



Welfare Peer Technical Assistance Network
Summary of Information
New York City Human Resource Administration's Wellness,
Comprehensive Assessment, Rehabilitation, and Employment (WeCARE) Program



Overview

Through 2008 and 2009, the Welfare Peer Technical Assistance Network received numerous requests for information regarding the New York City Human Resource Administration's (HRA) Wellness, Comprehensive Assessment, Rehabilitation, and Employment (WeCARE) Program.

Introduction

WeCARE was implemented in 2005 by the New York City HRA in response to the high number of Temporary Assistance to Needy Families (TANF), singles, or childless couples who are provided Cash Assistance in New York State and who had clinical barriers to employment. These barriers included medical and/or mental health conditions and/or substance abuse issues. The program was designed to provide comprehensive services to these participants through a variety of interventions, including a biopsychosocial assessment that includes specialist assessments when necessary, creation of individualized service plans, referrals, case management, vocational rehabilitation, skills training, and job development or assistance in obtaining federal disability benefits. WeCARE serves participants of both TANF and the State-funded Safety Net cash assistance program.

Under the direction of HRA Customized Assistance Services, WeCARE services are provided by two contractors, Federation Employment and Guidance Service (FEGS) Health and Human Services System, which serves the boroughs of the Bronx, Manhattan, and Staten Island; and Arbor Education and Training, which serves the boroughs of Brooklyn and Queens. Between the two contractors, WeCARE serves approximately 24,000 participants daily.

Client Services

To explain the comprehensive services offered by WeCARE, a client example will be used. The client is Mary, a 45-year-old African-American woman with three children. Mary lost her job as a waitress and decided to apply for TANF through her local HRA Job Center. While she was working with the HRA Job Opportunity Specialist to devise an employability plan, it was determined that Mary might have clinical issues that could be barriers to her employment.

After the HRA appointment, Mary was referred to a WeCARE medical assessment site to complete a biopsychosocial assessment to determine her strengths and possible barriers to employment. The assessment was completed in one visit, which took less than four hours. The assessment was designed to evaluate Mary's functional capacity to work and determine what, if any, services would be needed along the continuum of individualized, integrated services offered through WeCARE. At the assessment, Mary received a comprehensive psychosocial, a complete review of systems, and physical exam with a board-certified physician. Mary's vitals were checked and laboratory testing was completed on blood and urine samples. An electrocardiogram and a body mass index were also performed.



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While talking with the staff, Mary disclosed that she had diabetes, which she has found difficult to control. She told the doctor that she had experienced shortness of breath during the last six months she was employed. Based on the exam and on Mary's disclosures about her health, the doctor referred her to a specialty appointment with a cardiologist. The cardiologist determined that Mary was experiencing shortness of breath due to recent weight gain from uncontrolled diabetes. It was determined that Mary needed to get both her weight and her diabetes under control before she could begin working again.

Mary was assigned to the WeCARE Wellness Rehabilitation Program, in which her main activity was to maintain compliance with her medical treatment in an effort to stabilize her health. Mary's case manager determined that she had Medicaid but did not have a primary care physician. The case manager offered Mary three referrals for physicians in her neighborhood. After two months and appointments with her new primary care physician, Mary learned to control her diabetes and lost 10 pounds. Though she still was experiencing occasional shortness of breath, her physician determined that she could work with accommodations, so she entered the Vocational Rehabilitation Program within WeCARE.

Mary's case manager arranged an onsite Diagnostic Vocational Evaluation (DVE), to determine Mary's vocational strengths, interests, aptitudes, skills, and limitations. After her DVE, Mary's vocational case manager worked with her to create an Individualized Plan for Employment (IPE) that met her vocational goals and accommodation needs. Mary had her GED but felt she could brush up on some skills, such as basic computer applications. To address this, Mary's IPE included Adult Basic Education and Job Readiness training and participation in a Work Experience Program (WEP). A WEP placement allows participants to develop transferable work-related skills in a supported and supervised environment. The WEP site signs a formal agreement with WeCARE to provide the participant with supervision and training. Mary's placement involved completing data entry and basic word processing at a local nonprofit company. Mary remained at her WEP placement for five months until she was hired full time by a local school district to perform clerical work. WeCARE job development staff assisted her in finding the job with the school district and worked with her to prepare for the interview. The WeCARE program also worked with Mary for retention services to help her stay employed and transition from cash assistance.

Aside from the Wellness Rehabilitation and Vocational Rehabilitation tracks that Mary went through, the WeCARE program has two other services pathways. It can be determined that a participant has no current barriers to employment and is fully employable in which case they are referred back to the HRA job center to be enrolled in one of HRA Back to Work programs. Additionally, it can be determined that a participant is not employable for 12 or more months, in which case WeCARE assists the participant in applying for federal disability benefits. WeCARE data indicate that 6% of referrals are determined to be fully employable, 43 % are determined to be employable with limitations and are referred to the Vocational Rehabilitation Program, 36 % of referred participants are determined to be temporarily unemployable and enter the Wellness Rehabilitation Program, and 15 % are determined to be unemployable for 12 or more months and potentially eligible for federal disability benefits and are assisted in applying for SSI.



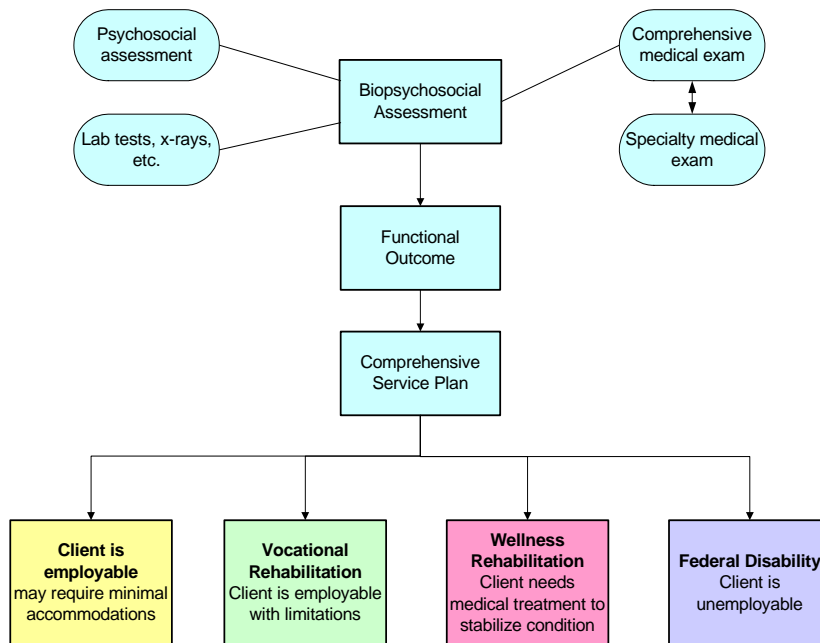
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Outcomes

Since program inception in February 2005 through February 2010, WeCARE has made over 11,500 job placements, with a 73% retention rate at six months after placement. Over 255,000 biopsychosocial assessments have been completed, and 27% of participants who complete a DVE are placed into jobs. For the same period, WeCARE has assisted participants in receiving over 20,000 SSI awards. In addition, over 40,000 wellness plans have been completed.

HRA Customized Assistance Services - WeCARE Assessment Outcomes



Cost

The total value of the WeCARE program is \$62 million. 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 of job placement. The program is funded with TANF, state, and city funds and allowable medical expenses are paid by Medicaid. Both contracts under HRA are significantly performance based, and the contractors receive payment for reaching various milestones with each participant. It is important to note that the contractors are not paid for job placement but are paid when clients retain a job for 30, 90, and 180 days.



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Replication and Lessons Learned

The WeCARE model or aspects of it is being considered or replicated in various countries, including the Netherlands, Germany, the United Kingdom and South Africa, as well as other Social Service Districts and municipalities within the United States. To date, the Welfare Peer Technical Assistance Network has hosted two site visits and numerous conference calls and Webinars for a variety of counties and States interested in WeCARE operations.

HRA attributes the success of WeCARE to:

- 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 evaluations to inform vocational rehabilitation services; and
- Case management services, which can include home visits.

Conclusion

WeCARE has been successful in assisting many participants who have clinical barriers achieve self-sufficiency through transition to employment or obtaining federal disability benefits. WeCARE has also improved the health of many of its participants by stabilizing medical or mental health conditions. HRA is pleased to be able to share its challenges and successes with other jurisdictions.

The Welfare Peer Technical Assistance Network is excited to have participated in various events and to share information on this program. For more information on how to request technical assistance, please visit peerta.acf.hhs.gov.