

Helping others for a century

Catholic Family Center looks forward to the next 100 years

By VELVET SPICER

People have come and gone, names and faces have changed, but the plight of those served by Catholic Family Center in its first 100 years has not changed.

It was a 1917 special act of the New York State Legislature that breathed life into Catholic Charities across the state. In Rochester, Catholic Charity Guild—now Catholic Family Center—was founded “to assist immigrants, find employment for men released from prison, serve unmarried mothers and their infants and provide material goods for the poor.”

The nonprofit agency was run by Kathleen d’Olier until 1952. A nurse in World War I and director of the American Junior Red Cross, d’Olier’s passion was to improve the welfare of single or widowed mothers and their children.

In its first couple of decades, CFC opened the Charles and Genesee Settlement Houses, which helped resettle Italian immigrants and German refugees. St. Joseph’s Villa was opened by the Sisters of St. Joseph in 1942 to help care for and guide orphaned children.

CFC opened its first substance abuse residential program for women and their young children in Upstate New York in 1979. Today, CFC is the largest provider of comprehensive human services in Monroe County.

CFC partners with individuals, particularly the vulnerable and those facing poverty, to help them achieve their full potential, and last year served 23,300 clients. A division of Catholic Charities of the Diocese of Rochester, CFC’s 425 staffers offer comprehensive services to people in need across all religious denominations.

“When I think about the ability 100 years later to continue that same mission in a different culture, that is exactly what we’re doing,” said Marlene Bessette, who has served as CEO of the organization since 2014.



Marlene Bessette

But it hasn’t always been easy. When Bessette arrived as CFC’s chief operating officer in 2013, she was saddled with the task of turning around an agency whose ink was flowing red. CFC had been reporting losses of \$300,000 to \$400,000 annually due to its Medicaid fee-for-service structure.

“In essence (it) should be run more like a business, because you need to look at clinician productivity, you need to look at the productivity of your psychiatrists, who are very high-paid individuals,” Bessette explained. “And our clientele is such that you have a very high no-show rate.”

An abundance of no-shows, coupled with a lack of oversight when it came to productivity, drove losses at an agency whose hope was just to break even each year. Bessette immediately got to work fixing the problem by deploying an out-of-the-box solution: hiring individuals at the top of their game or those nearing retirement who would be willing to take pay cuts in order to serve CFC’s marginalized clientele.

A tall order, but it worked. Bessette recruited nearly a dozen staffers from places like Eastman Kodak Co., Xerox Corp. and others to serve in quality and human resources roles, including Kathy Cronin Grant, who, before joining CFC as the organization’s director of marketing and communications, served as global account director for Nuance Communications, a multinational computer software technology corporation.

“I was always involved as a board member for causes that captured my heart and Catholic Family Center was one of them,” Grant said. “Then when I saw the opportunity to join the team I jumped at it and I’ve been honored and thrilled ever since.”

Finding the right talent proved advantageous.

“I’m delighted to say we’re financially stable,” Bessette said. “We’re in a good position to go forward in our next 100 years.”

Grant said the agency’s next 100 years will include increased collaboration with other area agencies as new problems emerge or new ways of dealing with existing problems become critical, particularly the issue of the opioid epidemic and the recurring cycle of generational poverty.

“I feel that Catholic Family Center will assume a leadership role in helping to identify new solutions to these problems that 100 years ago may not have been required,” Grant said. “I think more and more across our country communities like ours are expecting problems to be solved and cycles—whether they be poverty or addiction or vulnerability—be broken. I believe Catholic Family Center has the right mission, the right leadership and the right strategy to be at that level for the Rochester community.”

The Rochester Business Journal recently sat down with Bessette to discuss Catholic Family Center’s next 100 years. An edited transcript of the interview appears below:

RBJ: What are your immediate goals for Catholic Family Center?

Marlene Bessette: There are three. (The first is) preparing our organization for the coming world of value-based payment. So it’s a little bit of a complicated discussion, but all of the insurers and Medicaid payments are going to move to value-based payment by 2020. And organizations like ours need to both build collaborations and build our own competencies to be able to play in that effectively. So we still want to serve the same population and serve them in the same quality manner, but do it as part of, I’ll call it a value chain of services, where we can articulate our value proposition to insurers, to businesspeople, who want the right outcomes but need to understand the role we play in it. So it’s a little bit of a complicated world going forward, but that’s where I see bringing more business talent to bear inside of Catholic Family Center.

This is one of my key objectives—to bring in talent from the for-profit world; people who have the background, skills, talent, expertise that

needs to be brought to bear in our world, but if I went out and recruited for that on the open market, there’s absolutely no way I’d be able to afford that talent. I do think that that’s a key for nonprofits going forward—connect with people who no longer need the salary but want to work for their purpose and passion in places that really need them.

Employees are the No. 2 priority. Many people go into this line of work because they’ve had some experiences themselves. Part of their way of dealing with trauma is to become social workers, become clinicians. They’re attracted to this field because they want to give back. And that makes for a workforce that could use its own care and development. So we’re really going to focus in the next few years on our workforce. They’re already competent; I think it’s giving them the capacity, the emotional and physical capacity to be able to do that. So employee engagement is going to be a huge piece of our strategy in the next few years.

The final piece is our work in the (Rochester-Monroe Anti-Poverty Initiative). And I say final, not because it’s final, but it kind of culminates, it kind of brings a lot of these things together.

RBJ: Let’s talk a little about poverty. In a 2015 interview, you told the RBJ that Catholic Family Center was planning a shift in approach that would have the agency looking at the root causes of poverty in the region, and that you believed Catholic Family Center could be a catalyst for social change in Rochester. Can you explain that and describe what the organization is doing to accomplish that?

Bessette: Poverty is a systemic issue and it has to be dealt with across multiple fronts. It isn’t just giving people food or giving people a few services here and there. It really is a systemic approach. For anybody who has ever experienced a poverty simulation—and I know a lot of organizations are doing them now to give people just a small taste of what it’s like to live in poverty—it really becomes a visceral experience of how stressful every day is when you’re living under the poverty level—from not having transportation to not having additional day care resources.

Any little emergency or difficulty that you or I might be able to handle very easily in our life becomes a crisis. Going to (the Department of Human Services), filling out the forms, missing the appointments, being sanctioned, living in unsafe or poor quality housing—all of these things come together to create a very stressful environment, and being able to navigate the multitude of services that we have in our community is not an easy thing to do. So even for professionals who maybe specialize in our mental health clinic, if their client comes in and they're facing eviction, they may or may not know where to send them. If they have family who come in from Puerto Rico and need additional help, they may or may not know where to send them.

So the creation of navigators, which are really what adult mentors are—they're folks that are skilled in working with people to understand where they are across all elements of their life—housing, health, education, jobs, judicial system, their neighborhoods—and (finding out) where they need to go to become self-sufficient. And then (the question is) what has to be dealt with second and third and where do they find those resources? How do they get connected and how do they start moving that way? But what becomes very obvious when you try to do that is service providers aren't connected.

RBJ: Let's talk about that connection. Are you seeing a shift in the way nonprofits and human services agencies work together? Is there more emphasis on collaboration, and what does that mean for the future of Catholic Family Center?

Bessette: None of us are connected. So we're actually beginning a pilot, and are going to start recruiting partners, in a software platform to do more dynamic referral management.

So when you know you need to refer somebody to another service it's both a tool and a resource that we'll have in place—to be a combination traffic cop and coordinator, to make sure that you're going to the right place, but then when you go to that place you actually get the services that you need. And if you don't (get to the right place), that resource then becomes a repository of knowing what the gaps are in the community.

For instance, we needed after school care but every place we went to was full. So we can start collecting (information) for Monroe County, for the city ... here are the real gaps in our community.

So understanding that piece of it, but then starting to partner with multiple service providers to engage on that platform is going to be a key activity in the next year to two. How do we start to coordinate the many, many wonderful organizations that we have in this community to be more aligned with any one individual's need? Because today we could all be serving the same person and not know it.

RBJ: How will this idea of having a navigator and improved inter-agency collaboration work at Catholic Family Center?



Photo by Velvet Spicer

Marlene Bessette who has served as CEO of Catholic Family Center since 2014.

Bessette: We're also going to apply that within our own agency. (Catholic Family Center) is actually a microcosm of the community, because we have aging services, we have foster care, we have refugee, we have housing, we have shelter, we have food, we have employment services. Within our own walls we don't talk to each other. Our first test case of this software platform is within ourselves. We're going to be our own best example of how you could provide better service to a client if you coordinate the services that are available to them.

RBJ: How are funding and the notion of fiscal responsibility likely to change or affect your goals for the organization?

Bessette: One of the things I would like to be able to do is diversify our funding streams. We are heavily dependent on government contracts right now, and that's a tenuous place to be when administrations change and when the approach changes at the federal, state and county level. We're living in that right now. So we're hoping to diversify our funding streams by looking more at national foundations and private donors—how can we be the conduit to deliver what's important to them.

RBJ: What outside factors affect the individuals your organization serves, and how will Catholic Family Center address those factors in its next 100 years?

Bessette: There's actually three primary parts of the mission of any Catholic charities organization. One is direct services, which people know us for. The second one is advocacy. And

it's advocating politically and socially for the needs of our clients. The third one is to be the conduit between parishes and social community service.

But on the advocacy piece of it, I think that's the area that we need to put more emphasis on. I was just reading an article, and it talked about nine key factors of wealth inequality. It's a global, national and state and local issue. So when we look at that inequality, (especially) in housing, that is a major issue for the clients we serve—the opportunities aren't as readily available to them.

I don't think that we, as an agency, can deal with wealth distribution. How do we focus on the impacts of that wealth distribution and advocate for the key areas of need in our clients? If you look at the Rochester area, we do have some pretty large housing issues in terms of housing affordability. So I really think that looking at that is going to be a key area for us.

RBJ: We talked a little bit about the organization's biggest accomplishments in its first 100 years. What will be Catholic Family Center's biggest accomplishments in its next 100 years?

Bessette: Wow! We talked about that a couple of years ago in terms of catalysts for change. Increased collaboration among nonprofits is what I would hope would be one of our legacies going forward. It's (a question of) how do we help facilitate that?

Facilitating collaboration among nonprofits for the better outcomes of our clients, from a change perspective, I really do think this poverty work is critical. Because it isn't just

serving people or providing for them today's needs. It truly is addressing the barriers that are keeping them in poverty. And we can't do that alone.

So we need to partner with education, with health, with businesses, with government, and I want us to be a key part of that wider systems integration that must happen if we're truly going to address the needs of the folks that are living under poverty today. Because right now it's like a treadmill, and breaking out of that is nearly impossible unless you can coordinate all those things. And we will never deliver all of those services, nor should we.

Our mission is to support people in achieving their highest human potential, so it's a pretty broad mission. But you need a lot of folks to be able to do that, so being part of that more systematic integration to drive that I think is important.

It's kind of interesting because all the performing provider systems and the money that's being invested in reducing the cost of Medicaid and the issues that we have to deal with for folks in poverty all are the same things— safe and adequate housing, it's good food availability and food security, it's having access to primary care physicians, it's treating your substance abuse issues. So getting out of poverty and reducing Medicaid costs are the same thing.

Driving that systems integration so we're not treating them as two separate issues, but we're treating it for the total well-being of the person, I think that's where we need to go.

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