



Final Report for Peer TA Activity # 171

Welfare Peer Technical Assistance Site Visit
Wisconsin Department of Children and Families
to the
New York City Human Resource Administration
WeCARE Program
October 31st, 2008

Prepared for:
The Administration for Children and Families
Office of Family Assistance



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I. SITE VISIT BACKGROUND

A. Overview

This Welfare Peer Technical Assistance Network site visit was conducted to support the Wisconsin Department of Children and Families in exploring the WeCARE (Wellness, Comprehensive Assessment, Rehabilitation, Employment) program of the Human Resources Administration (HRA) in New York City. The specific site that was visited was in the borough of Brooklyn. The Wisconsin Department of Children and Families was interested in visiting the WeCare program to study the innovative model that WeCare uses to engage Temporary Assistance to Needy Families (TANF) participants who have physical, mental health, and substance abuse issues as barriers to work. The Wisconsin Department of Children and Families is a recently created department which was previously under a different department within the Wisconsin government. They estimate that approximately 3,000 TANF participants in Wisconsin could potentially benefit from a similar program to WeCARE.

The site visit took place on October 31st, 2008. The Welfare Peer Technical Assistance Network facilitated the visit and interaction between the Wisconsin Department of Children and Families, staff from the New York City Human Resources Administration (HRA) and Arbor, the contractor who operates WeCARE in Brooklyn. Approximately twenty participants took part in the site visit throughout the day. The Site Visit featured presentations by both HRA and Arbor staff responsible for the program, tours of the Brooklyn facility; a tour of a community partner's office, a tour of the medical facility at a local hospital and dialogue among participants to discuss the details of operations and the implementation of the current program.

B. Background

WeCARE was implemented in 2005 by the New York City HRA in response to the high number of TANF participants who had clinical barriers to employment. These barriers can include a medical condition that is either not diagnosed or under control, a mental health issue, and/or a substance abuse issue. The program is designed to provide comprehensive services to these participants through a variety of services including a biopsychosocial assessment, creation of an individualized service plan, referrals, case management, vocational rehabilitation, skills training, and job development or assistance in obtaining federal disability benefits. Since WeCARE's inception, the program has been able to move 900,000 people off of cash assistance. New York City currently has between 1.2 and 1.4 million people on cash assistance.

WeCARE is operated by two contractors in the five New York City boroughs: Federation Employment and Guidance Service (FEGS) Health and Human

Services which serves the boroughs of the Bronx, Manhattan, and Staten Island; and Arbor Education and Training which serves the boroughs of Brooklyn and Queens. This site visit took place at the Arbor WeCARE facility in Brooklyn. Between the two contractors, WeCARE serves about 24,000 people daily.

II. SITE VISIT SESSION

A. Leadership Meet and Greet: Overview of WeCare

The site visit began with a welcome and introduction from Dimitri Triantafillakis, the Executive Director of Arbor WeCare. Arbor administers the WeCARE program in Brooklyn on behalf of the New York City HRA. After an overview of the agenda, Mr. Michael Bosket, Director of WeCare Operations at HRA spoke about the background and structure of WeCARE. WeCARE was developed from a much smaller program called PRIDE. WeCare is being replicated in various countries including Finland and South Africa, as well as other municipalities within the United States.

Mr. Bosket made an important note that New York State's constitution and the city charter grant individuals over 60 months to receive cash assistance so WeCARE serves both TANF participants as well as individuals in the state funded Safety Net (SN) cash assistance program. Participants come to WeCARE through a referral from their local HRA job center. If, during the completion of their employability plan, a participant indicates they have a medical or mental health issue, they are automatically referred to WeCARE. Participants are assigned a WeCARE site based on their residence.

Mr. Bosket used the diagram below to explain how a participant navigates through the system while in the WeCARE program. After a participant is referred to WeCARE, they complete a biopsychosocial assessment at a medical site. The assessment includes a comprehensive intake, a physical exam with a board certified internist, as well as the following exams:

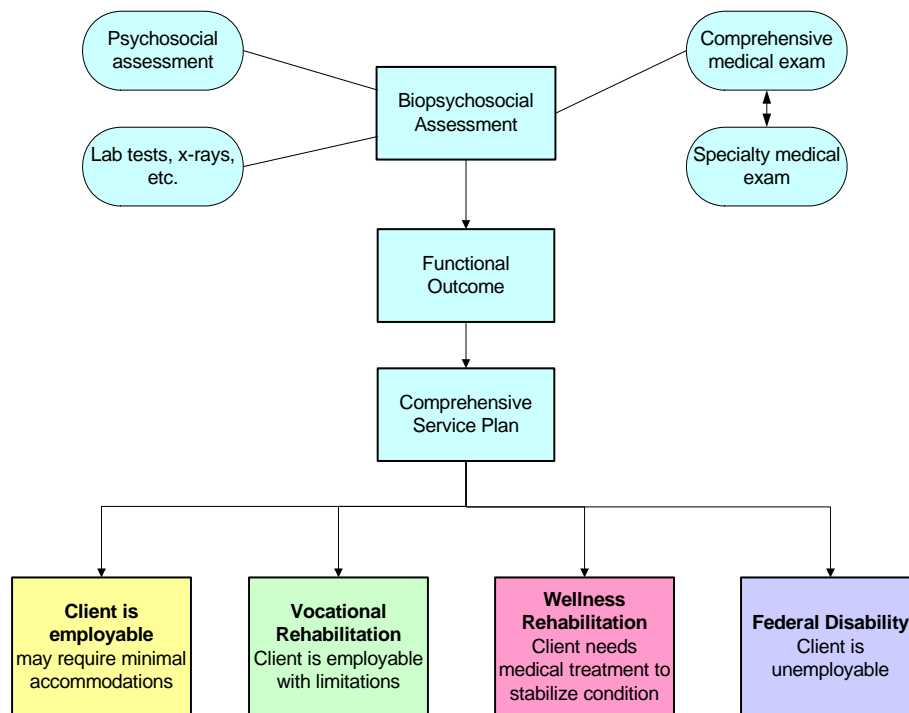
- Vitals check,
- Urine,
- Blood,
- Electrocardiogram (EKG),
- Body Mass Index (BMI).

Participants that need specialty care, such as cardiology, receive a referral to a specialist for an additional medical evaluation. Mr. Bosket noted that the job of WeCARE physicians is not to diagnose and treat participants as in the conventional doctor-patient relationship. Instead, their purpose is to determine if a medical and/or mental health problem will affect the participant's employability. This entire intake process is designed to take less than four hours in one visit.

If the intake process determines that the participant is fully employable, they return to the job center to work with their job specialist. If the participant does have medical conditions, the physician meets with the participant and discusses the next steps. Participants are generally expected to have one of four outcomes after the biopsychosocial assessment:

- The client is fully employable. Six percent of participants are determined to be fully employable.
- The participant is employable with limitations and begins to work with Vocational Rehabilitation Services (VRS) to complete a Diagnostic and Vocational Evaluation (DVE) and an Individual Plan of Employment (IPE). Forty-three percent of participants move into VRS.
- The client is temporarily unemployable and begins to work with the Wellness Rehabilitation program which is approximately 60 days. Thirty percent of participants fall into this track.
- The participant is unemployable and is assisted with applying for Federal Disability payments. Fifteen percent of participants begin the process of applying for disability payments.

HRA Customized Assistance Services - WeCARE Assessment Outcomes



Between 2005 and September 2008, 83% (190,753) of participants have completed their biopsychosocial assessment. From the assessment, 45% are referred for specialty medical services. A number of individuals are determined to require emergency medical intervention. The most common medical problems found are psychiatric, orthopedic, respiratory, cardiac, and diabetes. In addition, many individuals with medical or mental health limitations to employment have co-occurring substance abuse disorders.

Mr. Bosket then highlighted for the group the elements of WeCARE that make it successful in assisting participants. These include:

- Providing holistic assessments;
- A continuum of integrated services that go from assessment to rehabilitation to self-sufficiency under one umbrella contract;
- Clinical focus and support;
- Proactive wellness plans to facilitate compliance with treatment;
- Having “one-stop shops” for participants;
- Upfront comprehensive evaluation to inform vocational rehabilitation services; and
- Case management services which can include home visits.

Patricia Jenkins-Spady, Deputy Director of Clinical Services for Arbor WeCARE, spoke about the clinical services she oversees. Case managers that complete intake interviews and guide the participants through the biopsychosocial assessment all have either bachelors or masters degrees in a human service field. If the participant is referred to the wellness program after their assessment, case managers are responsible for explaining the program’s structure to the participant, what they will receive and what they are responsible for within the program. The case manager then begins developing a wellness plan with the participant. For example, if a participant is diabetic, they may be given 90 days to learn to control their condition. The case manager will determine if they have Medicaid as well as an ongoing physician. If the participant does not have a physician, the case manager will offer the participant three referrals. The participant is responsible for choosing a physician and the case managers always provide follow-up services with participants.

Many individuals receive home visits from case managers such as women with high risk pregnancies. Case managers also process federal disability applications by both filing them online and hand delivering copies to the local social security office. Arbor is currently planning to retrain staff on what the Social Security Administration is looking for in disability assistance applications.

Carl Cooke, Deputy Director of Vocational Rehabilitation Services (VRS) explained the portion of WeCARE that he oversees. The participants in the vocational rehabilitation “track” of WeCARE have health barriers but are still able to work. Case managers work with the participants to explore their physical

capabilities and may refer participants to on-site diagnostic assessments, called a Diagnostic Vocational Evaluation (DVE) which determines a participant's strengths and limitations. Case managers also work with participants to put together a plan of employment. The plan may include work with vocational rehabilitative services, job readiness training, education services such as Adult Basic Education (ABE), or a Work Experience Program (WEP) placement. Mr. Cooke noted that participants generally enjoy WEP placements as it allows them to develop job skills in a safe environment. Many participants wish to eventually become employed by their WEP site and this does happen occasionally. The average age of a participant in the VRS is over forty. Mr. Cooke explained that motivation is key to participant success. Case managers continuously let participants know that although they may have barriers to employment, these barriers can be removed and they are able to re-enter the workforce.

The top three jobs or career paths that WeCARE participants go into are: security, clerical, and home health care. Because of the high demand, there have been some conversations about having an on-site training for home health aides.

James Indelicato, Deputy Director of Organizational Management at Arbor WeCARE oversees the facilities and organization of the program. Each month, he and his staff collect customer satisfaction surveys, usually receiving between 750 and 1,000. The feedback from the surveys shows a high rate of customer satisfaction. The department also works with HRA to review services, and ensure that Arbor is meeting all its contractual requirements. Training is constantly being offered to Arbor staff and the department has also put together comprehensive standard operating procedures.

Joanna Weissman, Deputy Director of Operations Management, explained the ways that Arbor WeCARE tracks its performance. She explained two documents that were included in the folder that site visit attendees received. One document, the Public Scorecard Overview, explained how WeCARE tracks staff and departmental performance and compares performance to a predetermined goal. Ms. Weissman also spoke about the performance outcomes for VRS. Currently, 5,057 participants have been placed in documented employment since the program began. Eighty-three percent of these participants have retained employment after three months and Seventy-six percent are still employed after six months.

Arbor WeCARE has over 250 employees, in addition to subcontractors, that provide direct services to participants in their program.

B. Tour of On-Site WeCare Facilities

Site visit participants were given a tour of the services offered at the Arbor offices. The tour was given by Mr. Cooke and began on the third floor of the building. The third floor serves VRS. Ana Gonzalez, the manager of VRS,

explained the procedures that participants go through and showed site visit attendees the area where case managers sit. Each case manager has a caseload of 75-80 participants and every case manager uses one system that collects work participation rates as well as timesheets from all the different training vendors that WeCARE uses. Each participant signs in when they enter the WeCARE site in order to ensure appropriate tracking of participation. Along with the other services they receive at WeCARE, participants are provided childcare for children up to 13 years old, except for special needs children who receive care beyond age 13. There is a list of available childcare options, and the participant is given three to five days to find a provider from a list they generate with the assistance of their case manager.

Ms. Kelly Washburn, manager of DVE services showed site visit attendees, classrooms and other spaces used to provide the evaluation to participants. She explained that there are also classrooms where specific evaluations are completed that include a participant's manual dexterity, the Crawford Small Parts test, and a typing test. As part of the DVE, participants also take part in Career Scope, a vocational rehabilitation assessment test. A DVE can take three to four days to complete because of all steps in the process.

In November 2008, WeCARE is going to roll out a new career option that includes providing career specialists to work with participants. In addition, education will be offered in a community college format complete with a course catalog and tracks with mandatory and elective courses.

C. Tour of Brooklyn Bureau of Community Services

Site Visit attendees were taken on a tour of the Brooklyn Bureau of Community Services (BBCS), which shares a floor in the same building as Arbor WeCARE and is one of the program's subcontractors. Doris Hohman, Director of BBCS, gave attendees the tour. She explained the services that BBCS provides for WeCARE participants and showed site visit attendees the facilities. BBCS performs some of the job readiness and vocational rehabilitation services for WeCARE. The job training and classes that are offered include resume writing, job interviewing skills, and job fairs.

D. Roundtable Discussion of Vocational Rehabilitation

For this portion of the day, the site visit participants split up and Ms. Kerksick participated in the Roundtable Discussion with Mr. Cooke, Ms. Gonzalez, Ms. Washburn and Ms. Ramos. There was a discussion about data tracking and retention points as well as how they're set and who decided what the points would be. Arbor uses the NY City Way system to track participation. The system is action code driven and tracks how participants move from activity to activity in the program. Activity codes are entered into the system to track every activity. Everyone who receives cash assistance is in the system. Arbor also has their own system called "All Sector".

Arbor noted their number one priority was to address barriers and keep individuals in the retention program engaged. They work with over 285 employees in five sites and strive to help participants improve their income earning capability.

E. Tour of Cumberland Hospital

While the Roundtable Discussion was taking place, the other site visit participants walked to Cumberland Hospital, one of the medical sites that WeCARE participants are sent to complete their biopsychosocial assessment. Ms. Jenkins-Spady, Dr. Goldberg, and Ms. Marcia O'Brien lead the tour and explained the process to participants. Ms. O'Brien is the manager of Clinical Operations and oversees the operations at the medical sites. She walked site visit participants through the process that participants go through when they enter the medical site.

When a participant arrives at the medical site, they are given a 20 minute orientation before they complete their intake assessment with a case manager. The intake assessment takes between 30 minutes and one hour to complete. After the intake is complete, case managers walk the participant down one floor to the physical exam area, where a personal case assistant (PCA) takes blood and urine samples, performs an electrocardiogram (EKG) and determines the participant's body mass index (BMI). After the initial tests are complete, the participant meets with a physician to discuss their physical health and its effect on their employment. The physician focuses on evaluating the participant's ability to work and does not diagnosis or treat the participant. If the participant appears to need a referral to a specialist for additional assessment (such as a cardiologist) then the physician will make that referral. The entire process (not including referral visits) is required to take less than four hours. The medical sites all use an online system that stores the case manager's entries from the assessment form, as well as the medical information collected by the PCAs and the physician's comments and evaluation. The system also allows the administration to track the number of participants waiting for services and, if staff members are engaged with participants. To get a feel of the assessment process, Ms. Parduhn went through the intake assessment and then was shown the online system that the case manager was using to collect the information she provided.

F. Cost

The total value of the WeCARE program is 70 million dollars. In New York City, this equals an average spending of \$1,095 per person, although it can cost up to \$6,000 per individual participant depending on their case, referrals, and complexity in job placement. The program is funded with TANF money and allowable medical expenses are paid by Medicaid. Both contracts under HRA are

performance based and the contractors receive payment for reaching various milestones with each participant. It was noted that the contractors are not paid for job placement but are paid when clients retain a job for 30, 90, and 180 days. In addition, Arbor offers a similar incentive program for WeCARE participants. Participants are given cash and a metro card for reaching employment milestones of 30, 60, 90, and 180 days. The value of both incentives depends on the milestone the participant reached.

III. NEXT STEPS

Wisconsin received a wealth of useful information from HRA and Arbor WeCARE representatives. The representatives from Wisconsin will explore the assessment practices they can implement immediately. In addition, the team will also explore with other TANF stakeholders in their state the possibility of implementing a similar program in Wisconsin and the budgetary realities of doing so.

The Welfare Peer TA Network was excited to have hosted this successful event and looks forward to continued collaboration opportunities with TANF professionals in Wisconsin. Further materials related to this event and to the WeCARE program are located on the Peer TA Web site, located at <http://peerta.acf.hhs.gov/>.

APPENDIX A:
AGENDA



WELFARE PEER TECHNICAL ASSISTANCE NETWORK
Site Visit – WeCARE Program - Wisconsin



AGENDA

October 30, 2008	Mid-Afternoon/Evening	<p>Team arrives in New York City, New York.</p> <p>Hotel: New York Marriott at the Brooklyn Bridge 333 Adams Street Brooklyn, NY 11201 Telephone: 718-246-7000 Toll Free: 888-436-3759</p>
October 31, 2008	7:30 A.M.-8:30 A.M	Introductions over breakfast: Wisconsin staff and Welfare Peer TA/Regional representatives.
	8:30 A.M. - 8:45 A.M.	Team travels to first WeCARE site, New York City Human Resources Administration.
	8:45 A.M. - 9:00 A.M.	Introductions: Wisconsin, WeCARE, and Welfare Peer TA/Regional representatives.
	9:00 A.M. - 10:30 A.M.	Overview of WeCARE program.
	10:30 A.M. – 10:45 A.M.	BREAK
	10:45 A.M. – NOON	Co-observation of program.
	NOON – 1:00 P.M.	Lunch (on own) and possible en route to different site(s).
	1:00 P.M. – 3:30 P.M.	<p>Individual observations at other sites.</p> <p>Julie Kerksick: Front-line staff observation; Wisconsin staff: Hospital observation; and Wisconsin staff: Assessments observation.</p> <p>(Louisa Fuller, Jackie Thomas and Katie Caldwell from Welfare Peer TA to split up with each Wisconsin staff member).</p>

	3:30 P.M. – 3:45 P.M.	Transition back to central location.
	3:45 P.M. – 4:30 P.M. Speakers: TBD	Additional debrief and follow-up. QUESTIONS & ANSWERS.
	4:30 P.M. – 4:45 P.M.	Wrap-up.

**APPENDIX B:
PARTICIPANT LIST**



WELFARE PEER TECHNICAL ASSISTANCE NETWORK
Site Visit – WeCARE Program - Wisconsin



Participant List

Welfare Peer TA Network

The Dixon Group, Inc.

Jacqueline Thomas

Project Director
The Dixon Group, Inc.
118 Q Street, NE
Washington, DC 20002
Tel: 202-281-2811
Fax: 202-269-9575
JThomas@dixongroup.com

ICF International, Inc.

Louisa Fuller

Subcontract Manager
ICF International, Inc.
10530 Rosehaven Street, Suite 400
Fairfax, VA 22030
Tel: 703-279-6224
Fax: 703-385-3206
lfuller@icifi.com

Katie Caldwell

Associate
ICF International, Inc.
10530 Rosehaven Street, Suite 400
Fairfax, VA 22030
Tel: 703-279-6282
Fax: 703-385-3206
kcaldwell@icifi.com

Federal Staff

Shantel Anderson

TANF Program Specialist
Administration for Children and Families, Region II
U.S. Department of Health and Human Services
26 Federal Plaza, Room 4114
New York, NY 10278
Tel: 212-264-2890, ext. 128
Shantel.anderson@acf.hhs.gov

Wisconsin Staff

Julie Kerksick

Division Administrator
State of Wisconsin, Department of Children and Families
Division of Family and Economic Security
201 E. Washington Ave
Room A200/ PO Box 8916
Madison, WI 53707
Tel: 608-266-8718
Fax: 608-261-6376
Julie.kersick@wisconsin.gov

Rebecca Brueggeman

Program Operations Section Chief
State of Wisconsin, Department of Children and Families
201 E. Washington Ave
Room A200
PO Box 8916
Madison, WI 53707
Tel: 608-267-2200
Rebecca.brueggeman@wisconsin.gov

Diane Parduhn

Regional Administrator
State of Wisconsin, Department of Children and Families
201 E. Washington Ave
Room A200
PO Box 8916
Madison, WI 53707
Tel: 608-267-2200
Diane.parduhn@wisconsin.gov

Donald Sykes

Executive Director, Milwaukee Workforce Investment Board

Human Resources Administration and WeCare Staff

Michael Bosket

Director of WeCARE Operation
New York City Human Resources Administration
bosketmi@hra.nyc.gov

Yelena Koltsova

Deputy Director of WeCARE Operation
New York City Human Resources Administration

Dimitri Triantafillakis

Executive Director
Arbor WeCARE
25 Elm Place
3rd Floor
Brooklyn, NY 11201

Harvey Goldberg, MD

Medical Director
Arbor WeCARE
25 Elm Place
3rd Floor
Brooklyn, NY 11201
Tel: 718-606-3035
Fax: 718-606-3199
hgoldberg@arborwecare.com

Patricia Jenkins-Spady

Deputy Director of Clinical Services
Arbor WeCARE
25 Elm Place
3rd Floor
Brooklyn, NY 11201

Carl Cooke

Deputy Director of Vocational Rehabilitative Services
Arbor WeCARE
25 Elm Place
3rd Floor
Brooklyn, NY 11201

James Indelicato

Deputy Director of Organizational Management
Arbor WeCARE
25 Elm Place
3rd Floor
Brooklyn, NY 11201

Joanna Weissman

Deputy Director of Operations Management
Arbor WeCARE
25 Elm Place
3rd Floor
Brooklyn, NY 11201

Wanda Moguel

Communtiy Partners Liasion
Arbor WeCARE
25 Elm Place
3rd Floor
Brooklyn, NY 11201

Gary Rudzianis

Arbor
Grudzianis@wctc.edu