File: welfare - reform

Andrea Kane 05/10/2000 09:27 AM

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To: See the distribution list at the bottom of this message

cc: Irene Bueno/OPD/EOP@EOP
Subject: Q&A on Access Denied Report

Edelman is speaking about this report at La Raza today at noon so it may make more news. Here's a revised draft of Q&As that addresses both HHS and USDA issues, and includes some background on the report. I've also included a bullet about the OCR guidance in the list of steps we've taken since the report raises concerns about discrimination against limited English speakers.

Q&AAccess0509.do

Please give me any comments by NOON today. Ellen, I've dropped reference to sanctions unless you've gotten more info about examples of where we've used them. Also, I still think we should say something about the child care allegations. Maybe just a line in the first Answer saying "We intend to review the report and recommendations and take appropriate actions to ensure states are following the law."?

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Welfare Reform Report: Access Denied
Q&A
May 10, 2000--DRAFT

Q: How do you respond to a new report called "Access Denied" showing families are not getting the food stamps, Medicaid, and other supports for which they are eligible?

A: The Clinton-Gore Administration has fought hard to ensure low-income working families have the supports they need, including child care, EITC, transportation, housing vouchers, food stamps and health care. We have been very clear about the fact that Medicaid and Food Stamps are essential supports for working families, and this Administration has been aggressive in enforcing existing laws, as well as providing extensive guidance to states on how to improve practices and providing incentives to states who do improve. As parents leave welfare for work, it is important for them to know that health insurance and nutritional assistance benefits are still available. It's also important that states reach out to low-income working families who may be eligible for these programs since Food Stamps and Medicaid could keep them off of welfare in the first place. Our FY 2001 budget takes further action on all these issues by expanding health coverage, child care, EITC, housing vouchers, and transportation – including making it easier for families to own a reliable care without losing food stamps.

Q: The report is quite critical of the federal government, as well as the states. How are you responding to the recommendations for federal agencies?

A: The Administration has taken a number of steps to enforce existing laws, provide guidance to states on how to improve practices, and provide bonuses to states who improve participation of eligible families in food stamps and Medicaid. For example:

- Last month, HHS sent guidance to states asking them to review their computer systems and eligibility processes, review their own records to be sure that no one who was entitled to keep Medicaid after leaving cash assistance lost out, and reinstate anyone who was improperly terminated from Medicaid.

- In December 1999 the President announced a proposal to provide bonuses to reward states that increase participation of eligible working families in Medicaid and Food Stamp. These new measures will promote the goals of the welfare reform law to provide assistance to needy families, promote work and encourage the formation and maintenance of two-parent families. And, we've said that states must certify that they are complying with Medicaid and Food Stamp laws in order to qualify for these bonuses.

- HHS and USDA have launched a 50-state review process to make sure that states are complying with existing Food Stamp and Medicaid laws and to gather and disseminate best practices on steps states are taking to make sure eligible families receive the health care and nutritional assistance for which they are eligible.

- In August 1999, HHS issued guidance and detailed technical assistance to help states and other public entities comply with federal civil rights laws in implementing their welfare reform programs.

- In July 1999, the President took executive actions to help ensure working families who need Food Stamps have access, including: a public education campaign with informational materials and an enhanced toll-free information line, guidance making it easier for working families to own a car and still receive food stamps, and regulations making it easier for states to serve working families.

- HCFA also released guidance in January 2000 advising states of the continued availability of federal funds set aside in the 1996 welfare law to help states cover the costs of adapting their Medicaid policies and systems to welfare reform changes. At the end of last year, the Administration worked successfully with Congress to extend the life of this fund; most states have a considerable amount of funds to use for these purposes.

- USDA conducted extensive reviews in New York City and Milwaukee to ensure that serious problems that had been identified were being corrected.

Q: Why are the Medicaid rolls decreasing? Is welfare reform to blame?

A: While the latest Medicaid enrollment figures show that there was a slight decline in the Medicaid rolls from 1997 to 1998, it is too early to say with confidence what has caused the decline. There are a number of factors, such as fewer people in poverty, lower rates of unemployment, and the decline in the number of employees participating in employer-sponsored health insurance that contribute to any change in enrollment numbers. It's also important to note that while Medicaid enrollment has slightly declined since 1996, the number of people under the poverty level who are uninsured has not increased in that period. And of course, over two million children have also enrolled in SCHIP since 1997.

One encouraging finding in our own data is that the number of non-disabled adults enrolled in Medicaid (who are primarily parents receiving TANF and pregnant women) actually increased in 1998. This shows that welfare reform has not caused a precipitous drop in enrollment.

Q: Why is food stamp participation decreasing? Is welfare reform to blame?

A: There are a number of factors contributing to the decline in food stamp participation. One is the strength of the nation's economy, which allowed participants to find work, reducing their need for food stamps. Another is the success of welfare reform in moving participants from welfare to work. At the same time, some working families don't realize they are eligible for food stamps and have difficulty obtaining them, leading some participants to leave the program unnecessarily and discouraging others from applying for benefits. Finally, some changes in program rules under welfare reform restricted the participation of immigrants and unemployed childless adults. We are encouraged by recent data showing that the rate of decline has begun to slow.

Between 1995 and 1998, the number of people receiving food stamps fell more than 3 times faster than the number of people in poverty. Recently released estimates from the Bureau of

the Census show that the number of people in poverty fell from 36.4 million in 1995 to 34.5 million in 1998. Administrative data from the Food and Nutrition Service show that over the same period food stamp participation fell from an average of 26.3 million to 20.0 million. (Food stamp participation has fallen still further since then: in June, the program reached 17.8 million people).

Background

This report called "Access Denied" by the Northwest Federation of Community Organizations and National Campaign for Jobs and Income Support, in conjunction with seven state community organizations, asserts that recent caseload declines are due to states' negligent and unlawful practices to discourage applying for health care, child care and food stamps. Much of the report is devoted to profiling bad anecdotal experiences applicants encountered in 6 states. The report also includes preliminary findings based on sending 78 'testers' into apply for benefits and documenting their experiences in 6 states (Arkansas, Idaho, Oregon, Montana, South Carolina, and Washington). The report finds that states create barriers to enrollment, including: failure to inform applicants of their rights, inadequate outreach, failure to assist limited English speakers, use of long applications, and unresponsiveness to applicant needs. For example, 88 percent of applicants were not told about their right to appeal a decision; half of applicants leaving welfare due to employment were not told about child care in an interview; no children who were denied CHIP were screened and enrolled in Medicaid; Medicaid applicants were waitlisted; half of CHIP and child care applicants were required to return to the welfare office for an interview, and 44 percent of limited English speakers had to locate their own translator.

The report makes a number of recommendations for federal actions, some of which we have already taken or are currently underway.

file: welfare reform

The Social Safety Net at the Beginning of Federal Welfare Reform:

Jan. 2000

Organization of Access to Social Services for Low-Income Families

by
Martha R. Burt
Nancy Pindus
Jeffrey Capizzano

January 2000

Note: For those wishing to print this report it is recommended that they use the PDF Version.

About the Series

Assessing the New Federalism is a multi-year Urban Institute project designed to analyze the devolution of responsibility from the federal government to the states for health care, income security, employment and training programs, and social services. Researchers monitor program changes and fiscal developments. In collaboration with Child Trends, Inc., the project studies changes in family well-being. The project aims to provide timely, nonpartisan information to inform public debate and to help state and local decisionmakers carry out their new responsibilities more effectively.

Key components of the project include a household survey, studies of policies in 13 states, and a database with information on all states and the District of Columbia, available at the Urban Institute's Web site. This paper is one in a series of occasional papers analyzing the information from these and other sources.

Contents

The Social Safety Net at the Beginning of Federal Welfare Reform:

Organization of Access to Social Services for Low-Income Families

The concept of the social safety net entered the public policy arena during the early 1980s, as changes initiated by the Reagan administration sought to streamline government programs while maintaining supports for people termed "the truly needy" (Burt and Pittman 1985; Palmer and Sawhill 1982, 1984). The purpose of a safety net is to protect people from ultimate harm. By implication, a social safety net comprises a set of programs, benefits, and supports designed to ensure that people do not lack the basic necessities of life—shelter, food, physical safety, health, and a minimum level of financial resources. A social safety net may go even further by ensuring that people have the means to change the circumstances that put them at risk. Job training, child care, and/or child support services are examples of safety net programs that help people move toward economic self-sufficiency.

Most of the largest federal safety net programs are results of the Social Security Act. Social Security and Aid to Families with Dependent Children (AFDC)[1] were original titles under the act when it first passed in the 1930s as part of the New Deal. Other major components were added in the 1960s as part of the War on Poverty, including Medicare, Medicaid, and Supplemental Security Income (SSI). The Food Stamp program originated with the Food Stamp Act of 1977. Some of these safety net programs (Social Security, Medicare) operate as social insurance; eligibility is not dependent on low income. They are, however, largely restricted to disabled people and people ages 65 and older, leaving out most families with young children in the home. The remainder are "means-tested," that is, applicants must be and remain under a certain income level to qualify. Except for the Food Stamp program, the qualifying income levels are well below the federal poverty level (FPL), and *net* household income must be at or below the FPL to qualify for food stamps. During 1996-1997, the period of interest for this paper, anyone who qualified could receive benefits from these means-tested programs for as long as they met the eligibility criteria; the programs operated as open-ended entitlements. For qualifying families with children, the combination of AFDC, food stamps, and Medicaid provided the basic federal safety net.

In August 1996, Congress fundamentally changed the nature of that safety net for families with children when it passed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193, known as PRWORA). PRWORA replaced AFDC with the Temporary Assistance for Needy Families (TANF) block grant. Of critical importance is the increased flexibility states received to design their own programs and to use some portion of the TANF block grant according to their own priorities. PRWORA increased the devolution of federal authority to states that had occurred through federal waivers allowing states to experiment with key features of their AFDC programs. At the time PRWORA was enacted, some states (e.g., Massachusetts, Michigan) had already adopted and were implementing extensive statewide welfare reform initiatives. Other states had significant demonstration programs in operation (e.g., California, Minnesota) but had yet to apply the principles of these demonstrations to the whole state. Still other states had neither demonstrations nor statewide changes in operation and had to completely redesign their welfare systems. Thus in late 1996 and early 1997, states were at very different stages in reaching the ultimate shape of their post-PRWORA safety nets.

This paper focuses on the ways in which the varied programs and services that comprised this social safety net worked for low-income families with children in late 1996 and early 1997, just before implementation of major federal welfare reforms. By "worked," we mean how easy or difficult it would have been for families on welfare—and for nonwelfare, working poor families—to get the services they needed from safety net programs. The crux of this issue lies in local service structures and the avenues they provide for client access to needed programs. A particularly important dimension of client access is whether the programs most likely to be approached by nonwelfare, working poor families are as well structured to help clients make connections to other needed services as are the programs most commonly used by clients on welfare.

Our inquiry into local service delivery structures is grounded in the context of state choices and organizational structure. The paper begins with an overview of poverty and safety net program use in the 13 states that were the subject of intensive case studies during 1996 and 1997 as part of the Urban Institute's *Assessing the New Federalism* (ANF) project. Thereafter we look at where programs of interest are located in the state organizational structure, and the degree to which state control or local autonomy prevails in administering programs at the local level.

Once the state context is understood, the paper shifts to the local level and the client perspective. It looks at access to services for welfare and nonwelfare families and asks whether differences in *state* organizational arrangements make a difference for clients' ability to access an array of services through local programs. It establishes a baseline in 1996-1997, describing the linkages as they existed in the 13 ANF intensive case study states. Against the background of this baseline, data being collected for the 1999-2000 wave of case studies will let us see how much PRWORA has changed the landscape of safety net programs.

This paper focuses on specific elements of the social safety net, including income support programs such as AFDC, TANF, general assistance (GA),2 and food stamps; Job Opportunities and Basic Skills (JOBS) and other non-welfare-specific employment and training programs; the child support system; child care assistance; child welfare services; and Medicaid and other publicly supported health insurance for low-income families. These programs were selected for several reasons, including their historic linkages and their anticipated linkages under TANF. Historically, families receiving AFDC have been categorically eligible for Medicaid, and many states developed combined application procedures for AFDC, Medicaid, and food stamps. JOBS is specifically a work-readiness program for AFDC recipients, and states have been obliged to provide child care for any AFDC recipients required to participate in JOBS. Medicaid and child care have also been important transitional benefits to which many families leaving welfare were entitled for specified periods of time. PRWORA changed the relationships among these programs, in some instances delinking them and in others increasing the support requirements for current and former TANF recipients.

The Policy Context

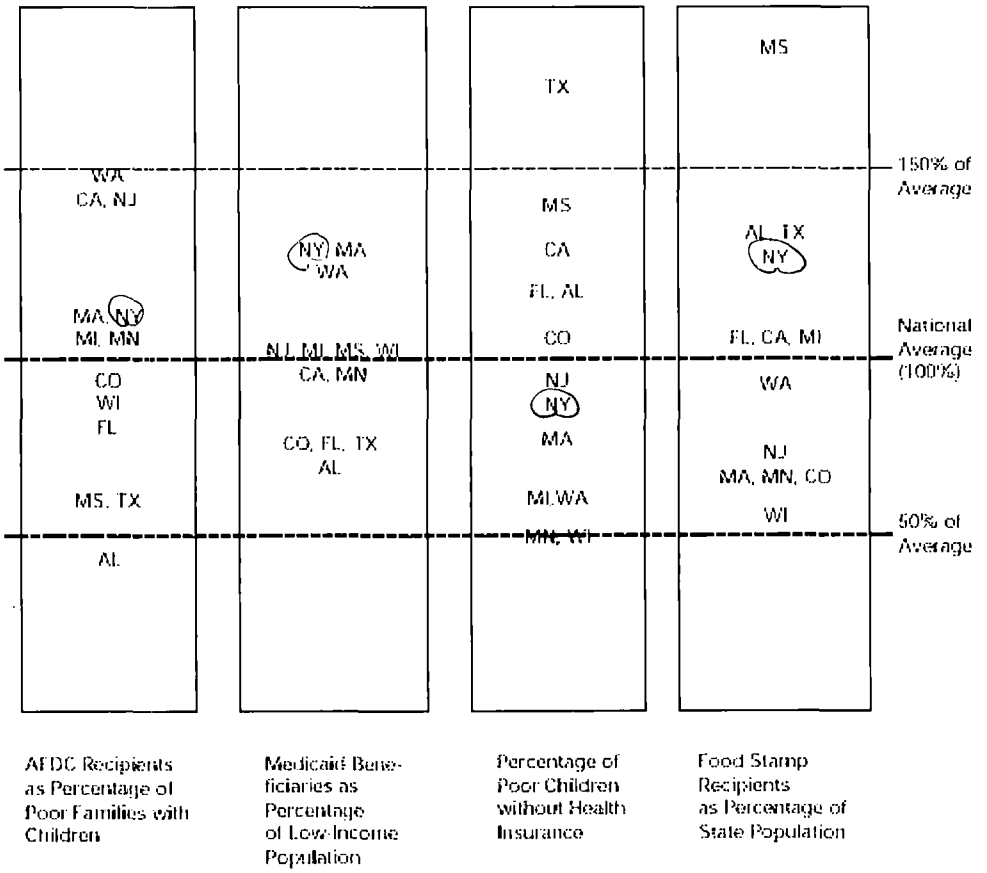
The 13 ANF intensive case study states vary greatly in the proportion of their population that is poor and therefore potentially eligible for the government benefits in which this paper has the greatest interest. With the national poverty rate standing at 14.3 percent in 1996 (table 1), 7 of our 13 states had lower poverty rates (from 9.3 percent in Colorado to 13.9 percent in Michigan), and 6 had higher poverty rates (from 15.9 percent in New York to 22.5 percent in Mississippi). State rankings on children's poverty rates followed the same pattern as those for the state's whole population but were consistently higher.

Table 1 also provides information showing AFDC and Food Stamp program participation as a percentage of each state's population, AFDC families as a percentage of the poor families with children in each state, the proportion of children not covered by medical insurance of any kind,

and Medicaid beneficiaries as a percentage of each state's low-income population. To aid our understanding, table 1 also supplies the 1996 maximum monthly AFDC benefit level for a family of three.

Table 1 reveals some interesting patterns, as depicted graphically in figure 1. Several of our 13 states (Massachusetts, Minnesota, Washington) were below the national average in their proportions of poor people and poor children and above the national average in supporting their poor families with children with AFDC, Medicaid benefits, and other health insurance coverage for children (that is, they had *low* rates of children *without* health insurance). Other states (e.g., Alabama, Texas) show the opposite pattern. They had higher-than-average rates of general and child poverty, but lower proportions of these populations were covered by AFDC, Medicaid, or other types of health insurance for children (that is, they had *high* rates of *un*insured children). Some states, such as California and New York, had higher-than-average poverty rates but still offered higher-than-average benefits and had above-average proportions of poor families receiving benefits.

Figure 1 *State Participation Rates for Selected Programs, as Percentage of National Average*



Food Stamp program participation rates were the obvious exception to these generalizations. Mississippi, Texas, and Alabama had the highest Food Stamp program participation rates although they were among the lowest on AFDC participation and health insurance coverage. Two factors probably helped create these anomalies—these states had high poverty rates, meaning many state residents were eligible for food stamps, and had restrictive AFDC eligibility criteria and low benefit levels, meaning that relatively few families received AFDC even though they were poor (all three had monthly maximum payments below $200, as shown in table 1). It is probable that the Food Stamp program participation rates shown in table 1 reflected the reality of need among these states' populations, whereas AFDC participation rates as a percentage of poor families with children reflected the generosity or restrictiveness

of state welfare policies at least as much as they reflected the level of need.

Table 1 contains data about participation in AFDC, the Food Stamp program, and Medicaid because data are available as a result of the programs' significant federal involvement and federal reporting requirements. What we know about other benefits of importance to low-income families with children, such as health insurance coverage and child care, suggests that the differences between the states in population coverage by safety net programs would only increase if we took these other benefits into account (Flores, Douglas, and Ellwood 1998; Holahan, Wiener, and Wallin 1998; Long et al. 1998). Mississippi, Alabama, and Texas opted for Medicaid programs that were less inclusive (of people) and less expansive (of services), did not have separate state-funded health insurance programs for low-income families, and did not put state money into child care beyond what was required to draw down all the federal child care dollars to which they were entitled. On the other hand, states such as Massachusetts, Michigan, Minnesota, New York, and Washington chose more inclusive and expansive Medicaid programs, had state-funded health insurance programs for their low-income, nonwelfare population (hence their lower levels of uninsured children, as shown in table 1), and committed significant state funds to child care beyond federal matching requirements.

Table 1
Selected Resource Indicators for the 13 New Federalism Focal States

State	Poverty Rate[a]	Percentage of Children Below Poverty[a]	Percentage of Uninsured Children[b]	1996 AFDC Maximum Monthly Payment (Family of Three)	AFDC Caseload as a Percentage of Population[c]	Food Stamp Caseload as a Percentage of Population[c]	AFDC Families as a Percentage of Poor Families with Children[a]	B P L P
Alabama	17.6	23.8	11.2	$164	2.5	11.9	18.6	
California	16.2	25.6	12.1	607	8.2	9.9	57.0	
Colorado	9.3	12.4	10.5	356	2.6	6.4	41.9	
Florida	16.2	25.9	11.5	303	3.9	9.5	33.1	
Massachusetts	10.9	17.2	6.8	565	3.9	6.1	53.3	
Michigan	13.9	22.0	5.8	459	5.5	9.8	50.1	
Minnesota	11.2	14.8	4.8	532	3.7	6.3	49.1	
Mississippi	22.5	34.4	14.1	120	4.8	16.8	25.9	
New Jersey	9.5	14.1	9.2	424	3.6	6.8	55.2	
New York	15.9	24.6	8.3	577	6.5	11.5	51.6	
Texas	17.6	25.8	17.2	188	3.6	12.4	25.0	
Washington	12.6	17.3	5.6	546	5.0	8.6	63.1	
Wisconsin	9.9	14.4	4.9	517	3.3	5.5	38.0	
United States	14.3	21.7	10.0	389	4.7	9.6	43.6	

Source: See notes below.
a. Averages from March CPS 1994-1996.
b. Averages from March CPS 1994-1995.
c. AFDC and food stamp caseload as a percentage of population—calculated from data in the New Federalism sta
d. 1995 figures from David Liska, Briam Bruen, Alina Salganicoff, Peter Long and Bethany Kessler. 1997. *Medicai Expenditures and Beneficiaries: National and State Profiles and Trends, 1990-1995.* Third Edition. Washington, D. Commission on the Future of Medicaid.

State Organizational Structure and State/County Relations

Having reviewed some indicators of the policy context in the 13 ANF case study states, it is also important to understand the organization of programmatic responsibilities at the state level, and state/county relations, before examining effective service delivery from a client perspective. This will give us the information necessary to examine a key question of this paper: How important are state organizational structures and state/local arrangements for the experiences of the client on the front lines of service delivery?

This section extracts some common themes from an examination of state administrative structures. We relate these themes, where possible, to the states' overall philosophy for serving the needs of low-income populations. We also highlight state efforts to reorganize services to reflect their changing priorities and note emerging trends in state-level administration of social services.

Commonalities in the Organization of Safety Net Programs at the State Level

Prior to welfare reform, states administered a number of social programs using federal money allocated through distinct categorical funding streams. Cash assistance and job training for welfare recipients, for example, were supported by two separate federal-state matching programs—AFDC and Job Opportunities and Basic Skills (JOBS). Federal funding for child care was fragmented into a number of streams serving three different categories of the low-income population. AFDC (IV-A) Child Care and Transitional Child Care served working welfare recipients and recipients transitioning off of welfare, respectively, while At-Risk Child Care assisted the low-income population "at risk" of becoming dependent on AFDC.

Additionally, separate federal funding streams existed to support child welfare services. Titles IV-B and IV-E of the Social Security Act paid for child welfare services and foster care, respectively, and many states used the Social Services Block Grant (Title XX of the same act) to support child welfare services. Likewise, job training for low-income people was paid for by about 10 programs, including 3 under the Job Training Partnership Act (JTPA) that specifically target the economically disadvantaged. JTPA and other job training programs, including the Employment Service, Welfare-to-Work, and a HUD-administered employment and training program, have recently moved toward coordinated service delivery under the Workforce Investment Act of 1998 (P.L. 105-220). During our first wave of case studies in 1996-1997, these federal employment and training programs were still very fragmented, although some states had begun to restructure and design consolidated workforce development systems. Federal funding for different child welfare-related activities is still distributed over several different programs, as it was at the time of our site visits.

Families, of course, often need more than one type of help to get on their feet, both at a single point in time and over time as their circumstances change. The multiplicity of federal and state funding streams and eligibility criteria have often been obstacles to families trying to obtain needed services. To deliver safety net services as effectively as possible to needy individuals and families, states developed varying organizational strategies, depicted in table 2. The period captured in our 1996-1997 round of case studies was a time of transition; the 13 case study states were at very different points in developing their comprehensive welfare reform strategies. Some were well advanced, having implemented statewide strategies under AFDC waivers; some had done nothing; and the remainder were at some intermediate stage (Zedlewski, Holcomb, and Duke 1998).

The old and new principles we observed for organizing safety net services can be roughly classified into three categories—the welfare population, work, and children. Most states were using only one of these principles to organize their safety net programs, while one state used two. Each principle inevitably leaves out some programs, and it was not uncommon for

low-income families not on welfare to be left out of one or more of the organizing principles.

Table 2
Location of Income Support and Social Services Programs within the State Agencies of the 13 New Federalism States

State (Department Serving Welfare Population)	Human Services Department[a]	Labor Department/Economic Development Department	Education Department	Other Department(s)/Agency(ies)
Alabama Department of Human Resources	AFDC/TANF, Food Stamps, JOBS, Child Support Child Care; IV-A JOBS, Transitional, At-Risk, other Child Welfare	JTPA		
California Dept. of Social Services	AFDC/TANF, Food Stamps, JOBS Child Support Child Care: IV-A JOBS, Transitional, At-Risk, other Child Welfare	JTPA	Child Care: At-Risk, CCDBG	
Colorado Dept.of Human Services	AFDC/TANF, Food Stamps, JOBS, General Assistance Child Support Child Care: IV-A JOBS, Transitional, At-Risk, other Child Welfare	JTPA		
Florida Dept. of Children and Families	AFDC/TANF, Food Stamps, Child Care: IV-A JOBS, Transitional, At-Risk, other Child Welfare	JTPA		Child Support (Revenue)
Massachusetts Exec. Office of Health and Human Services	AFDC/TANF, Food Stamps, JOBS, General Assistance Child Care: IV-A JOBS, Transitional, At-Risk Child Care: CCDBG, other Child Welfare	JTPA		Child Support (Revenue)
Michigan Family Independence Services Administration	AFDC/TANF Food Stamps, JOBS (MOST) Child Support Child Care: IV-A JOBS,	JOBS (Work First), JTPA		

	Transitional, At-Risk, other Child Welfare		
Minnesota Dept. of Human Services	AFDC/TANF, Food Stamps, JOBS (MOST) Child Support Child Care: IV-A JOBS, Transitional, AT-Risk, other Other Welfare	JTPA	Child Care: IV-A JOBS, Transitional, At-Risk, other
Mississippi Dept. of Human Services	AFDC/TANF, Food Stamps, JOBS Child Support Child Care: IV-A JOBS, Transitional Child Care: At-Risk, CCDBG, other Child Welfare	JTPA	One-Stop Career Center
New Jersey Dept. of Human Services	AFDC/TANF, Food Stamps, JOBS, General Assistance Child Support Child Care: IV-A JOBS, Transitional, At-Risk, other Child Welfare	JTPA	
New York Dept. of Social Services	AFDC/TANF, Food Stamps, General Assistance Child Support Child Care: IV-A JOBS, Transitional, At-Risk, other Child Welfare	JOBS, JPTA	
Texas Texas Workforce Commission	AFDC/TANF	JOBS, JTPA Child Care: IV-A JOBS, Transitional, At-Risk, other	Child Support (Atty. Gen.) Child Welfare (Protection and Regulatory Services)
Washington Dept. of Social and Health Services	AFDC/TANF, Food Stamps, JOBS, General Assistance Child Support Child Care: IV-A JOBS, Transitional	JTPA	
Wisconsin Dept. of Work Department	Child Welfare	AFDC/TANF, Stamps, JOBS, JTPA Child Support Child Care: IV-A JOBS, Transitional, At-Risk, other	

Source: State reports from the first round of ANF intensive case studies entitled *Income Support and Social Services* for Low-Income Families in [NAME OF STATE] (Washington, D.C.: The Urban Institute).

a. Each row in a box indicates that a different division within the services department has responsibility for the programs listed.

The Welfare Population as the Organizing Principle

Until the mid-1990s, most of the 13 intensive case study states placed all programs related to the population of families receiving cash assistance under the purview of the state's human services/human resources/social services department. These included the cash assistance programs (AFDC, and GA if the state had it), other means-tested entitlement programs for which welfare recipients were categorically eligible (e.g., food stamps and Medicaid), and services directed toward the welfare population (AFDC child care, transitional child care, child support, and the JOBS program). At the same time, programs providing the same types of service but not directed toward families receiving AFDC (e.g., At-Risk Child Care and job training for low-income, nonwelfare families) were typically administered by other state agencies, often with very little or no administrative connections among the different programs. Table 2, which shows the location within state administrative agencies of the social safety net programs of interest, indicates that this was the most common organization at the time of the 1996-1997 case studies.

Seven states (Alabama, California, Colorado, Massachusetts, Mississippi, New Jersey, and Washington) grouped all cash assistance and virtually all other programs designed to serve the welfare population in a department of human services/human resources/social services. States following "welfare" as their organizing principle did so based on the reasoning that cash assistance and welfare-related services are designed with a common purpose—to support families and help them move toward self-sufficiency—and that the organizational structure best able to do this is one that keeps all the relevant programs within the same agency. For example, California administrators said they grouped these services together because income support, JOBS, and child care were essential components of California's welfare-to-work model and the programs were designed to work closely together. Putting these services in different departments was thought to be impractical and impede their integration.

The reader should note, however, that programs appearing on different lines within a box in table 2 were administered by a different *division* or *section* within the umbrella department. Although the programs are nominally within the "same" department, instances certainly occurred in which welfare recipients faced difficulties obtaining supportive services when communication lines among the relevant subdepartment units were not well established.

Three states (Florida, Michigan, and New York) had almost the same arrangement of safety net programs for welfare families. However, these states had pulled JOBS, the employment and training program specifically for welfare recipients, out of the human services department and colocated it with JTPA and other job search and training programs in a labor, workforce development, or economic development department. This placement emphasized the program's work orientation rather than its welfare orientation. Shortly before our 1996-1997 site visits, New York decided to move welfare-to-work programs from the Department of Social Services (NYDSS) to the Department of Labor (NYDOL). Starting in December 1995, staff from the Department of Social Services began moving to the Department of Labor. Because the NYDOL had a much stronger work orientation than the NYDSS, as well as an excellent network of employers, the governor felt that the goals of welfare-to-work programs would be better realized by this move. However, the changes in New York did not go as far as those in states that used work as their *basic* organizing principle. Florida's actions were very similar to New York's, designating the Department of Labor and Economic Services as the lead agency responsible for welfare-to-work programs in order to shift the focus from income maintenance to a work-based welfare system.

Work as the Organizing Principle

Two states (Texas and Wisconsin) chose to emphasize work as their organizing principle by transferring almost all programs focusing on the welfare population to a workforce development department, which was either newly created for or newly dedicated to the purpose.

"Work" as an organizing principle has two aspects—one related to welfare recipients and one related to the rest of the low-income population. Texas and Wisconsin placed such a strong emphasis on the work focus of their welfare programs that they moved all AFDC and AFDC-related programs except "child only" cases (Wisconsin) or all welfare-related programs except AFDC/TANF (Texas) into workforce development departments. Wisconsin state officials reasoned that because income support and job training programs for welfare recipients were becoming increasingly work oriented, these services needed to be integrated into one work-focused department. The Texas philosophy of "all who are able to work should work" had an enormous influence on the state's organizational structure, making work the primary function around which service agencies were organized. In June 1996, Texas transferred a number of services from the Department of Human Services to the Texas Workforce Commission, including the JOBS program and all child care funding streams. Moving child care in this manner emphasized the importance that Texas officials accorded child care in enabling low-income parents to work.

The extreme fragmentation of pre-TANF employment and training services for the nonwelfare population and their anticipated consolidation at the federal level spurred movement across all the case study states to integrate job training programs into One-Stop Career Centers. However, during our 1996-1997 case studies, such centers were barely off the drawing boards. In most of the 13 states, employment and training services for the low-income, nonwelfare population were administered by departments different from those that ran the welfare programs. The JTPA program, the largest federal job training program, was housed in each state's labor department. In addition, these states had a number of education and training services scattered throughout state administrative agencies. In California, for example, 22 education and training programs were scattered through 13 state agencies and 10 advisory councils.

Children as the Organizing Principle

In Minnesota, the organization of many funding streams that support programs for children into one department has emphasized the child development aspect of child care. Minnesota resembles most closely the seven states where the majority of welfare-related programs are grouped in a human services department. It is, however, the example of a state attempting to make two organizing principles work at the same time—a focus on children and a focus on the welfare population. At the time of our case study, Minnesota had just turned its Department of Education into the Department of Children, Families, and Learning, with the purpose of consolidating many programs serving children within the same department. Child care, including the components of child care designed specifically to serve welfare families as they start work activities, moved into this new department. Consistent with the focus on children, this new location was expected to provide a greater potential for coordinating child care with the state's extensive early childhood education program, thus integrating various mechanisms of caring for children regardless of their welfare status. However, there were fears that the new location of child care would make it more difficult for families receiving or transitioning off of welfare to access child care subsidies, as these would no longer be administered by the Department of Human Services, where all the other welfare-related programs are housed.

Child Welfare and Child Support Enforcement—Often outside the Loop

In every state but Texas and Wisconsin, child welfare functions (child protection, family preservation, and foster care) were located in the same department as welfare functions, usually a department of human services/human resources/social services. However, even though child welfare was under the same broad departmental umbrella at the time of our

1996-1997 case studies, it was always in a separate division and rarely exhibited any elements of coordination with functions related to cash assistance. Wisconsin left child welfare functions and its "child only" AFDC cases in its social services department, changing its name to the Department of Health and Family Services and transferring all work-related cash assistance and work support functions to the Department of Workforce Development, thus making the separation of functions very clear. Texas, in its reorganization to emphasize work for welfare recipients, went so far as to divide the functions of administering cash assistance programs and promoting work activities for welfare recipients. In addition, protecting children from abuse and neglect was no longer handled in just one department. Three separate departments handled these functions: the Department of Human Services (cash assistance), the Texas Workforce Commission (work-related support programs), and the Department of Protection and Regulatory Services (child welfare).

In 1996-1997, 10 states located their child support enforcement function in the same department as their cash assistance programs, but in different divisions. This arrangement may have helped to promote AFDC recipients' cooperation with child support enforcement, in response to increasing federal pressure to do so. Conversely, three states removed the child support enforcement function from their human services department. Florida and Massachusetts placed that function in their revenue departments and Texas located it in the attorney general's office. These new placements reflected the growing pressure to increase child support collections from all absent parents and focused on revenue and law enforcement rather than welfare aspects. In addition, the *mechanisms* for enforcement were becoming more systematized and reliant on centralized computer databases, including state income tax records, which may have stimulated some rethinking about the appropriate placement of the child support enforcement function.

Safety Net Program Administration at the Local Level

Whatever the rationales offered by states for the location of safety net programs within state administrative structures, the real test of service coordination or its absence, for whichever principle is considered most desirable, comes at the local level. And at the local level, findings from our case studies indicate that, regardless of principle or state-level reorganization, much fragmentation still exists in the offices where prospective program users and the operating programs actually meet.

This section examines the formal relationships between state-level and local-level agencies to see where the control lies and whether state administrative structures transfer successfully to the local level. The final section of this paper then examines the system from the perspective of a potential client, asking how easy or difficult it is to gain access to various services depending on the type of program the client initially approached.

One very important dimension of state-local relationships is whether cash assistance, child welfare, and some other safety net programs were state administered even at the local level, or whether counties had administrative responsibility and some flexibility even when state agencies set policy. Tables 3 and 4 show these relationships. Table 3 includes the six intensive case study states with state-administered safety net programs, while table 4 shows six with county-administered programs, plus Florida. Florida's program was officially state administered, but in fact had devolved considerable policy and administrative authority to 15 regional offices that together covered the state. It is therefore grouped with the "county-administered" states.

A dimension crosscutting that of state versus county administration is the degree of flexibility accorded counties, independent of the official system design. Welfare programs in some states were state administered but local field offices had considerable autonomy, while other state programs were officially county administered but the state set such detailed parameters for county operation that counties had little autonomy. An additional dimension is the degree to which actual service delivery at the local level is contracted out to nonprofit agencies. A final

consideration is that these state-county-nonprofit relationships and their effects on prospective clients vary depending on the program one is examining.

AFDC

Among our 13 case study states, the local offices that administered AFDC and other cash assistance programs in Alabama, Florida, Massachusetts, Michigan, Mississippi, Texas, and Washington were part of the state agency (that is, the state administered cash assistance in these states). These are designated as "state sets policy and administers service" in table 3. Most were fairly controlled from the state level, but Florida had been trying in recent years to give more flexibility and control to its 15 regional offices, within general state guidelines.

In the remaining states (California, Colorado, Minnesota, New Jersey, New York, and Wisconsin), AFDC and other cash assistance programs were state supervised but county administered, and most of these states gave counties a fair amount of latitude to set their own course within state directives (table 4). Elements of cash assistance that might vary across counties within these states were up-front job search requirements, sanction policy, location of and access to JOBS, acceptability of education and training as work-related activities, and so on. These states are designated "state sets policy, county administers service" in table 4. Thus in these states, the experience of a client entering the system might have been quite different from one county to another.

Table 3
State Local Relationship for Safety Net Programs—States with State-Administered Programs

State	AFDC/TANF	JOBS	JTPA/Other WD	Child Care	Child Support	Child Welfare
Alabama	State sets policy and administers service	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies to deliver services.	State sets policy, local Child Care Management Agencies deliver service; relatively seamless	Same as AFDC/TANF	Same as AFDC/TANF
Massachusetts	State sets policy and administers service	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies to deliver services	Two different state agencies set policy, local office of one state agency administers AFDC and Transitional; another local office of a different agency administers other child care; not very seamless	Same as AFDC/TANF	Same as AFDC/TANF
Michigan	State sets policy and administers service	Same as AFDC/TANF	Local SDAs and PICs set policy contract with private agencies deliver services	Same as AFDC/TANF; relatively seamless	Complex intergovernmental relationship. Welfare staff are first point of contact. Prosecuting attorneys establish orders,	Same as AFDC/TANF

					Friend of Court enforces.	
Mississippi	State sets policy and administers service	State sets policy, local councils administer service	Local SDAs and PICs set policy; contract with private agencies to deliver services.	Two different state agencies set policy, contract with regional councils and nonprofit agencies that administer service; not at all seamless	Same as AFDC/TANF	Same as AFDC/TANF
Texas	State sets policy and administers service	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies to deliver services	State sets policy, Child Care Management Agencies administer; relatively seamless	Same as AFDC/TANF	Same as AFDC/TANF
Washington	State sets policy administers service	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies deliver services	Two different state agencies set policy, local office of one state administers AFDC and Transitional; another local office of a different state agency administers other child care; not very seamless	State sets policy; nine regional offices administer service	Same as AFDC/TANF

Source: State reports from the first round of ANF intensive case studies entitled *Income Support and Social Services for Low-Income Families in [Name of State]* Washington, D.C. The Urban Institute.

Table 4
State/Local Relationship for Safety Net Programs—States with County/Local-Administered Programs

State	AFDC/TANF	JOBS	JTPA/Other WD	Child Care	Child Support	Child Welfare
Florida	State sets policy, district and local offices and administer service	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies to deliver services	State sets policy, district offices and local child care coordinating agencies administer service; relatively seamless	State sets policy and administers service	Same as AFDC/TANF
California	State sets	Same as	Local SDAs	Two different	State	Same as

	policy, county administers service (little county flexibility)	AFDC/TANF (great county flexibility)	and PICs set policy; contract with private agencies to deliver services	state agencies set policy, two access points locally—county administers IV-A and Transitional; local nonprofits administer other child care; not at all seamless	nominally sets policy, county district attorneys make the major decisions, great local variation	AFDC/TANF
Colorado	State sets policy, county administers service	Same as AFDC/TANF	Local SDAs and PICs set policy contract with private agencies deliver services	Same as AFDC/TANF; relatively seamless	Same as AFDC/TANF	Same as AFDC/TANF
Minnesota	State sets policy, county administers service	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies to deliver services.	Same as AFDC/TANF, but most subcontract some or all administration and services. Welfare clients access services through both county welfare offices and Child Care Resource and Referral Agencies (CCR&Rs); nonwelfare families only thru CCR&Rs. Not very seamless	State sets policy and increasingly is centralizing administration, which is officially in county hands	Same as AFDC/TANF (great county flexibility)
New Jersey	State sets poliy and administers service	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies to deliver services	State sets policy, county administers IV-A and Transitional, contracts out to nonprofits to administer other child care; not at all seamless	Same as AFDC/TANF	State sets poliy and administers service
New York	State sets policy, county administers service (great county flexibility)	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies to deliver services	Same as AFDC/TANF. Level of unification varies by county with some unified and others not; not very seamless	Same as AFDC/TANF	State sets policy, handles central intake/screening; county administers service

				anywhere		
Wisconsin	State Dept. of Workforce Development (DWD) sets policy, county Dept. of Human Services (DHS) offices administer service	Same as AFDC/TANF	Local SDAs and PICs set policy; contract with private agencies deliver services	Same as AFDC/TANF; all services contracted out to CCR&Rs; relatively seamless	Same as AFDC/TANF	State DHS sets policy, county DHS offices administer service

Source: State reports from the first round of ANF intensive case studies entitled *Income Support and Social Services for Low-Income Families in [Name of State]* Washington, D.C. The Urban Institute.

JOBS and JTPA

For the most part, the JOBS program at *the local level* was administered by the same agency that handled AFDC/cash assistance and was administered with the same type of state or county control. This was true for Alabama, California, Colorado, Massachusetts, Minnesota, New Jersey, and Washington. In these states, a client's AFDC- and JOBS-related experiences would have been relatively integrated at the local level. A second pattern was for the AFDC and JOBS programs to be administered by *different* agencies at the state level and by the *same* different agencies at the local level. This pattern occurred in Florida, Michigan, and Texas. For example, in Florida, the Department of Children and Families administered cash assistance at both the state and local levels, while the Department of Labor and Employment Services administered JOBS in the same way.

The three remaining states are anomalies. In Mississippi, JOBS was administered together with AFDC at the state level but was under the purview of jobs councils at the local level. Thus clients, operating at the local level, would have experienced them as separate. In New York, AFDC and JOBS were administered by different state agencies, but at the local level the county departments of social services handled both. Thus clients would have experienced them as integrated, or at least they would have found the programs in the same place. Finally, in Wisconsin, AFDC and JOBS were handled by the same agency at the state level (the Department of Workforce Development) but different agencies at the local level (county departments of human/social services). Clients would have experienced the programs as integrated or colocated, but it is not clear whether the behavior of these county departments reflected the new philosophy of the Department of Workforce Development or the old philosophy of the (now defunct) Department of Health and Social Services.

JTPA operated under a quite different local structure. Local Service Delivery Areas (SDAs) and Private Industry Councils (PICs) or their equivalents set policy in all 13 case study states. Also in each of these states, the SDAs and PICs/Workforce Development Boards contracted out the actual service delivery to nonprofit and for-profit agencies. So, too, in reality, did virtually all of the agencies handling the JOBS program. That is, these agencies handled eligibility, but when it came to the actual delivery of job search, job readiness, educational, and job training services, most were obtained under contract with the same nonprofit and for-profit agencies that served the JTPA population. Thus, although clients seeking assistance from JOBS or from JTPA would have gained access to that help through different routes, they mostly received actual services from nongovernmental suppliers that served both populations.

Child Care

Administration of child care subsidies at the local level can be described along two dimensions of "seamlessness." For the first dimension, a system is seamless if a client only needs to walk through one door to gain access to any child care subsidies for which she or he is eligible. For the second dimension, a system is seamless if a client's access to child care is not interrupted

when the client's status changes (e.g., from receiving AFDC, to transitioning off of AFDC, to working). At the local level in 1996-1997, several of ANF's 13 case study states offered relatively seamless access to child care subsidies in the first sense, fewer offered seamlessness in the second sense, and some could not provide seamlessness in any sense.

Among the states with relatively seamless access to child care subsidies at the local level were Alabama, Colorado, Florida, Michigan, Texas, and Wisconsin. Four are state administered and two are county administered. At the state level, each of these states had integrated administration of all child care funding streams within the same department and division. The state-administered states of Florida and Michigan achieved integration at the local level by placing access to all child care subsidies in their field offices. The county-administered states of Colorado and Wisconsin achieved the same result by placing access to all child care subsidies in county departments of human services. Alabama and Texas took a different route to the same outcome, placing access to all child care subsidies in nongovernmental Child Care Management Agencies run by nonprofits.

This seamless access to child care subsidies is seamlessness in the first sense—one need walk through only one door. Some of these six states were also trying to provide seamlessness in the second sense, by creating unified waiting lists, assisting clients to obtain child care once they left AFDC or went to work, and other approaches. In other states, the transitions were not quite as smooth, and the clients might have had to come back through the single door to get reassessed for eligibility and possibly find themselves on a long waiting list once circumstances changed.

Access to child care subsidies in the remaining states was far from seamless. In California, Massachusetts, Mississippi, and Washington, the state-level separation of JOBS and Transitional child care subsidies from At-Risk, CCDBG, SSBG, and other subsidies into different departments or different divisions within departments was echoed at the local level. Since these agencies were not colocated and usually allocated child care with different goals in mind (fostering work versus saving families versus child development), access and eligibility from the client's perspective was very fragmented. The remaining three states did not suffer from the problem of split authority at the state level, but different access points for welfare and nonwelfare clients at the local level resulted in the same fragmentation. In Minnesota and New Jersey, county human/social service agencies administered the JOBS and Transitional child care subsidies, and child care resource and referral agencies run by nonprofits administered the remaining child care subsidies, including state-funded subsidy programs for nonwelfare parents. Finally, seamlessness in New York varied considerably by county, although the same state agency had responsibility for all of the child care subsidy programs.

Child Support

At the time of our 1996-1997 case studies, federal law had been placing increasing demands on states to improve their performance in establishing paternity, generating child support orders, and verifying that collections paralleled the absent parent's support obligation. In response to these federal requirements, our 13 case study states had taken recent actions to change their traditional approach to child support enforcement. Most states still located official state-level responsibility for child support enforcement in the same department as AFDC. However, as noted above, several states had moved their child support enforcement function out of a service department and into a revenue or a legal (attorney gedepartmentrtmenta.

Changes were also occurring in state-local relations with regard to child support enforcement. In California, although the state Department of Social Services nominally set policy, the major decisions were actually in the hands of the county district attorneys. Great local variation was the result, and California was beginning to develop mechanisms for exerting more centralized control. Washington had a regional rather than county structure for child support functions, with nine regional offices of the state's Department of Social and Health Services administering the program. Minnesota was increasingly centralizing child support functions,

although they were officially in county hands. A desire to achieve greater uniformity in child support decisions across counties, along with computerization of several functions (including searches for absent parents through several statewide databases, and collections), made centralization seem the appropriate organizational principle. These institutional arrangements are interesting, given PRWORA's requirement that welfare parents cooperate with child support establishment and collection as a condition of TANF benefit receipt. From the client perspective, separation of the cash assistance and child support functions might make it harder for people receiving cash benefits to access the child support agency even though they are required to do so. On the other hand, the separation may make it easier for nonwelfare parents to use their local child support enforcement services.

Child Welfare

Child welfare administration at the local level closely paralleled that for AFDC in our 13 states, with some minor variations. For instance, county human service agencies in Minnesota had a great deal of flexibility in administering child welfare services, as much of the funding for those services was county money at the time of our visit. The result was a fair amount of inconsistency from county to county in determining case eligibility. In New York, the state agency provided centralized intake and screening and then sent cases to county social service agencies for services, partly in an effort to overcome such inconsistencies. Other states were also thinking of centralizing intake to increase consistency across counties and regions with regard to cases accepted into the child welfare system.

Final Thoughts on Organizational Structures

Before going on to examine local service delivery from the perspective of the potential client, we take the opportunity here to summarize and integrate the information presented in tables 2, 3, and 4. Of the different service programs, child care stands out as having the most varied arrangements *among* states and the most complicated arrangements *within* states. The complexity and seamlessness of these administrative structures did not seem to depend on whether a welfare program was state or county administered. For both situations, examples exist of greater and lesser complexity and greater and lesser seamlessness.

Employment and training arrangements were also complicated both *across* and *within* states, again without much regard for whether the programs were county or state administered. Eight states maintained the split of operating welfare-related employment and training efforts through JOBS and non-welfare-related employment and training through JTPA and other workforce development activities. The remaining five states moved JOBS under the purview of their workforce development agencies in an effort to integrate their functions.

It is important to note that while state control can be used assertively to promote far-reaching welfare reform changes, it has not always been so used. Of three states that have made significant changes in their welfare programs, including colocation of JOBS and JTPA and the integration of relatively seamless access to child care, two had state-administered programs (Michigan and Texas) and one did not (Wisconsin). At the other extreme, Alabama (state administered) and New York (county administered) made little or no effort to promote major changes in welfare and related services before TANF (Zedlewski, Holcomb, and Duke 1998).

The Perspective of the Potential Client

Clients themselves provide the final perspective needed to understand how well the social safety net of 1996-1997 served welfare and nonwelfare families. To access safety net services, every client must begin at a program. This raises questions about how access is affected by the door through which a client enters the system and if the doors most likely to be used by welfare and low-income, nonwelfare families offer similar levels of access. As it turns

out, access is strongly affected by the door through which one enters, and the doors available to low-income, nonwelfare families offer significantly less access than those used by families applying for cash assistance. Additional questions as to whether program accessibility is affected by state-level organization or reorganization of programs, or by whether the major welfare programs in a state are county or state administered, can be answered, fundamentally, "No." Tables 5 through 10 provide the data on which we base these conclusions.

Table 5 shows, for the 13 ANF case study states, the ease of access to various safety net programs for people who entered the system at the AFDC/TANF office. Tables 6 through 10 demonstrate the same for people whose point of entry was food stamps, child care, child welfare, child support, and JTPA, respectively. States comprise the rows of these tables. They are ordered in the same way as tables 3 and 4, with the six state-administered states at the top, Florida in the middle, and the six county-administered states at the bottom. This allows us to see how these state/local administrative arrangements affected local service delivery.

The different programs in the social safety net comprise the columns of tables 5 through 10. Cell entries in the tables are both numbered and shaded. They represent the best summary possible about the general practice in a state, based on interviews with state officials about policy, plus interviews about *actual practice* with line workers from local programs in each state's largest city (plus additional localities in eight states). Where we learned that practice in some parts of a state differed from practice elsewhere in the state, two different numbers are shown or, in extreme circumstances, three to five numbers, when practice was very inconsistent across a state.

A "1" in these tables indicates an integrated function—intake/eligibility was done by the same worker and occurred at the same time and location as the index service (i.e., AFDC/TANF in table 5, food stamps in table 6, etc.). Thus in table 5, in all but three states, applications for AFDC/TANF and food stamps were integrated, as were applications for AFDC/TANF and Medicaid in all but two states. A "2" shows that intake/eligibility functions occurred at the same location, but the client had to see different workers to apply for the different programs. A "3" indicates that the index program referred applicants who needed it to the other program through a coordinated referral network where referral procedures had been worked out between the sending and receiving agencies. A "4" means that the index agency made referrals, but no coordinated relationships existed between the referring agency and the receiving agencies. A "5" signifies that there was no interaction between the two programs—no integration, no colocation, and no referrals. Cells with two numbers indicate that two different patterns exist throughout the state. Three or more numbers in one cell indicate a considerable lack of consistency in organizational relationships among counties within the state.

The most general statement that can be made about tables 5 through 10 is that tables 5 and 6, representing the cash assistance activities performed by income maintenance offices, show that clients entering the system through these cash assistance programs (i.e., clients applying for welfare) appeared to have the smoothest access to many of the other safety net programs they might need. On average, interprogram connections for clients entering through the AFDC/TANF or Food Stamp program doors were either integrated, colocated, or, in the case of child care and JTPA, part of a coordinated referral network.

The remaining points of system entry were considerably less connected to a network of safety net programs. This was particularly true for child care, child support, and JTPA (tables 7, 9, and 10). Most entries in table 10 (JTPA) are 4s and 5s, indicating little or no coordination. With rare exceptions, 3 was the highest level of coordination from JTPA to other safety net programs. These employment and training, child support, and child care services were also the programs most likely to be the first point of access for low-income, nonwelfare families. As such, they offered these families significantly less opportunity to access other potentially needed services through the programs' network of connections.

Thus the answer to the question about equivalent access to safety net services for welfare and nonwelfare families is obvious. The data strongly suggest that for nonwelfare families, the safety net had less adequate "network" features, and gaining access to an array of needed services was harder. This has major implications for the future, as more and more families are *not* entering the system through the cash assistance door. Even when cash assistance offices are able to help their remaining clients make connections to needed services, if the programs and services most needed by low-income, nonwelfare families lack interconnections, the working poor family of the future will continue to face barriers to success.

Table 5
Ease of Access to Safety Net Programs with AFDC/TANF as the Point of Entry

State	Food Stamps	JOBS	JTPA	Child Support	Child Care	Child Welfare	Medicaid
AL	2 1	3 1	3	4	2	4	2 1
MA	1	2 1	3 2	3	2 1	3	1
MI	1	2 3	1,2,3,4,5	2	2	2	1
MS	2 1	3 1	3 1	2 1	3 1	5	2
TX	1	3	3	3 1	3	4	1
WA	1	2	3	1	2	1	1
FL	1	3	3	3	3	3	1
CA	1	2 5	2 5	1	3	4	1
CO	2	1	3	2	2	2	1
MN	1	2 5	3	2	2 3	3	1
NJ	1	2	3	2	2	4	1
NY	1	3	3	2,3,4	3	2 3	1
WI	1	2 3	3	3	2	4	1

Source: Urban Institute site visit notes for the 1996-1997 case studies.

1= Integrated; functions for both programs occur at the same time, location, and with the same worker(s).

2= colocated; functions for each program occur at the same location, but with different workers.

3 = Referral within coordinated network.

4 = Referral, coordinated network.

5 = No interaction

Note: Cells with more than one number indicate that two or more practices are common within the same state.

Table 6
Ease of Access to Safety Net Programs with Food Stamps as the Point of Entry

State	TANF	JOBS	JTPA	Child Support	Child Care	Child Welfare	Medicaid
AL	2 1	3 1	5	5	2	4	2 1
MA	1	2	3 2	5	2 1	3	1
MI	1	2 3	5	2	2	2	1
MS	2 1	3 1	3 1	2	3 1	5	2
TX	1	3	4	2 3	3	4	1
WA	1	2	3	1	3	4	1
FL	1	3	3	3	2,3,4	3	1
CA	1	2 5	2 5	1	3	4	1
CO	2	2	3	2	2	2	2
MN	1	2	3	2 4	2 3	3	1
NJ	1	2	3	2	2	4	1
NY	1	3	3	2,3,4	3	2 3	1
WI	1	2 3	3	3	2	4	1

Source: Urban Institute site visit notes for the 1996-1997 case studies.

1= Integrated; functions for both programs occur at the same time, location, and with the same worker(s).

2= colocated; functions for each program occur at the same location, but with different workers.

3 = Referral within coordinated network.

4 = Referral, coordinated network.

5 = No interaction

Note: Cells with more than one number indicate that two or more practices are common within the same state.

Table 7
Ease of Access to Safety Net Programs with Child Care as the Point of Entry

State	TANF	Food Stamps	JOBS	JTPA	Child Support	Child Welfare*	Medicaid
AL	4	4	4	5	4	3 5	
MA	2 1	2	1	5	5	2 3	5
MI	2	2	2 5	5	2 2	2	
MS	4	5	4	4	5	3	5
TX	3	3	3	3	5	3	5
WA	3	3	3	5	4	3	5
FL	5	5	5	5	5	3	5
CA	5	5	5	5	5	3	5
CO	2	2	2	4	2	2	2
MN	2,3,5	2,3,5	2 5	4 5	2,3,5	3	5
NJ	3	3	4	5	4	3	3 4
NY	3	3	2 3	5	5	3	3 4
WI	3	3	3	5	5	3	5

Source: Urban Institute site visit notes for the 1996-1997 case studies.

1= Integrated; functions for both programs occur at the same time, location, and with the same worker(s).

2= colocated; functions for each program occur at the same location, but with different workers.

3 = Referral within coordinated network.

4 = Referral, coordinated network.

5 = No interaction

Note: Cells with more than one number indicate that two or more practices are common within the same state.
*Child care is a mandatory reporter in every state.

Table 8
Ease of Access to Safety Net Programs with Child Welfare as the Point of Entry

State	TANF	Food Stamps	JOBS	JTPA	Child Support	Child Care	Medicaid
AL	4	4	4	5?	4	1 4	4
MA	3	5	5	5	5	2 3	3
MI	2	2	2 5	5	2	2	2
MS	5	5	5	5	5	3	5
TX	4	4	4	5	5	3	3
WA	4	4	4	?	4	4	4
FL	5	5	5	5	5	1	4
CA	4	4	4	5	4	4	4
CO	2	2	2	5	2	2	2
MN	3	3	5	5	4	3	3
NJ	3	3	5	5	3	1 3	3
NY	2 3	2 3	5	5	5	2 3	2 3
WI	2 3	2 3	2 3	5	5	4	3

Source: Urban Institute site visit notes for the 1996-1997 case studies.

1= Integrated; functions for both programs occur at the same time, location, and with the same worker(s).

2= colocated; functions for each program occur at the same location, but with different workers.

3 = Referral within coordinated network.

4 = Referral, coordinated network.

5 = No interaction

Note: Cells with more than one number indicate that two or more practices are common within the same state.

Table 9
Ease of Access to Safety Net Programs with Child Support as the Point of Entry

State	TANF	Food Stamps	JOBS	JTPA	Child Welfare	Child Care	Medicaid
AL	?	?	?	?	?	?	?
MA	3	3	3	5	5	4	5
MI	2	2	2 5	5	2	2	2
MS	2 1	2	3 2	4	4	5	4
TX	2 3	2 3	5	5	5	5	5
WA	3?	3?	3	5?	3	4	5
FL	5	5	5	5	5	5	5
CA	5	5	5	5	5	5	5
CO	2	2	2	5	2	2	2
MN	2,3,4	2,3,4	5	5	4	4	2,3,4
NJ	2 5	2 5	2 5	5	2 5	4	2 5
NY	2,3,4	2,3,4	3 4	5	5	5	2
WI	5	5	5	5	5	5	5

Source: Urban Institute site visit notes for the 1996-1997 case studies.

1= Integrated; functions for both programs occur at the same time, location, and with the same worker(s).

2= colocated; functions for each program occur at the same location, but with different workers.

3 = Referral within coordinated network.

4 = Referral, coordinated network.

5 = No interaction

Note: Cells with more than one number indicate that two or more practices are common within the same state.

Table 10
Ease of Access to Safety Net Programs with JTPA as the Point of Entry

State	TANF	Food Stamps	JOBS	Child Support	Child Care	Child Welfare	Medicaid
AL	4	4	2	5	5	5	5
MA	3	5	3	5	5	5	5
MI	5	5	1,2,3	5	5	5	5
MS	3	3	3	5	4	5	4
TX	4	4	2	5	3	5	5
WA	4	4	4	5	4	5	5
FL	3 2	3 2	3 2	4 5	1 3	3	5
CA	5	5	4	5	5	5	5
CO	5	5	4	5	5	5	
MN	3	3	3	5	4	5	4
NJ	3	3	3	5	3	5	3
NY	3	3	3	5	3 4	5	3 4
WI	3	3	3	5	4	5	4

Source: Urban Institute site visit notes for the 1996-1997 case studies.

1= Integrated; functions for both programs occur at the same time, location, and with the same worker(s).

2= colocated; functions for each program occur at the same location, but with different workers.

3 = Referral within coordinated network.

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5 = No interaction

Note: Cells with more than one number indicate that two or more practices are common within the same state.

With respect to any differences that one might have expected in local service delivery networks due to the manner in which welfare programs are administered at the state level, it is hard to detect any consistent pattern based on the information in tables 5 through 10. For some points of entry and with regard to some programs, states with state-administered programs appear to have a slight advantage (i.e., more 1s and 2s) over states with county-administered programs. This occurs, for instance, for child support as a point of entry (table 9) with respect to AFDC/TANF, food stamps, and JOBS. But for child welfare (table 8) and JTPA (table 10) with respect to AFDC/TANF, food stamps, and, to a lesser extent, JOBS, the situation is reversed.

Further, with respect to any differences that one might have expected in local service delivery networks due to major reorganization of services at the state level, no pattern emerges whatsoever. Looking at coordination across programs from the AFDC/TANF point of entry

(table 5), where one would expect the differences to be most observable if they exist, the four states with the most significant state-level reorganizations (Michigan, Texas, Florida, and Wisconsin) do not seem to be any better or worse than the remaining states at providing cross-program access.

Conclusion

The TANF program differs from AFDC in fundamental ways that affect all states. Chief among these is the end of AFDC as an entitlement program and the introduction of a federal lifetime benefit limit of five years. PRWORA also authorized states to tailor their TANF and ancillary programs, policies, and service delivery structure to state goals, philosophies, and needs. This devolution of authority and its resulting changes have produced significant diversity in TANF and related programs across states.

The social safety net looked very different across our 13 intensive case study states in 1996-1997. Shifts related to welfare reform were beginning to be evident during our site visits and should be widely apparent in the next round of case studies already under way. We have examined several factors that might have affected state-to-state diversity, without identifying any factors that seem to have a major impact on local service delivery structures and ease of access for clients. Neither state-versus-county administration of welfare programs nor major program reorganizations at the state level can be shown to have affected the structure of local service delivery. Nor does state generosity appear to have much effect. The three states (Alabama, Mississippi, and Texas) with the lowest AFDC/TANF benefit levels were all quite different from each other with respect to facilitating client access to services, as were the three states with the highest AFDC/TANF benefit levels (California, Massachusetts, and New York). As a group, the five states with no GA program (Alabama, Florida, Mississippi, Texas, and Wisconsin) did not look much different from the remaining states with respect to local service delivery structures. To the extent that policymakers look for guidance in major state-level restructuring to solve service delivery problems at the local level, the findings here are not encouraging. Rather, much more investment in local-level leadership development, training, coaching, and restructuring will probably be needed if major change in client experiences is the goal.

Finally, working poor families apparently had a more complex maze to negotiate to obtain supportive services than did welfare families in 1996-1997. Major differences in access to such critical services as child care and job training existed depending on whether or not a family was receiving cash assistance. As more and more families shift into the nonwelfare group, it will be important to see whether these differences persist, or whether states and localities have taken steps to expand the accessibility of safety net programs for nonwelfare families. It will also be important to see whether states themselves have become more different from each other in their approaches, and whether localities within states have also followed more divergent paths.

Notes

1. In late 1996 and early 1997, the period on which this paper focuses, the basic federal-state welfare program was Aid to Families with Dependent Children (AFDC). Even at this early period, some states gave their program a unique name by which it would be recognized throughout the state, such as the Family Independence Program in Washington and several other states, Family Assistance in New York, and Work First in New Jersey. For simplicity's sake, this paper refers to all such programs as "AFDC." "TANF" (Temporary Assistance for Needy Families) is used only when the referent is a time-limited program under P.L. 104-193 that is not an entitlement.

2. This paper uses the term "general assistance" to encompass all state or local means-tested income support programs, including programs called General Relief, home relief, public aid, cash assistance, public assistance, family assistance, and other similar titles. As the paper focuses on the safety net for families with children, it includes only those GA programs that offer cash assistance to such families.

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About the Author

Martha R. Burt is the director of the Social Services Research Program in the Urban Institute's Human Resources Policy Center. She has been involved in policy and evaluation research for over 20 years, covering issues related to vulnerable populations. These have included children in the child welfare system, pregnant and parenting teens, low-income elderly, persons with severe and persistent mental illness, homeless persons, and youth at risk for a variety of problems. She currently directs the second round of income support and social services case studies for *Assessing the New Federalism.*

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A NONPARTISAN ECONOMIC AND SOCIAL POLICY RESEARCH ORGANIZATION

National Evaluation of the Welfare-to-Work Grants Program

More Information

National Evaluation of the Welfare-to-Work Grants Program

Updated September 27, 1999

The good news for state and federal policymakers is that welfare rolls plummeted in the mid-1990s. However, they still face a daunting task: determining how to help individuals with the greatest barriers to employment success enter the workforce. Learning what welfare-to-work approaches are most successful with this group is a high priority.

The 1997 federal Balanced Budget Act authorized $3 billion in grants to states and local communities to find ways of promoting job opportunities and employment for people with the most severe employment challenges. In August 1998, the U.S. Department of Health and Human Services awarded Mathematica, and its subcontractors, the Urban Institute, and Support Services International, a four-year contract to evaluate federally funded welfare-to-work initiatives. Our study will document grantees' approaches, and measure program impacts and cost-effectiveness. It will also identify the most successful programs and describe how they overcame the inevitable challenges they will face. A more detailed description of the study.

Looking for a Few Good Programs. We are conducting a nationwide search for innovative welfare-to-work programs and grantees that would like rigorous, clear evidence of their impacts on employment outcomes. By spring 1999, we hope to enlist 10 welfare-to-work grantees to participate in the study. Requirements for impact analysis, benefits to grantees, and how to suggest or volunteer a grantee program for the impact analysis.

Comments and questions may be sent via email to webmaster@ui.urban.org.

Urban Institute

National Evaluation of the Welfare-to-Work Grants Program

Conducted By
Mathematica Policy Research, Inc.
The Urban Institute
Support Services International, Inc.

Under Contract to the
U.S. Department of Health and Human Services
with support from the
U.S. Department of Labor and the U.S. Department of Housing and Urban Development

Updated September 27, 1999

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and the Temporary Assistance for Needy Families (TANF) program it created, made moving people from welfare to work a primary goal of federal welfare policy. The Balanced Budget Act of 1997 furthered this goal, authorizing the U.S. Department of Labor (DOL) to award $3 billion in welfare-to-work grants to states and local communities to promote job opportunities and employment preparation for the hardest-to-employ recipients of TANF and for noncustodial parents of children on TANF. Grants are being awarded directly by DOL on a competitive basis to local communities with innovative welfare-to-work approaches, and through states, on a formula basis, to the Private Industry Councils or equivalent bodies in all JTPA service delivery areas.

The law instructed the U.S. Department of Health and Human Services (DHHS) to evaluate the effectiveness of welfare-to-work (WtW) initiatives, including those undertaken by formula and competitive grantees and by American Indian and Alaska Native tribal organizations. DHHS, in conjunction with the Departments of Labor and Housing and Urban Development, has designed an evaluation to address five key questions:

- What are the types and packages of services provided by WtW grantees? How do they compare to services already available under TANF or JTPA funding?
- What are the net impacts of various WtW program approaches on employment and on families' well-being?
- What challenges are confronted as grantees implement and operate WtW programs?
- Do the benefits of WtW programs outweigh their costs?

- How well do Private Industry Councils and other non-TANF organizations—the primary vehicles for funding and operating WtW programs—meet the challenge of implementing WtW programs for the hardest-to-employ?

In August 1998, DHHS awarded a contract for the evaluation to Mathematica Policy Research, Inc. (MPR) and its subcontractors, the Urban Institute and Support Services International, Inc.

Components of the Welfare-to-Work Evaluation

The evaluation plan includes three main components:

- ***A Descriptive Assessment of All WtW Grantees.*** A mail survey of all formula and competitive grantees, in 1998 and 1999, is providing an overview of program designs and activities, target populations, characteristics of participants, and, to the extent available, placement outcomes. Visits to several dozen grantees are helping to develop a fuller understanding of program variations, and to select in-depth study sites. Findings have been reported in early 1999 based on the first survey, and will be reported again in early 2000.

- ***In-Depth Process and Implementation Study.*** In 1999-2000, site visits will be conducted in 12-15 grantee sites, selected because of their innovative approaches, settings, or target groups, or because they are typical of the most common WtW interventions. These visits will include discussions with staff of WtW programs and related agencies, focus groups with participants, and program observation. The study will identify implementation issues and challenges, and provide program details that help explain how programs achieve desired impacts. In most of these sites, follow-up data will be collected through surveys and administrative data, and used for analysis of participants' activities in the programs and their employment outcomes. A report on program implementation will be issued in spring 2000.

- ***Impact and Cost-Effectiveness Study.*** In several in-depth study sites, rigorous studies using random assignment designs will be conducted to determine what difference WtW programs make in employment and family well-being outcomes. This component is being conducted in only a subset of in-depth study sites, because it is rare for grantees to be identifying more eligible candidates than they can serve, and such "excess demand" is a necessary precondition for the use of random assignment. Where the random assignment design is used, comparing outcomes for the two groups will indicate program impact and help identify successful program models. Comparisons will also be made between the net benefits of these impacts and the additional costs of delivering program services. Findings on program impacts will be reported in stages, in mid-2001, late 2002, and mid-2003.

In addition to these three components, a special process and implementation study focuses on documenting tribal welfare and employment systems, the supportive services they provide, and how tribes integrate funds from various sources to move their members from

welfare to work.

For Further Information

If you have any questions about the Evaluation of the Welfare-to-Work Grants Program, please call or write:

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