

WeCARE VENDOR GUIDELINES

Failure to Comply:

The Disconnect Between Design and Implementation
in HRA's WeCARE Program

By Alexa Kasdan with Sondra Youdelman

A Research Project by

Community Voices Heard

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Community Voices Heard

Community Voices Heard is a membership organization of low-income individuals, mostly women with experience on public assistance, working together to build the power of our families, our communities and low-income people. We are working to accomplish this through a multi-pronged strategy which includes community organizing, public education, public policy work, coalition building, leadership development, training low-income people about their rights, political education and direct-action issue campaigns. We are led, directed, run and being built by low-income people ourselves. While we were founded by women on public assistance to impact on the welfare system, we now focus on economic justice. We broadly define this to be multi-issue, and thus must include concerns related to welfare, education, our children's schools, job training, living-wage jobs, housing, economic development, and other important community issues. From our start in 1994, we have grown to a membership of over 20,000 families in 2007.

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<p><i>Fighting for our families!!! Fighting for our lives!!! Fighting for OURSELVES!!!</i></p>	

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EXECUTIVE SUMMARY

In 1996, President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), creating the Temporary Assistance for Needy Families (TANF) block grants and establishing time limits and stricter work requirements as well as limiting education and training options for public assistance recipients. Ten years later, while welfare rolls have dropped nationwide, many people remain in poverty and those still on welfare are struggling with physical, mental health and substance abuse barriers which prevent them from working or attaining full self-sufficiency.

In New York City, one in five people live in poverty and welfare agency officials estimate that 55.7 percent of the welfare agency's caseload is partially or completely unable to work. In early 2005, the New York City Human Resources Administration (HRA), the city agency that administers welfare programs, implemented the WeCARE Program to determine which public assistance recipients and applicants have multiple and complex barriers to employment and provide them with specialized services that were not available under HRA's previous support and workforce development programs. HRA allocated over \$200 million over three years to serve an annual 45,600 public assistance recipients with potential disabilities.

Based on discussions with over 700 welfare recipients in WeCARE, as well as in-depth focus groups, one-on-one interviews, and phone surveys with 100 of those participants, the report is a study of how the WeCARE Program is supposed to work and whether or not it is providing the support and specialized services it is designed to deliver to public assistance recipients with disabilities. The report lays out the policies put into place by New York City to serve public assistance recipients with disabilities, relays findings based on participants' first-hand experiences with the program and offers recommendations for systemic and service delivery improvements.

Findings

Overall, the research uncovered that HRA has invested substantial resources and designed a program that theoretically should benefit public assistance recipients with disabilities. However, the program design is not always translated into good practice and participants often do not receive the supportive and individualized services that they need.

✓ **Finding #1: Assessment Process**

While the WeCARE Biopsychosocial (BPS) Assessment process is designed to be more comprehensive than general public assistance assessments, it is structured in such a way that does not facilitate completion.

As of October 2, 2006, 19 percent of those who were referred for a BPS Assessment did not complete it. Research has traced the problem to multiple service delivery flaws and systemic

failures. First, people with disabilities have difficulty accessing assessment appointments and do not receive adequate support to help them to comply with these appointments. In addition, individuals do not receive the information or support they need to navigate the assessment process. Further, the assessment process is a complicated one involving multiple appointments in various locations, with limited support and flexibility.

✓ **Finding #2: Assessment Quality**

During the assessment process, individuals feel that they are not receiving adequate assessments and that the evaluations by WeCARE medical providers conflict with prior evaluations from the individual's personal providers.

WeCARE participants feel that WeCARE doctors do not provide what participants consider to be comprehensive medical assessments. In fact, 52% of those surveyed said that they did not agree with the results of the WeCARE assessment. In addition, participants feel that WeCARE medical providers do not pay attention to paperwork or recommendations from their personal (non-WeCARE) medical providers.

✓ **Finding #3: Job Preparation / Employment Services**

Job preparation services are not individualized based on work experience, career goals or education level, do not adequately prepare individuals for employment and often are not even offered to participants.

Of those offered services, 50% of survey respondents said that the job search/ preparation services were not effective in helping them gain employment. Furthermore, participants find job preparation services to be disorganized and one-size fits all. Instructors are often absent or over-extended and classes are composed of individuals at different levels of education and employment experience, making it difficult to tailor services to specific individuals. Those with significant work experience or higher levels of education feel that they need more than basic resume and computer skills in order to find a good job and those with less experience feel that they need more extensive preparation.

✓ **Finding #4: WEP Specialization**

While the WeCARE policies call for specialized Work Experience Program (WEP) assignments in order to help people attain self-sufficiency, WEP for WeCARE participants is not specialized for people with disabilities and is not leading to permanent jobs.

Participants feel that their limitations are not being considered in WEP placements. In fact, 69.8% said that their WEP assignment was not accommodating to their disability. Additionally, participants feel that while they want to gain experience and ultimately attain employment, the WEP program provides neither the experience nor the opportunity to obtain a job that will yield self-sufficiency or help to attain one's career goals. In fact, of those surveyed who have participated in the Work Experience Program while in WeCARE, 72.1% said that their WEP assignment was not at all relevant to their career goals for the future.

✓ **Finding #5: Job Placement**

While many WeCARE participants want to obtain employment, WeCARE vendors are not connecting sufficient numbers of people to jobs.

While 45,543 WeCARE participants were considered engagable (employable with limitations) as of October 2006, WeCARE vendors have helped only 2,500 or 5.4% to obtain employment. While the goal of the WeCARE program is not to immediately move people into work, many participants want to find some kind of job. However, many are not receiving adequate support or assistance in doing so. Accordingly, after two years of providing services, vendors have helped only a small fraction of participants to obtain employment.

✓ **Finding #6: Escalating Outreach**

HRA has a good policy of escalating outreach in place to prevent WeCARE participants from having their benefits reduced or cut off. However, in practice, clients are not receiving this outreach and consequently, regularly have their cases sanctioned.

During the first year of the WeCARE program, HRA estimates that 17,800 people referred to WeCARE had their cases closed or sanctioned. Rather than being offered services set out in WeCARE policy to avoid sanctions and case closures such as home visits, outreach to family members, or assistance in attending appointments, individuals are left to fend for themselves and have their benefit reduced or cut off when they cannot meet unattainable requirements. In fact, while 63.8% of the survey respondents have difficulty traveling to WeCARE appointments and required activities, none of them were ever offered a home visit by HRA or a WeCARE provider. In addition, individuals often cannot provide explanations to avoid being penalized for missing appointments. Of those surveyed, 64% said that it was difficult or somewhat difficult to reach a WeCARE staff person.

✓ **Finding #7: Mental Health Services**

People with mental health barriers are not receiving adequate support from HRA or WeCARE vendors.

Participants with mental health issues find that HRA and WeCARE staff lacks the training and expertise to adequately support them. Furthermore, participants explain their mental health problems are often intensified because of the stress induced by the myriad of appointments and requirements in the WeCARE program. Further, participants explain that WeCARE vendors often disregard the advice given by participants' treating therapists.

✓ **Finding #8: Federal Disability Assistance**

WeCARE Vendors are not adequately assisting people to apply for federal disability benefits and are not helping individuals to appeal if they have been denied benefits. This inadequacy places an unnecessary financial burden on New York City.

As of March 2006, only 1 out of every 10 WeCARE clients who have been deemed as unemployable¹ have received federal disability benefits. There are several reasons for this low rate. First, WeCARE participants explain that they are not given the information that they need in order to apply for federal disability benefits and do not know who at WeCARE can help them to access this information. The low number of WeCARE participants receiving SSI benefits is not the only problem. Many more participants are potentially eligible for federal disability benefits

but do not receive assistance from WeCARE vendors in obtaining these benefits. One cause for this is that the WeCARE Assessment is not structured in a way that enables all eligible individuals to obtain federal disability benefits. The inability of WeCARE vendors to adequately help individuals apply or appeal for federal disability benefits forces New York City to pay for benefits that could potentially be covered by the federal government.

✓ **Finding #9: Monitoring and Transparency**
Despite establishing an independent monitoring entity in the WeCARE contracts, there is an overall lack of transparency and monitoring of the WeCARE Program.

While HRA has hired an outside contractor, New York County Health Services Review Organization (NYCHSRO), to conduct Independent Quality Reviews (IQR) as set out in its contracts, the organization is not entirely independent of HRA and the reviews that have been made available do not provide adequate evaluations of WeCARE services². The reviews look only at WeCARE medical sites, and do not consider other critical elements of the WeCARE program such as employment services or escalating outreach policies. Further, the evaluations only review vendor policies, facilities and equipment, overlooking participant input and performance measurement outcomes. Moreover, HRA regularly fails to produce records and documents that should be available to the public in compliance with the Freedom of Information Law (FOIL).

Summary

The findings indicate that while HRA has made a large investment in and designed a good program to support and assist public assistance recipients with disabilities, the program is not being implemented in a way that benefits WeCARE participants. According to WeCARE participants, the disconnect between program design and practice can be traced to the following problem areas:

- The overall lack of support, information and flexibility from both HRA and WeCARE vendor staff in all phases of the program.
- An inexperienced WeCARE staff and disorganized environment.
- The lack of specialized or individualized services for people with complex barriers to employment.
- The overall lack of transparency and monitoring of the WeCARE Program.

Recommendations

In order to better serve public assistance recipients with barriers to employment, Community Voices Heard recommends the following systemic and implementation improvements to the WeCARE program:

-
- **RECOMMENDATION 1: THE WECARE ASSESSMENTS PROCESS SHOULD BE RESTRUCTURED TO PROVIDE PARTICIPANTS WITH ADDITIONAL SUPPORT AND FLEXIBILITY**
 - HRA should create a hotline for individuals to call during the BPS Assessment phase of WeCARE.
 - WeCARE participants should have the option of going to their personal treating physician for medical services and Biopsychosocial (BPS) Assessments.

 - **RECOMMENDATION 2: JOB SEARCH/ PREPARATION SERVICES SHOULD BE DIVERSIFIED AND TAILORED TO PARTICIPANTS INTEREST AND EXPERIENCE**
 - HRA should end the unpaid Work Experience Program (WEP) and replace it with paid supportive work programs linked to individuals' interest and experience.
 - WeCARE Vendors should set up a tracking system and develop a corresponding curriculum for the job readiness portion of the program.

 - **RECOMMENDATION 3: HRA AND WECARE VENDORS SHOULD IMPLEMENT AND ENHANCE THE ESCALATING OUTREACH POLICY**
 - HRA should end its policy of using computer generated sanctions, also known as auto posting.
 - HRA should create a WeCARE Liaison at each HRA center.
 - HRA should create a mandatory one month wait period before a case is sanctioned or closed.

 - **RECOMMENDATION 4: HRA AND WECARE VENDORS SHOULD HIRE ADDITIONAL STAFF WITH MENTAL HEALTH EXPERTISE AND INVEST IN MENTAL HEALTH TRAINING FOR ALL STAFF**
 - HRA should hire licensed mental health professionals to act as mental health specialists and clinical supervisors in each job center.
 - HRA and WeCARE Vendors should provide intensive mental health training to all staff.

 - **RECOMMENDATION 5: HRA AND WECARE VENDORS SHOULD REORGANIZE SERVICE PROVISION TO INCREASE ACCESS TO FEDERAL DISABILITY BENEFITS**
 - HRA should provide clear information in multiple languages informing WeCARE participants of whom at WeCARE they can talk to about federal disability benefits.
 - The criteria used for Biopsychosocial (BPS) Assessments should be aligned with that used to determine eligibility for federal disability benefits to ensure that all potentially eligible individuals receive assistance in applying for SSI and SSDI.
 - WeCARE vendors should subcontract the provision of federal disability services to an organization with a proven record of helping individuals to obtain federal disability benefits.

➤ **RECOMMENDATION 6: HRA SHOULD IMPROVE TRANSPARENCY AND ACCOUNTABILITY**

- HRA should establish a WeCARE participant advisory board.
- All vendor statistics and findings from the Independent Quality Review (IQR) should be posted on the HRA website each month and be easily accessible for public review.
- The Independent Quality Review (IQR) should be a comprehensive evaluation of all WeCARE services that includes performance measurement outcomes for all services, participant interviews, and a review of policies and procedures.

SECTION 1: INTRODUCTION

As the year 2007 begins, the welfare system in the United States faces significant challenges. While welfare rolls have dropped nationwide, many remaining on welfare are struggling with increased physical, mental health and substance abuse barriers that prevent them from working or attaining full self-sufficiency. A study performed in 2001 by the U.S. General Accounting Office found that 44 percent of families on welfare nationwide reported having a parent or child with mental and/or physical disabilities.

In New York City the problem is similarly intense. In 2005, welfare agency officials estimated that 55.7% of the Human Resources Administration/ Department of Social Services' (HRA/DSS) caseload are partially or completely unable to work.³ Accordingly, public assistance recipients, advocates and some welfare agencies around the country have recognized that such individuals and families require enhanced support, flexibility and specialized services in order to attain the highest levels of health and self-sufficiency.

In early 2005, the New York City Human Resources Administration (HRA), the city agency that administers welfare programs, implemented the Wellness, Comprehensive Assessment Rehabilitation and Employment (WeCARE) Program to determine which public assistance recipients and applicants have multiple and complex barriers to employment and provide them with specialized services that were not available under HRA's previous support and training programs. HRA allocated a total of \$201,465,000 to two primary contractors and their sub-contractors over three years to serve an estimated 45,600 people per year.

In order to better understand the WeCARE Program and its impact on public assistance recipients with disabilities, Community Voices Heard, a membership organization composed of low-income New Yorkers, many of whom have experience with the welfare system, undertook this research project. In previous reports, Community Voices Heard has explored two other programs of the Human Resources Administration, the Employment Services and Placement Program and two phases of the Parks Opportunity Program, the largest paid transitional jobs program in the country.⁴

The following report documents the WeCARE Program through the dual lenses of HRA policy and the accounts of the men and women who experience the program daily. Through review of HRA and vendor documents, consistent outreach at WeCARE sites, multiple focus groups, in depth one-on-one interviews and a phone survey with WeCARE participants, the report lays out the policies put into place by New York City to serve public assistance recipients with disabilities, relays findings based on participants' first hand accounts on how the WeCARE program operates on the ground and offers recommendations for systemic and service delivery improvements.

Overall, the research uncovered that New York City's Human Resources Administration has invested substantial resources and devised a model program that theoretically should benefit public assistance recipients with disabilities. However, the program's participants' experiences reveal that HRA, its contractors and their sub-contractors are not adequately translating a good program into beneficial services and support.

SECTION 2: METHODOLOGY

Research Questions

Several key research questions guided this monitoring report. They include the following:

- What policies does the Human Resources Administration have in place via the WeCARE program to address the needs of public assistance recipients with physical, mental health and substance abuse barriers to employment?
- How are WeCARE policies implemented in practice and how do participants experience the WeCARE program?
- What elements of policy or implementation either support or detract from accomplishing the goals of the WeCARE program?

Research Methods

Community Voices Heard (CVH) began its investigation of the WeCARE program in the summer of 2005, sending outreach workers to WeCARE sites around New York City.⁵ From June 2005 until August 2006, contact was made with 737 individuals that were either involved in the assessment or services phase of the WeCARE program. CVH organizers held 7-10 minute conversations with the 737 individuals in which they identified the most prevalent issues facing WeCARE participants. In response to these discussions, Community Voices Heard brought together 34 WeCARE participants for 3 meetings to probe deeper into the issues identified in the field. Following up on these discussions and meetings, Community Voices Heard decided to conduct in-depth focus groups and one-on-one, at-home interviews with participants. A mailing was sent to 567 participants with valid addresses, inviting them to join in a focus group and offering a \$25 stipend for their participation. Follow-up phone calls were made over the course of two weeks. Seven focus groups were held from September through November 2006 with a total of 40 participants. Focus groups lasted approximately 2 ½ hours. In addition, seven one-on-one interviews were conducted. Prior to the focus groups and interviews, participants completed a brief survey.

Following the completion of the focus groups and one-on-one interviews, a follow-up phone survey was conducted. Contact was attempted with 517 individuals over a two week period and 45 additional surveys were completed.⁶ The phone survey contained all of the same questions posed to respondents in the focus group and one-one interview surveys, but also asked additional questions in order to confirm findings from the focus groups and interviews.

To support and complement the data gathered from the focus groups, interviews and surveys, Community Voices Heard researchers examined WeCARE contracts, vendor guidelines⁷, agency testimony, letters and policy directives.

Sample

The sample, including the focus group participants, one-on-one interviews and phone survey respondents was composed of 92 WeCARE participants. The demographics of this sample, including gender, age, ethnicity, highest level of education and years receiving public assistance can be found in Table 1 (on the following page). As reflected in the table, the group was predominantly female (73.9%), aged 41-60 (72.8%), and African American, Latino/a or Hispanic (88%). While education levels varied, the majority of the sample (66%) had either a high school diploma, a GED or less as their highest level of education. Finally, the majority of the sample (68.5%) had been receiving public assistance for 3 years or more.

Research Limitations

This research is limited by several factors. First, Community Voices Heard was not able to meet with representatives from FECS or Arbor in order to explore their perspectives on the program. Despite repeated attempts, the researcher could not contact a representative from Arbor, Inc. While the researcher did contact a representative from FECS, she referred researchers to HRA. HRA would not meet with the researcher. Additionally, the analysis of HRA and vendor data was not as extensive as possible because researchers had difficulty accessing it from the New York City Human Resources Administration. Multiple attempts were made to obtain vendor monthly reports, and other types of HRA and WeCARE vendor data through Freedom of Information Law (FOIL) requests. HRA never provided these documents, citing administrative delays. Lastly, because initial outreach was done only in English, only a few of those surveyed and interviewed are Spanish speakers.

Table 1: Demographics of Sample		
	N	%
Gender		
Female	68	73.9%
Male	24	26.1%
Age		
18-30	12	13%
31-40	13	14.1%
41-50	50	54.3%
51-60	17	18.5%
Ethnicity		
African American	61	66.3%
Latino/a or Hispanic	20	21.7%
Native American	2	2.2%
White	7	7.6%
Other	2	2.2%
Highest Level of Education		
Less than High School	35	38%
High School Diploma/GED	26	28.3%
Some College	24	26.1%
College Diploma	6	6.5%
Graduate School Diploma	1	1.1%
Years Receiving Public Assistance		
Less than 1	18	19.6%
1-2 Years	11	12%
3-5 Years	31	33.7%
5-7 Years	9	9.8%
7-10 Years	14	15.2%
10+ Years	9	9.8%
WeCARE Service Track Assignment		
Fully Employable	8	8.7%
Employable with Limitations	65	70.0%
Temporarily Unemployable	7	7.6%
Unemployable for 12 months or more	3	3.3%
Unknown ⁸	9	9.8%

SECTION 3: PROGRAM OVERVIEW

Prior to implementing the WeCARE Program, the New York City Human Resources Administration referred public assistance applicants or recipients with self-identified barriers to employment to Health Services (HS) Systems, a private contractor, to carry out medical and mental health assessments. Those determined to need rehabilitative services were sent to the Personal Roads to Individual Development and Employment (PRIDE) program, with the goal of helping public assistance recipients with disabilities enter the workforce.

In August 2003, HRA released a Request for Proposals for outside vendors to expand the services previously provided by HS Systems and PRIDE. These services included: employability evaluations, rehabilitation and employment services, and assistance in applying for federal disability benefits for public assistance recipients with potential barriers to employment. Outside vendors would undertake all components of assessment and service provision for public assistance recipients with disabilities. In turn, HRA would be responsible for conducting the initial screening of clients to determine if they should be referred for an assessment with one of the WeCARE contractors, make referrals for the assessment, and give information about the WeCARE program to those being referred.

In June of 2004, HRA entered into two, three year contracts to serve annually an estimated 45,600 public assistance applicants and recipients with potential barriers to employment. The two contracts, awarded to Arbor Education and Training, Inc. and FECS Health and Human Service System, allocated a total of \$201,465,000 to the contractors and their sub- contractors over three years (see Appendix B and C for allocation and services provision information for each contractor and sub-contractor). HRA also developed distinct payment schedules for each vendor. These include payments for performance based milestones and reimbursements for services provided (see Appendix D for payment schedule for each contractor).

WeCARE HUB CENTERS IN THE COURTS

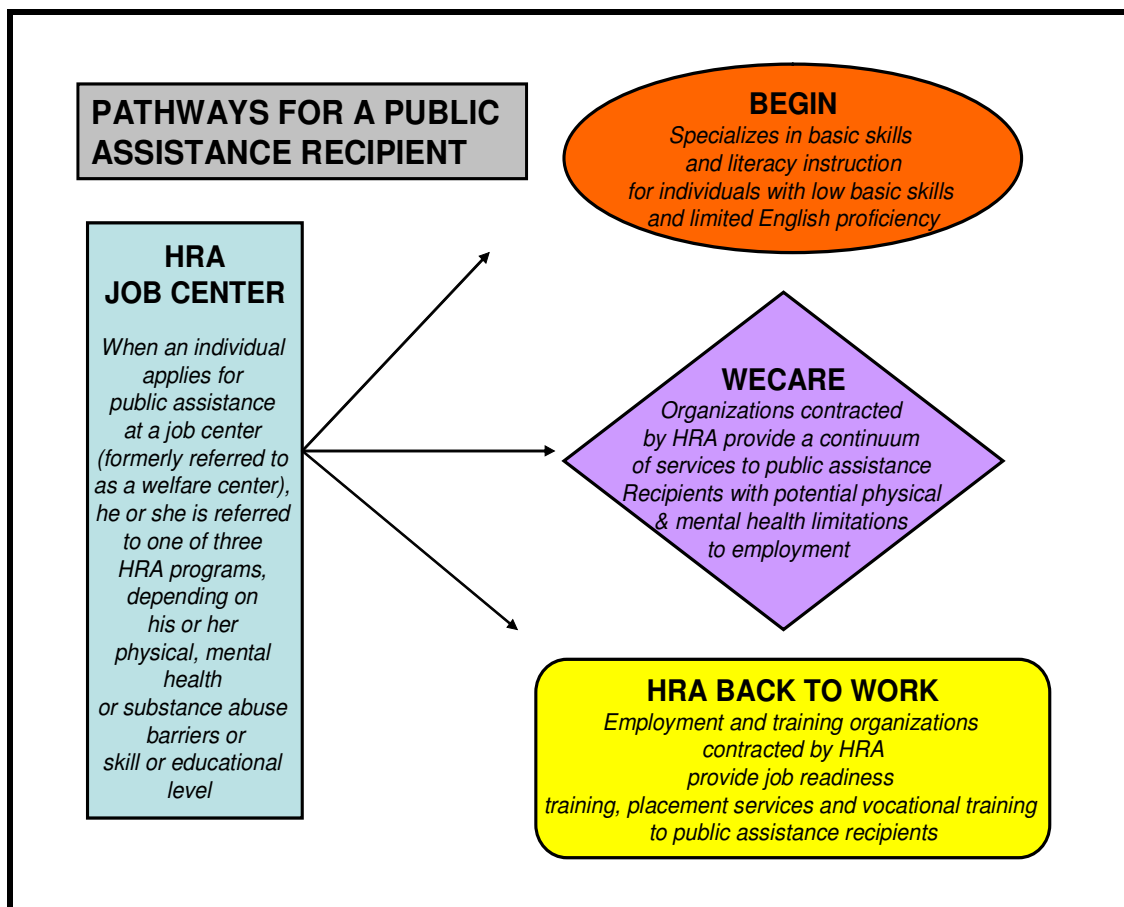
When WeCARE was initially unveiled in early 2005, the Human Resources Administration transferred the case files of all public assistance recipients with disabilities from their neighborhood job center (also known as welfare centers) to one of three “WeCARE hub centers” in Manhattan, Brooklyn or the Bronx. Hub centers were distinct from WeCARE vendor sites where individuals were sent after undergoing a screening at the hub center. Hub centers were not easily accessible for some individuals with disabilities and did not provide any special services that could not be provided at neighborhood job centers. Further, those that lived in Staten Island or Queens were forced to travel to Manhattan to receive services. These challenges led to a class action lawsuit brought by the Legal Aid Society¹, *Lovely H. vs. Eggleston*. The Court found that the hub centers were segregated and violated the American with Disabilities Act. As a result, the hub centers were closed and HRA was required to reintegrate individuals with disabilities back into all HRA job centers around the city.

FROM HRA JOB CENTERS TO VENDORS: A Description of What WeCARE Is Supposed To Do

➤ Pathways for a Public Assistance Recipient

When an individual applies or recertifies for public assistance, he or she goes to a HRA job center. Based on New York Statute, upon application or recertification, a HRA/DSS staff person at the job center is to inquire whether or not the individual has any medical condition which would limit their ability to participate in work activities.⁹

- If the individual has no barriers to employment, he or she is sent to the **HRA Back to Work** program and is to receive services and training that will lead to employment.
- If the individual has no medical limitations but is in need of basic education or English as a Second Language (ESL) services, he or she is to be sent to the **BEGIN** program for literacy and language services.
- If the individual self-identifies as having a physical, mental health or substance abuse barrier to employment, he or she is to be referred for a **WeCARE** assessment.



WeCARE: The Approach, Assessment, Services and Monitoring

HRA's WeCARE program is designed to be distinct from other programs such as BEGIN and Back to Work because it is supposed to provide specialized services and enhanced support to its participants. In fact, the overall mission of the WeCARE program is *"To provide a continuum of integrated services to help public assistance recipients, with potential physical and mental health limitations to employment, attain their highest level of health and self-sufficiency."*¹⁰ In its attempts to fulfill this mission and distinguish WeCARE from other programs, HRA designed a supportive and individualized approach to assisting public assistance recipients with disabilities, which includes a comprehensive assessment process and a set of specialized services.

➤ The Approach

The WeCARE vendor guidelines stipulate that *"services are based on each individual's unique circumstances, special needs and preferences, delivered in an environment that is supportive and respectful, as well as culturally and disability sensitive."*¹¹ To achieve this support, and to create a program distinct from other welfare programs, WeCARE vendors are directed to undertake the following actions:

- Meet regularly with WeCARE participants to monitor their progress in achieving the goals set out in the Client Service Plans and Individual Plans for Employment.
- Collect feedback from WeCARE participants regarding their goals and progress during these regular meetings
- Integrate feedback into client's services and activity planning.
- Provide escalating outreach including letters, phone calls, home visits to help WeCARE participants comply with program requirements and avoid sanctions or case closure.

➤ The Assessment

STEP 1: INITIAL ASSESSMENT AND ORIENTATION CONDUCTED

The individual is to be sent to a WeCARE subcontractor where he or she undergoes an initial assessment. Here, the vendor determines if the individual requires language services or special accommodation in order to participate in work activities, provides an overview of WeCARE services along with written material describing the WeCARE program and obtains information about the individual's physicians and other service providers. The same day as the initial assessment appointment, the individual should go through intake and orientation.

STEP 2: BIOPSYCHOSOCIAL ASSESSMENT CONDUCTED¹²

No more than 12 days after orientation, the individual begins the Biopsychosocial (BPS) Assessment, which includes 3 phases. The BPS should include a physical with a primary care physician, an appointment with a specialist, if deemed appropriate after the physical and a psychosocial assessment. During the assessment, WeCARE providers are to identify health conditions and social circumstances that affect an individual's health and employability.

STEP 3: FUNCTIONAL CAPACITY OUTCOME DETERMINED

The individual is to be given a Functional Capacity Outcome, a report prepared by the WeCARE vendor that should outline the results of the BPS assessment and contain a determination of the individual's level of employability, a clinical justification for the determination, any accommodation needed by the individual, and treatment and service recommendations.

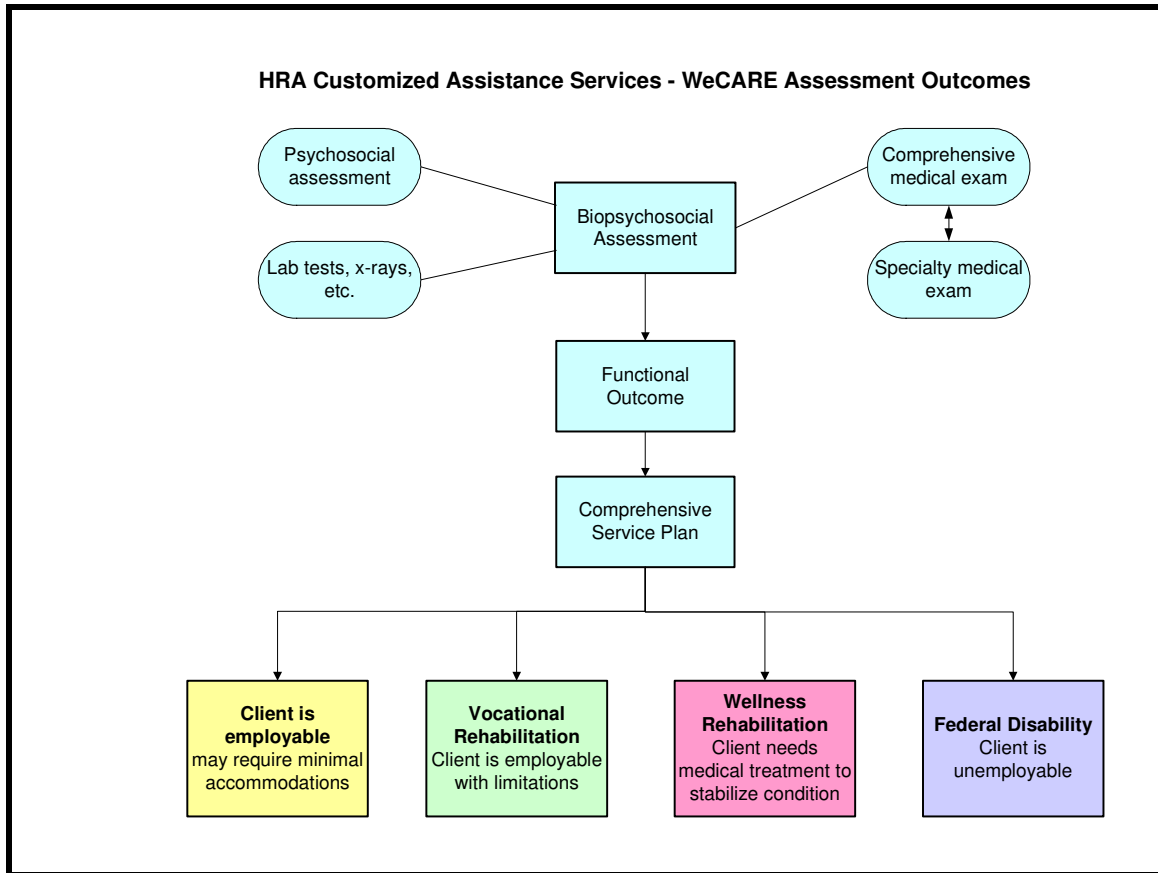
STEP 4: SERVICE TRACK ASSIGNED¹³

Each individual should be assigned to a WeCARE service track based on the results of the Biopsychosocial Assessment (for HRA's design of WeCARE service tracks and corresponding services see Appendices F, G and H). The tracks include:

- ✓ ***Fully Employable***: The individual is to be sent back to HRA job center for a work assignment.
- ✓ ***Vocational Rehabilitation (Employable with Limits)***: The individual is to be sent to a WeCARE vendor for specialized employment services and a work assignment that accommodates their disabilities. This could include minimal or more significant accommodations.
- ✓ ***Wellness Rehabilitation (Temporarily Unemployable)***: The individual is to create a wellness plan with the WeCARE vendor and is referred for treatment to improve health condition and progress towards wellness. The individual will be exempt from work requirements for 90 days. After 90 days, if the person is able, he or she will be referred for a work activity.
- ✓ ***Federal Disability (Unemployable for 12 months or more)***: The individual is sent to a WeCARE vendor to receive assistance in applying for federal disability benefits.

STEP 5: COMPREHENSIVE SERVICE PLAN CREATED

A Comprehensive Service Plan (CPS) is created to lay out specific steps the individual will take to attain the highest level of self-sufficiency. This should include measurable activities that are to be completed within a specific time frame. The CSP should be modified based on the individual's input.



➤ **The Services**

According to HRA, following the Biopsychosocial Assessment, the following services are to be offered to WeCARE clients in order to help them attain the highest level of self-sufficiency.

Skill Development

WeCARE vendors are to provide access to education and training by offering participants information that they then could use to enroll in HRA approved education and training programs to participants. Vendors are also to supply participants with information about Individual Training Accounts that can help them to pay for selected training and skill development programs. Additionally, vendors are to provide their own education and training services to participants.

Job Search Assistance

WeCARE vendors are to support individuals with resume and interview preparation, computer skills training and linkages to job interviews and potential employers with available jobs.

Medical Support

WeCARE vendors are to provide participants with information about various medical and mental health providers and allow participants to choose a preferred provider. They are also to schedule and assist individuals in attending medical and mental health appointments. Further, vendors are to assist participants in learning about and understanding their health condition (see Appendices F, G and H).

Case Management

WeCARE vendors are to assign a case manager to those participants who have difficulty complying with appointments and other program requirements. Case managers are to work with disabled clients to promote attendance at scheduled WeCARE appointments, including arranging for escorts when necessary. Additionally, case managers are to conduct home visits to clients who have difficulty traveling to appointments or who are struggling to comply with WeCARE requirements.

Escalating Outreach

WeCARE vendor staff is to conduct escalated outreach to clients who are not complying with some aspect of the WeCARE program. This outreach is to include progressively escalating steps including writing letters, making phone calls, making contact with family members and conducting home visits. Adverse action, such as a sanction or case closure, is not to be taken until escalating outreach has failed.

Assistance Applying for Federal Disability Benefits

WeCARE vendors are to assist those individuals who are deemed unable to work for 12 or more months to apply for federal disability benefits. Vendors are also to help those that are denied benefits to appeal the decision and are to provide ongoing advocacy and support for the individual with the Social Security Administration.

➤ Monitoring and Evaluation

The WeCARE contracts with both FECS and Arbor E&T set out a system of monitoring and evaluation for vendors called an Independent Quality Review (IQR). According to the contracts, HRA is to “*contract with at least one independent outside organization to monitor and review the contractors’ performance of the services, to assure the quality, effectiveness and integrity of the services delivered by the contractor.*”¹⁴ The IQR is to be performed on a “regular basis, no less frequently than once each quarter,” and is to consist of on and off-site visits, review of programmatic and client records, review of Biopsychosocial Assessments, functional capacity determinations, Client Service Plans, Diagnostic Vocational Evaluations, Individual Plans for Employment, and reviews of staff licenses and certification. The IQR is to produce quarterly monitoring reports for each vendor.

WeCARE Participant Profile: Paula¹⁵

For three years, I was employed and working as a receptionist at a community technology center in New York City. Last summer, two people close to me passed away. I was exhausted and couldn't keep up with the work. I was suffering from depression and I lost my job. My unemployment benefits expired so I applied for public assistance.

The first time I went into the HRA job center, I was referred a regular job readiness program through HRA. I couldn't comply with the program because of the depression and exhaustion so I had to reapply for public assistance. The second time around they (HRA) gave me an appointment for FECS WeCARE.

The WeCARE doctor was a big pain. I must have gone five times to Lenox Hill Hospital. When I went it was so packed that even if you got there early in the morning, you would wait half the day. After waiting, they would tell me they had to reschedule me and I had to come back. That must have happened four or five times.

The assessment itself was also four different appointments. First they ask you a whole bunch of questions to assess your mental health, then you come back and they do the physical, the next time I spoke with a psychologist, then I saw another doctor. The WeCARE doctor labeled me as being bi-polar and my doctor does not agree. He says that I have depression. I thought I shouldn't say anything because I am not a medical expert, but it just didn't make sense.

Then you have to wait for them to make an appointment for you to go to 80 Van Dam (FECS WeCARE site). I went to 80 Van Dam and she looked at my assessment and she said we are going to schedule you to see someone at FECS WeCARE to lay out some sort of program for me but she didn't say specifically what that was. I didn't get information about how they were going to help me or what I needed to do to get help.

I went back for the appointment and met with a worker to begin to put together a plan (Wellness plan). It felt like I was pulling teeth to get her to help me. I was about to lose my apartment and become homeless and no one was helping me to deal with this situation. I was looking for a mental health provider and she only gave me names of providers that did not accept Medicaid. Everything that I have been able to get assistance with, I had to find on my own. Even when my case was cut off, my WeCARE worker said I had to work it out with my job center (HRA) and she wouldn't return my phone calls.

I am now being cut off again. I had an appointment at 80 Van Dam (FECS WeCARE) and I arrived late. They said they couldn't see me and they rescheduled the appointment. When I came in for the new appointment, she (WeCARE caseworker) looked in the computer and said there is something going on with your case so we can't do anything for you today. When I asked her what she meant, she said I have to call my worker at HRA to find out.

I would like the program to help me with my health issues and to access training and educational opportunities, but they are not doing this.

SECTION 4: RESEARCH FINDINGS

In-depth discussions and survey questions with WeCARE participants provide a deeper look into the WeCARE Program and reveal the actual services and benefits individuals receive from both the Human Resources Administration and the WeCARE vendors.

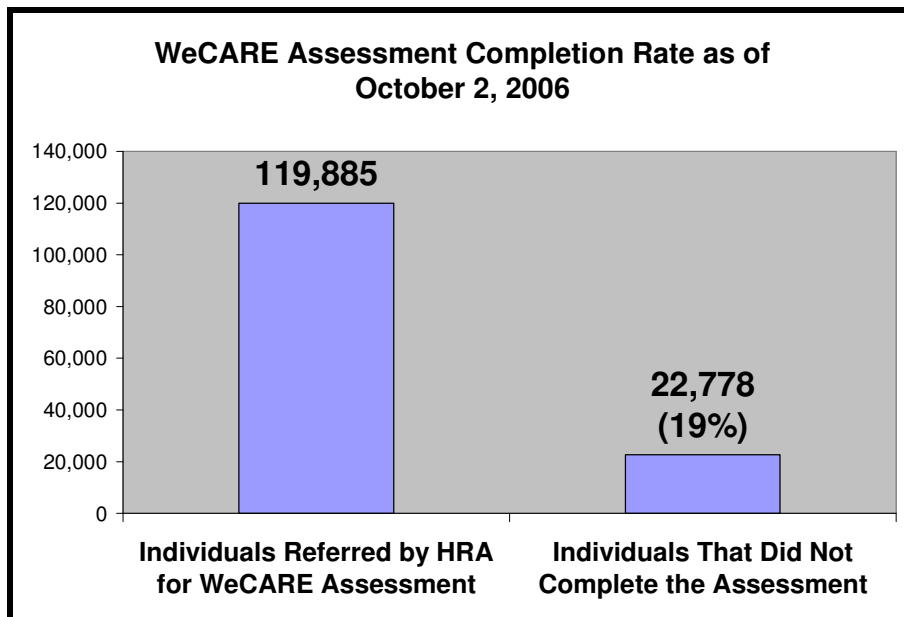
Overall Finding:

HRA's WeCARE Program sets a national standard as a public assistance program that specializes in serving people with disabilities. However, the program design is not always translated into good practice and participants often do not receive the supportive and individualized services that they need.

Finding #1: Assessment Process

While the WeCARE Biopsychosocial (BPS) Assessment process is designed to be more comprehensive than general public assistance assessments, it is structured in such a way that does not facilitate completion.

➔ As of October 2, 2006, 19% of those who were referred for Biopsychosocial Assessment did not complete it.



Source: Testimony of Verna Eggleston, NYC HRA/DSS Commissioner, Before the City Council General Welfare Committee on Implementation of the New TANF Requirements. City Hall, October 12, 2006.

While HRA attributes the low Biopsychosocial Assessment completion rate to the failure of clients to appear for appointments, the voluntary withdrawal of applications and non-responsiveness to outreach efforts¹⁶, research has traced the problem to the multiple service delivery flaws and systemic failures rather than to the clients.

➔ **The assessment process is a complicated one involving multiple appointments in various locations, with limited support and flexibility offered.** Given that the WeCARE program is designed specifically to work with people with disabilities, such complicated requirements are especially problematic and unacceptable.

Every other week for six weeks they sent me back and forth. I would show up at an appointment that they gave me and they would say that I didn't have that appointment and that I had to reschedule. Then I finally saw the (WeCARE) doctor after waiting all day and when I got home I got a letter saying that I missed that appointment. Next thing I know, they said I had to start all over again and go back to the welfare center at 16th street and then back all the way uptown again to the doctor. – Janet

➔ **Individuals do not receive the information or support they need to navigate the assessment process.** This can be especially daunting for individuals with physical or mental health conditions that make it difficult to advocate for themselves with service providers.

It's taking a lot of different tries to actually go through the whole assessment process because there have been appointments where I had to leave because I wasn't feeling well. From my understanding there's supposed to be people there to help you through the process, but when you ask about it nobody really knows how that works. - Samuel

➔ **People with disabilities have difficulty accessing assessment appointments and do not receive adequate support to help them to comply with these appointments.** For example, despite closure of WeCARE hub centers, individuals that live on Staten Island are still forced to travel long distances to Manhattan for all WeCARE appointments.

The problem is that they don't have anything in Staten Island and that is where I live. And I have to travel all the way to Manhattan. I live way in on Staten Island. So I have to take the ferry and from the ferry, walk up and down the stairs and then take the train and then walk from the train all the way up to them (WeCARE medical site). I dealt with that until the pain got worse. Now I am supposed to have surgery. - Mary

Finding #2: Assessment Quality

During the assessment process, individuals feel that they are not receiving adequate assessments and that the evaluations by WeCARE medical providers conflict with prior evaluations from the individual's personal providers.

- ➔ **WeCARE participants find that WeCARE doctors do not provide what participants consider to be comprehensive medical assessments.** Rather, medical providers meet with individuals for very short periods of time and run tests that participants feel do not match their medical problems.
- ➔ **Of those surveyed, 52% said that they did not agree with the results of the WeCARE assessment.**

I go to my doctor three days a week cause I have pulmonary fibrosis, which is a lung disease, and there's no cure for it. The problem I had was that my doctor told me one thing, he runs all the tests, and then when I go down to welfare, they send me to their doctor (WeCARE), where they don't do all the tests – they don't take chest x-rays or anything. All they do is the urine test and the blood test and that's it. How are they going to find out about my health? Their doctor says, "Okay he's fit to work, let's put him in this program." You give him notes and things from the other doctor and he doesn't hardly look at them. Next thing I get another letter saying I've got to do the program. What am I in the program for when I can't do anything? There are days when I can't even walk up the steps. - William

- ➔ **WeCARE medical providers do not pay attention to paperwork or recommendations from individual's personal (non-WeCARE) medical providers.** Additionally, participants explain that WeCARE doctors do not integrate information from personal medical providers into the determination of employability.

I had two surgeries on my legs; I have three pins in my leg that will never come out. I got a herniated disk in my back that they want to operate on but I won't let them operate because I'm scared they're going to paralyze me. So my doctor filled out paperwork stating that I am unable to work for at least a year and that they would reevaluate me after that time. Then the WeCare doctor evaluated me and said I was able to work. - Tom

Anyone can see that I walk with a cane; I have a metal plate in my ankle, that is number one. Number two is that I am seeing a psych doctor and am taking medication for Hepatitis C which I have to inject myself with a needle. So my doctors are saying that I am not able to work right now. But they (WeCARE doctors) just disregard every letter I bring them from my doctors. – Robin

- ➔ **Participants have to wait for long periods of time at assessment appointments.** In evaluations of six WeCARE medical facilities conducted by the HRA-contracted organization NYCHSRO¹⁷, two sites were found to make participants wait for longer than 30 minutes. Moreover, one of the sites had an inadequate number of seats available in the

waiting area. Sitting or standing for long periods of time may be painful for individuals with disabilities, making it difficult to wait. Accordingly, they are forced to reschedule and return for another appointment or worse face a penalty for missing an appointment.

Finding #3: Job Preparation / Employment Services

Job preparation services are not individualized based on work experience, career goals or education level, do not adequately prepare individuals for employment and often are not even offered to participants.

➔ **Many participants are not even being offered job preparation services.**

Although 70.7% of the survey respondents said they were in the vocational rehabilitation track, only 38.8% said that they worked on resumes and only 46% worked on computer skills while at WeCARE.

➔ **Of those offered services, 50% of survey respondents said that the job search/preparation services were not helpful in helping them gain employment.**

I haven't experienced a lot of good with them (WeCARE job preparation classes) because I already have my resume and a college degree. I'm here for them to help me find work and that is not happening. – Tamara

➔ **Participants find job preparation services to be disorganized and one-size fits all.**

Instructors are often absent or over-extended and classes are composed of individuals at different levels of education and employment experience, making it difficult to tailor services to specific individuals. Those with significant work experience or higher levels of education feel that they need more than basic resume and computer skills in order to find a good job and those with less experience feel that they need more extensive preparation. Furthermore, many feel that the activities such as crossword puzzles and word search games (see Employment Word Search on next page) that are given as assignments in classes are a waste of time and somewhat insulting (see appendix for more examples of materials used in job search/preparation classes).

Most of the classes (job search/job preparation) there will be like 50 or 60 people per instructor and he/she only has so much time for each person. And then you have people who don't speak English and don't understand what the instructor is saying. – Elizabeth

In the job search program that I am in, you can ask anybody there, they put you in a room and we're by ourselves all day. It is just us by ourselves, playing cards and reading magazines. They (the staff) come in for a few minutes to get attendance and that's it. -- Ernesto

EMPLOYMENT WORD SEARCH FROM JOB SEARCH CLASS

A Word Search Puzzle

Page 1 of 1

EMPLOYMENT

Print this page and find the words in the list below in the grid.
Words can go horizontally, vertically and diagonally, backwards or forwards.



© 2004 - www.learn-english-today.com - software 1-2-3 Word Search Maker™

apply	employer	qualifications	staff
assessment	interview	recruit	strength
background	notice	redundant	training
benefit	promotion	resign	vacancy
dismiss	prospects	retire	weakness

Finding #4: WEP Specialization

While the WeCARE policies call for specialized Work Experience Program (WEP) assignments in order to help people attain self-sufficiency, WEP for WeCARE participants is not specialized for people with disabilities and is not leading to permanent jobs.

→ Participants feel that their limitations are not being considered in WEP placements.

69.8% said that their WEP assignment was not accommodating to their disability.

I'm in the pantry now and I have limitations. They're not abiding by my limitations. I'm not supposed to be standing for more than four hours and I'm no supposed to be lifting. They shouldn't have placed me there to begin with. – Lorraine

They do the physical thing and write down that I have limitations but then they (WeCARE staff) put me in a WEP site without limitations. I didn't agree with that but I wasn't going to fight it because I got to put a roof over my kids' heads. So I'm back in a corner; there's nothing I can do. - Alice

→ Participants feel that while they want to gain experience and ultimately attain employment, the WEP program provides neither the experience nor the opportunity to obtain a job that will yield self-sufficiency or help to attain one's career goals.

Of those surveyed who have participated in the Work Experience Program while in WeCARE, 72.1% said that their WEP assignment was NOT AT ALL RELEVANT to their career goals for the future.

What really bothers me is that I have a work history and if I do WEP I'd like to get hired. If I show up on time and be productive I want to be hired. But the problem is, they might slave me for months and then I don't get the job. I go to another site and start all over again. I want to achieve something in life; I'm getting older and I want a career. I listen, I've got discipline, and I am a productive person, I get along with people and I need some help. – Edward

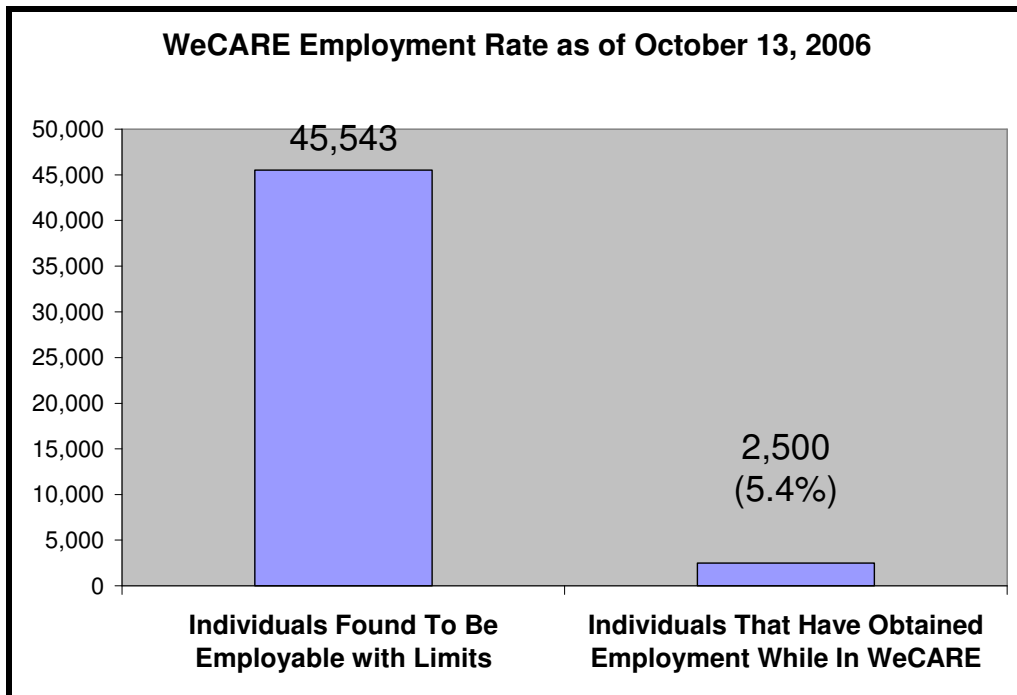
Finding #5: Job Placement

While many WeCARE participants want to obtain employment, WeCARE vendors are not connecting sufficient numbers of people to jobs.

➔ While 45,543 WeCARE participants were considered engagable (employable with limitations) as of October 2006, WeCARE vendors have helped only 2,500 or 5.4% to obtain employment. While the goal of the WeCARE program is not to immediately move people into work, many participants want to find some kind of job. However, many are not receiving adequate support or assistance in doing so. Accordingly, after two years of providing services, vendors have helped only a small fraction of participants to obtain employment.

I've been there since July and they don't help me with the job search. I do it on my own, when I can use their computers. But a lot of the jobs they say we're not qualified for. So, I said, if this is what I need to be qualified for this job, then why can't you help me with that? And the response from my case manager was she doesn't specialize in that. - Cathy

WECARE EMPLOYMENT OUTCOMES



Source: Testimony of Verna Eggleston, NYC HRA/DSS Commissioner, before the City Council General Welfare Committee on Implementation of the New TANF Requirements. City Hall, October 12, 2006.¹⁸

Finding #6: Escalating Outreach

HRA has a good policy of escalating outreach in place to prevent WeCARE participants from having their benefits reduced or cut off. However, in practice, clients are not receiving this outreach and consequently, regularly have their cases sanctioned.

Despite the policy to provide escalated outreach to WeCARE participants in order to avoid sanctions, many participants experience a reduction in their benefits or case closure without prior notice.

- ➔ **Fifty-six percent of those surveyed have had their benefits reduced or cut off while in the WeCARE program. However, only 12% said that anyone from WeCARE ever contacted them if they missed an appointment.**

I am in WeCARE and doing WEP. I don't think WeCARE has specialized services. Sometimes I really can't be there (at WEP or other appointments) because of the pain I have, but they will close my case right away. Last time, they closed my case before I even got a letter. When I am not there it is because I am sick and I have a doctor's note and it is their error that messes me up. - Mary

They sanctioned me three times in one year. First of all, they gave me an appointment, and that day I was very bad, I had the flu. I started calling and calling and nobody answered the phone. I couldn't make it and they cut my benefits. I went over there and explained to them and they said no you have to bring a letter from your doctor. I got the letter and they opened my case again. The second time, they sent me a letter without putting the apartment number so the mailman put it somewhere – I don't know. When I went over there they said that they received the letter back. I asked why they closed my case. - Betty

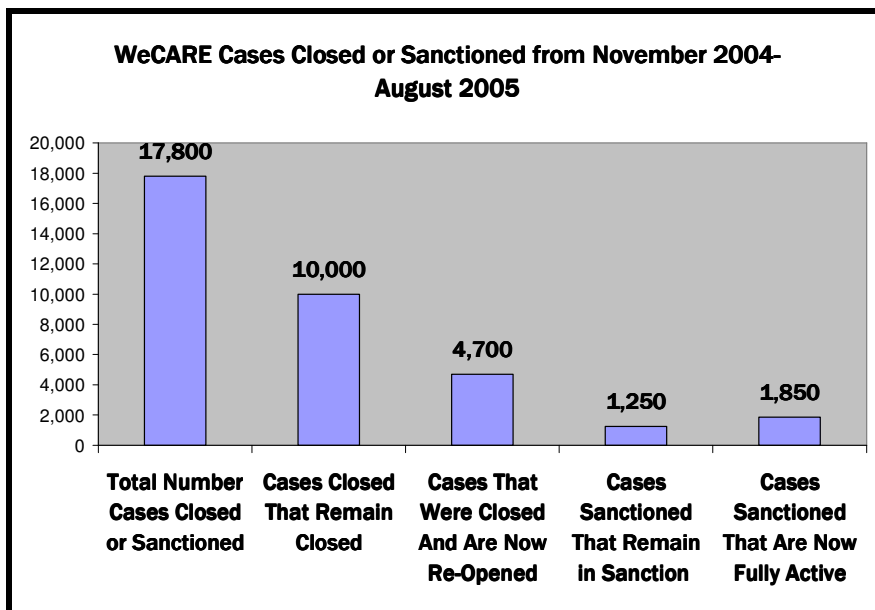
- ➔ **While 63.8 % of the survey respondents have difficulty traveling to WeCARE appointments and required activities, none of them were ever offered a home visit by HRA or a WeCARE provider.** Those that have difficulty traveling are often unable to comply with WeCARE and HRA requirements and are subsequently sanctioned because of non-compliance.
- ➔ **64% of those surveyed said that it was difficult or somewhat difficult to reach a WeCARE staff person in order to reschedule an appointment.**

Individuals often cannot provide explanations to avoid being penalized for missing appointments. Rather than being offered services set out in WeCARE policy such as home visits, outreach to family members, or assistance in attending appointments, individuals are left to fend for themselves. Even worse, because many people do not

understand or know how to challenge these penalties, many go without crucial benefits such as Food Stamps, transportation and rental assistance.

They'll sanction your case and you won't even know until its time for you to get your benefits. And then you will already have an appointment for WeCARE and the doctor and all that. And all of a sudden, I have to add into that going to a Fair Hearing (with the state Office of Temporary Disability Assistance in order to dispute the sanction). Or you will try to call your caseworker and they won't answer the phone and when you go to the center they won't see you unless you have an appointment. So I have to go home with no benefits and no food in my fridge. – Tom

➔ **During the first year of the WeCARE program, HRA estimates that 17,800 people referred to WeCARE had their cases closed or sanctioned.**



Source: *United States District Court Southern District of New York, Lovely H., et al., v. Verna Eggleston. June 8, 2006.*¹⁹

Sanctions and Case Closures

In 1996, the federal Personal, Responsibility and Work Opportunity Reconciliation Act (“PRWORA”) gave states and localities increased flexibility to shape local implementation of public assistance programs, including sanction policies and procedures. These changes led to major decreases in welfare rolls, some of which were caused by the increased use of sanctions to penalize public assistance participants who do not comply with program requirements. Public assistance recipients can be sanctioned for reasons ranging from missing or arriving late to an appointment to not fulfilling work requirements. Often people are sanctioned because of a computer glitch or documentation error made by HRA. For clients who are receiving public assistance, sanctions can result in the temporary or permanent reduction in benefits.²⁰ Case closures result in the termination of all benefits and require an individual to reapply for public assistance. In NYC, sanctions can be challenged with a Fair Hearing, a procedure by which the recipient appeals to the NY State Office of Temporary and Disability Assistance. Outcomes of past Fair Hearings have clearly demonstrated that many sanctions are imposed in error.²¹

Finding #7: Mental Health Services

People with mental health barriers are not receiving adequate support from HRA or WeCARE vendors.

→ Participants with mental health issues find that HRA and WeCARE staff lacks the training to adequately support them.

The first time I went to HRA and told them I had Post-Traumatic Stress Disorder, the caseworker told me that was not enough to make me exempt from work. I told them that I wanted to work but that there were just certain jobs I couldn't do. The next time I went to HRA I showed the caseworkers all of my medication and finally they sent me to a WeCARE doctor for a psychological evaluation. - Jennifer

WeCARE kept threatening me that if I don't get a job I was going to be cut off of welfare. So I got a home attendant job, but that didn't work out because I still had to go from appointment to appointment with the WeCARE people and the psychiatrists. Now, I'm still fighting for the help I need. I've gone from psychiatrist to psychiatrist. I saw three different psychiatrists through WeCARE and none of them were helpful. I'm doing what I got to do to make myself better. This is all on my own. - Danielle

I told them I had a mental illness, so that's why they sent me to the medical evaluation. If I hadn't told them, they wouldn't have sent me. - Samuel

Finding #8: Federal Disability Assistance

WeCARE Vendors are not adequately assisting people to apply for federal disability benefits and are not helping individuals to appeal if they have been denied benefits.

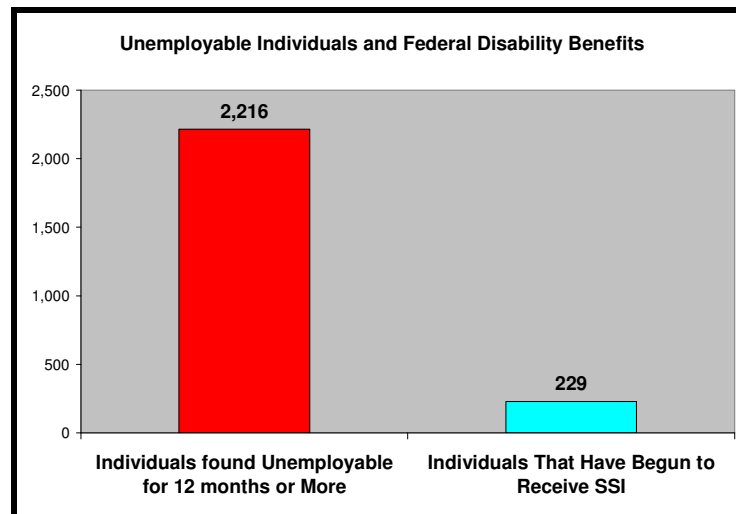
- ➔ **As of March 2006, only 1 out of every 10 WeCARE clients who have been deemed as unemployable²² have received federal disability benefits.** While the application process for federal disability benefits is long, these delays are only part of the reason that WeCARE clients are not obtaining SSI or SSDI.
- ➔ **WeCARE participants explain that they are not given the information that they need in order to apply for federal disability benefits and do not know who at WeCARE can help them to access this information.**

I have an associate's degree; I've been certified in plumbing, carpentry and electrical. I can't do any of that because of my disability. But it took me a year and a half and five or six different caseworkers at WeCARE before I found someone who said, okay, here are the steps that you take for your appeal (for SSI). – Robert

- ➔ **WeCARE participants further explain that in order to apply for SSI or appeal a denial, they have to seek out the information on their own.**

I knew from word of mouth that some people were getting SSI but they (WeCARE staff) never told me that they would help me to apply. Someone told me that if my condition was so bad that I should just go and apply for SSI on my own. - John

FEDERAL DISABILITY BENEFITS



Source: Letter from HRA Commissioner Verna Eggleston to City Council, May 3, 2006.

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- ➔ **The low number of WeCARE participants receiving SSI benefits is not the only problem. Many more participants are potentially eligible for federal disability benefits but do not receive assistance from WeCARE vendors in obtaining these benefits.** As of October 2006, only 8% of WeCARE participants were deemed to be unemployable. Although many others are potentially eligible, this is the only group who can potentially receive assistance in obtaining federal disability benefits from WeCARE (see Appendix I for breakdown of WeCARE participants by service track).
 - ➔ **In addition, the WeCARE BPS Assessment is not structured in a way that enables all eligible individuals to obtain federal disability benefits.** The criteria used in the WeCARE Biopsychosocial Assessment (BPS) to determine employability does not correspond with that used in determining eligibility for federal disability benefits. In addition, the threshold for being unemployable is much higher in the WeCARE BPS Assessment than in the assessment for SSI or SSDI. Consequently, after the BPS Assessment, many people are deemed “employable with limitations” or “temporarily unemployable”, even though they are automatically eligible for SSI. Although many of these individuals are potentially eligible, they do not receive any assistance from WeCARE in accessing federal benefits.
 - ➔ **The inability of WeCARE vendors to adequately help individuals apply or appeal for SSI is not only detrimental to those who need assistance, but it also places an unnecessary financial burden on New York City.** New York City could save needed funds if those individuals eligible for federal disability benefits were given adequate support in order to obtain those benefits.

Finding #9: Monitoring and Transparency

Despite establishing an independent monitoring entity in the WeCARE contracts, there is an overall lack of transparency and monitoring of the WeCARE Program.

- ➔ **While HRA has hired an outside contractor, New York County Health Services Review Organization (NYCHSRO), to conduct Independent Quality Reviews (IQR) as set out in its contracts, the organization is not entirely independent of HRA and the reviews that have been made available do not provide adequate evaluations of WeCARE services²³.** The reviews look only at WeCARE medical sites, and do not consider other critical elements of the WeCARE program such as employment services or escalating outreach policies. Further, the evaluations only review vendor policies, facilities and equipment, overlooking participant input and performance measurement outcomes.
- ➔ **HRA also regularly fails to produce records and documents that should be available to the public in compliance with the Freedom of Information Law (FOIL).²⁴**

SECTION 5: SUMMARY

Overall, the findings indicate that while HRA has made a large investment and designed a good program to support and assist public assistance recipients with disabilities, the program is not being implemented in a way that benefits WeCARE participants. According to WeCARE participants, the disconnect between program design and practice can be traced to the following four problem areas.

Participants repeatedly experience a lack of support, information and flexibility from both HRA and WeCARE vendor staff in all phases of the program.

Many participants are sent to their first WeCARE assessment appointment without any explanation about the program or how they may benefit from it. During the Biopsychosocial Assessment, participants explain that WeCARE doctors spend very little time examining them and often do not make the effort to communicate with their personal doctor to gather more information about their condition. Following the assessment, few participants report meeting with a WeCARE staff person to go over their results or to discuss service options or goals.

Very few services are specialized or individualized for people with complex barriers to employment.

Individuals with limitations to work often feel that their disability is not considered or accommodated in their Work Experience Program (WEP) assignment. Often, WeCARE staff does not meet with participants to discuss individual employment or wellness goals or whether progress towards such goals is being made. In fact, 90% of those surveyed said that they did not meet with anyone at WeCARE to discuss their goals or progress in any WeCARE activities or services. Rather, individuals are lumped into services that do not fit their interests or goals. Additionally, few participants benefit from the escalating outreach that the WeCARE program is supposed to offer. Rather than receiving case management and/or phone calls to reschedule appointments or home visits, individuals are often sanctioned or have their cases closed.

Participants described the WeCARE staff as inexperienced and the environment as disorganized.

Participants describe high staff turnover, high client to staff ratios and the lumping together of clients into services without any regard to prior experience or future career goals. Participants explained that this disorganization causes staff to be inaccessible and appointments to be cancelled and rescheduled without notice. It also generates a lack of clarity about who to consult when problems arise. For those who want to apply for federal disability assistance, this disorganization makes it difficult to know who can help them and how to access such assistance. Individuals with mental health issues explain that HRA and WeCARE staff often do not have the expertise or training to adequately help them overcome barriers.

There is an overall lack of transparency, monitoring and evaluation of the WeCARE Program.

While HRA has hired an outside contractor, New York County Health Services Review Organization (NYCHSRO), to conduct Independent Quality Reviews (IQR) as set out in its contracts, the reviews that have been made available do not provide adequate evaluations of WeCARE services and the organization is not entirely independent of HRA²⁵. The organization has conducted reviews of other HRA programs in the past and regularly works for the agency. Moreover, the evaluations look only at WeCARE medical sites, and do not consider other critical elements of the WeCARE program such as employment services or escalating outreach policies. Further, the evaluations only review vendor policies, facilities and equipment, overlooking participant input and performance measurement outcomes. Additionally, although 8 quarterly monitoring reports should be complete for each contractor, HRA has only provided one report per medical vendor.²⁶ It is unclear if other reports exist and are not being publicly released by HRA. Moreover, HRA regularly fails to produce records and documents that should be available to the public in compliance with the Freedom of Information Law (FOIL) (See Appendices K and L). In keeping these records internal, HRA prevents true monitoring and independent quality review from taking place.

SECTION 6: RECOMMENDATIONS

The findings indicate that the WeCARE Program, in its current stage of implementation, is not delivering the specialized services, support and flexibility it promises. Accordingly, now is the ideal time for reform. Under the former Commissioner Verna Eggleston, HRA took the first step in recognizing the need to provide specialized support to public assistance recipients with disabilities by developing and initiating the WeCARE program.

At the start of 2007, New York City is well poised to improve upon existing and add new welfare programs that will benefit public assistance recipients with disabilities. A new Commissioner, Robert Doar, has just taken the reins of HRA. As someone new to the New York City welfare agency, he can take a fresh look at a program that was created by his predecessor, while offering new ideas for implementation. In addition, the Mayor of New York City, Michael Bloomberg, has made a political and fiscal commitment to fighting poverty through the Commission for Economic Opportunity and can ensure that HRA is included in these efforts. David Hansell, the new Commissioner to New York State's Office of Temporary and Disability Assistance (OTDA), is a former HRA official and understands the complexities of implementing welfare programs for specific populations. For its part, the state can create innovative separately funded state programs and work closely with HRA to support this population.

In order to improve the implementation of the WeCARE program and remedy the divide between program design and practice, Community Voices Heard proposes the following recommendations:

1. THE WeCARE ASSESSMENTS PROCESS SHOULD BE RESTRUCTURED TO PROVIDE PARTICIPANTS WITH ADDITIONAL SUPPORT AND FLEXIBILITY

✓ **WeCARE participants should have the option of going to their personal treating physician for medical services and Biopsychosocial (BPS) Assessments.**

Currently, WeCARE participants are forced to go to a medical provider that knows little of their medical history or current condition. If individuals already seek treatment from a medical provider, that provider should be able to assess the client's employability and treat the individual after they have been assigned to a service track. This will also reduce the burden on WeCARE medical facilities that often do not have the capacity to serve all referred clients. Further, it will enable the delivery of individualized attention and care to those going through the BPS Assessment.

✓ **HRA should create a hotline for individuals to call during the BPS Assessment phase of WeCARE.**

Many individuals that are potentially eligible for WeCARE are not completing the assessment phase of the program. A hotline should be established for individuals to call if they are unable to attend or want to reschedule an appointment or want to report any problems with the assessment process. This hotline should be available to clients during business hours on weekdays and should have enough trained staff answering phones so that clients are able to speak with someone when they call.

2. JOB SEARCH/ PREPARATION SERVICES SHOULD BE DIVERSIFIED AND TAILORED TO PARTICIPANTS INTEREST AND EXPERIENCE

- ✓ **WeCARE Vendors should set up a tracking system and develop a corresponding curriculum for the job readiness portion of the program.**

Individuals that participate in WeCARE's employment services programs have different levels of preparedness and distinct types of barriers. The one-size fits all approach that is currently employed is counterproductive for all. As CVH has previously recommended in other research reports, one way to address this would be to establish a two-tiered system where those that are more prepared meet on certain days and those that are less prepared meet on others. Another option would be to allow those who are more prepared to go directly into services such as job placement assistance. Additionally, individuals who have extensive work experience and significant educational background should not be completing tasks such as word search puzzles that do nothing to prepare them for employment. Rather, WeCARE vendors should diversify their curriculums, creating distinct materials and lesson plans for different levels of preparedness.

- ✓ **HRA should end the unpaid Work Experience Program (WEP) and replace it with paid supportive work programs linked to individual's interest and experience.**

Repeatedly, public assistance recipients report that WEP does not provide training or career-focused skill development and does not help them to obtain permanent employment. For those with disabilities, this is compounded by a lack of support and individual attention at WEP sites. It is clear that the lack of a wage, title, supervision and support in WEP creates a sense of frustration and hopelessness that prevents WeCARE participants from attaining the highest levels of self-sufficiency. In place of specialized WEP, HRA should create a supportive work program that provides intensive support and services to hard to employ individuals in an accepting environment. This can include intensive, on-site employment supervision, case management and job coaching. Unlike WEP, participants should earn a wage. Wages can be subsidized with public funds, paid for through program revenues or by employers. Personal and employment support should be provided for as long as needed.

3. HRA AND WECARE VENDORS SHOULD IMPLEMENT AND ENHANCE THE ESCALATING OUTREACH POLICY

- ✓ **HRA should create a mandatory one month wait period before a case is sanctioned or closed.**

Often times, an individual's case will be closed days or hours after they have missed an appointment or other mandatory activity. For many WeCARE participants, non-compliance is due to disability or other complex barriers. Because individuals are sanctioned or have their cases closed within a short period of time, they often cannot provide an explanation for missing or arriving late to an appointment. Further, when individuals try to provide explanations to WeCARE or HRA staff, they are told they need to make an appointment but many cannot do so because they cannot make contact by phone or in person. In order for the escalating outreach policy to work, HRA should create a 1 month wait period to ensure that all outreach possibilities have been exhausted and individuals have the opportunity to provide explanations before any punitive action is taken.

- ✓ **HRA should create a WeCARE Liaison at each HRA center.**

Many individuals cite lack of communication and disorganization as the reason for sanctions or cases closures. In order to improve communication, HRA should create a WeCARE Liaison at each center. This person will address all communication issues between the job center and the WeCARE vendor site regarding compliance and sanction issues.

-
- ✓ **HRA should end its policy of using computer generated sanctions, also known as auto-posting.**

Currently, when a HRA or WeCARE vendor worker fails to record that an individual has attended an appointment, the HRA computer system can automatically sanction that person's case. Often times, because staff neglect to report attendance or do not have time to do so, participants are sanctioned even though they have attended every appointment and complied with all requirements.

4. HRA AND WECARE VENDORS SHOULD HIRE ADDITIONAL STAFF WITH MENTAL HEALTH EXPERTISE AND INVEST IN MENTAL HEALTH TRAINING FOR ALL STAFF

- ✓ **HRA should hire licensed mental health professionals to act as mental health specialists and clinical supervisors in each job center.**

Each job center should employ multiple licensed mental health providers (MSW, CSW, Ph D., Psy D., R.N.) who can work with public assistance applicants and recipients to ensure that they receive the support and information that they need in order to successfully transition into the WeCARE program. In addition, these specialists can act as clinical supervisors to help train and support HRA staff in addressing the mental health needs of clients. While all staff should be trained in mental health issues, these specialists can provide the expertise and supervision that is often needed when assisting individuals with complex mental health barriers.

- ✓ **HRA and WeCARE Vendors should provide intensive mental health training to all staff.**

Due to a shortage in well-trained HRA front-line staff that is able to address complex mental health issues, many public assistance applicants and participants do not receive the services that they need or are referred to inappropriate, non-specialized services. All HRA staff should be mandated to attend quarterly mental health trainings. HRA should hire a reputable, outside agency to administer the trainings. HRA staff should also be required to take short examinations following each training in order to demonstrate knowledge and skills gained.

5. HRA AND WECARE VENDORS SHOULD REORGANIZE SERVICE PROVISION TO INCREASE ACCESS TO FEDERAL DISABILITY BENEFITS

- ✓ **WeCARE vendors should subcontract the provision of federal disability services to an organization with a proven record of helping individuals to obtain federal disability benefits.**

While many individuals in the WeCARE program are eligible for federal disability benefits, most do not know who can help them to apply or what will make them eligible. Moreover, WeCARE staff is not adequately trained to help individuals obtain these benefits. Alternatively, legal services organizations such as the Legal Aid Society and Legal Services of New York (LSNY), which assist individuals to apply and appeal for federal disability benefits, have very high success rates in obtaining SSI and SSDI for clients. WeCARE vendors should subcontract such organizations to provide on-site assistance to WeCARE participants. Additionally, these organizations should provide technical assistance to WeCARE vendors so that vendor staff can properly identify those who may be eligible for these benefits.

-
- ✓ **The criteria used for Biopsychosocial (BPS) Assessments should be aligned with that used to determine eligibility for federal disability benefits to ensure that all potentially eligible individuals receive assistance in applying for SSI and SSDI.**

WeCARE medical assessments utilize distinct standards from SSI or SSDI to determine whether or not someone can work. Those that are deemed “unemployable with limitations” or “temporarily unemployable” after the BPS Assessments are not given assistance by WeCARE vendors in applying for federal disability benefits. However, many people that fall into these two WeCARE service tracks are actually eligible for federal disability benefits. Accordingly, WeCARE providers should incorporate SSI/SSDI eligibility criteria into the BPS assessment.

- ✓ **HRA should provide clear information in multiple languages informing WeCARE participants of whom at WeCARE they can talk to about federal disability benefits.**

In order to ensure that all public assistance applicants and recipients know that WeCARE vendors can assist people in obtaining federal disability benefits, clear information should be provided to all individuals that are referred for a WeCARE assessment. This should include a pamphlet, available in multiple languages, with an explanation of federal disability benefits, the eligibility criteria, and which staff at each vendor site can assist them in applying or appealing for these benefits.

6. HRA SHOULD IMPROVE TRANSPARENCY AND ACCOUNTABILITY

- ✓ **The Independent Quality Review (IQR) should be a comprehensive evaluation of all WeCARE services that includes performance measurement outcomes for all services, participant interviews, and a review of policies and procedures.**

In its contract with vendors, HRA has set out a procedure for the independent monitoring and evaluation of all WeCARE vendors. HRA should ensure that this process provides a comprehensive evaluation of all WeCARE services, not just an evaluation of the medical sites. Moreover, HRA should ensure the organization hired to do the IQR is truly independent from HRA.

- ✓ **All vendor statistics and findings from the Independent Quality Review (IQR) should be posted on the HRA website each month and be easily accessible for public review.**

While the Freedom of Information Law (FOIL) theoretically should make HRA and vendor data available to the public, HRA makes it nearly impossible to access this material in a timely or useful manner. Accordingly, HRA should post all of its vendor statistics, including monthly reports, evaluations from the IQR and participant feedback on its website. This will not only create transparency, but will allow HRA to improve its programs by allowing others to study, analyze and offer suggestions for reform.

- ✓ **HRA should establish a WeCARE participant advisory board.**

This board, comprised of 7-10 WeCARE participants should meet quarterly with a representative from each WeCARE contractor and sub-contractor as well as HRA. The meetings should provide a forum for participant feedback and suggestions. Transcripts from the meetings should be available for public review.

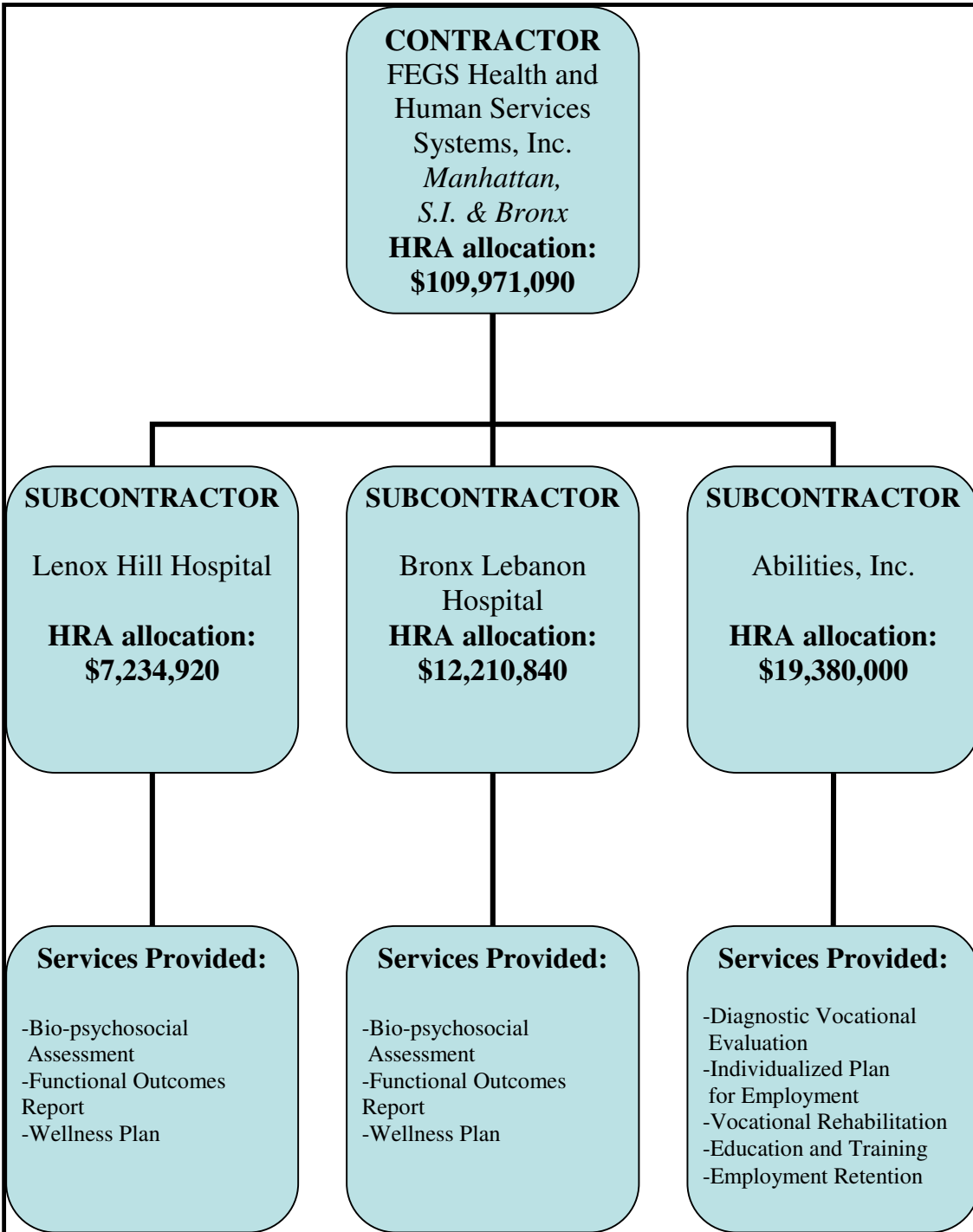
APPENDICES

Appendix A: WeCARE Vendor Background

Arbor Education and Training, a for-profit organization, established in 1963, operates workforce development services and programs at over 50 locations across the United States. Arbor E & T's mission is to provide for every person they serve the opportunity to contribute to society through meaningful, gainful employment. Arbor E&T has focused on assisting thousands of people get jobs and build new skills through return-to-work programs in New York City and across the United States. (www.arboret.com)

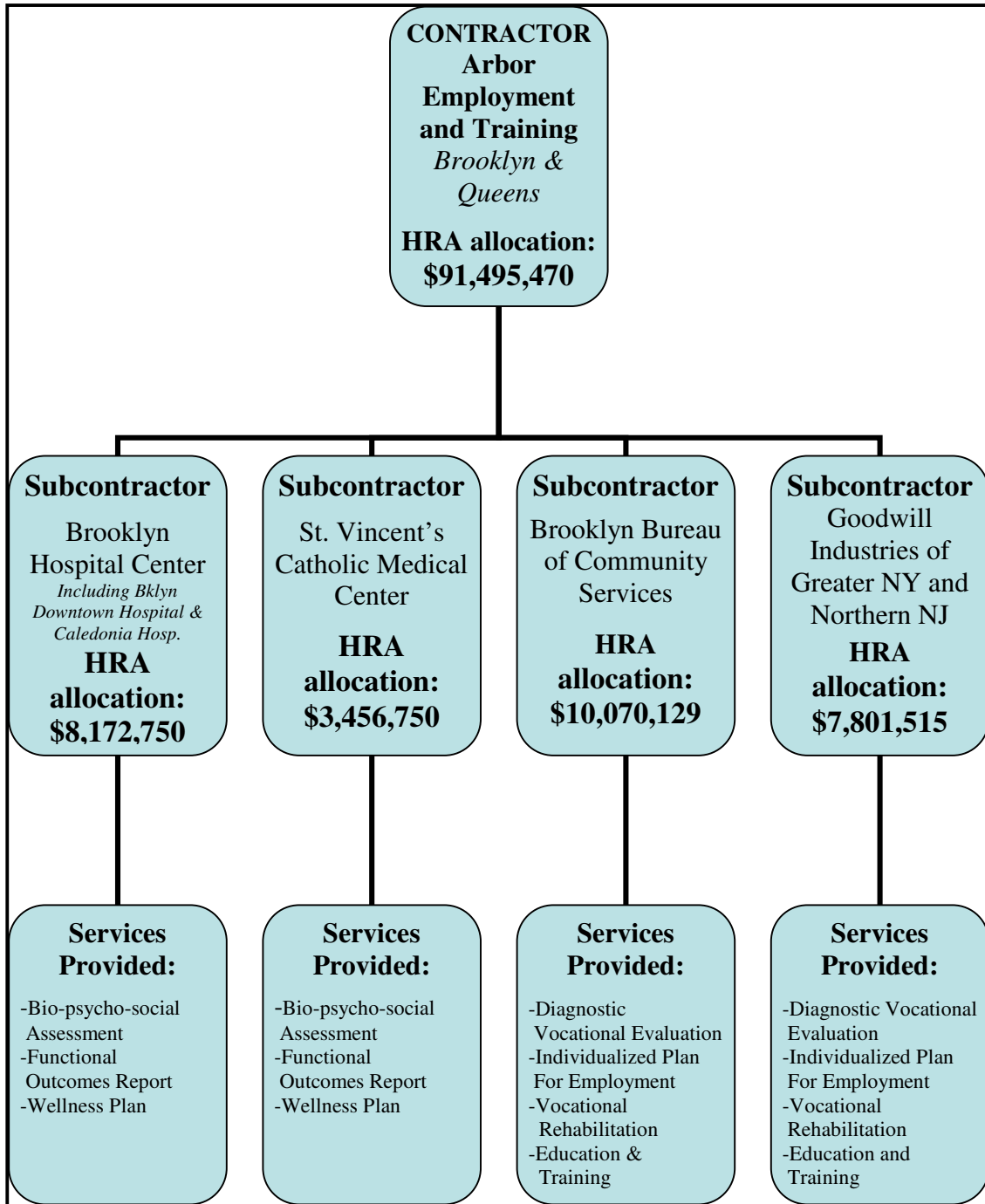
FEGS Health and Human Services System (also known as Federation Employment and Guidance Service, Inc.), established in 1934, has served over two million people at over 258 facilities and residences since its inception. FEGS is the largest and most diversified private, not-for profit, health related and human service organization in the United States. Its mission is to serve individuals and families, who have mental, developmental and physical disabilities, are economically disadvantaged, new émigrés, youth, older adults, and others. This is accomplished through the provision of career planning, functional and vocational assessment, employment, skills training, educational, psychiatric, developmental, residential, family, rehabilitation, client advocacy and information and referral services. (www.fegs.org)

APPENDIX B: Contractor & Subcontractor 3-Yr Allocation Breakdown (FEGS)



Source: Letter from HRA Commissioner Verna Eggleston to City Council. March 30, 2006.

APPENDIX C: Contractor & Subcontractor 3-Yr Allocation Breakdown (Arbor)



Source: Letter from HRA Commissioner Verna Eggleston to City Council., March 30, 2006.

APPENDIX D: HRA Payments to WeCARE Vendors for Services

Contractors are paid on an expense and performance basis. For expenses, contractors are required to monitor monthly expenditures and report them to HRA with a request for payment for services delivered. Performance milestone payments, on the other hand, are based on each service provided or goal attained in accordance with the above payment rates, which are set out in the contracts. Two-thirds of the vendor's contracts are paid through such performance-based milestones while the remaining third is paid through expense reimbursement.

SERVICES	Arbor	FEGS
1. Phase I bio-psycho-social assessment	\$260	\$250
2. Phase II bio-psycho-social assessment	\$136	\$175
3. Complete wellness/rehabilitation	\$600	\$975
4. DVE/IPE completed	\$700	\$480
5. 12-week cycle of work activities	\$600	\$975
PERFORMANCE-BASED MILESTONES	Arbor	FEGS
<i>Subsidized Employment</i>		
6. Employed, 30 days after placement	\$600	\$2,000
7. Employed, 90 days after placement	\$850	\$2,400
8. Employed, 180 days after placement	\$1,950	\$2,960
<i>Unsubsidized Employment</i>		
9. Employed, 30 days after placement	\$1,700	\$2,500
10. Employed, 90 days after placement	\$1,800	\$2,700
11. Employed, 180 days after placement	\$1,905	\$2,960
<i>SSI/SSDI</i>		
12. Attain federal disability benefits	\$805	\$750

*Source: Letter from HRA Commissioner Verna Eggleston to the City Council. March 30, 2006
HRA Contract Fiscal Handbook, October 2004.*

APPENDIX E: Glossary of WeCARE Services Terms

Biopsychosocial Assessment (BPS): The BPS evaluates the individual's health and ability to participate in work activities. It consists of several components: a psychosocial assessment, a comprehensive medical evaluation, specialty medical evaluations when appropriate, and laboratory testing.

Functional Outcomes Report (FO): A report, prepared by the vendor, which outlines the results of the BPS assessment and contains a determination of the individual's level of employability, a clinical justification for the determination, any accommodation needed by the individual, and treatment and service recommendations.

Comprehensive Service Plan (CSP): Lays out specific steps the individual will take to attain the highest level of self-sufficiency. This includes measurable activities that are to be completed within a specific time frame. The CSP is modified based on the individual's input.

Wellness Plan: A plan developed for those WeCARE clients who are determined to be temporarily unemployable. The plan is to identify the conditions requiring treatment as well as treatment providers that can help the client improve their health. It also specifies the individual's responsibilities, and outlines the health education that will be provided to the individual.

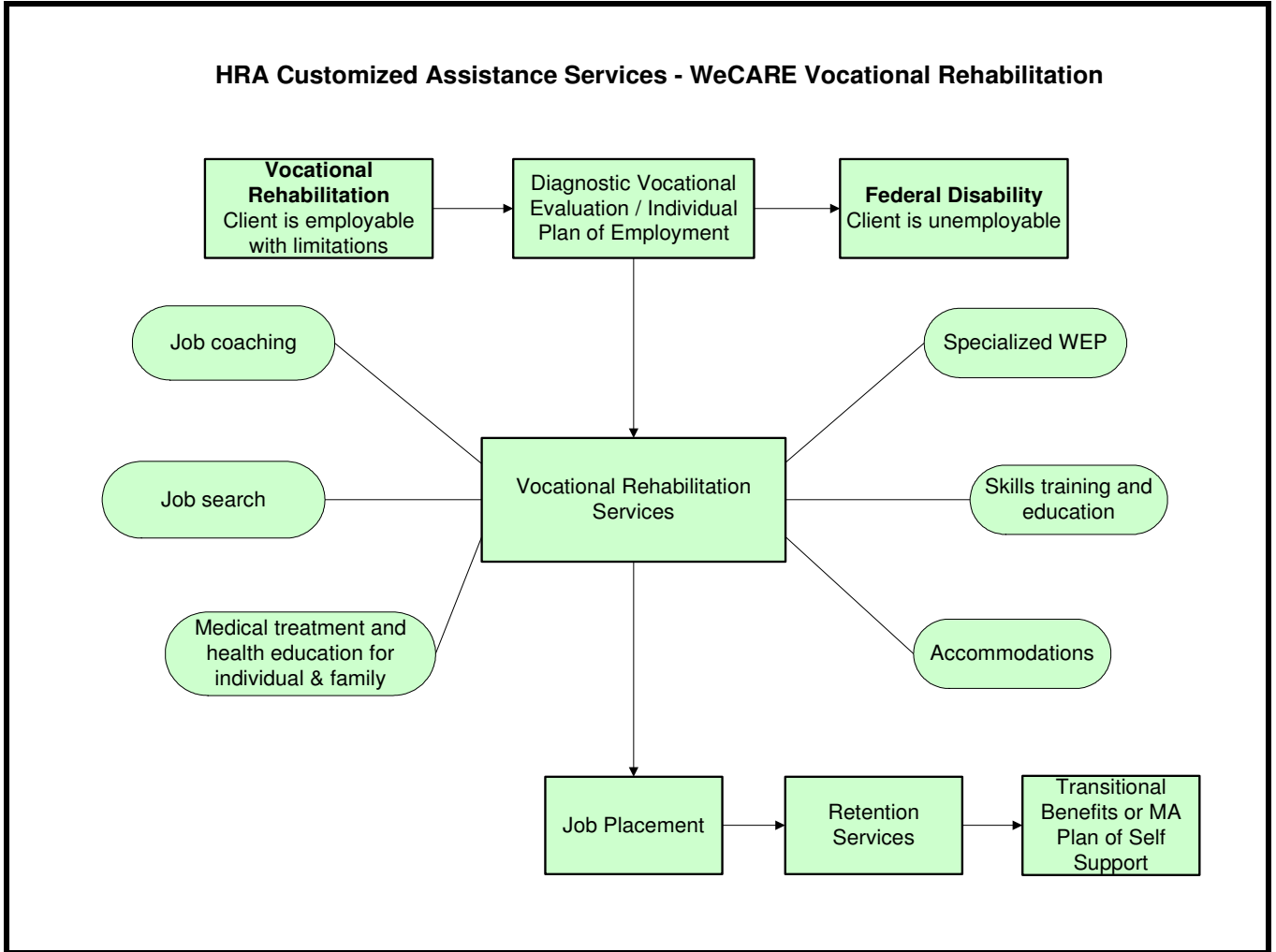
Diagnostic Vocational Evaluation (DVE): A vocational assessment that includes an exploration of an individual's work and educational history, academic achievement tests, personality testing and individualized career exploration and counseling. The assessment can last up to 40 days and is at least 5 hours per day.

Individualized Plan for Employment (IPE): A written plan that is to incorporate the results from the DVE. It describes the specific vocational, educational, employment, treatment, rehabilitation, counseling, accommodations and supports required by an individual to attain self-sufficiency. It includes short and long term employment goals and measurable and manageable activities to be undertaken to achieve those goals.

Vocational Rehabilitation: These services are provided to those individuals deemed to be employable with limitations and include the DVE and a variety of work activities. These activities include the Work Experience Program (WEP), job preparation and job search activities, education and skills training programs and job placement and employment services.

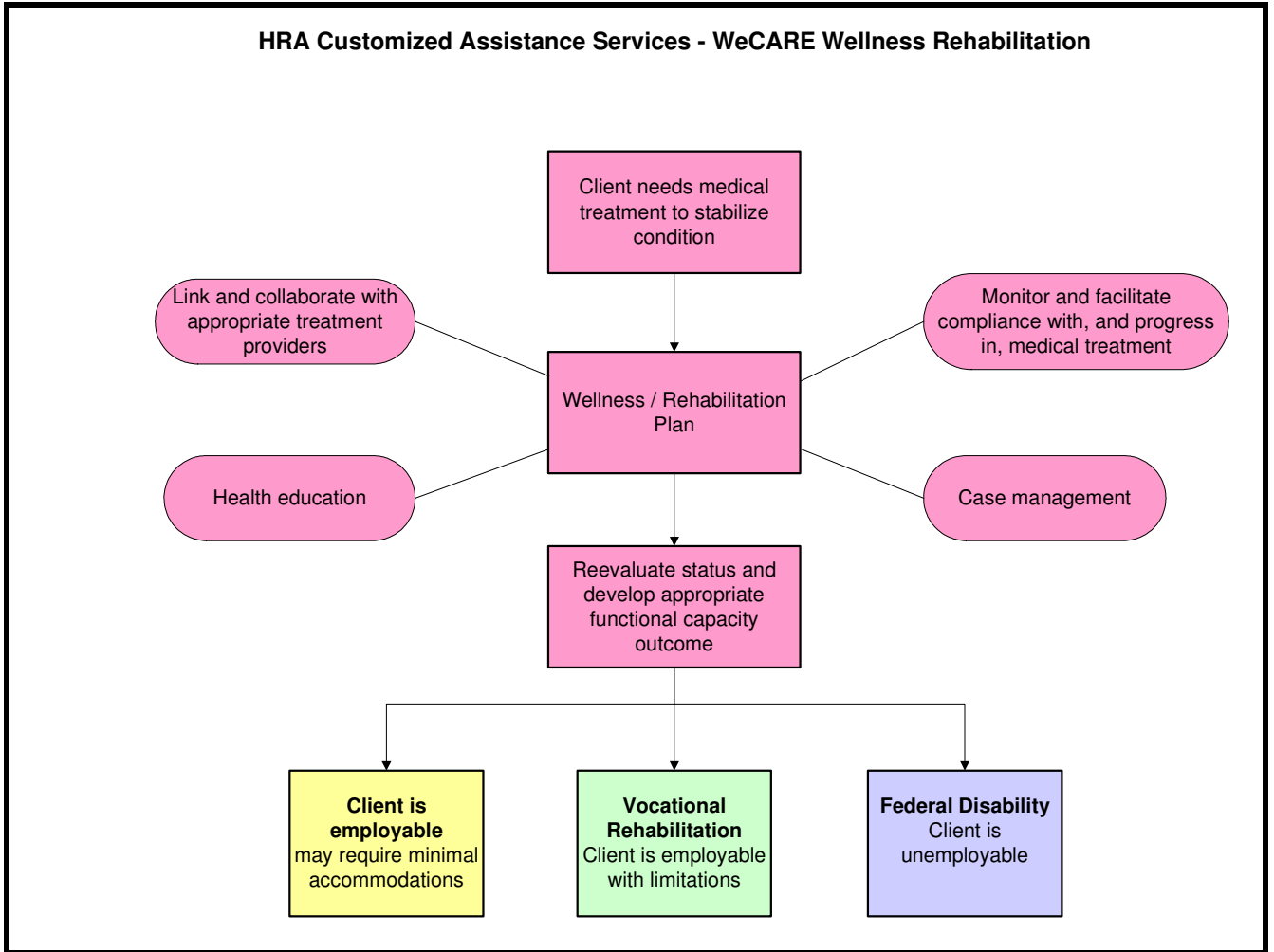
Employment Retention: Services provided to individuals after they have obtained employment for a minimum of 180 days. Services include meeting with the individual and employer to identify and address issues and assisting individual in accessing skills training that will enhance his or her future career goals.

APPENDIX F: Vocational Rehabilitation Services Track Chart



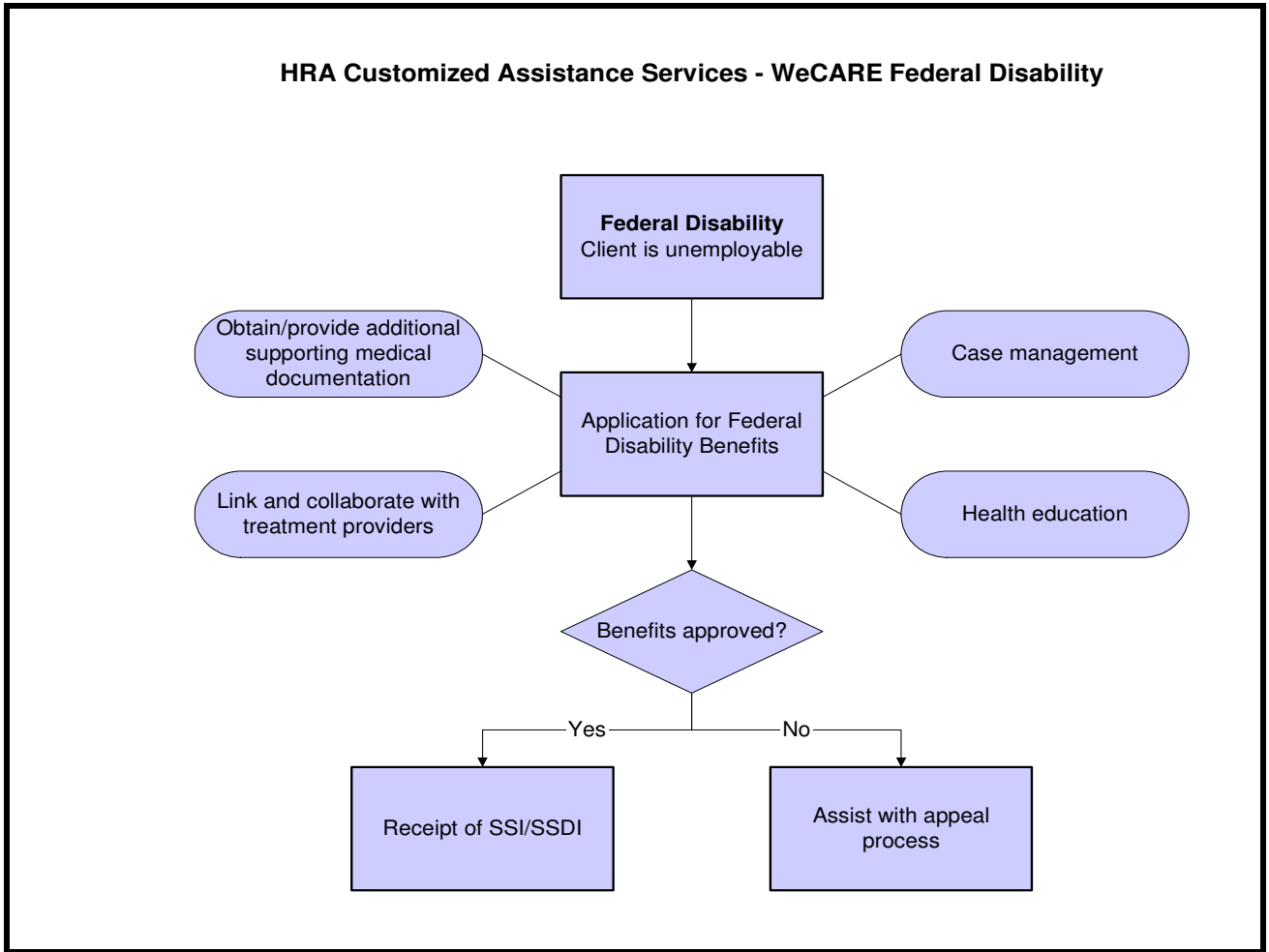
Source: Power Point presentation by Dr. Frank Lipton, Deputy Commissioner, HRA.
www.nasmd.org/disabilities/conf/FrankLiptonWeCARE71304.ppt

APPENDIX G: Wellness Rehabilitation Services Track Chart



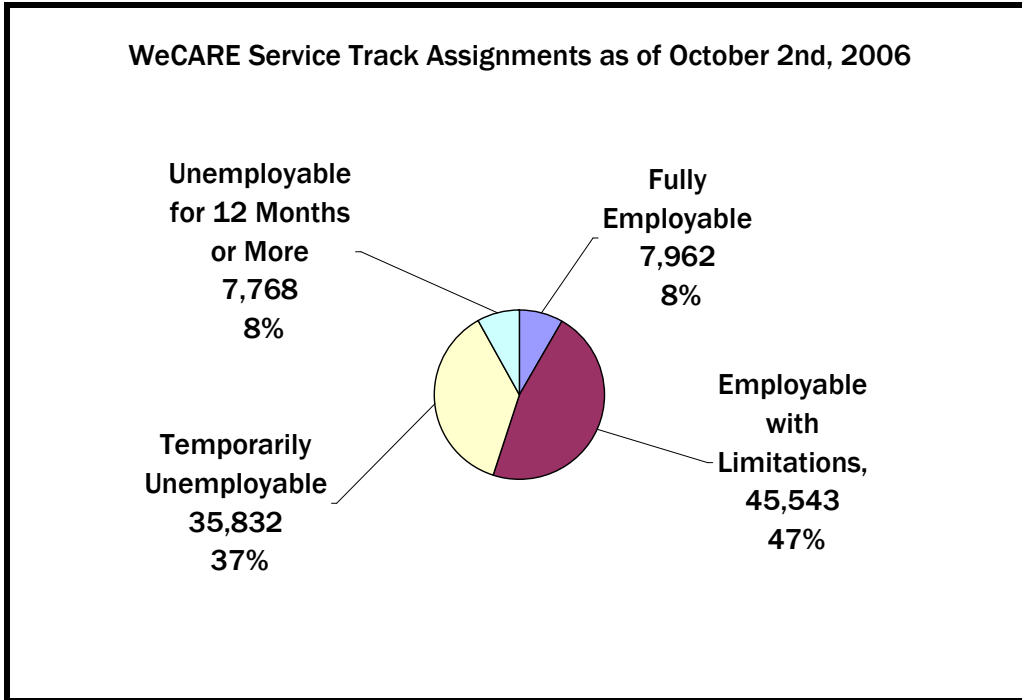
Source: Power Point presentation by Dr. Frank Lipton, Deputy Commissioner, HRA.
www.nasmd.org/disabilities/conf/FrankLiptonWeCARE71304.ppt

APPENDIX H: Federal Disability Services Track Chart

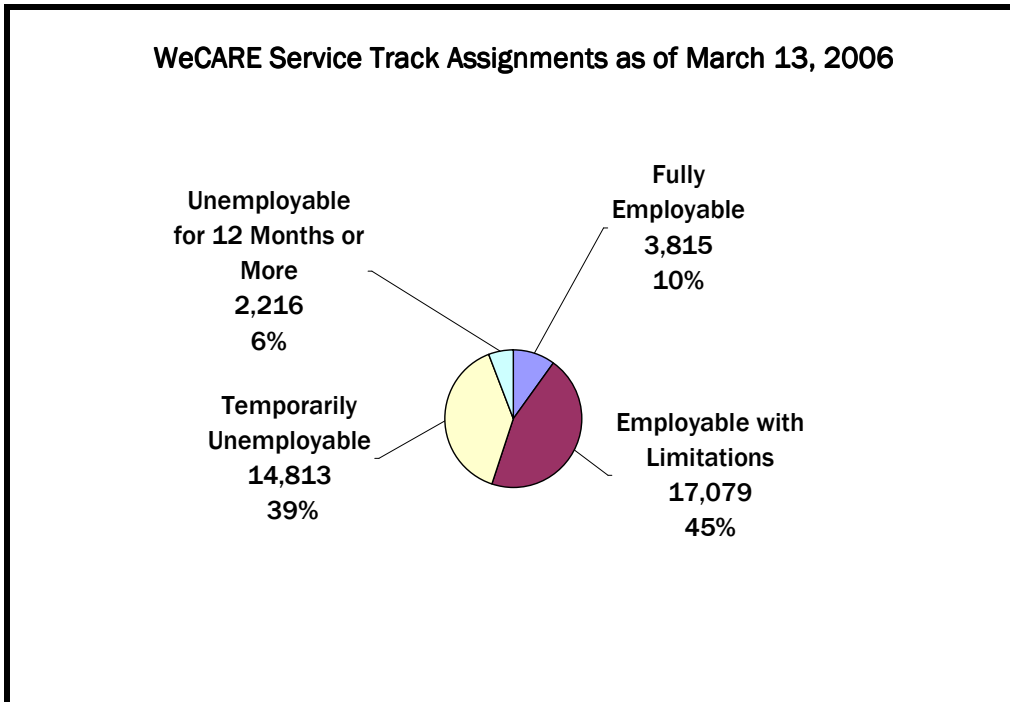


Source: Power Point presentation by Dr. Frank Lipton, Deputy Commissioner, HRA.
www.nasmd.org/disabilities/conf/FrankLiptonWeCARE71304.ppt

APPENDIX I: Service Track Assignment Breakdowns



Source: Testimony of Verna Eggleston, NYC HRA/DSS Commissioner, before the City Council General Welfare Committee on Implementation of the New TANF Requirements. City Hall, October 12, 2006.



Source: Letter from HRA Commissioner Verna Eggleston to the City Council. May 3, 2006.

APPENDIX J: Sample Activities from Job Search / Job Readiness Class

Unit 4
Values

adventure
 creativity
 money
 caring
 power
 beauty
 fame
 house

WHAT do you value more—money or beauty? Power or fame? Maybe you never thought about this. But the way you feel about these values may affect your choice of jobs.

For example, if you value beauty more than money you might be willing to work for low pay—so long as you could work in a beautiful place. And if you value power more than money you might be willing to work for low pay—so long as you could be the boss.

Each of the drawings above stands for a certain value such as money, fame, or power. Draw a line from each drawing to the value you think it stands for. Then go back and circle three drawings that stand for the three values you think are most important to you.

After you do this exercise, go on and do the Values Inventory that follows on the next few pages. It will help you to check more closely which of the values listed above are most important to you.

27

BUSINESS

Print this page and find the words in the list below in the grid.
Words can go horizontally, vertically and diagonally, backwards or forwards.



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agreement	launch	retail
capital	loss	sales
competitor	margin	shareholder
contract	meeting	stock
customer	merger	turnover
deal	product	wholesale
investment	profit	yield

APPENDIX K: FOIL REQUEST TO HRA FOR WECARE INFORMATION



*Fighting for Our Families! Fighting for Our Communities!
Fighting for Ourselves!*

170 East 116th St., Suite 1E
New York, NY 10029
P (212) 860-6001 F (212) 996-9481
Web page: www.cvhaction.org E-mail: cvhaction@cvhaction.org

Paul Ligresti
FOIL Officer
New York City Human Resources Administration
180 Water Street, 17th Floor
New York, NY 10038

4 October 2006

Re: Freedom of Information Law Request

Dear Mr. Ligresti:

I am writing to request materials related to the WeCARE program. This is a request for information made pursuant to Article 6, Sections 86-90 of the New York Public Officer's Law (Freedom of Information Law), Sections 334 and 1059 of the New York City Charter, and Title 43, Section 1-05 of the Rules of the City of New York.

Please produce the following:

All numerical and narrative monthly reporting documents submitted by WeCARE vendors and WeCARE sub vendors to HRA, and all HRA issued reports (for monitoring and overseeing vendor performance) pertaining to the contracted and subcontracted WeCARE Vendors.

These are likely to include monthly reports of activity from the following contracted and subcontracted vendors:

- a. **Arbor E&T, LLC**
- b. **Goodwill Industries of Greater New York and Northern New Jersey, Inc.**
- c. **Federation Employment and Guidance Service, Inc.**

It is possible that there are additional vendors not noted above. Please provide reports for all contracted and subcontracted WeCARE vendors.

I would appreciate monthly reports (under the earlier ESP program these reports were known as *Vendor/Stat Reports*) for each contractor for every month available. I assume that these reports would currently be available starting in the month when the contracts began (July 2004) and go through the month that was just completed (September 2006).

Thank you very much for your speedy attention to this request. Should you have any questions, please feel free to call me at 212-860-6001 x 112 or email me at alexa@cvhaction.org.

Sincerely,

Alexa Kasdan
Policy and Research Associate

APPENDIX L: RESPONSE TO FOIL REQUEST FROM HRA



HUMAN RESOURCES ADMINISTRATION
Office of Legal Affairs
Freedom of Information Law
180 Water Street – 17th Floor
New York, New York 10038

Verna Eggleston
Administrator/ Commissioner

Peter Glase
Acting General Counsel

Chi Mo
Senior Deputy General Counsel

January 22, 2007

Alexa Kasdan
Community Voices Heard
170 East 116th Street, Suite 1E
New York, NY 10029

Re: Freedom of Information Law (FOIL) Request


Dear Ms. Kasdan

I again write in response to your October 4, 2006 FOIL request for monthly reports submitted by WeCARE vendors. Please be advised that the materials you have requested cannot be released at this time because they are currently in draft and still under development.

Should you wish to appeal this denial of your request you may do so by sending a written appeal to Peter Glase, Acting General Counsel for the Human Resources Administration, 180 Water Street, 25th floor, New York, NY 10038 within thirty days of receipt of this letter.

If you have any further inquiries please feel free to call me at (212) 331-4476. I am sorry I could not be of further assistance.

Thank you.

Sincerely,

Paul Ligresti
Records Access Officer

REFERENCES

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- Youdelman, Sondra with Paul Getsos. *The Revolving Door. Research Findings on NYC's Employment Services and Placement System and Its Effectiveness In Moving People from Welfare to Work*. Community Voices Heard, New York, 2006.
- NYC Human Resources Administration/ Department of Social Services, *Welfare Reform In Motion*, New York, 2006.
- NYC Human Resources Administration/ Department of Social Services, *WeCARE Vendor Guidelines*, February, 2005.

ENDNOTES

- ¹ 2,216 have been deemed to be unemployable for 12 months or more following the WeCARE BPS Assessment. *Source: Letter from HRA Commissioner Verna Eggleston to City Council, May 3, 2006.*
- ² HRA hired NYCHSRO. The organization conducted the following WeCARE Facility Environment Evaluation Form: Bronx POE (4/27/06), St. John's Hospital (4/6/06), MEET (4/11/06), Hunts Point (4/24/06), Brooklyn Caledonian (4/28/06), Brooklyn Hospital (3/30/06).
- ³ Testimony of David Hansell, Chief of Staff, New York City Human Resources Administration/ Dept of Social Services. Submitted to the House Ways and Means Committee Subcommittee on Human Resources. February 10, 2005.
- ⁴ For more information see *The Revolving Door: Research Findings on NYC's Employment Services and Placement System and Its Effectiveness in Moving People from Welfare to Work, 2005* and *Wages Work! An Examination of New York City's Parks Opportunity Program (POP) and Its Participants, 2004.* www.cvhaction.org.
- ⁵ Outreach sites included: Brooklyn and Queens (Arbor, Inc. 25 Elm Place, Brooklyn Hospital, Caledonia Hospital, Crescent Avenue) Bronx and Manhattan (FEGS 80 Van Dam St., Grand Concourse, Abilities 1 Fordham Rd., Bronx Lebanon Hospital, Lenox Hill Hospital, HRA job center E. 16th Street).
- ⁶ Those individuals participated in the focus groups and one-one-one interviews were not contacted to complete the phone survey.
- ⁷ WeCARE Vendor Guidelines were developed by HRA to provide a roadmap in implementing the WeCARE program.
- ⁸ Survey respondents were asked to which WeCARE track or category they were assigned. 9 people did not know which track they were in.
- ⁹ Social Services Law, Article 5. Assistance and Care. Title 9-B. Public Assistance Employment Programs. NY CLS Soc Serv 332-b (2006).
- ¹⁰ WeCARE Vendor Guidelines, p. 1. Human Resources Administration. February, 2005.
- ¹¹ Ibid.
- ¹² See appendix E: HRA's Glossary of Terms for more information on design of the Biopsychosocial Assessment.
- ¹³ HRA designed a series of services for each service track. See appendix for descriptions of services for each track. See appendix for number and percentage of WeCARE clients in each service track.
- ¹⁴ Contract between HRA and Arbor, Inc. signed 6/2/04.
- ¹⁵ All names are changed to protect participant's privacy
- ¹⁶ Letter from HRA Commissioner Verna Eggleston to City Council, May 3, 2006.

¹⁷ NYCHSRO WeCARE Facility Environment Evaluation Form. Bronx POE (4/27/06), St. John's Hospital (4/6/06), MEET (4/11/06), Hunts Point (4/24/06), Brooklyn Caledonian (4/28/06), Brooklyn Hospital (3/30/06). The organization, New York County Health Services Review Organization (NYCHSRO) was established in 1974 as one of the first physicians' peer review organizations in the United States, was hired by HRA through an RFP process to provide Independent Quality Review of WeCARE vendors.

¹⁸ Based on HRA's testimony on October 12, 2006, as of October 2, 45,543 people were employable with limitations. The 2,500 figure is as of October 12, 2006, the date testimony was given to the City Council General Welfare Committee.

¹⁹ Figures are estimates made by HRA during court proceedings. The figures represent cases closed or sanctioned while HRA was operating the WeCARE Hub centers.

²⁰ The City Council Council report of the Governmental Affairs Division, Marcel Van Ooyen, Legislative Director. June 15, 2004.

²¹ Fair Hearings Information Systems (FHIS) in the month of April 2005, a total of 10,615 issues were decided and HRA was affirmed in only 1,064 (10.2%) of the cases. The Revolving Door: Research Findings on NYC Employment Services and Placement System and Its Effectiveness in Moving People from Welfare to Work. 2005, p. 133.

²² 2,216 have been deemed to be unemployable for 12 months or more following the WeCARE BPS Assessment. *Source: Letter from HRA Commissioner Verna Eggleston to City Council, May 3, 2006.*

²³ HRA hired NYCHSRO. The organization conducted the following WeCARE Facility Environment Evaluation Form: Bronx POE (4/27/06), St. John's Hospital (4/6/06), MEET (4/11/06), Hunts Point (4/24/06), Brooklyn Caledonian (4/28/06), Brooklyn Hospital (3/30/06).

²⁴ See Appendix K and L for examples of HRA's failure to provide information requested by Community Voices Heard.

²⁵ HRA hired NYCHSRO. The organization conducted the following WeCARE Facility Environment Evaluation Form: Bronx POE (4/27/06), St. John's Hospital (4/6/06), MEET (4/11/06), Hunts Point (4/24/06), Brooklyn Caledonian (4/28/06), Brooklyn Hospital (3/30/06).