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Improving Wisconsin Works Transition for low-income parents

By **Angela Rachidi, Ph.D.**

- With acknowledgment to Eloise Anderson -



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PRESIDENT'S NOTE

Next year marks the 25th anniversary of the bill signed by President Bill Clinton that replaced the old Aid to Families with Dependent Children (AFDC) Depression-era welfare program with Temporary Assistance for Needy Families (TANF) — a federal block grant program that gives individual states far more latitude to encourage upward mobility.

Next year — not coincidentally — also marks the 25th anniversary of W-2, the pioneering welfare-to-work TANF program in Wisconsin launched by then-Gov. Tommy Thompson.

The vision for W-2 back in 1996 was that cash assistance to poor families would be both temporary and conditioned on work or preparation for work. Instead of just giving poor Wisconsinites a check, the intent was to give them a legitimate shot at self-sufficiency.

Thus the formal name of W-2: Wisconsin Works.

This report suggests that name, in some key ways, is a misnomer — and makes several recommendations that policymakers should adopt to restore the programs' original promise.

There are many aspects to W-2 that deserve scrutiny as we near the upcoming anniversary. This report by Dr. Angela Rachidi, with key contributions from former Wisconsin Secretary of the Department of Children and Families Eloise Anderson, focuses on that part known as the W-2 Transition program for low-income individuals with disabilities or health limitations.

We all have to recognize the fact that many Wisconsinites on W-2 face tremendous chal-

lenges — but ones that can be overcome. Capable of work and deserving of the dignity that comes with it, the W-2 Transition population far too often appears to end up without jobs after years of support. Many likely end up dependent on other government programs such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

Dr. Rachidi and former Secretary Anderson suggest ways to decrease the path to dependency and increase the chance for success. We are proud to present those recommendations to policymakers.

Here at the Institute, we believe in the sort of limited government that ensures opportunity and enables prosperity. Almost everything we do here — push for professional licensure and criminal justice reform, pro-growth tax reform, innovative workforce policies, deregulation — stems from a fundamental belief that work is the key to individual happiness, strong families and vibrant communities.

The authors provide real guidance for policymakers who can't give up on helping the W-2 Transition population achieve the same thing most of the rest of us have been blessed with — a purpose, a way to contribute, a job.

Mike Nichols

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Improving Wisconsin Works Transition for low-income parents

By Angela Rachidi, Ph.D.

Executive Summary

The government's cash assistance program for low-income parents in Wisconsin is called Wisconsin Works, or W-2.

The number of parents receiving such assistance fluctuates over time, largely in step with the strength of the economy. Over the past 15 years, it has ranged from slightly more than 30,000 right after the Great Recession to approximately 12,000 in 2019. But no matter what the specific number, there is increasing evidence that too many recipients never benefit from the virtues of work.

Low-income W-2 parents who struggle in the labor market because of disabilities or health limitations are a particular concern. Called the W-2 Transition population, they are the focus of this report. This group has included as many as 9,750 low-income parents who received W-2 cash assistance in 2004 to as few as 3,171 in 2019.

These parents face unique challenges to employment, but many of them have the capacity to work and can travel a path to economic security with the right assistance.

While pinpointing exact numbers is difficult due to data limitations, the findings suggest that many of these W-2 Transition parents are not currently gaining employment and are instead leaving W-2 Transition because of program time limits or disability assistance receipt.

This trend does not bode well for Wisconsin's low-income parents with disabilities and health limitations, nor for their children. Employment is the surest path

out of poverty, and people with disabilities and health limitations have the ability and desire to work. This report recommends ways that the State of Wisconsin can better serve this vulnerable group of Wisconsin families that, history shows, is too often left trapped in poverty, dependent on the government and unable to support themselves or their families. The most important recommendations include:

- The Wisconsin Department of Children and Families (DCF) should collaborate with the Wisconsin Department of Workforce Development's Division of Vocational Rehabilitation to give low-income parents with disabilities or health limitations seeking W-2 assistance access to vocational rehabilitation expertise and services.
- The DCF should include a review of W-2 Transition's SSI/SSDI advocate program as part of this restructuring, assessing whether it unnecessarily compels work-capable parents on W-2 to remain idle awaiting disability benefits.
- Also as part of this restructuring, the DCF should implement the 48-month W-2 time limit passed into law by the state Legislature in 2015, with the goal of moving W-2 Transition parents into sustainable employment within four years of entering the program.
- Wisconsin should develop a data infrastructure to track employment and disability outcomes for W-2 parents after they leave the program as a way to assess program effectiveness.

Introduction

Poor parents who have a disability or health issue and their children can receive cash assistance from a state program called Wisconsin Works, or W-2, and are supposed to receive employment-related services to help them find a job and escape poverty. However, fewer families have participated in these services over time, and many leave the program without finding employment, raising questions about the overall effectiveness of Wisconsin’s approach.

If these families were successfully leaving government assistance for employment, that would be one thing. But the data shows that an increasing share leave because of program time limits or because they successfully obtain federal disability benefits — neither of which offers families hope for escaping poverty.

Many low-income parents have disabilities and health issues that are either treatable or can be accommodated in the workplace. For these families, building a sustained connection to employment that offers a genuine opportunity for a better life is a far superior alternative to government transfer programs.

Government assistance can play an important role in providing economic security to disabled individuals while they are not working. But even the best-intended government programs can be harmful by further discouraging employment and trapping people in poverty.

This unhelpful dynamic holds true especially for low-income parents with health or mental health limitations who might need financial support from the government to help take care of their children but also need assistance getting back on their feet. Finding and maintaining employment can be challenging for individuals with disabilities and health issues, even when they want to work and have the necessary skillset to do so.

Without the right services, these individuals can languish on cash welfare without ever benefiting from the virtues of employment. For this reason, government safety net programs must help people with disabilities and health issues find the right job fit and connect to a workplace that will accommodate their limitations and help them flourish.

Congress created the Temporary Assistance for Needy Families (TANF) program when it passed the Personal Responsibility and Work Opportunity Reconciliation Act, or “welfare reform,” signed into law by President Bill Clinton in 1996. TANF allows states to use federal funding to achieve

four broad goals, including providing cash assistance to needy families and promoting job preparation and work.

When it comes to low-income parents with disabilities, TANF faces two major challenges. States that administer TANF must provide for the material needs of poor families while at the same time help them overcome health issues and find meaningful employment so they can escape poverty.

One of the main goals of TANF at its inception in the 1990s

was to reduce people’s dependency on government by pairing cash assistance with employment services and supports. But when low-income parents in need of TANF have a disability or health limitation, the challenge of building a path toward employment can be particularly tough.

Drawing on several national models for serving the employment needs of cash assistance recipients with physical or mental health limitations, this report recommends a new W-2 service model. It calls for the Wisconsin Division of Vocational Rehabilitation (DVR) to assess and serve W-2 participants as part of a new collaboration with Wisconsin’s

Department of Children and Families.

The new model requires restructuring existing service contracts operated through the DCF and dedicating new resources to the DVR that will allow the agency to expand its capabilities.

Why Poor Parents with Health Issues and Their Children Need Policy Attention

Low-income parents in Wisconsin with disabilities and health issues are particularly vulnerable to poverty and government dependency. Not only do they face the same challenges of finding and maintaining work that other low-income parents do — such as childcare problems, transportation difficulties and limited job skills — their poor health compounds these difficulties and makes it even more challenging for them to gain earned success and self-sufficiency.

The conventional approach to assisting these adults has been for the government to provide them with direct financial assistance through transfer programs. However, these programs can only provide a basic level of subsistence, and they often deprive poor families with a disabled parent the chance to truly escape poverty, move up the economic ladder and contribute to their communities through work.

In the United States, the primary cash assistance programs for people with disabilities who are incapable of working are

Government assistance can play an important role in providing economic security to disabled individuals while they are not working. But even the best-intended government programs can be harmful by further discouraging employment and trapping people in poverty.

Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). But many low-income individuals face disabilities or health limitations to work that do not qualify them for these programs, either because their condition is not severe enough or they are awaiting an SSDI/SSI determination, which can take many months.

For low-income parents with dependent children, TANF serves as their cash safety net when SSDI/SSI is not an option. TANF cannot serve all Wisconsin residents with disabilities and health issues who are not receiving SSDI/SSI because only parents with dependent children and very low incomes qualify. But for low-income parents with disabilities, TANF is the primary cash safety net.

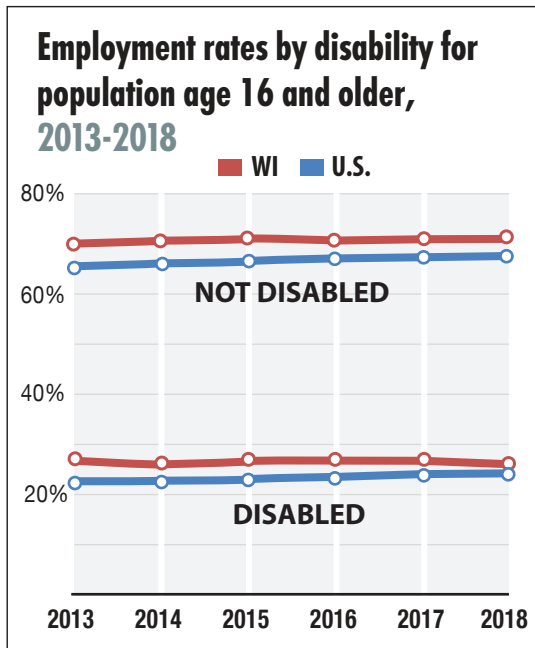
Researchers estimate that between 10% and 40% of TANF recipients nationally face a work-limiting health condition or disability, depending on how they define a work-limiting condition.¹

TANF is by definition supposed to be temporary and — with some exceptions — recipients can only receive federal TANF benefits for five years during their lifetime. The need for a financial alternative to TANF is crucially important for many of these families. Employment is the most viable path away from TANF and out of poverty, even for parents with disabilities or health issues.

Disability statistics from the U.S. Census Bureau can provide useful context for understanding the problems posed by work-limiting health conditions among low-income parents in Wisconsin. Census data does not break out disability statistics for low-income parents in Wisconsin (due to a small sample size), but overall disability statistics suggest that close to 14% of the 4,621,000 Wisconsin residents age 16 and older — approximately 626,000 people — have a disability, and approximately 54% of those who report a disability in Wisconsin are younger than 65.²

Wisconsinites with a self-reported

Figure 1



Source: Author's calculations using data from the American Community Survey, Table S1811 Selected Economic Characteristics for Civilian Noninstitutionalized Population by Disability Status, Population 16 and over.

disability work at much lower rates than those without a disability (Figure 1). They also experience poverty at much higher rates (Figure 2), which increases their need for a cash safety net. For example, in Wisconsin in 2018, approximately 18% of individuals with a reported disability were in poverty compared to less than 10% without a disability (Figure 2). Furthermore, measuring the prevalence of disabilities through self-reported data usually fails to capture many health issues that have the potential to disrupt employment and increase poverty. So the challenge posed by disabilities and health issues in Wisconsin is likely even greater than these statistics suggest.

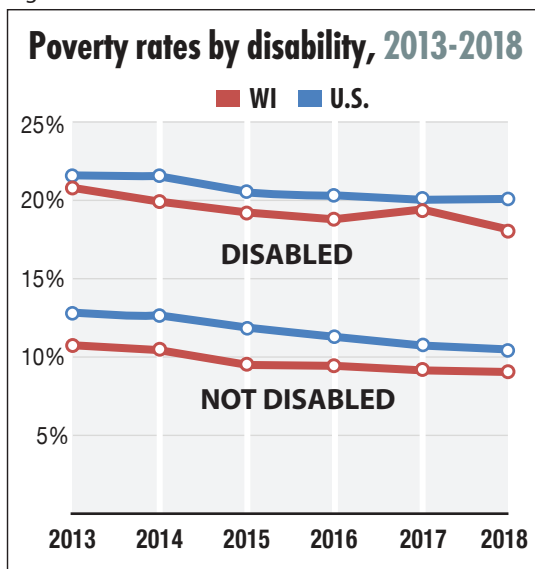
Lack of stable employment is a primary cause of poverty, and health issues remain one of the main reasons working-age parents give for staying out of the labor force, second only to

women citing family responsibilities.³ The challenge for public agencies is finding a way to incentivize and support connections to employment for people with disabilities as part of a broader strategy to increase their economic security. When public agencies ignore the employment needs of working-age people with disabilities and health issues, it becomes all but

certain that these families will remain in poverty, even if they are receiving federal benefits. The negative effects of poverty on children's development and the time-limited benefit structure of the TANF program compound the importance of connecting low-income parents with health limitations to employment.

Programmatic reasons exist for drawing policy attention to this population as well. Currently, federal law technically requires that at least 50% of adult TANF recipients participate in a work activity — either work itself, job search and preparation, or training and education — for at least 30 hours per week. But “caseload reduction credits” result in an actual required percentage that is much lower depending on the year and the state. For example, in federal Fiscal

Figure 2



Source: Author's calculations using data from the American Community Survey, Table S1811 Selected Economic Characteristics for Civilian Noninstitutionalized Population by Disability Status, Population 16 and over.

Year 2019, Wisconsin's work participation rate was only 8.8% — a threshold the state easily met.⁴

The caseload reduction credit allows states to reduce their 50% work participation requirement by the percentage decline in their total caseload from the base year 2005.⁵ Wisconsin's total caseload for 2019 was 40% lower than for 2005, and when combined with additional spending credits, Wisconsin only had to have 8.8% of its 2019 caseload engaged in work activities. However, the Wisconsin caseload was much higher between 2012 and 2016, resulting in a work participation requirement closer to 50%, which the state failed to meet. That meant the state had to pay financial penalties to the federal government.

Recipients are generally limited to 60 months of TANF, and some states make the time limits even shorter. Again, however, there are exceptions. States can exempt 20% of their caseload from this time limit due to hardship, such as disability or health issues.

Work requirements and time limits are designed to counteract idleness and create expectations around work for W-2 participants while they collect government benefits, making the work requirements and time limits important tools to helping people escape poverty. Because individuals with health limitations make up a notable share of W-2 participants, and because they are likely more difficult to engage in work activities, developing an effective service model for them is crucial to ensuring that Wisconsin meets federal TANF requirements in the future.

Wisconsin Works and Vocational Rehabilitation

TANF, known as W-2 in Wisconsin, is a federal block grant program. The Wisconsin Department of Children and Families (DCF) oversees W-2 and offers several different options for parents, including paid placements that offer cash assistance and employment-related services and unpaid placements that offer case management or other services. Unpaid placements cover both W-2 applicants who are awaiting a decision on whether they qualify for benefits and those who reached their time limit but still need case management.

In 2013, the DCF began to contract with third-party providers to complete employment-related assessments and services for W-2 participants, paying the providers based on performance as they reached certain benchmarks. Prior to this, the DCF handled contracts only for the City of Milwaukee, while counties elsewhere in the state handled their own assessments and service delivery. That resulted in a mix of locally contracted providers or county staff directly providing services.

Following the change in 2013, contracted providers began processing all W-2 applications, determining eligibility,

assessing applicants and participants for employment assignments and providing all related employment services and activities. They also process payments to W-2 participants. DCF staff manage the program by holding contractors accountable through written policies and procedures. The 670-page Wisconsin Works Policy Manual outlines the procedures that contracted providers must follow for programming in accordance with federal and state laws. Providers can renew their current contracts with agreement from the DCF for two-year periods through 2024.

All people applying for benefits through W-2 receive an informal assessment from a Financial Employment Planner (FEP) to determine their employability and assign them to an appropriate work program. Ongoing participants also receive informal assessments when they need a work program change. The informal assessment includes a series of questions to identify barriers to employment and the employment-related services the people need.

Based on the results of the informal assessment, the FEP can make an additional referral for a formal assessment or assign the person to a placement type (Table 1). W-2 applicants or participants who show signs of work-limiting physical or mental health conditions during their informal assessment receive the formal assessment that identifies potential physical or mental health challenges.

Contracted providers in Wisconsin use qualified agencies to conduct the formal assessments and determine how particular conditions affect a person's employability. Based on these assessments, agencies then make recommendations for placement and employment accommodations to address the condition. The DCF must approve qualified assessment agencies, and a medical professional usually conducts the formal assessment.

W-2 applicants or participants who are not ready for unsubsidized employment and are unable to participate in another placement type due to a physical or mental health limitation are assigned to the W-2 Transition program. Individuals also participate in W-2 Transition when they are victims of domestic violence, struggle with substance abuse or need to care for an ill family member.

W-2 Transition

In W-2 Transition, FEPs can assign participants to up to 40 hours per week in job training and work preparation activities. The formal assessment determines specific assignments, which can include vocational rehabilitation, substance abuse treatment and mental health services. FEPs also can assign W-2 Transition participants to a community service job designed to accommodate their condition.⁶

The contracted providers manage the assessment and

Health issues remain one of the main reasons working-age parents give for staying out of the labor force.

Table 1

Description of paid placement in Wisconsin Works	
Paid placements	Description
Community service jobs	Work-capable but not ready for an unsubsidized job. Assigned to a work site through a service provider.
W-2 Transition	Not ready for an unsubsidized job due to a health limitation, including substance abuse or being a victim of domestic violence. Also includes individuals who must care for an ill or incapacitated family member. Assigned to a service provider.
Custodial parent of infant (CMC)	Caretaking for a new infant, otherwise work-capable. Assigned to a service provider.
At Risk Pregnancy (ARP)	Pregnant, and doctor advises against working.
Trial Employment Match Program (TEMP)	Job in which W-2 subsidizes the wage paid by the employer.

treatment of W-2 Transition participants, along with the participants in other placement types such as community service jobs. But contracted providers do not necessarily specialize in serving people with disabilities or health limitations, and the providers usually serve W-2 participants both with and without health limitations.

Out of a concern that contracted providers might not fully engage health-limited W-2 participants in employment services, the DCF has offered incentive payments to providers over the years. Most recently, the DCF in 2018 implemented a per-participant incentive payment to providers for engaging W-2 Transition participants in a list of employment-related services.⁷

When a formal assessment identifies a “reasonable” chance for W-2 participants to obtain SSI (or SSDI) due to their disability, contracted providers assign the W-2 Transition participants an SSI advocate, who then will help them through the SSI application process and, if successful, help them transition from W-2 to SSI.

Vocational Rehabilitation

The Rehabilitation Services Administration in the U.S. Department of Education oversees the federal Vocational Rehabilitation Program and works with state agencies to provide services to people with disabilities who are seeking employ-

ment. States administer vocational rehabilitation programs largely through the federal government’s Workforce Innovation and Opportunity Act (WIOA), and in most states, WIOA operates separately from the TANF program usually out of different agencies. Since Congress passed the WIOA in 2014, states have been encouraged by the federal government to coordinate all workforce development programs including vocational rehabilitation into a single strategy.⁸ However, TANF is not typically included in the WIOA workforce development system in most states.

The Division of Vocational Rehabilitation (DVR) within the Wisconsin Department of Workforce Development (DWD) operates the state’s vocational rehabilitation program. Wisconsin provides services from many locations across the state. They even co-locate the vocational rehabilitation program with the state’s One-Stop Job Centers for general job seekers. The DVR generally does not serve job seekers from the W-2 program.

Vocational rehabilitation services are available to all Wisconsin job seekers who have a disability that prevents them from getting a job and who might benefit from services. Job seekers come to the vocational rehabilitation office with their disability records or have an assessment completed by program staff. Based on the assessment, they work with a vocational rehabilitation (VR) counselor to select service providers and to develop an individualized plan for employment. The VR counselor and service providers help identify any necessary workplace accommodations and match individuals to jobs.

In many ways, the services and expertise provided by the DVR are what the W-2 Transition population needs. The DVR conducts vocational assessments, contracts with providers who specialize in vocational rehabilitation and fosters relationships with employers who can accommodate disabilities and health issues. Currently, however, the DCF must duplicate these efforts with their service providers to serve W-2 Transition participants.

Vocational rehabilitation programs do have key differences from W-2 Transition. Vocational rehabilitation does not provide cash assistance to job seekers, though job seekers already may be receiving federal disability assistance. The most consequential distinction between the two programs, however, is that job seekers who want vocational rehabilitation services seek them voluntarily. The W-2 program, on the other hand, mandates that W-2 Transition participants engage in services in order to receive their cash grant. While employment is the primary motivation for vocational rehabilitation participants, it may not be for W-2 participants.

This does not mean that W-2 participants are not motivated to find employment, but their immediate need for cash assistance changes the nature of their relationship with the agency and with program staff. Requirements and penalties define the W-2 Transition program, whereas voluntarily seeking services defines the vocational rehabilitation program.

The Problem in Wisconsin: Vulnerable Families Reaching Time Limits and Transitioning to SSI/SSDI

All parents who are part of the W-2 Transition program as well as parents in the larger W-2 program — over 12,000 Wisconsinites in 2019 — receive W-2 payments from the government. The number of cases (both total and W-2 Transition) is cyclical, following trends in the economy as well as fluctuating based on policy changes over the years. W-2 Transition cases, for example, ranged from 9,753 in 2004 to a low of 3,171 in 2019.

Data from the DCF shows that in the early 2000s about 40% of parents receiving W-2 payments were W-2 Transition cases. By 2019, that share had fallen to approximately one-quarter of parents (Figure 3). Notably, the share of total parents in W-2 Transition stabilized from 2008 to 2016, which coincided with the aftermath of the Great Recession, and declined again in recent years as the economy improved. The changes that the DCF made to the service contracts starting in 2013 also explain some of this decline.

The decline in the share of W-2 Transition parents relative to the W-2 caseload overall was driven largely by an increase in W-2 community service job participants (without health issues) coming into the program (Figure 4). The absolute number of W-2 Transition parents changed over time in a manner consistent with the cyclical nature of the economy, but large increases in W-2 community service job participants drove

down the share of total parents in W-2 Transition (Figure 4).

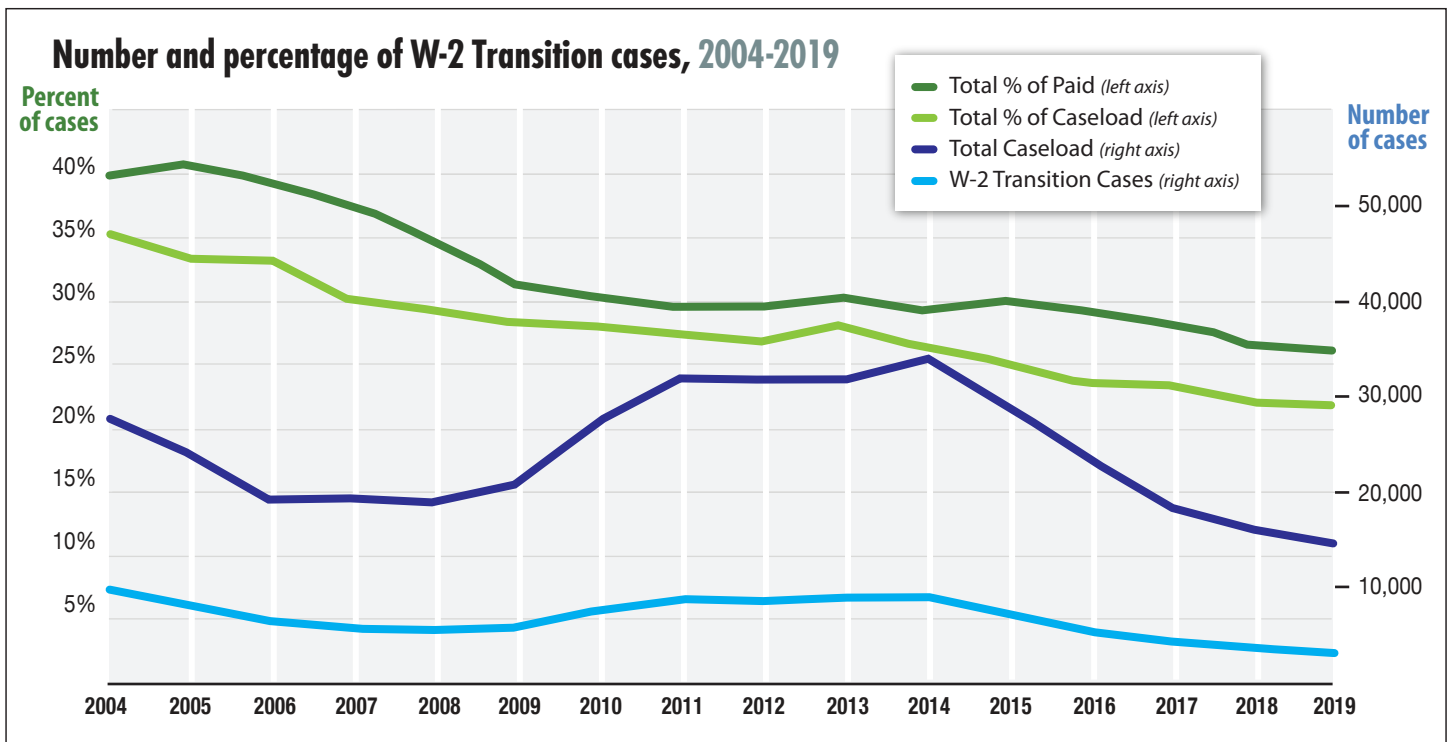
Analyzing the data another way reveals a concerning trend. Within the W-2 Transition group, the share with a physical and/or mental health limitation has increased over the past year. Although DCF data on specific conditions is only available since March 2019 (and the early months likely suffer from reporting irregularities), data shows that physical and mental health issues are the most salient issues among the W-2 Transition cases and increasingly so. By March 2020, 52% of W-2 Transition cases reported physical health issues and 37% reported a mental health limitation; participants can report multiple categories (Figure 5).

At first glance, serving W-2 parents with health limitations might not seem to be a problem since they have become a smaller share of total W-2 participants since the early 2000s and the number has been declining in recent years. However, these trends mask a few underlying concerns, mainly that W-2 Transition parents might be transitioning to SSI at increasing rates or transitioning out of W-2 because they reach time limits rather than due to finding stable employment. In both scenarios, the employment needs of these low-income parents with health limitations are probably going unaddressed, which makes them more likely to remain in poverty.

Transition from W-2 to SSI

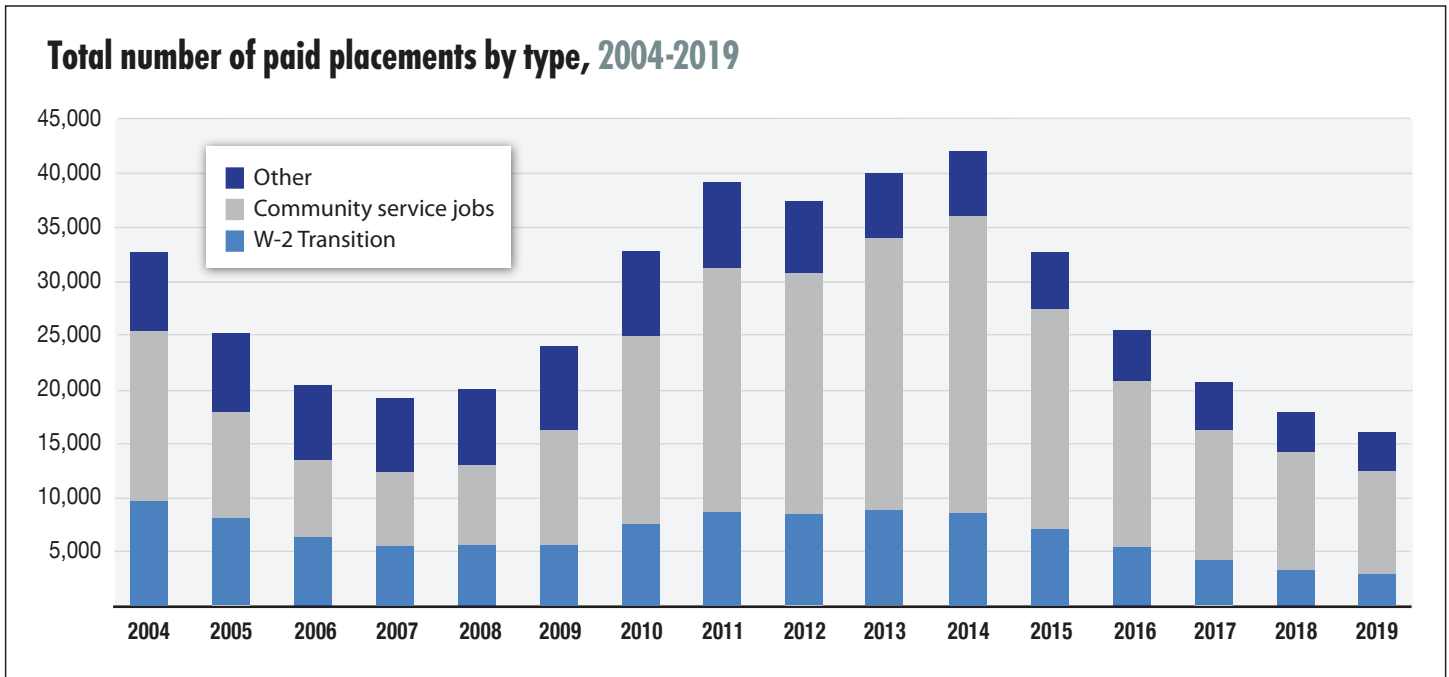
One way to explain the trends in W-2 Transition cases is that more have transitioned to SSI over time. On the one

Figure 3



Source: Author's calculations using data from the Wisconsin Department of Children and Families. Reflects unduplicated counts of paid placements and total caseload within the same year.

Figure 4



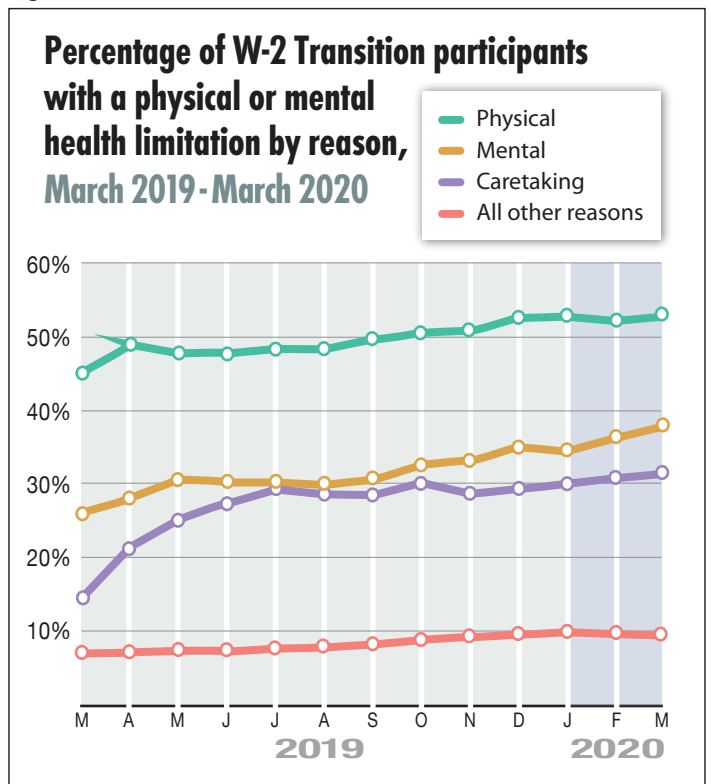
Source: Author's calculations using data from the Wisconsin Department of Children and Families. Reflects unduplicated counts within paid placement but not across paid placements. This means that an individual can be reflected in both W-2 Transition and community service jobs in the same year. This is why the total across paid placements from Figure 4 is larger than the total unduplicated paid placement in each year from Figure 3.

hand, if people are truly incapable of working, SSI might be a better program for them than W-2. On the other hand, medical interventions and workplace accommodations can address the employment disruptions caused by many health conditions and help W-2 participants find a path out of poverty through employment. Research shows that SSI can lower overall employment rates by encouraging otherwise employable people to become dependent on government assistance.⁹ People who transition from W-2 to SSI still receive cash assistance, but they lack the financial and non-financial benefits of employment, which raises important questions regarding whether SSI is a viable long-term path out of poverty for low-income parents with health issues.

Data from the Social Security Administration shows increases in SSI beneficiaries in Wisconsin during recent years (Figure 6). These increases are not necessarily tied directly to the W-2 program, but they are more sizable than average increases in SSI caseloads nationally. Total SSI beneficiaries in Wisconsin increased 29.7% from 2004 to 2019, compared to 15.6% for the U.S. overall.

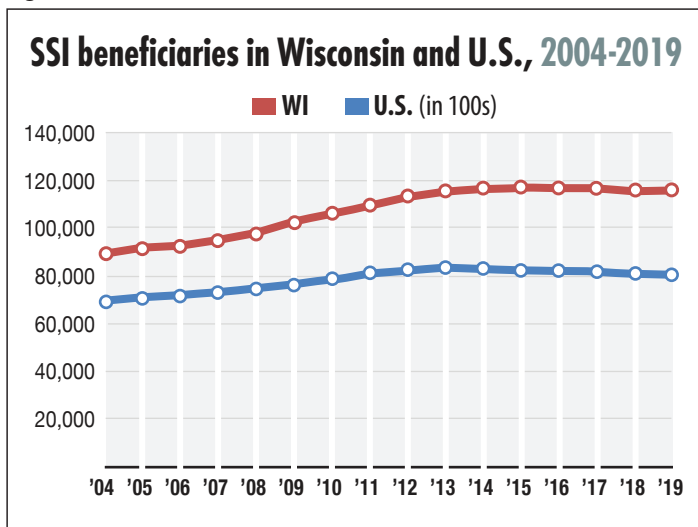
DCF data on SSDI/SSI outcomes for W-2 Transition cases shows a sizable increase in the number of W-2 Transition cases assigned to an SSI/SSDI advocate when the new service contracts went into effect in 2013, though these numbers have fallen in recent years (Figure 7). The DCF pays contractors for transitioning a person to SSI or SSDI whom the contractor has assigned an advocate, but the DCF also pays contractors

Figure 5



Source: Author's calculations using data from the Wisconsin Department of Children and Families. The bars do not reflect unique individuals; the same individual can report any condition. All other reasons include domestic violence, alcohol abuse and learning difficulties.

Figure 6



Source: Author's calculations using data from the Social Security Administration.

when a W-2 participant obtains a job. Although the financial incentives for contractors may be similar, contractors may find it advantageous to assign a person an SSI/SSDI advocate (assuming the person meets the criteria) rather than to address the person's health issue and try to find him or her a job because the latter requires more time, effort and resources.

At the same time that contractors assigned more W-2 Transition cases to an SSI/SSCI advocate, the percentage of SSI or SSDI awards to those cases increased slightly, suggesting that more W-2 Transition cases have transitioned to SSI/SSDI in recent years compared to 2010 and 2011. Notably, when W-2 assigns W-2 Transition cases to an SSI/SSDI advocate, they likely do not pursue employment because they could jeopardize their success as an SSI/SSDI applicant.

Recommendation:

While the role of SSI and SSDI in explaining the decline in W-2 Transition cases remains unclear,

any reforms to the approach taken with W-2 Transition cases should review the function of the SSI/SSDI advocate program.

Leaving W-2 Transition Due to Time Limits

A more concerning trend is that an increasing share of W-2 Transition placements appear to be leaving the program due to time limits, suggesting that W-2 may not be successful in connecting many participants to sustainable employment opportunities. DCF data shows that the number of participants who reached the time limit and exited the W-2 Transition program has increased in recent years, when measured as a percentage of all W-2 Transition cases. This suggests time limits can at least partly explain the overall decline in W-2 Transition placements relative to total paid placements and overall caseload (Figure 8).

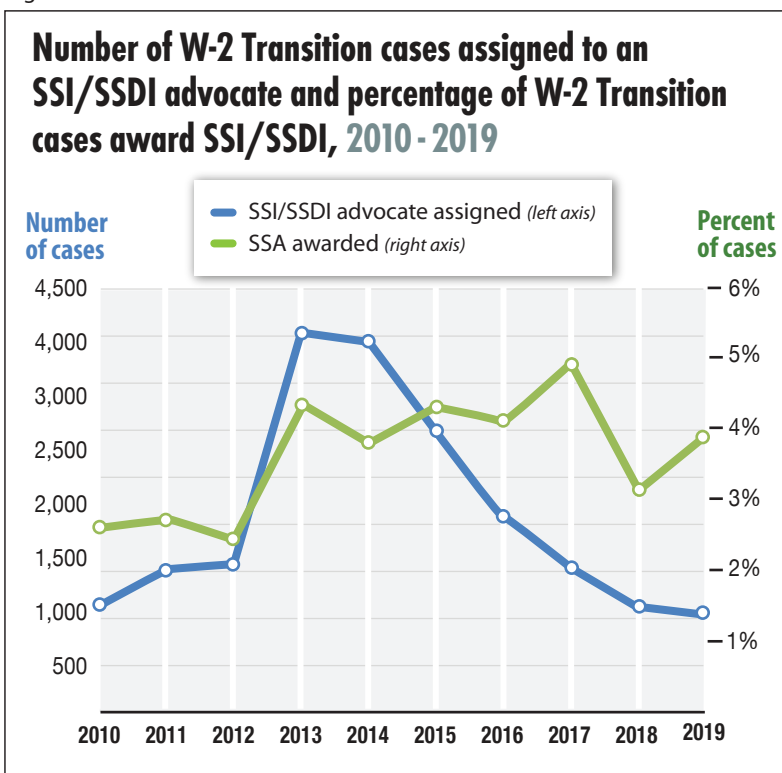
Once W-2 recipients leave the program, the DCF no longer collects data on them, leaving little information about what happens to families who reach the W-2 time limit.

As noted above, the federal government limits the amount of time most parents can receive W-2 to 60 months. Wisconsin state law also limits the amount of time a person can participate in the same paid placement to 24 months, although the DCF sometimes allows for extensions when the participant cannot find work or continues to experience certain employment challenges.

This means that W-2 Transition participants can leave the program either because of the 60-month time limit, in which case they would leave W-2 entirely, or due to the 24-month time limit, in which case they might move to another paid placement type. The Wisconsin Legislature eliminated the 24-month time limit in October 2009 but reinstated it in January 2012.

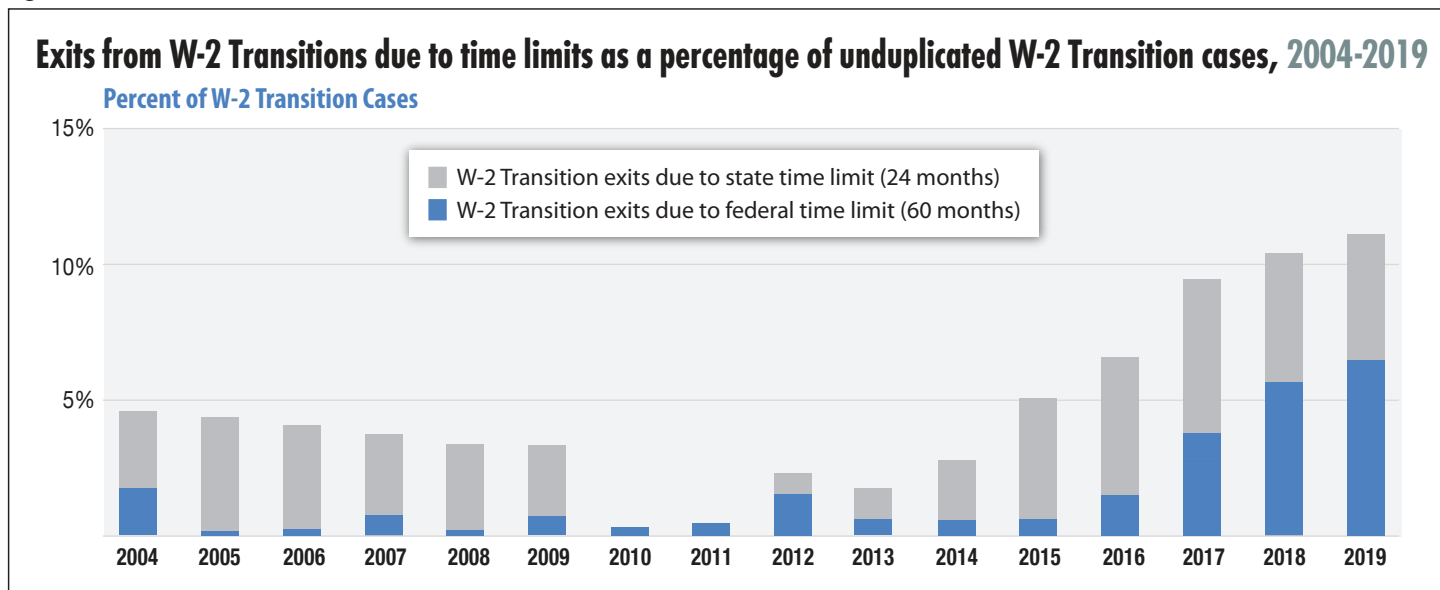
Time limits ensure that program staff and participants treat W-2 as a temporary assistance program, not as a way of life. For this reason, time limits can be an important tool in helping participants find employment and get on a path toward economic secu-

Figure 7



Source: Author's calculations using Wisconsin Department of Children and Families administrative data. The number of SSI/SSDI advocate cases reflects the unduplicated count of W-2 Transition cases within that year with an SSI/SSDI advocate assigned (for example, if they left the program and came back within the same year, they are only counted once). The right axis reflects the number of SSDI/SSI awards as a percentage of unduplicated W-2 Transition cases for that year.

Figure 8



Source: Author's calculations using Wisconsin Department of Children and Families administrative data. Reflects the number of W-2 Transition cases that reached the time limit and did not receive an agency extension over the annual unduplicated count of W-2 Transition cases. Parents who reached the 24-month time limit still could have been receiving W-2 but in a different paid placement type. Wisconsin eliminated the 24-month time limit effective in 2010 and 2011 but reinstated it in 2012.

rity. However, time limits can harm W-2 participants when programs do not match them with robust services that lead to employment. The increase in W-2 Transition exits due to time limits raises concerns that W-2 services are not leading to employment for many participants.

Leaving W-2 Transition for Employment

Data from the DCF does not suggest that employment is a driving force behind the W-2 Transition caseload decline in recent years. The percentage of participants who gained employment while participating in W-2 Transition increased after 2013, likely due to the new service contracts. However, since 2013, the percentage of all W-2 Transition participants who gained employment has remained relatively stable, even declining slightly after 2016 when the economy was strengthening (Figure 9). Fewer potential participants might have entered the program due to the strong economy, but the W-2 Transition caseload also declined relative to the total W-2 caseload. If a strong economy explained the W-2 Transition decline, other W-2 placement types would have similarly declined, which they did not, suggesting that something other than employment was driving the W-2 Transition caseload changes.

Alternatives to Wisconsin's Existing Approach

The federal government has long been interested in finding better ways to serve TANF recipients with disabilities or other work-limiting health conditions. According to a 2002 Government Accountability Office study, in the first few years after national implementation of TANF, healthy recipients were twice as likely as recipients with health issues to leave

TANF.¹⁰ This prompted federal and state leaders to think about ways to better serve this population. Subsequent research has found that the percentage of TANF recipients with a disability was approximately 10% when restricted to severe disabilities (for example, problems with self-care) to as much as 40% when general physical or mental health issues were included.¹¹

Most state TANF agencies follow a few key steps in serving this population (Table 2).

Figure 9

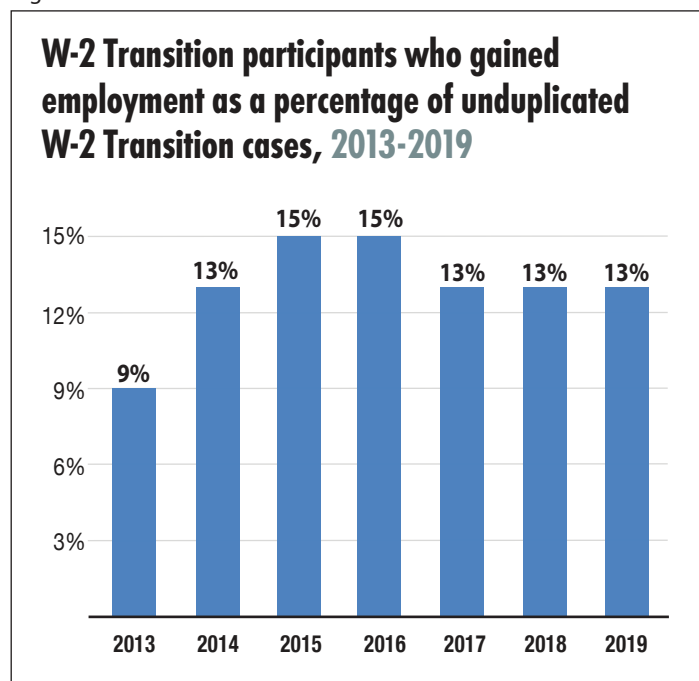


Table 2

Key components for TANF recipients with disabilities and health issues			
Organizational structure	Assessments	Job preparation and placement services	Post-employment supports
<ul style="list-style-type: none"> • Some state TANF agencies develop formal partnerships with vocational rehabilitation programs to serve TANF recipients with health limitations. • Other state TANF agencies develop in-house capabilities to serve TANF recipients with health limitations, often contracting out assessment and service provision entirely. States such as New York and Wisconsin use pay-for-performance contracting. • State TANF agencies also partner with other organizations, such as behavioral health or rehabilitative organizations, to provide a program approach, often using formal contractual relationships or interagency memorandums of understanding. 	<ul style="list-style-type: none"> • Staff (contracted or direct) assess TANF applicants and recipients for employability and typically refer individuals who present with a disability or health issue for a more formal assessment. • States utilize different strategies for formal assessments, some contracting directly with medical professionals to conduct uniform assessments, while others accept assessments from qualified service providers. 	<ul style="list-style-type: none"> • Once program staff determine that a TANF individual has a health limitation to work, states take a few different services approaches. • Some connect individuals to vocational rehabilitation agencies. • Some offer vocational rehabilitation services directly. • Others offer tailored employment services through different program models outside of a vocational rehabilitation framework.¹² • In most cases, states provide job preparation and search assistance, training and education, and health management services. They also develop employer relationships to match participants to jobs. 	<ul style="list-style-type: none"> • Case management is a common way for states to manage the intense needs of TANF recipients with health limitations. • Agency or contracted staff develop relationships with employers to offer additional post-employment support.

Source: Modified from Kauff, Jacqueline. "Assisting TANF recipients living with disabilities to obtain and maintain employment." Mathematica Policy Research, final report. MPR Reference 6303-005 (2008).

The research points to several promising strategies and lessons learned when it comes to serving TANF recipients with disabilities and health limitations.

A 2008 report by Mathematica Policy Research identified four promising approaches that states were taking to help these TANF recipients find promising employment opportunities, including: partnerships between TANF agencies and vocational rehabilitation agencies, assessments and triaging, work opportunities to accommodate health conditions and disabilities, and work supports once recipients find employment.¹³

Building Partnerships with Vocational Rehabilitation

Studies on the intersection between TANF and vocational rehabilitation agencies find that formal partnerships are rare, even though vocational rehabilitation programs could benefit TANF recipients by providing access to specialized staff, vocational assessments and specialized resources.¹⁴ Research does, however, highlight a few states that have developed

formal partnerships — two of which researchers profiled in a report on TANF and vocational rehabilitation program partnerships.¹⁵ The early experiences of PRIDE in New York City also offered important lessons about bridging TANF and vocational rehabilitation agencies.

In the two profiled states (Vermont and Iowa), the state’s vocational rehabilitation staff dedicated time to serving TANF clients who were referred to them. In this way, the vocational rehabilitation programs served TANF recipients with disabilities or health issues in the same manner as other job seekers with similar health limitations. The benefits of this approach were that vocational rehabilitation staff and contractors specialized in the issues that job seekers with disabilities faced and they could leverage the relationships they already had built with employers. This model also allowed TANF agencies to focus on other sectors of their population by not duplicating the expertise and work conducted by the VR agencies.

The research also points to challenges associated with this approach. One of the first programs in the country to develop a unique service model for TANF recipients with physical or mental health limitations to work was the New York City Personal Roads to Individual Development and Employment, or PRIDE. Established in 1999, PRIDE operated until 2004 when New York City replaced it with the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program, which was similar to PRIDE in many ways.

PRIDE was a novel approach because it represented a partnership between New York State's Vocational Rehabilitation agency and the City's Human Resources Administration (HRA). The VR agency contracted providers to conduct medical evaluations for TANF recipients to determine whether physical or mental health limitations prevented them from working. If the contractor determined the TANF recipients to be "employable with limitations," the person was placed either in vocational rehabilitation services or work-based education, in addition to work activities that accommodated the health condition. The state VR agency contracted services for PRIDE participants, although HRA determined their eligibility for TANF benefits and distributed those benefits.

An early evaluation of PRIDE found that the program led to increased employment and reductions in cash assistance receipt because some participants replaced government assistance with earnings.¹⁶ However, the evaluators noted that still two-thirds of the PRIDE program group never gained employment throughout the evaluation, illustrating the difficulties in serving this population of low-income parents. The partnership between the state's VR agency and the city's HRA also proved difficult given the differing agency missions and competing cultures. In the end, HRA ended the PRIDE program and replaced it with WeCARE after it decided to contract services in-house rather than partner with the state's VR agency.

WeCARE operated similarly to PRIDE, although HRA contracted with several service providers to conduct the medical evaluations and provide services to WeCARE participants directly, no longer using the state's VR agency. HRA also expanded the service options, allowing contractors to place participants into one of three tracks: wellness, intended to stabilize the person's medical condition; vocational rehabilitation; and the SSI/SSDI track, when someone needed assistance applying for federal disability.

PRIDE, and subsequently WeCARE, served as a model for other states interested in offering a unique service model to TANF recipients with health limitations to work. As the years

went by, states developed several different approaches to serving the employment needs of TANF recipients with disabilities and health limitations, all of which had some roots in the early experiences of PRIDE. The federal Administration for Children and Families, a division of the U.S. Department of Health and Human Services that oversees TANF, funded several research initiatives to understand these efforts better, summarizing them in a series of reports.

New York City eventually abandoned its partnership with the state's Vocational Rehabilitation agency because of difficulties navigating the different cultures between TANF and VR programs. There were knowledge and skills gaps between staff in both directions, meaning that TANF staff did not understand VR rules and regulations and VR programs did not understand TANF. Furthermore, there were differences in how the two organizations served participants as well as differences in the participants themselves.

For example, VR staff are generally accustomed to serving disabled individuals who seek services voluntarily, but the TANF program mandates that participants attend. Additionally, TANF recipients have very low incomes and limited employment experience, and they often have confounding issues that present barriers to their employment, such as difficulties finding childcare or transportation. Finally, some states had waiting lists for their VR programs, but agencies must serve TANF recipients because they are required to participate. This gave the appearance of prioritizing TANF recipients for services over non-TANF job seekers who were looking for vocational rehabilitation.¹⁷

Notwithstanding these challenges, some states have successfully collaborated with VR agencies and found that the benefits outweigh the costs. Some key lessons have been to ensure that the leadership at each agency has consistent goals and understandings about the program purpose, namely to help low-income parents with disabilities and health issues find employment. Another successful strategy has been to dedicate VR staff to the TANF program, while bringing in the TANF staff for overall case coordination. In Vermont, for example, VR staff take the lead on serving TANF participants with health limitations, but they coordinate and meet regularly with the TANF case manager as well.¹⁸ Cross-training VR staff and TANF staff was a promising approach used in Iowa, where they recognized the need to familiarize individual agency staff with the culture of the other agency.¹⁹

Conducting Rigorous Assessments

Most states assess TANF applicants and recipients to determine whether individuals have a work-limiting health

Coordinating assessments and service approaches for TANF recipients with state vocational rehabilitation agencies is the most promising approach to improving services.

issue. However, states vary in terms of the rigor of these assessments. Some states simply accept doctors' notes, while others — such as Wisconsin — conduct formal assessments to determine the barriers to employment and the necessary workplace accommodations. Still others, such as New York City, contract with medical providers to conduct full bio-psychosocial assessments that include vocational assessments.²⁰ The literature suggests that paying for in-house medical assessments or contracting agencies to conduct them is preferred to relying on outside doctors mainly because quality control is more feasible. However, this approach also can be costly.²¹

As noted above, few states utilize the built-in assessment expertise of state vocational rehabilitation programs. Experts often identify the voluntary nature of vocational rehabilitation as one challenge associated with utilizing the expertise housed within state VR agencies.²² Rather than collaborating with VR agencies, some states build their own in-house expertise, duplicating functions across the two programs.

Creating Work Opportunities

Many states tailor their job development services to TANF recipients with health limitations. This can include using an Individual Placement and Support (IPS) model, which a few state TANF agencies have used to help job seekers with mental health impairments, or developing community service or subsidized jobs that accommodate health conditions.²³ The most promising approaches recognize the unique needs of TANF recipients with health conditions and tailor work opportunities to them. This includes the few states that rely on employer partnerships developed by the vocational rehabilitation agency to meet the needs of TANF recipients.

Wisconsin also tailors its approach to matching W-2 Transition participants to work, but it relies on contracted providers who generally do not have vocational rehabilitation expertise. The same contracted providers serve W-2 participants with and without health limitations, potentially stretching their ability to develop employer partnerships and work opportunities that meet the needs of both groups.

Work Supports and Post-employment Follow-up

The most common post-employment service among states is case management for TANF recipients with health limitations.²⁴ The most effective case managers coordinate all aspects of a TANF recipient's case, including medical needs, employment services and social supports. Another promising approach includes providing in-home case management to limit the employment and home-life disruption to recipients. Vocational rehabilitation agencies also offer post-employment services to participants. In Wisconsin, VR counselors remain engaged with vocational rehabilitation participants for at least

90 days after they start working. VR counselors are a resource to them to ensure the transition to employment is smooth.

A New Model for Wisconsin

Although challenges exist, experts agree that coordinating assessments and service approaches for TANF recipients with state vocational rehabilitation agencies is the most promising approach to improving services for them.²⁵ Vocational rehabilitation agencies possess the necessary expertise and infrastructure to assess TANF recipients properly, develop the best service mix and recommend workplace accommodations. These agencies also have existing relationships with employers, which makes them better equipped to find appropriate job placements that can accommodate the health limitations of TANF recipients.

Wisconsin already has coordinated vocational rehabilitation services within the broader workforce development system, co-locating many of these services with One-Stop Job Centers.

Recommendation: The best way to serve the employment needs of W-2 Transition participants is for the Department of Children and Families to develop a formal relationship with

the Division of Vocational Rehabilitation to incorporate W-2 Transition participants into the vocational rehabilitation program model.

This will require revisions to the existing DCF W-2 contracts. Currently, contracted providers assess and serve W-2 Transition participants alongside other W-2 paid placements. Keeping assessments and service provision for both groups within the same contracts introduces unnecessary challenges, especially when the payment structure incentivizes one group over another. For example,

it might be difficult for contracted providers to develop a robust employer network that serves both fully employable W-2 participants and partially employable W-2 Transition participants. If the contracts provide higher payment rates for W-2 Transition participants, other W-2 participants might not receive the best service approach and vice versa.

The DCF could amend the existing DCF W-2 contracts and execute new contracts with the DVR to handle the formal assessments for W-2 participants who present with health issues. When they have a confirmed condition, the DVR can incorporate W-2 Transition participants into their existing service model. Program monitoring and benefit payments could remain with the DCF W-2 contractors.

This structure has many benefits. It avoids duplicating efforts across two agencies. Additionally, it allows existing W-2 contractors to focus efforts on the W-2 fully employable population. Expecting contractors to build expertise in job training, job preparation and job development for a fully em-

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parent would reach
the 48-month time
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ployable population at the same time they develop vocational rehabilitation expertise, as the DCF currently expects, likely limits the overall effectiveness of W-2 contracted providers.

Recommendation: The Department of Children and Families should include a review of the W-2 Transition’s SSI/SSDI advocate program as part of a restructuring of vocational rehabilitation services for W-2 Transition parents.

Some low-income parents might be too disabled to ever work, and SSDI or SSI would be the right path for them. However, many low-income parents without current work capacity could get better with treatment and services. Unnecessarily putting those parents on a path toward SSDI or SSI could harm their long-term economic security. The DCF should review their SSDI/SSI advocacy program with an eye toward maximizing parents’ work potential and pursuing SSDI/SSI only when work is not possible.

Recommendation: Currently, the state and federal time limit for receiving cash benefits is 60 months. The Wisconsin Legislature reduced this limit to 48 months in 2015, but the DCF has yet to implement the change. The DCF should

implement the change while incorporating the new service approach for parents with health limitations.

Ideally, no W-2 parent would reach the 48-month time limit without securing sustainable employment. Structuring the new service approach for parents with health limitations within a four-year timeframe sets clear expectations for staff and for W-2 Transition parents. DCF staff should implement the 48-month time limit with this in mind.

Recommendation: Develop a data infrastructure to better track W-2 Transition parents after they leave W-2.

We know little about W-2 parents after they leave the program. This prevents policymakers and program administrators from evaluating the effectiveness of their programs. One way to address the problem is to create data linkages between the DCF and the Department of Workforce Development’s Employer Wage reporting as well as between the Social Security Administration’s data on SSI and SSDI receipt. Tracking employment outcomes for W-2 participants after they leave the program will help program administrators better serve their employment needs.

Conclusion

Low-income parents with disabilities and their children will be far better off if government programs help them find sustainable and stable opportunities for employment rather than encourage dependence. Wisconsin’s cash assistance program for low-income parents, Wisconsin Works (W-2), aims to serve the employment needs of poor parents with disabilities and health issues through the W-2 Transition program. W-2 Transition seeks to address underlying health issues and build connections toward employment and a path to self-sufficiency.

The analysis in this report shows that the W-2 Transition caseload has declined in recent years both relative to other W-2 programs and in absolute numbers. But this decline conceals two concerning trends for poor parents with disabilities or health issues: an increase in the percentage of W-2 Transition cases leaving the program for SSI and an increase in W-2 Transition participants who have reached federal and state time limits for benefits.

Employment would provide a much better path out of poverty for these families. In 2019, only 13% of W-2 Transition participants gained employment. One way to improve the employment prospects of poor parents with disabilities and health issues in Wisconsin is to offer them effective vocational rehabilitation services. National research has highlighted a few states that have successfully connected their TANF programs to vocational rehabilitation programs, finding ways to utilize the knowledge and expertise built into the vocational

rehabilitation system to better serve low-income parents with disabilities and health issues.

Wisconsin can follow a similar path. The Department of Children and Families should collaborate with the Division of Vocational Rehabilitation to contract their assessment and vocational rehabilitation services for W-2 Transition parents. The benefits would be many for W-2 Transition parents. Because W-2 Transition parents are one of many groups served by W-2 contracts, they risk getting lost in the current W-2 system. The Division of Vocational Rehabilitation is better equipped to serve job seekers with disabilities and health issues than the Department of Children and Families. The Division of Vocational Rehabilitation built its entire service model around preparing people with disabilities for employment and helping them be successful.

The approach proposed in this report is not without challenges. Unlike other job seekers in need of vocational rehabilitation, W-2 Transition parents face a number of employment challenges in addition to their disabilities and health issues. Moreover, the W-2 program mandates them to participate in services, while disabled job seekers voluntarily participate in vocational rehabilitation services. These differences can create tension and a cultural divide between the two agencies that translates to the participating families. Nonetheless, finding a way to collaborate effectively likely would yield tremendous positive change for many of Wisconsin’s poor parents who have disabilities or other health issues. ❖



About the author

Angela Rachidi is a resident scholar in poverty studies at the Washington, D.C.-based American Enterprise Institute, where she studies poverty and the effects of federal safety net programs on low-income people in America. She is an expert in support programs for low-income families, including the Temporary Assistance for Needy Families, the Child Care and Development Block Grant and the Supplemental Nutrition Assistance Program. She lives in and works remotely from Madison.

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- ⁵ The Deficit Reduction Act passed by Congress in 2005 reauthorized TANF and established a new base year (2005) for the caseload reduction credit.
- ⁶ Community service jobs are also called workfare or work-experience. They typically involve job-like placements in a nonprofit or public agency where the individual is not paid by the employer but receives cash assistance from TANF.
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