes extensive information on “Promising Practices” at both the state and local levels.

State Policy Documentation Project**<http://www.spdp.org/tanf.htm>**

This website provides 50 state policy comparison charts for the TANF program including child care assistance, time limits and work activities and requirements.

SELECT NATIONAL SERVICE PROVIDER LINKS**The Enterprise Foundation****www.enterprisefoundation.org/products/erd/worksys2.asp**

The Enterprise Foundation's mission is to see that all low-income people in the United States have the opportunity for fit and affordable housing and to move up and out of poverty into the mainstream of American life. Enterprise cultivates, collects, and disseminates expertise and resources to help communities across the United States successfully improve the quality of life for low-income people

Goodwill Industries International**www.goodwill.org/job1.html**

Goodwill Industries works to achieve the full participation in society of people with disabilities and other individuals with special needs by expanding their opportunities and occupational capabilities through a network of autonomous, nonprofit, community-based organizations providing services throughout the world in response to local needs. The Goodwill network contains 181 member organizations in North America.

The website has detailed information regarding Goodwill Training and Development programs.

Women in Community Service**www.wics.org/womensprogs/wp_lifeskills.htm**

Women in Community Service's mission is to reduce the number of young women living in poverty by promoting self-reliance and economic independence. Each year, WICS volunteers and staff help more than 150,000 low-income individuals by providing support services, mentoring and workforce preparation programs nationwide.

WAGE-SUBSIDY PROGRAMS (STATE-BY-STATE LISTING)

(Includes states that are operating limited demonstrations or are planning to implement programs in 1998)

State	Subsidy/ Benefit Amount	Time Limit	Employer Responsibilities/Other
Alaska			Program design not complete. Will implement 1998.
Arizona	Flat \$400 per month for employer expenses, including salary and workers' compensation, etc.	Up to 6 months	Transportation subsidy available to client while in wage subsidy (\$25 per week). Limited program at this time. Will expand in 1998.
Colorado			Counties can choose to operate program. Program design will vary by county.
Delaware	Up to \$5.15 per hour	Up to 6 months	Hope employer will hire worker at end of period. Program is not yet operating. "Employer must contribute \$1 per hour worked to employee's "work emergency/training fund." If the employer does not offer employment, the worker may use 8 hours per week for job search in the fifth and sixth months."
Florida	Full TANF benefit	Up to 6 months	Employer should pay at least minimum wage; wages and benefits must be comparable to other employees in similar positions. Position must be full time (32-40 hours per week). After six months, employer must hire client unless does not meet expectations.
Georgia	Full TANF benefit	9 months	Many steps taken to reduce red tape, including combining time sheet and evaluation form.
Hawaii	Not applicable	Up to 6 months	Client is placed in work; paid higher TANF benefit for working. There is no cost to the employer.
Illinois	TANF benefit	Up to 6 months	Workers' compensation premiums are paid by the state.
Indiana	TANF benefit	Up to 2 years	Limited demonstration. Will expand in November 1998.
Kentucky	TANF benefit	Up to 6 months	Limited demonstration. May expand in 1998.
Maryland	TANF benefit		Operating in one county only. Program will expand in 1998.

State	Subsidy/ Benefit Amount	Time Limit	Employer Responsibilities/Other
Massachusetts Full Employment Program	\$2.50 per hour \$1.50 per hour	Up to 9 month; up to additional 3 months	Employer receives tax credit of \$100/month if hires client. Employer expected to hire client. State pays \$1 per hour into worker's savings account. Must fill newly created position; FEP participants cannot exceed 10% of employer's workforce.
Massachusetts Supported Work Program	\$2.60 per hour	8-39 week placement period	Intended for hard-to-place clients. Contractors serve as employer of record, provide job-training and readiness, placement, mentoring, and follow-up services to ensure success.
Michigan	Up to 100% salary reimbursement for "hard-to-place" clients	Varies	Limited program. Available statewide, but not used often.
Minnesota	Part or all of TANF grant	Up to 9 months	Amount diverted will depend on wage. Program will begin in January 1998. Counties will have option to operate.
Mississippi	\$4.15 per hour	Up to 6 months	Must be new position or vacant for 30 days. Extensive efforts to reduce red tape. Can use food stamp and TANF benefit as subsidy.
Missouri	Full TANF benefit	Up to 9 months	Must be full-time position.
New York	Flat \$250 per month	Up to 9 months	Operated in 18 counties, including New York City. Plan to expand in 1998.
North Carolina			One county only. Plan to expand in 1998. Counties can choose to operate program.
Ohio	Flat \$350 per month	Up to 9 months	State will also reimburse up to \$2,000 per employee for training costs.
Oklahoma	Flat \$250 per month	Up to 6 months	Must be permanent, not less than 30 hours per week, pay at least \$.65 above minimum wage. Jobs do not have to be newly created. State is expanding program.
Oregon	\$5.50 per hour, plus taxes and workers' compensation premiums	Up to 6 months. After 4 months, if not hired, employer must allow to job search one day per week.	Employer must provide on-site mentor, pay \$1 per hour into worker's education savings account after first 30 days of employment. State can provide case management and other services if needed.
Pennsylvania			Plan to implement program in 1998.

State	Subsidy/ Benefit Amount	Time Limit	Employer Responsibilities/Other
Rhode Island	Up to \$2.50 per hour, up to maximum of \$2,600	9 months	
South Carolina	\$1.10 per hour	Varies. 9 months maximum	Length of subsidy depends on amount of training needed to learn job.
Texas	\$3.75 per hour	4 months	Pilot, one county only. Available to private sector only. Plans to expand statewide in mid-1998.
Utah	TANF benefit	6 months	Pilot program with one company. Worker is expected to continue full time after subsidy ends.
Virginia	Food stamp and TANF grant	6-month placement period	Must be a full time, newly created position (except if previously filled by FEP participant). The goal is that the FEP participant be hired at the end of the placement period.
Washington			Program design not known yet. To be implemented early 1998.
West Virginia	TANF benefit	Up to 6 months	
Wisconsin	\$300 flat subsidy	Up to 3 months	Implemented with a great deal of local flexibility. Can fill previously existing positions. Case manager assigned to monitor placement. Streamlined program as much as possible.

Source: "Welfare Check to Paycheck" – American Public Welfare Association, 1998.



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