Access to Social Services in Rural America:

The Geography of the Safety Net in the Rural South

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Executive Summary

How do communities provide assistance to poor populations? Typically, conceptions of the safety net will focus on means-tested cash assistance or income maintenance programs. Yet, social service programs (e.g., job training, food assistance, child care, mental health, substance abuse) have become the primary avenue through which the safety net provides assistance and promotes self-sufficiency among poor populations. Estimates are that governmental programs spend at least $100 billion per year on social services, compared to less than $10 billion in annual expenditures for welfare cash assistance.

Unlike cash assistance programs, where benefits can be delivered to recipients' homes, social services typically cannot be mailed or delivered to a recipient's home. Instead, clients must visit social service agencies to receive treatment, care, or assistance. In a policy environment emphasizing social service delivery, issues of service accessibility are critical to understand in rural areas where there may be few community resources and great distances to travel to access those resources. Inadequate access to social service providers is tantamount to being denied assistance in a service-oriented safety net.

Drawing upon a unique survey of social service providers located in two rural multi-county sites in the Southeast United States, this paper examines the nature of social service provision in rural regions of Kentucky and Georgia, and finds:.

•**Rural safety nets are highly dependent upon the nonprofit sector for service delivery capacity.** Almost 60 percent of providers in each rural site are nonprofit organizations. Government agencies compose about forty percent of service providers. The for-profit sector does not play a prominent role in social service delivery within these two rural sites.

•**Faith-based organizations provide important material assistance to the poor in rural areas.** About one-third of service providers self-identified as religious organizations, most providing basic material assistance (food, clothing, temporary cash).

•**Service providers appear better distributed across rural Kentucky than rural Georgia.** There are few providers in many counties and towns across Southcentral Georgia, with two-thirds of providers located in just two towns. Despite evidence that providers are better distributed, poor persons in Southeastern Kentucky must commute nearly 20 minutes by automobile on average to receive help.

•**Barriers to service receipt are quite prevalent in each rural community.** Lack of child care, physical health problems, and low levels of literacy are reported by 20 to 30 percent of providers as frequent barriers clients experience to receiving assistance or treatment.

•**Nonprofit providers are dependent upon government funding streams and experience significant volatility in funding from government sources.** Roughly sixty percent of providers in Kentucky and forty-three percent of providers in Georgia report funds from government grants and contracts. Many of these organizations are dependent upon public funding for a majority of their operational revenues. Nearly half report fewer public funds in the last three years.

•**Rural safety nets experience substantial churning and volatility.** Forty-two percent of service agencies listed in community directories and phonebooks were no longer operational or no longer providing services to low-income populations, broadly defined. Almost 55 percent of providers in Southeastern Kentucky and Southcentral Georgia that are operating programs for poor persons report reducing services reducing numbers of clients served, reducing staff, reducing hours of operation, or temporarily closing the office due to funding problems.

More attention should be given to nonprofit service provision and the bundle of services that rural communities provide to low-income populations. Ensuring that programs and services are readily available in rural areas, particularly given transportation barriers, is critical to promote work activity, enhance well-being, and achieve successful program outcomes.

Introduction

How do our communities assist low-income populations? An important and seemingly simple question, it is not a question that policymakers or scholars typically pose. Community-based solutions or programs to address persistent poverty are often proposed, but we rarely ask whether our communities are equipped or able to provide such assistance. This disconnect is particularly striking because the bulk of governmental and nongovernmental assistance to the poor – whether in the form of welfare checks or social services – is delivered in our neighborhoods and communities by local agencies and organizations. In fact, because our discussions of the safety net and social welfare policy are almost exclusively national in nature, we have only the roughest of understanding of what our communities actually provide to the poor.

The last few decades have brought dramatic change to how our society and local communities assist low-income adults, changes that run counter to many of our assumptions and preconceptions about poverty and the safety net. The most salient change has been reform of the welfare system since 1996, which now requires welfare recipients to work 30 hours per week to maintain eligibility for welfare assistance and limits receipt of assistance to five years lifetime. Less salient, but equally important, have been the changes to how welfare programs provide assistance to clients. Contrary to popular conceptions, welfare checks comprise about one-third of all welfare spending, while over half of all welfare spending funds social or human services supporting work activity (e.g., job training, mental health, adult education, child care). Today,

for every $1 of federal money spent on cash welfare assistance, almost $2 in federal welfare funds are spent on services designed to help welfare recipients find and retain work.[1]

As important, changes in welfare assistance complement changes in the broader safety net over the past few decades. Provision of social or support services outside the formal welfare system has grown into a dominant antipoverty strategy for many of our communities over the past few decades.[2] The Congressional Research Services estimates that government expenditures for means-tested housing, education, and social service programs grew from $15.1 billion in 1968 to $96.1 billion in 2002 in real dollars, an increase of more than 500 percent.[3] Complementing this growth in government service programs, it is estimated that the nonprofit sector providing services to low-income populations more than doubled over the last four decades.[4] Rather than a society that provides welfare checks and cash assistance to the poor, we have evolved into a society that seeks to treat the causes of poverty and improve well-being through non-monetary means.

Because social services have become a primary approach to alleviating poverty, ensuring that poor populations find services to be accessible and available is of primary importance. Provision of social services and antipoverty assistance is essentially a local activity, with local agencies and organizations – governmental and nongovernmental -- providing nearly all direct assistance and social services. Community leaders, however, face numerous challenges ensuring that assistance and services are available or accessible to those in need. Persistent poverty, reductions in welfare caseloads, rising costs of living, and the volatility of the low-skill, low-

[1]In 2002, for every $1 of federal TANF spending for cash assistance, $1.92 was spent on non-cash assistance. In 2004, the ratio was $1.77 on services for every $1 spent on cash assistance.
[2]Smith, Steven Rathgeb and Michael Lipsky. 1993. Nonprofits for Hire. Cambridge (MA): Harvard University Press, p. 11.
[3]Congressional Research Services, 2003, "Cash and Noncash Benefits for Persons with Limited Income: Eligibility Rules, Recipient and Expenditure Data, FY2000-FY2002." Report # RL32233, p. CRS-10.

wage labor market have created growing demand for assistance from community-based organizations. Even in the face of increased needs for assistance, many agencies report decreased programmatic revenues and funding in recent years. The capacity of governmental agencies and nonprofit service organizations varies significantly across communities and across neighborhoods within particular communities. Poverty is becoming less concentrated in many communities, yet social service providers are not nearly as mobile as the populations they seek to help.

This paper discusses the emergence of a new geography of the safety net, where the spatial distribution of social service provision is critical to understanding not only how our local communities assist the poor, but to the challenges communities might face in the future. Place matters more so today than in previous years for a simple reason – *poor persons cannot benefit readily from service providers or programs that are not proximate, available, or easily accessible*. The fact that service providers are not equitably distributed across communities, therefore, means that, we must be concerned with spatial (in)equality in the safety net. Although we typically do not link funding and geography when discussing the safety net, the geographic distribution of resources and resource reductions matters as much as the location of providers themselves. Ensuring stability of providers operating in communities with significant need and those with growing need is critical to achieving effective and efficient outcomes. Of most concern is the fact that resources devoted to social service provision decline when the economy slows, making a *service-based safety net less counter-cyclical or less responsive to growing need* than might have been the case in previous decades. Ultimately, I argue that failing to recognize how place shapes our approaches to alleviating poverty, will lead to mismatches in the delivery

[4]Lester M. Salamon,"The Resilient Sector: The State of Nonprofit America," in Salamon, Lester M.(Editor). *State of Nonprofit*

of antipoverty assistance and to the persistence of unmet needs, which then undermine our societal efforts to promote work and reduce poverty.

Service accessibility or availability is particularly important to understanding work and welfare reform outcomes in rural areas, as rural areas typically have fewer public and philanthropic resources to devote to services for poor populations than urban areas. For instance, rural poverty scholars note that many rural areas typically do not have the tax revenues or philanthropic base necessary to fund child care programs, job training services, comprehensive needs assessments, or other types of social services that support work activity (Fisher and Weber 2002; Friedman 2003). What few services are offered often require individuals to commute great distances (Fletcher et al. 2002) and come with high per capita costs due to low population density (Friedman 2003). Despite recognition that the provision of services is critical to supporting economic well-being in rural areas, there is very little empirical research on social service provision in rural areas and none that considers service accessibility across a range of providers operating in rural areas.

This paper begins to investigate social service provision in rural areas by asking several questions. How do rural communities provide (or not provide) assistance to poor populations? What types of assistance are readily available to the rural poor? How have funding streams for antipoverty assistance changed in recent years? What role do nonprofit and faith-based organizations play in rural social service delivery?

In many ways, these questions echo those posed by community leaders and policymakers today. Policymakers, experts, community leaders, and scholars were seeking answers to these questions when they debated possibilities for the reform of welfare in the mid-1990s. With more

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America. Washington, DC, USA: Brookings Institution Press, 2002. p. 30, 33.

than 60 million Americans living near or below the poverty line and communities spending hundreds of billions of dollars on programs for the poor annually, there is significant interest in strategies for improving resource allocation and service delivery to the poor. Likewise, many policymakers and scholars are interested in strategies that can build upon and expand the initial successes of welfare reform. Fundraising scandals and controversies of the past several years have led the nonprofit community to ask related questions about the proper role and responsibilities of philanthropic organizations, particularly those that seek to provide services to disadvantaged populations. Answers these questions are important, not simply as an interesting academic exercise, but because so much is at stake for the millions of people served by social service providers each year and our communities which spend billions of dollars to assist the poor.

To answer these questions, I examine data from the Rural Survey of Social Service Providers (RSSSP), a telephone survey of social service providers treating low-income populations in two multi-county rural sites in the Southeast United States completed between July 2005 and March 2006. Working from a detailed database of service providers in each of these two rural sites – one centered in Southcentral Georgia, another in Southeastern Kentucky – trained interviewers conducted over 250 telephone interviews with program managers and executive directors. The RSSSP contains detailed geographically-sensitive information on services provided, clients served, funding, and organizational characteristics from a range of governmental, nonprofit, and faith-based social service providers. Unique in its structure and content, the RSSSP highlights where service providers are located, how services and client demographics vary by geography, and how challenges facing providers differ across rural communities.

Transforming the Safety Net: From Welfare to Social Services

The last few decades have brought about significant changes to the safety net, changes which affect how communities provide safety net assistance and how poor populations access the safety net. Of most salience, have been changes to welfare cash assistance brought about by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), commonly referred to as welfare reform. Welfare reform eliminated the existing Aid to Families with Dependent Children (AFDC) welfare program that had been in place since the New Deal and replaced it with a significantly modified Temporary Assistance for Needy Families (TANF) program. Work activity is now required of individuals to be eligible for welfare or TANF assistance. There is a five-year federal time limit on the receipt of TANF assistance. Additionally, welfare reform has block-granted and capped the funds available for TANF programs. PRWORA requires states to maintain welfare spending at 75 percent of FY 1995 levels, but grants states near complete discretion over TANF program eligibility and administration. Combined with unprecedented economic growth, these changes to the safety net have led to dramatic reductions in welfare caseloads in the years following welfare reform. Between August 1996 and June 2005, welfare caseloads declined by 57% nationally.[5]

Beyond these well-documented changes and trends in caseloads, however, welfare reform has led to a fundamental transformation in the provision of welfare assistance that has gone unnoticed. Welfare checks are no longer a primary source of assistance. Instead, welfare-to-work programs now fund a range of what I refer to as social services, including adult education, employment services, childcare, mental health services, substance-abuse treatment, and domestic

violence counseling intended to support work activity and help recipients overcome barriers to employment.[6] This shift in federal and state welfare spending away from cash assistance to a service-based system of assistance is historically significant and reflects a substantial reversal in antipoverty policy. Rather than a welfare system reliant on an income maintenance strategy, welfare assistance is intended to transform individual behavior or work-readiness.

Figure 1 demonstrates the transformation of federal welfare expenditures since the passage of PRWORA in 1996. The percentage of federal welfare dollars devoted to cash assistance fell from 77.3 percent in 1997 to 32.8 percent in 2004. Federal cash assistance expenditures declined by almost 50 percent in real dollars between 1997 and 2004. At the same time, the percentage of federal welfare dollars for non-cash assistance increased from 22.6 percent to 58.2 percent. Although not shown in Figure 1, the percentage of state TANF funds allocated to cash assistance declined from 68.5 in 1997 to 49.5 in 2004, so that roughly half of all state TANF funding went to non-cash assistance by 2004.[7] When combined, the percentage of federal and state TANF funds committed to non-cash assistance grew from 22.4 percent in 1997 to 53.4 percent in 2004.

(Figure 1 about here)

Much of this change is due to state welfare-to-work programs that combine services with work activity to help clients overcome barriers to employment and retain jobs, but there are many other factors that have contributed to this shift from cash assistance to service-based forms of assistance. First, state maintenance of effort (MOE) requirements prevent states from totally

[5]U.S. Department of Health & Human Services, Administration for Children and Families. "TANF Quarterly Caseload Report: June 2005," http://www.acf.dhhs.gov/programs/ofa/caseload/2005/TANF_Caseload_Report_011806.htm.
[6]For an analysis of early changes in TANF spending, see Zoë Neuberger. 2002. "TANF Spending in Federal Fiscal Year 2001." Center for Budget and Policy Priorities. http://www.cbpp.org/3-21-02tanf.pdf.
[7]Less pronounced declines in part due to states' decisions to maintain state-only funded cash assistance programs that fall outside of federal work requirements and time limits, similar trends in cash versus service expenditures are apparent.

defunding TANF programs even as caseloads have dropped. States must still spend 75 percent of their total AFDC expenditures in 1994, regardless of how far caseloads fall. State MOE spending often involves work supports and social services for poor populations that may not otherwise be eligible for TANF, but which have income near or below the poverty line and qualify for certain TANF-funded programs. Moreover, many clients remaining on welfare have multiple needs and barriers to employment, making them more difficult to serve and less likely to succeed with work-only strategies. Service-oriented welfare-to-work programs can be particularly critical in meeting the needs of these hard-to-serve populations. As important, states have been particularly aggressive to provide transportation and child care assistance for clients searching for or securing employment.

Other factors contribute as well. Even in states with sizable earnings disregards that gradually phase in dollar-for-dollar reductions in cash assistance with each dollar of work earnings, many welfare recipients earn more than a welfare check would provide otherwise. For clients with income that exceeds the value of their welfare checks, TANF-funded support services may be the only type of assistance they can receive. Many clients are able to blend TANF-supported education or training services and work to comply with federal weekly work hour requirements. States have also taken advantage of the option to transfer up to 30 percent of their federal TANF funds to the Child Care Development Block Grant (CCDBG) and to the Social Services Block Grant (SSBG). In fact, when taking into account transfer of federal TANF dollars to these block grant programs, 65 percent of all federal TANF dollars today finance work

support and social services.[8] As is the case with state MOE-funded services, CCDBG and SSBG reach disadvantaged populations for beyond traditional welfare populations.

Welfare reform reauthorization, which passed in early 2006, establishes even more strict work requirements that will only reinforce trends in spending and caseloads observed since 1996. Of greatest significance will be the manner in which state work requirement performance benchmarks will be calculated starting in fiscal year 2006. In previous years, states were able to deduct each percentage point of caseload reduction since FY 1995 from the work performance goals established by the federal government. Under the new law, the baseline for the caseload reduction credit will be set to FY 2005. Most states are now faced with work participation requirements that are two to four times higher than previously required. In addition, states will be no longer able to exclude the parents of child-only TANF cases – the fastest growing portion of the caseload over the past decade – from work requirements. Finally, states will not be able to place hard-to-serve clients or clients failing to comply with work requirements in separate state TANF programs that are shielded from federal work participation calculations. Combined, these changes in regulation will greatly ratchet up the work participation rates that all states must achieve to remain compliant with federal law and to receive their full block grant amount in a given fiscal year.

The challenge for states will be how to comply with these new work requirements. States could increase the percentage of recipients working or they could reduce the number of clients on the caseload not meeting the federal definition of work activity. After reaching a plateau in welfare caseload decline in recent years, it is likely that states will use both formal and informal means to generate large reductions in welfare caseloads once again. We should expect states to

[8]U.S. Department of Health & Human Services, Administration for Children and Families. "TANF Financial Data,"

limit caseload growth through stronger client diversion policies at the point of application and higher sanction rates. States might also provide new programs for the particularly hard-to-serve or build new programmatic partnerships with human service organizations. However states respond, it is not likely that we will return to a system of welfare assistance that relies heavily upon welfare checks. Instead, we should expect the system to become ever more service-oriented.

Coinciding with changes to welfare has been the elevated importance of social service programs and providers in the broader safety net for poor persons, particularly nonprofit service organizations. A more diffuse category of assistance than welfare or cash assistance, I define social services (also referred to as human services) as non-medical services, programs, or treatment that address basic material needs, support employment, or promote personal well-being, growth, and development among at-risk or needy adults.[9] Such services include substance abuse or mental health services offered in a clinical setting, food pantries or soup kitchens, temporary or emergency cash assistance (excluding welfare cash assistance), child care assistance and subsidies, job training and adult education programs, and housing or transportation assistance.[10]

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http://www.acf.hhs.gov/programs/ofs/data/index.html

[9]Definitions of social service are often debated. My definition excludes children and is broad compared to some definitions, but this focus is consistent with my arguments about changes in welfare and social services designed to help low-income adults find work.

[10]This definition is consistent with other definitions of social services found in the literature. For example, Smith (2002) defines social services as the "social care provided to deprived, neglected, or handicapped children and youth, the needy elderly, the mentally ill and developmentally disabled, and disadvantaged adults." See Steven Rathgeb Smith, "Social Services" in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC, USA: Brookings Institution Press, 2002. p 152. Grønbjerg and Smith (1999) use an expansive definition that includes traditional social services such as child welfare and counseling, legal services, employment related services, public safety, programs for youth, civil rights, community development, mental health, and substance abuse. See Kirsten A. Grønbjerg and Steven Rathgeb Smith. 1999. "Nonprofit Organizations and Public Policies in the Delivery of Human Services." in *Philanthropy and the Nonprofit Sector in a Changing America*, eds. Charles T. Clotfelter and Thomas Ehrlich. Bloomington: Indiana University Press, p. 141. The uniform definition of services permitted under the federal Social Services Block Grant (SSBG) program include services for adoption, foster care, at-risk youth, case management and counseling, day care, employment and training, family planning, protective services, home health and care, treatment of substance abuse, transportation, and care for those with developmental or physical disabilities. See Department of Health and

Prior to the mid-1960s, there were very few governmental social service programs in place. The vast majority of nonprofit service organization revenues during this time came from private giving, with government funds comprising a much smaller share in many states and communities.[11] Significant growth in governmental social service programs occurred after the War on Poverty, however, with many new child welfare, mental health, and job training programs being adopted or expanded in the late 1960s and expanded in subsequent decades. Expanded funding for social services has occurred across the levels of government, as "states and, to a lesser extent, local governments have substantially increased their spending for social welfare services (as opposed to cash assistance)" in the last few decades. [12] Increased public funds for services also have occurred outside of traditional categorical grant programs. Social service providers in recent years have been able to finance a wide range of programs through expansions of state Medicaid programs, tax credits, and vouchers. [13]

Figure 2 tracks real dollar federal, state, and local public safety net expenditures for AFDC/TANF cash assistance and social services (child care, TANF-funded services, Social Services Block Grant) from 1975 to 2002.[14] Inflation adjusted federal spending for welfare cash assistance fell from $29.5 billion in 1975 to $9.9 billion in 2002, a decline of 66.4 percent (in $2004 dollars). In contrast, social service funding increased during the same time period. For example, using the narrow definition of social services provided by Congressional Research Services, government expenditures for social services grew from $9.6 billion in 1975 to $23.3

Human Services, Administration of Children & Families, Office of Community Services, "Social Service Block Grant (SSBG) Program: Uniform Definition of Services." http://www.acf.hhs.gov/programs/ocs/ssbg/sub1/unifdef.html.

[11]Smith, Steven Rathgeb and Michael Lipsky. 1993. Nonprofits for Hire. Cambridge (MA): Harvard University Press, p. 51-53.

[12]Steven Rathgeb Smith. 2002. "Social Services" in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC, USA: Brookings Institution Press, p. 151.

[13]Steven Rathgeb Smith. 2002. "Social Services" in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC, USA: Brookings Institution Press, p. 150.

billion in 2002 (in $2004 dollars). Even in this simple graph, the shift to a service-based safety net is apparent.

(Figure 2 about here)

Unlike cash assistance, however, treatment or assistance funded by public social service programs is not always delivered by governmental agencies. Instead, government social service programs typically rely upon nonprofit organizations for the delivery of services.[15] Growth in governmental antipoverty assistance and social service spending over the past forty years has been followed by a proliferation of nonprofit service providers.[16] Based on Internal Revenue Service filings, the number of 501(c)(3) and 501(c)(4) organizations increased by 115 percent from 1977 and 1997, while the number of nonprofit social or human service providers increased by 47.3 percent from 1989 to 1996.[17] Twombly (2001) finds that the number of nonprofit human service providers increased by 41.1 percent from 1992 to 1996.[18] Salamon (2002) estimates that about 90 percent of individual and family service organizations were nonprofits in

[14]Congressional Research Services, 2003, "Cash and Noncash Benefits for Persons with Limited Income: Eligibility Rules, Recipient and Expenditure Data, FY2000-FY2002." Report # RL32233, pp. CRS-227 to CRS-239.

[15]Lester M. Salamon. 1995. *Partners in Public Service*. Baltimore: Johns Hopkins University Press, p. 41; Kirsten A. Grønbjerg and Steven Rathgeb Smith. 1999. "Nonprofit Organizations and Public Policies in the Delivery of Human Services." in *Philanthropy and the Nonprofit Sector in a Changing America*, eds. Charles T. Clotfelter and Thomas Ehrlich. Bloomington: Indiana University Press, pp. 146-49.

[16]Kirsten A. Grønbjerg. 2001. "The U.S Nonprofit Human Service Sector: A Creeping Revolution." *Nonprofit and Voluntary Sector Quarterly*, 30(2): 276-97, pp. 277; Salamon, Lester M. 1995. *Partners in Public Service*. Baltimore: Johns Hopkins University Press, p. 70; Steven Rathgeb Smith. 2002. "Social Services" in Salamon, Lester M.(Editor). *State of Nonprofit America*. Washington, DC, USA: Brookings Institution Press, pp. 149-51.

[17]Lester M. Salamon, p. 31, "The Resilient Sector: The State of Nonprofit America," in Salamon, Lester M.(Editor). *State of Nonprofit America*. Washington, DC, USA: Brookings Institution Press, 2002; Boris, Elizabeth T. 1999. "The Nonprofit Sector in the 1990s." in *Philanthropy and the Nonprofit Sector in a Changing America*, eds. Charles T. Clotfelter and Thomas Ehrlich. Bloomington: Indiana University Press, p. 9. Salamon (2002, fn 80, p. 58) notes that IRS filings may underreport the number of nonprofit service organizations in operation. In particular, small organizations and religious congregations may not register as nonprofits with the IRS. He notes, however, that "because the legal and financial advantages of registration are substantial, however, it seems likely that the data reported here represent real growth in the number of organizations despite these caveats." Grønbjerg and Smith (1999) discuss the limitations of IRS and related Census of Service Industries data when developing estimates of the size and scope of the nonprofit service sector, see Kirsten A. Grønbjerg and Steven Rathgeb Smith. 1999. "Nonprofit Organizations and Public Policies in the Delivery of Human Services." in *Philanthropy and the Nonprofit Sector in a Changing America*, eds. Charles T. Clotfelter and Thomas Ehrlich. Bloomington: Indiana University Press, p. 142.

[18]Twombly, Eric C. 2001. "Human Service Nonprofits in Metropolitan Areas during Devolution and Welfare Reform." The Urban Institute, Center on Nonprofits and Philanthropy, Charting Civil Society, No. 10. p. 2.

1997, a number that held steady throughout the 1980s and 90s.[19] Social service nonprofit organizations saw revenues more than double from 1977 to 1997 in real dollars, with revenue from government sources increasing by 200 percent.[20] Data from the National Center for Charitable Statistics indicates that the numbers of nonprofit human service and job training service providers increased from 26,059 to 32,733 between 1990 and 1996, and to 41,707 by 2003, an increase of 60 percent.[21] Total revenues for these organizations more than doubled in real dollars from $49 billion to $98 billion between 1990 and 2003.[22] These data reflect what Smith (2002) describes as "a fundamental 'transformation of nonprofit social services' that has occurred in the past twenty-five years", where "nonprofit social service agencies have a more central role in society's response to social problems than ever before."[23]

We should expect governmental and nonprofit social services to occupy an even more critical position in the safety net over time. Welfare reform and the devolution of welfare responsibilities to states hinged on the assumption, not always explicitly made, that nonprofit and community-based organizations would be able to assist states and communities in promoting work activity among recipients. Primarily through contracts with government agencies, nonprofit service providers have become critical vehicles for delivering a range of support services designed to help welfare clients find work and/or overcome barriers to employment.[24]

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[19]Lester M. Salamon,"The Resilient Sector: The State of Nonprofit America," in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC, USA: Brookings Institution Press, 2002. p. 15.

[20]Lester M. Salamon,"The Resilient Sector: The State of Nonprofit America," in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC, USA: Brookings Institution Press, 2002. p. 30, 33.

[21]These numbers reflect organizations that filed as tax-exempt organizations with the IRS in each year and self-identified as an organization likely to provide direct services.

[22]Numbers reported are in $2005.

[23]Steven Rathgeb Smith. 2002. "Social Services" in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC, USA: Brookings Institution Press, pp. 150.

[24]Twombly, Eric C. 2001. "Welfare Reform's Impact on the Failure Rate of Nonprofit Human Service Providers." The Urban Institute, Center on Nonprofits and Philanthropy, Charting Civil Society, No. 9 p. 1; Pascale Joassart-Marcelli and Jennifer R. Wolch. 2003. "The Intrametropolitan Geography of Poverty and the Nonprofit Sector in Southern California." *Nonprofit and Voluntary Sector Quarterly*. 32(1): 70-96; Austin, Michael J. 2003. "The Changing Relationship Between Nonprofit Organizations and Public Social Service Agencies in the Era of Welfare Reform." *Nonprofit and Voluntary Sector Quarterly*.

Welfare caseload reductions, whether due to sanctions, diversion, or work, have placed millions of low-income families outside of formal governmental assistance or support. More restricted access to cash assistance programs leaves millions of families outside of governmental relief programs and reliant upon social service providers or community-based agencies to help address unmet needs.[25] Welfare reform reauthorization promises only to magnify these caseload reductions and thus the number of low-income families that no longer qualify for cash assistance or other types of TANF-funded support. Beyond welfare, there are tens of millions of poor or near poor Americans who are ineligible for governmental assistance programs or need help navigating barriers to self-sufficiency that governmental programs do not readily address. For this broader group of poor Americans that grows in number each year, community-based social service providers may be the only structured source of support.

Replacing cash assistance with support services might be viewed by many politicians, program managers, scholars and experts as a positive development in the American welfare state – a development that may improve our ability to promote work and self-sufficiency. For some, swapping welfare checks for community-based social services supporting work activity removes the negative behavioral incentives embedded within the welfare system which discourage employment and promote dependency. Growing evidence of barriers to employment experienced by welfare recipients and low-income populations have led many other scholars to emphasize social service provision as critical to improving work outcomes among the poor. Still others would support this shift in the provision of welfare assistance because of the anticipated

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32(1): 97-114; Eric C. Twombly. 2003. "What Factors Affect the Entry and Exit of Nonprofit Human Service Organizations in Metropolitan Areas?" *Nonprofit and Voluntary Sector Quarterly*. 32(2): 211-235; Carol J. DeVita. 1999. "Nonprofits and Devolution: What Do We Know?" in *Nonprofits and Government: Collaboration and Conflict*, eds. Elizabeth T. Boris and C. Eugene Steuerle. Washington, D.C.: The Urban Institute Press, pp. 213-33, p. 216.

[25]Jennifer R. Wolch. 1996. "Community-based Human Service Delivery.' *Housing Policy Debate*, 7(4): 649-71, p.652.

gains in program effectiveness that come from shifting policy responsibility to states and communities. Administering antipoverty assistance through community-based nonprofit organizations might make programs more responsive to local conditions, more attentive to individual needs, and more efficient users of government funds than is the case when assistance is provided through large federally-directed income maintenance programs.

The mere shift to a service-based system, however, does not guarantee that our communities will be able to translate these possibilities into realities. Many would argue a service-based safety net will not be able to meet the basic material needs of poor families, a failure that will have deleterious effects upon child development and that will only further exacerbate non-material barriers to employment. Others would be concerned that a service-oriented safety net minimizes the structural causes of poverty, instead casting poverty as simply an individual-level pathology that can be treated like a medical condition. Program managers and caseworkers would argue that it is difficult to motivate poor persons to participate in many social service programs from which they would most likely benefit. In spite of these valid concerns, however, we are not likely to return to a safety net that provides significant amounts of cash assistance or that provides generous public assistance for short-term income loss.

Consequences of the Changing Safety Net

Growing emphasis on social service-based strategies for promoting self-sufficiency reveals a new geography of the safety net. We have grown so accustomed to the relative uniformity and equity of cash assistance within communities that we have never given serious thought to the changing composition or geography of the safety net. The geography of the safety net refers to the manner in which our local communities and neighborhoods offer assistance to

the poor, or to the spatial distribution of services and service providers. Whether one is talking about a public program or a nonprofit human service agency, therefore, a poor person's experience or interactions with the safety net is at the neighborhood level. Success at promoting economic self-sufficiency and improving the overall well-being of disadvantaged groups hinges on how well we provide assistance and services to those in need. Even though the safety net is comprised of a myriad of programs, partners, and clients that vary from community to community, neighborhood to neighborhood, the geographic dimensions of the American safety net often go overlooked. We know very little about the social services available in local communities, where service providers are located, whom they serve, and whether services are consistently or reliably available. We understand that financing of social services should shape the spatial distribution and availability services, but more attention should be given to understanding how the (in)stability of revenue streams affects targeting of resources in low-income neighborhoods.

Place, Poverty, and the Safety Net. Place has always been critical to understanding the dynamics of poverty and social welfare policy in America. Among the earliest poverty research, were accounts of geographically concentrated poverty and the consequences of concentrated poverty for early American cities. Historians provide extensive evidence of how the safety net of the 19th and early 20th Century varied from community to community. Extensive scholarship over the past several decades has explored the relationship between race segregation, concentrations of poverty, and persistent joblessness. A growing body of research recognizes the impact of spatial mismatches in the labor market upon poverty and unemployment. Considerable research has explored the impact of housing mobility and relocation programs on outcomes for

poor adults and children.[26] Political scientists have considered the impact of place on poverty by modeling the responsiveness of state and local social welfare policy as a function of policies in neighboring states and communities. More recent scholarship has explored changes in the geography of urban poverty, finding evidence that there are fewer areas of high or concentrated poverty in our central cities at the same time that poverty rates are increasing in outer urban and inner-suburban areas.

Although there are many place-based policies intended to remedy labor market mismatches, reduce concentrations of poverty, and foster urban economic development in particular geographic areas or regions, we give little consideration to how place matters to the safety net.[27] Often times we proceed as if the safety net is consistent and predictable from state to state, place to place, community to community. Some argue for increases in governmental funding for antipoverty assistance and services that most likely would be provided by nonprofit organizations, but do not discuss whether community-based safety nets have the capacity or presence to provide services or assistance in neighborhoods where help is most needed. For those who want to reduce the role of government and permit communities to work with nonprofit organizations to develop local approaches to providing assistance to the poor, there is little discussion of whether community organizations can provide such assistance in an equitable and accessible manner. What results, therefore, is a striking dissonance between our efforts to understand poverty, the solutions we propose to remedy that poverty, and the reality of how we provide assistance at the street-level.

[26]James E. Rosenbaum, 1995. "Changing the Geography of Opportunity by Expanding Residential Choice: Lessons from the Gautreaux Program." *Housing Policy Debate*, 6(1): 231-69.
[27]Wolch (1996) argues that neither policymakers nor scholars adequately weigh the impact of federal social policy change on local communities and isolated poor populations reliant upon service providers, p. 651.

Contrast the delivery of welfare checks and social services to eligible families. Welfare checks can be distributed uniformly and equitably to different parts of a state or community. Although cash assistance benefit levels vary from state-to-state, the amount of assistance received through a welfare check is determined by the number of dependents in the household, not the neighborhood in which one lives. Typically county social welfare or health and human service offices, those offices that determine eligibility and compliance for a range of public safety net program benefits, are located near high poverty neighborhoods within communities or in a central location with access to public transit. Living far from a county welfare office may have created spatial barriers to the receipt of AFDC before 1996, yet welfare recipients were not required to make daily or weekly visits to county offices and place of residence did not determine the amount of cash assistance received.

Service-based assistance, on the other hand, is contingent on the geographic location of providers and the poor populations they serve. Some communities and neighborhoods are proximate to many different types of service providers, some communities and neighborhoods are not.[28] Because social services are offered primarily by local nongovernmental human service providers, the distribution of services in a particular community will be a function of how nonprofit organizations locate within that community. Some agencies may choose to be closer to concentrations of low-income individuals in order to provide services more efficiently. Other agencies may choose to locate nearer affluent populations that can generate revenues through fees and private giving, ensuring consistent service delivery to those in need. Certain communities and neighborhoods may be better equipped to raise resources that can be dedicated

[28]Wolch (1996) makes this point regarding welfare policy prior to welfare reform in 1996, p. 653.

to social service provision than others, which will lead to geographic variation in service availability.

Place matters in a service-based system of assistance because one cannot readily receive assistance from providers that are not located nearby. Information about services or assistance available is likely to be a function of proximity, one will know more about the agencies and services present in their immediate community or neighborhood than in communities and neighborhoods farther away. To the extent that such information is provided, it is reasonable to expect that caseworkers will provide low-income individuals with information about programs and resources in their immediate community.[29] Neighborhood-based service providers are thought to be better able to address the many barriers to employment poor persons face and to better coordinate services across a multiplicity of area providers.[30] Services and programs often cannot be delivered electronically or through the mail, as is the case for cash assistance. Few providers are able to visit or deliver services to clients in their own homes. Proximity to providers also reduces the burden of commuting. For working adults with children, visits to service providers must be coordinated with already complex commutes between home, child care, and work. Further, the limitations of public transportation in many communities and low rates of automobile ownership among low-income households make it even more critical that providers are located nearby. Simply put, in a service-based welfare system or safety net, inadequate availability or accessibility of social services is tantamount to being denied aid.

[29]Meyers et al. (1998) found that few welfare eligibility caseworkers in California provided extensive information about social services supporting work activity to welfare clients, see Meyers, Marcia K., Bonnie Glaser, and Karin McDonald. 1998. "On the Front Lines of Welfare Delivery: Are Workers Implementing Policy Reforms?" *Journal of Policy Analysis and Management*, 17(1): p. 1-22.

[30]Austin, Michael J. 2003. "The Changing Relationship Between Nonprofit Organizations and Public Social Service Agencies in the Era of Welfare Reform." *Nonprofit and Voluntary Sector Quarterly*. 32(1): 97-114, p. 101.

It comes as no surprise that greater service accessibility has been linked to better outcomes in communities and among individuals; adequate accessibility to social service organizations is critical to maintaining an efficient and effective safety net.[31] Research of the determinants of service utilization rates among welfare recipients with mental health and/or substance abuse problems in Detroit concludes that welfare recipients living closer to service providers were more likely to utilize services than those living further away. For instance, a white recipient at-risk for mental health problems with access to providers twice the metropolitan mean would be 25 percent more likely to utilize services than the same respondent with mean access to providers. Qualitative interviews in Philadelphia reveal that low-income women are more likely to favor service providers nearby and providers in safe communities, over those far away and those located in particularly dangerous areas of their neighborhoods.[32]

Service accessibility is also a function of how the geography of the safety net matches to the geography of poverty and need over time. Even if services are adequately provided today, population shifts could lead to the emergence of mismatches between providers and populations in need in the future. There is reason to be concerned that such mismatches will occur, as poor populations are much more mobile than service providers. In addition, there is evidence that poverty rates have been declining in many central city neighborhoods, while at the same time steadily increasing in outer urban and inner-tier suburban neighborhoods.[33] Existing providers might be slow to adjust to changing in community demographics because it can be difficult to

[31]Salamon, Lester M. 1995. *Partners in Public Service*. Baltimore: Johns Hopkins University Press, p. 45; Twombly, Eric. C. and Jennifer Claire Auer. 2004. "Spatial Connections: Examining the Location of Children and the Nonprofits That Serve Them in the Washington, D.C., Metropolitan Area." The Urban Institute, Washington, D.C., Center on Nonprofits and Philanthropy. p. iii; Jennifer R. Wolch. 1996. "Community-based Human Service Delivery.' *Housing Policy Debate*, 7(4): 649-71.

[32]Kissane, Rebecca Joyce. 2003. "What's Need Got to Do With It? Barriers to Use of Nonprofit Social Services." *Journal of Sociology and Social Welfare*, 30(2): 127-48, p. 136.

find affordable space in other locations and funders are reluctant to finance basic facility needs or relocations.[34] Agencies simply may not have adequate resources to relocate. Diminishing population densities can also upend the fragile economics of service provision, making it difficult for agencies to maintain caseloads adequate to generate necessary fees or to comply with external grants and contracts. Under these circumstances, providers will not just be immobile, they will cease to exist altogether. Moreover, areas with growing need or rates of poverty may not offer the population densities necessary to attract new providers.

Financing the Safety Net. Typically, examinations of safety net financing focus on national expenditures across governmental programs and the nonprofit service sector. As has been shown, aggregate funding levels provide critical insight into larger changes and trends in the safety net. Given that assistance is provided in our communities and neighborhoods by local organizations, however, we should devote more attention to the financing of service providers at the local level. Most service organization entries, expansions, contractions, and exits of local social service providers are directly related to governmental and nongovernmental revenue flows. The manner in which communities finance service and assistance programs will directly determine where services are located, whether services are accessible to poor populations, or if mismatches are present.

Although nonprofit scholars have emphasized the dramatic changes in safety net funding over the past forty years, such changes have eluded the attention of most scholars of social welfare policy. Of most importance, is the growing dependency of social service providers upon

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[33]Jargowsky, Paul A. 2003. "Stunning Progress, Hidden Problems: The Dramatic Decline of Concentrated Poverty in the 1990s." The Brookings Institution, Center on Urban and Metropolitan Policy, *Living Cities Census Series.*

[34]Fluctuations in the geography of assistance, therefore, comes from churning in the supply of service due to changes in philanthropy, governmental funding, or the regulation of services that can affect the viability of existing providers or the entry of new providers in a community.

governmental sources of funding. As Smith (2002) observes, "the federal government is more important in the financing of nonprofit social services today than it was during what many have considered to be the high-water mark of federal involvement in social policy, the 1960s."[35] Today, government grants comprise 26 percent of all revenues for nonprofit human service and job training service providers in 2003, with fees for program services (often from governmental sources) comprise nearly 55 percent of all revenues.[36]

Dependency upon governmental revenues has a number of implications for service delivery in the contemporary safety net. First, the priorities of governmental funding may not always correspond well to the priorities or mission of nonprofit service providers. Funds from governmental sources may require nonprofit providers to offer particular services, maintain certain eligibility standards, and follow specific administrative procedures, all of which may weaken the unique features of nonprofit service provision. Fundraising strategies also change in this environment, with service agencies allowing private giving to atrophy and perhaps losing touch with community preferences. Larger service organizations will be better able to adapt to the changing funding environment and to the regulatory obligations of contemporary social service provision and welfare-to-work programs. Smaller organizations will be less able to cope with changes in governmental funding (in general) and have less access to lobbying avenues or policymakers by which they can seek help. Yet, these smaller organizations are critical to what is available in poor communities – losing these organizations will severely curtail what is

[35]Steven Rathgeb Smith. 2002. "Social Services" in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC, USA: Brookings Institution Press, p. 150.

[36]Author's estimate based on data from the National Center for Charitable Statistics. Other research finds that roughly 43 percent of nonprofit service funding in 1996 came from governmental grants and fees for services typically reimbursed by public programs , see Salamon, Lester M. 1999. *America's Nonprofit Sector*. New York: The Foundation Center, pp. 113-14.

available to assist the poor.[37] Government grants and revenue streams also favor larger providers over smaller community-based organizations, as large organizations will often have greater capacity to comply with government regulations or requirements accompanying government funds. Smaller providers, in turn, may find securing government funds an increasingly more competitive and less reliable, which can threaten their viability or ability to deliver services to poor populations at a low or no cost.

As important, the manner in which we finance the contemporary safety net make it less countercyclical or less likely to expand with need than we would otherwise expect or prefer. Take the case of welfare assistance. Under AFDC, welfare was viewed as an entitlement, so when the number of eligible families increased, welfare caseloads expanded, more welfare checks were printed, and the cash assistance portion of the public safety net expanded. Today, welfare no longer functions like an entitlement system. Meeting an eligibility standard does not guarantee receipt of assistance from TANF. Time limits, work requirements, and federal work participation benchmarks make it difficult for states to expand welfare caseloads during economic downturns. Further, because PRWORA is a block grant program, federal and state spending on welfare is fixed at 1995 spending levels, with states having discretion over how to allocate funds across programs and communities. The cap on welfare spending has eroded the real dollar value of available TANF resources by about 12 percent since 1996. Inflation erosion has been compounded by federal regulation permitting states to finance welfare programs at 75 percent of the FY 1995 level and to divert or transfer up to 30 percent of welfare funds to other social programs. A comparison of poverty rates and welfare caseloads before and after welfare

[37]Kirsten A. Grønbjerg and Steven Rathgeb Smith. 1999. "Nonprofit Organizations and Public Policies in the Delivery of Human Services." in *Philanthropy and the Nonprofit Sector in a Changing America*, eds. Charles T. Clotfelter and Thomas Ehrlich. Bloomington: Indiana University Press, p. 154.

reform highlights the weaker countercyclical properties of TANF. From 1989 to 1992, the number of families in poverty rose by 20 percent and the number of families on welfare grew by 27.1 percent.[38] In contrast, the 18.9 percent increase in the number of families living below the poverty line between 2000 and 2003 was accompanied by an 8 percent decrease in the number of families on welfare during that time period. [39]

Social service funding outside of TANF is also weakly countercyclical at best and most typically is thought to be responsive to shifts in national, state, and local economies. Government funding of social services is vulnerable to cuts particularly when the economy lags, tax revenues dip, and deficits rise. Even though governmental expenditures for social services are significantly higher today than forty years ago, therefore, the resources available for social service provision are thought to have dropped during the recessionary periods of the early 1990s and 2000s.[40] Fluctuations of government funding make it difficult for service providers to maintain financial viability, particularly when welfare reform and economic decline have created greater demand for assistance from community-based providers.[41] Moreover, private giving and philanthropy, key components of revenues for nongovernmental service providers, contract during recessionary periods or during periods when other charitable causes demonstrate more pressing need.

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[38]There were 3,798,348 families on AFDC in an average month in 1989 and 4,829,094 families on AFDC in an average month in 1992, see http://www.acf.dhhs.gov/news/stats/3697.htm. There were 6,784,000 families in poverty in 1989, compared to 8,144,000 in 1992. See http://www.census.gov/hhes/www/poverty/histpov/hstpov13.html.

[39]According to the U.S. Census, there were 7,607,000 families in poverty in 2003, compared to 6,400,0000 in 2000. See http://www.census.gov/hhes/www/poverty/histpov/hstpov13.html. There were 2,208,095 families on TANF in June 2000 and 2,032,157 families on TANF in June 2003, see http://www.acf.dhhs.gov/news/stats/newstat2.shtml.

[40]DeVita (1999) reports that nonprofit service providers experienced tighter budgets and more uncertainty in funding as the country and communities recovered from the recession of the early 1990s. See Carol J. DeVita. 1999. "Nonprofits and Devolution: What Do We Know?" in *Nonprofits and Government: Collaboration and Conflict*, eds. Elizabeth T. Boris and C. Eugene Steuerle. Washington, D.C.: The Urban Institute Press, pp. 213-33, pp. 220-21.

[41]Steven Rathgeb Smith. 2002. "Social Services" in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC, USA: Brookings Institution Press, p. 152.

Combined, an eroding ceiling of welfare expenditures and fewer resources devoted to social service provision during recent economic downturns suggest that our service-based safety net may be less counter-cyclical than at any time in recent history. The financial vulnerability of governmental and nongovernmental social service provision will affect the consistency of services or assistance available.[42] As funding becomes scarce, social service programs are eliminated or curtailed to fit the funding that is available. Staffing levels, numbers of clients served, and hours of operation are all affected by changes in funding. Particularly severe cuts in funding can lead service providers to temporarily shut their doors or even close permanently. To the extent that such volatility is present in the daily operation of service providers, the safety net will become a less predictable and reliable source of support for the poor. Not only do such realities complicate referral procedures and make it difficult for poor populations to access assistance, but the weak countercyclical properties of the safety net belie popular perceptions and rhetoric about how we help the poor.

Service Provision in Rural Kentucky and Georgia

Although the focus of much poverty and safety net research focuses on urban areas, changes to the contemporary safety net are likely to have dramatic implications for rural communities and the rural poor.

Very simply, rural areas face more complicated structural challenges to supporting self-sufficiency among poor households. Spatial mismatches in rural labor markets likely emanate from many different sources and may be more difficult to overcome. Although rural areas struggle with the decline of the manufacturing or industrial sector and relocation of employers,

[42]Steven Rathgeb Smith. 2002. "Social Services" in Salamon, Lester M.(Editor). *State of Nonprofit America.* Washington, DC,

the availability of employment opportunities also hinges on seasonal demand, changes in the agricultural sector, and the natural environment. Automobile transportation is even more critical in rural areas than in urban areas, as there is little or no public transportation in most rural places. Even with a car, simply driving another 30 to 45 minutes in many rural areas may not dramatically improve the availability of work for low-skill job-seekers.

Community institutions and service providers in rural areas may not have the resources or presence necessary to develop programs or assistance to address barriers to self-sufficiency. The flow of population and wealth away from rural areas not only weakens local economies, but weakens the nonprofit service sector upon which the contemporary safety net is heavily reliant. Not only must rural communities work to increase access to jobs, therefore, they must do so in a policy environment without adequate access to governmental and non-governmental service providers. Under the current policy regime, spatial mismatches in both employment and support services leave program managers and poor rural families with few pathways and fewer tools to promote self-sufficiency.

When thinking about rural poverty and access to social assistance or the safety net, it is necessary to consider regional resources and opportunities. Rural social service provision occurs across large multi-county regions to achieve some economy of scale and population totals substantial enough to support providers. For this reason, rural residents may have to commute significant distances to surrounding towns and counties in order to receive services or assistance.

A number of important research and policy questions emerge as one contemplates the impact of a service-based safety net for rural communities. How do rural communities provide (or not provide) assistance to poor populations? What types of assistance are readily available to

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USA: Brookings Institution Press, p. 152.

the rural poor? How have funding streams for antipoverty assistance changed in recent years? What role do nonprofit and faith-based organizations play in rural social service delivery?

To answer these questions, I analyze data from a recent survey of social service providers Southeastern Kentucky and South Central Georgia. These data are part of a larger Rural Survey of Social Service Providers (RSSSP), which completed telephone surveys with executives and managers from social service agencies in four high-poverty rural regions: Southeastern Kentucky; South Central Georgia; Southeastern New Mexico; and the border counties between California and Oregon.[43] By looking at a larger set of rural counties within a region, I am able to gather information on a larger number of providers and present a more accurate portrait of service provision in each rural region.

The RSSSP interviewed governmental and nongovernmental providers from a number of different service areas (welfare-to-work, job training, mental health, substance abuse, adult education, housing, emergency assistance, youth programming), who report serving populations near or below the federal poverty line.[44] Recognizing that churches may provide essential material and social support in rural communities, the RSSSP also interviews staff from churches and places or worship in each rural community.

My focus in this paper will be on survey responses drawn from providers who report offering services or assistance to low-income adult populations in Southeastern Kentucky and South Central Georgia (See Figures 1 and 2). The Georgia site is composed of 8 rural counties (152,647 total population in the 8-county area): Atkinson County; Bacon County; Ben Hill

[43]Demographic characteristics and U.S. Census rural classification codes for each county are provided in Appendix 1 .Working with a team of trained survey interviewers, I conducted the Georgia and Kentucky components of the RSSSP between November 2005 and March 2006 at the John Hazen White Public Opinion Laboratory at Brown University. Appendix 1 contains demographic information about the Georgia and Kentucky rural sites. Figures 1 and 2 contain maps of these two rural regions.
[44]Appendix 4 provides a brief description of the service definitions.

County; Berrien County; Coffee County; Jeff Davis County; Pierce County; and, Ware County. The Kentucky site also includes 8 rural counties (238,270 total population in the 8-county area): Bell County; Clay County; Harlan County; Jackson County; Knox County; Laurel County; Rockcastle County; and, Whitley County.[45]

Following urban-rural continuum codes developed by the Department of Agriculture Economic Research Service (ERS), each site is comprised of nonmetropolitan, noncore counties with persistently high poverty rates. To the extent possible, I chose these two regions in a manner that would vary economic and demographic characteristics of each site. The Kentucky site is located in the coal region of eastern Kentucky, with a current local economy containing a mix of manufacturing, retail, and service. ERS classifies this area of Kentucky as a "southern highlands" area of high poverty, where non-hispanic whites comprise an overwhelming majority of poor residents. In contrast, manufacturing industry is the primary source of employment in the Georgia site. Five counties in this site are defined as persistently poor (Atkinson, Bacon, Ben Hill, Telfair, and Ware), yet most of these counties are classified by ERS as areas of predominately black poverty.

To be eligible for the survey, a service provider had to offer one or more non-residential social service programs on site for low-income populations. Providers were excluded from the survey if services were in-patient or residential in nature, or if services were restricted to a particular population (e.g., elderly, ex-convicts, homeless, individuals with disabilities, HIV/AIDS patients). Each multi-county rural region included in the RSSSP was selected to

[45]To the extent possible, I attempted to conform my rural region definitions to local commuting patterns and to state regional service delivery definitions. The 7-county Kentucky region conforms directly to the state's regional human service delivery geography. Georgia has several overlapping regional service delivery boundaries for the southern portion of the state, so it was more difficult to draw a set of counties that all resided in the same service delivery region. In Georgia, therefore, I relied more upon commuting patterns and local understandings of which counties one might reasonably commute to for services or work.

achieve variation in population characteristics, industry, and topography. Counties within each site were selected to reflect natural commuting patterns and state-defined service delivery regions whenever possible. For each multi-county site, I created a database of providers drawn from community directories, phonebooks, caseworker referral guides, and internet searches. Verification calls were made to each provider in this initial database to confirm services delivered, populations served, street address, and to identify a program manager or executive director who could complete a longer interview at a later date.

Providers in each city who met the criteria above and agreed to participate were then contacted for a 10 to 15 minute telephone survey. Respondents were asked over 125 questions about services offered, client characteristics, partnerships with government housing and welfare-to-work agencies, funding streams, faith-based status, and other relevant organizational characteristics. Rather than gathering these data at an organizational level, however, the RSSSP collects this information from service delivery sites. In addition to providing an accurate snapshot of service delivery in each rural region, these data can assess disparities in service access by taking into account a range of factors (e.g., capacity, revenue streams, client demographics) that affect or reflect service accessibility for low-income individuals. With a response rate of over 60 percent, the RSSSP is the most unique, comprehensive, and geographically sensitive survey of service provision among governmental, nonprofit, and for-profit organizations working with rural poor populations currently available.[46]

Identifying governmental, nongovernmental, and religious organizations listed as providing services to low-income populations, the initial database contained 387 agencies in

[46]Response rates are detailed in Appendices 2 and 3.

Southeastern Kentucky and 331 in Southcentral Georgia.[47] To supplement organizations that self-identify as social service providers and to capture assistance to the poor provided by churches and places of worship, I built lists of churches and places of worship for each site (291 in Southeastern Kentucky and 264 in Southcentral Georgia). Given time and resource limits, I contacted 200 randomly selected churches from the Kentucky listing of 291, but attempted to contact all 264 churches identified for the Georgia site.

Verification calls were made to the 1,193 organizations and churches identified across the two sites. These initial contacts identified whether an agency still operated programs for low-income populations, the nature of those programs, and a contact person that could answer more detailed questions about service delivery at a later date. Given the project's interest in spatial access to services, providers were dropped from the study if they did not offer services to poor populations, if they traveled to clients' homes to deliver services, or if they required clients to live on the premises to receive assistance.

A total of 4,679 verification calls were made to these 1,193 organizations between late July 2005 and November 2005. A response rate of 89 percent was achieved across social service organizations and churches or places of worship for these verification calls. Most surprising, 42 percent of agencies were either not operational or no longer offering services to a broad array of low-income households. This is true even the provider databases were drawn from recent community directories and phonebooks. Rural safety nets appear to experience significant churning in the organizations providing social services.

Based upon responses to verification calls, a total of 300 organizations in Southeastern Kentucky (225 service providers, 75 churches) and 204 organizations in Southcentral Georgia

[47]See Appendix 2.

(135 service providers, 69 churches) were deemed eligible for the longer survey. An additional 66 providers were identified at a later date as providing services for low-income populations and thus were included in the longer survey interview.

Between November 2005 and March 2006, a trained telephone survey team contacted each of the 570 eligible sites to complete the longer survey. In the process of these survey calls, 106 organizations were determined to not fit the study's definition of a social service provider because they were no longer operational, were duplicate entries for a single agency, or did not offer assistance to low-income populations. Surveys were completed surveys with 283 of the remaining 464 social service providers, for a response rate of 60.9 percent.[48]

Completing interviews with organizations that were primarily churches or places of worship was more difficult than completing surveys with social service providers. After several hundred phone attempts, seventy-five interviews were completed with places of worship, for a response rate of 28.3 percent across the two rural sites. By comparison, the response rate for agencies listed as social service providers was 73.1 percent.[49]

One of the challenges of studying social service provision in rural areas is identifying service delivery or catchment areas that accurately reflect the supply of services proximate to low-income individuals. In addition to street addresses, the RSSSP contains information on the proximity of each service provider to population centers or county seats throughout each rural region. In this paper, I use basic information about service provision and proximity to main towns or population centers to make admittedly crude measures of service accessibility that will

[48]While the vast majority of interviews were completed by March 2006, additional efforts were made to improve response rates among providers and churches from May to July 2006. There are far fewer providers in Southcentral Georgia (69) than in Southeastern Kentucky (116). In large part, this is due to the smaller population totals in the Georgia multi-county site. The ratio of population to providers is about equal between the two sites. In Kentucky there is 1 service provider for every 1,073 persons, compared to 1 provider per 1,211 persons in Georgia.

describe where different types of services or service providers are located in each rural region. Subsequent analyses will use more sophisticated spatial measures of service accessibility to model the geography of the safety net in the rural Southeast.

Characteristics of Agencies and Services Available. Table 1 examines the organizational and client characteristics of the providers surveyed. A thin majority of providers surveyed in each rural site are nonprofit organizations (58.3 percent in Kentucky and 54.4 percent in Georgia), with governmental agencies accounting for about forty percent of service agencies. For-profit organizations compose a very small percentage of service providers interviewed for this study (1.7 percent in Kentucky and 4.4 percent in Georgia). While the modest role of for-profit agencies is consistent with data on service provision in urban sites, these two rural regions appear more dependent upon public agencies than urban centers, where governmental agencies have been found to compose about a quarter of service providers.[50]

(Table 1 about here)

As might be expected in rural areas, most social service agencies in rural areas operate with modest budgets. About 60 percent of service providers in each rural site reported annual budgets under $200,000. Agencies are likely to be smaller in rural areas because there will be fewer public and private resources than in urban areas. Moreover, there are not the densities of potential clients necessary to maintain large frontline staffs or to occupy elaborate office space, reducing agency overhead. Nevertheless, roughly one quarter of providers in each rural region maintain annual budgets in excess of $1 million.

[49]Survey calls were attempted a minimum of five times for each provider site. Sites that did not complete the survey were attempted 6.6 times on average, with 4.8 percent of sites refusing to participate in the survey.
[50]Allard, Scott W. "Out of Place: The New Geography of the Safety Net." Working Paper.

Social service providers appear to target most of their efforts at poor women. Roughly 80 percent of all providers maintain caseloads that are majority women. Rather than offer a mix of services to poor and non-poor populations, rural service providers also appear to serve low-income populations almost exclusively. While most clients are poor, only one-third of providers in these rural regions maintain caseloads that are predominately composed of welfare recipients. Further, highlighting the importance of spatial proximity to service providers, most providers report that a majority of their clients live within the county in which their particular site is located.

Reflecting the overall race demographics of each rural region, no providers in Southeastern Kentucky maintained caseloads that were majority African American, while 40.9 percent of providers in Southcentral Georgia maintained caseloads that were majority African American.

The middle panel of Table 1 looks at whether human service organizations self-report as religious or faith-based organizations, as well as the types of partnerships currently in place between social service providers and religious organizations.[51] Around one-third of service providers (36.8 percent in Kentucky and 31.3 percent in Georgia) identified themselves as religious organizations.[52] The prevalence of religious or faith-based service providers in these two rural regions is comparable to that found in other urban-based studies of social service

[51]Defining what is a faith-based service provider is the subject of a growing literature. See Ebaugh, Helen Rose, Paula F. Pipes, Janet Saltzman Chafetz, and Martha Daniels, "Where's the Religion? Distinguishing Faith-Based from Secular Social Service Agencies," *Journal for the Scientific Study of Religion*, 42(3): 411-26; Sider, Ronald J. and Heidi Rolland Unruh, "Typology of Religious Characteristics of Social Service and Educational Organizations and Programs," *Nonprofit and Voluntary Sector Quarterly*, 33(1): 109-34; and Smith, Steve Rathgeb, and Michael R. Sosin, "The Varieties of Faith-Related Agencies," *Public Administration Review*, 61(6): 651-70. The RSSSP simply ask organizations whether they consider themselves religious or secular, then inquire as to whether a number of faith-related activities are part of regular service delivery. Other questions in the RSSSP ask respondents about the prevalence of religious activities during the course of regular service delivery. For the purposes of this paper, however, I rely solely upon secular-religious self-reports.

[52]These figures only include faith-based organizations listed in community directories or advertising as service providers. Places of worship are discussed separately below.

provision.[53] For simplicity, I will refer to these organizations as faith-based or religious service organizations throughout the remainder of the report.

Although these are two very different rural areas, the bundle of services offered in each community is quite similar.[54] For example, 15.5 percent of providers offer outpatient mental health in the rural Kentucky site, compared to 17.9 percent of providers in Georgia (see Table 2). Nearly half of all organizations in each site report helping low-income populations find affordable housing.[55] One-third of providers in each site offer adult education; forty-four percent offer employment services. Roughly one-quarter of all providers in each site offered some type of emergency assistance program to poor families. About 40 percent of all providers in each location report offering utility or heating assistance to poor families.

(Table 2 about here)

Even where there are differences between the two sites, the magnitude of differences in service provision are modest. Whereas 19.0 percent of providers in Kentucky offer outpatient substance abuse, 27 percent of providers in Georgia offer such treatments to low-income populations. Nearly 18 percent of social service agencies rural Georgia provided help with tax preparation or filing of the Earned Income Tax Credit, compared to 8.6 percent in Kentucky. Almost forty percent of providers in Georgia reported providing assistance with voter registration or mobilization, compared to about one quarter of agencies in Kentucky.

Transportation is a common concern in poor rural areas. Not only is reliable transportation critical to finding and retaining a job, but access to transportation resources is

[53]See Monsma, Stephen V. 2004. *Putting Faith in Partnerships*, University of Michigan Press; Scott W. Allard. "Out of Place: The New Geography of the Safety Net." Working Paper.
[54]A more detailed description of how service areas were defined can be found in Appendix 4.
[55]Despite the low cost of housing in each region, however, very few organizations in either location offered any type of assistance with home purchases or homeownership. It is important to note that public housing authorities were not included in the RSSSP

critical if poor populations are to access assistance through governmental or nongovernmental organizations. The rural poor frequently lack access to reliable automobile transportation, making transportation assistance critical to any efforts to improve economic well-being. A significant number of agencies address transportation needs, as 36.2 percent of organizations in Kentucky and 46.3 percent of organizations in Georgia offer assistance with transportation.

Consistency of the social service safety net in each rural region is likely due to patterns of governmental spending, which structure the activity of both public and private human service organizations. Aside from financing programs directly, federal funding can be a powerful catalyst for greater state and local governmental spending. Federal funds in a particular service area, therefore, can lead to complementary public expenditures in that service area. Moreover, nonprofit organizations arise to deliver publicly funded services. Engagement of nonprofit human service providers in an issue or program area also will funnel greater private resources to those areas.

Services Near Population Centers. To roughly approximate service accessibility, the RSSSP asked whether social service providers were located within a ten minute drive of the main towns or county seats in each rural region. As might be expected, a majority of providers are located near and around the population centers of each rural region, as 66 percent of providers in Kentucky and 88 percent of providers in Georgia are located within 10 minutes of population centers.[56] Yet, most clients in these rural sites take longer than ten minutes to travel to an agency to receive assistance. Providers were also asked how long it would take the average

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because residence, whether in a public housing development or a voucher-subsidized home, was considered a condition of receiving assistance.

[56]Towns were selected if they were a population center in the county or a county seat. Kentucky experienced high non-response rates to these location questions, so the numbers are artificially low for the number of providers located near a main town or county seat. Efforts are being made to resolve this nonresponse problem.

client to travel by car to their site. The median travel time was 15 minutes for both sites, although the mean travel time was slightly longer in Kentucky (18 minutes) than in Georgia (14 minutes).

Service provision is particularly concentrated around two population centers in Southcentral Georgia (towns of Douglas and Waycross), while service providers tend to be more evenly Southeastern distributed throughout the Southeastern Kentucky site. No more than 10 percent of providers interviewed in Kentucky were within 10 minutes of any one population center or county seat. For example, only 10 percent of providers interviewed in the Southeast Kentucky region were within 10 minutes of London, the largest town in that region. By comparison, 32 percent of providers in the Southcentral Georgia site were located within 10 minutes of Waycross and 29 percent were within ten minutes of Douglas – the two largest towns in that region.

The types of services available in each community vary somewhat across each rural region. Mental health and substance abuse services are more likely to be located in or near larger towns like London, KY or Waycross, GA. Many towns and counties are home to agencies offering employment services (e.g., job training or job search assistance), but many counties and towns have access to only one or two agencies offering adult education, GED, or ESL courses. Temporary emergency cash assistance is concentrated like most other resources in Douglas and Waycross, GA with a single provider in Pearson, Alma, Fitzgerald, and Nashville offering cash assistance. Similarly, Pineville and London, KY are proximate to one emergency assistance provider, while there are four operating in Manchester. Most counties and towns in the Kentucky site have several organizations that offer some type of transportation assistance to poor

families, while many of the smaller towns in the rural Georgia site have only a single provider that offers transportation assistance despite the vast needs.

When simply looking at the location of providers, there are fewer geographic mismatches apparent in Southeastern Kentucky than in Southcentral Georgia. Given that needs within each of these rural communities is fairly similar, it is striking that service providers are much more concentrated in Southcentral Georgia than in Southeastern Kentucky. This suggests that low-income populations in rural Georgia may have to commute long distances or locate within a population center to have access to necessary social services. To the extent that poor rural populations cannot make such commutes or relocate, they may find it difficult to receive needed help or assistance.

Barriers to Service Receipt. Not only do we often assume that social assistance is readily available, but there is the implicit assumption that program attrition is random. Yet, given that social service programs often require clients to attend regular repeated sessions or meetings, factors that serve as barriers to employment (e.g., poor health, lack of transportation resources, low literacy) may also affect patterns of service utilization. By failing to account adequately for both the accessibility of services and client characteristics that shape program participation, public policy scholarship misses the opportunity to help community leaders craft programs that may better serve low-income populations.

A unique battery of questions included in the RSSSP asks respondents about perceived barriers to service receipt commonly observed by agency staff or management. Findings are reported in Table 3. As has been the case with agency and client characteristics, providers in

each of these very different rural regions report various barriers to service receipt with strikingly similar prevalence.

(Table 3 about here)

Difficulty arranging child care is one of the most prevalent barriers to service receipt in both rural regions. Roughly 30 percent of providers in each rural locale identified child care as a frequent problem that clients face when trying to attend treatment sessions or make appointments. Substance or alcohol abuse also is a frequent barrier to service receipt, reported by 25.7 percent of providers in Kentucky and 19.0 percent of providers in Georgia. About 20 percent of providers in each rural site indicated that physical health problems were a common barrier or obstacle to service receipt. Finally, low literacy or difficulty completing paperwork correctly was found to be frequent barriers to service receipt about 20 percent of the time.

Although there were substantial similarities in barriers to service receipt across the two rural sites, the exception, oddly enough, is that providers in Southeastern Kentucky (42.5 percent) were much more likely to report transportation problems as frequent barriers to service receipt than providers in Southcentral Georgia (23.9 percent). Perhaps this reflects the more challenging topography of this area in rural Kentucky, where automobile transportation is critical to navigating county highways bending around mountains. This difference may also reflect fewer resources devoted to transportation assistance in rural Kentucky than in rural Georgia, as shown in Table 2.

Funding of Services. Securing adequate funding for service provision is a primary goal of any social service provider. Fluctuations in funding for governmental and nongovernmental social service provision will affect the consistency of services or assistance available. To cast some initial insight into funding sources and changes in funding, the top panel of Table 4

examines funding sources, resource dependency, and reductions in funding across nonprofit service providers in each rural site.[57] Because of small sample sizes in certain funding sources, the findings below should be interpreted with caution.

Private giving and government grants appear to be the most common sources of revenues for providers in these two rural regions. Nearly eighty-five percent of providers in Kentucky and two-thirds of providers in Georgia each region report receiving funds from private giving or donations. Similar shares of providers in Kentucky and Georgia report receiving support through in-kind donations or giving (71.2 percent and 58.3 percent respectively). Almost sixty percent of providers in Kentucky and forty-three percent of nonprofit service providers in Georgia report receiving government contracts or grant. Consistent with the share of providers offering mental health or substance abuse services eligible for reimbursement through Medicaid, less than fifteen percent of all providers in each site receive funds from Medicaid (13.4 percent in Kentucky and 16.2 in Georgia).

(Table 4 about here)

Nearly half of all nonprofit service providers in Kentucky also report drawing funds from nonprofit grants (47.7 percent) and religious organizations (54.0 percent). Far fewer nonprofit agencies in Georgia report funding from either of those sources. Earned revenue is an infrequent source of support for nonprofit human service providers in these rural regions, reported only by 25.4 percent of providers in Kentucky and 15.6 percent of providers in Georgia.

When looking at which funding sources comprise a majority of total revenues for social service providers, two main points emerge from Table 4. First, government grants or contracts and private giving or donations appear to be the primary sources of funding for a large number of

[57]Because public agencies draw almost all of their funds from governmental grants and programs, Table 4 only investigates

providers in each rural region. A much larger percentage of providers in Southcentral Georgia, however, report drawing at least 50 percent of their total revenues from government grants and private giving than in Southeastern Kentucky. For example, 57.1 percent of nonprofit service providers in Georgia indicate that government grants or contracts compose at least half of total revenues, compared to 40.5 percent in Kentucky. Similarly, nearly 75 percent of all organizations in Georgia receiving funds from private giving report it to comprise more than half of all revenues in the most recent fiscal year, compared to 39.6 percent of providers in Kentucky. Combined, these data suggest that social service provision in Southcentral Georgia may be more highly dependent upon a narrower fiscal base – namely government grants and private donations - than nonprofits in Southeastern Kentucky. Resource dependency such as that observed in Table 4 creates vulnerabilities in nonprofit human service organizations, particularly when funds are reduced or lost.

Second, sizeable percentages of nonprofit providers in these two rural regions report losses in funding in the previous three years. Decreases in funding can pose considerable challenges for nonprofit service providers, affecting program delivery, staffing levels, and fundraising strategies. Persistent or sizeable losses in program funding create volatility within nonprofit organizations and disrupt routine service provision to clients.

Given the dependence of providers on governmental grants and contracts, particularly in Georgia, it is striking that 46.2 percent of nonprofit agencies in Kentucky and 50.0 percent of nonprofit providers in Georgia report recent decreases in government funding sources. Similar percentages of agencies receiving Medicaid funds report cutbacks in that source of revenue in

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funding across nonprofit human service organizations.

recent years. While public funding may present substantial revenue opportunities for nonprofit service providers, such funding fluctuates quite frequently.

Private giving appears more stable than other sources. Whereas a large number of nonprofit service providers draw substantial shares of their operating budgets from private donations, only 26.8 percent of providers in rural Kentucky receiving revenues from private giving report recent decreases in that revenue source. Less than 15 percent of nonprofit agencies in Georgia that receive funds through donations report decreases in private giving. Other revenue sources also appear to be more stable than one might anticipate given the low levels of public and private resources available in high poverty rural areas.

To understand how fluctuations in funding affect social service provision, the RSSSP asked providers how they coped with funding problems in recent years. Highlighting the fragility of social service provision in rural areas, almost 55 percent of providers in Southeastern Kentucky and Southcentral Georgia reported at least one of the following responses to funding problems in the past year: reducing services; reducing numbers of clients served; reducing staff; reducing hours of operation; or a temporary closing of the office. The bottom panel of Table 4 reports the frequency with which providers pursued each of these coping strategies in response to funding shortages or problems.

Consistent with greater dependency upon government grants and private giving, providers in Georgia are more likely to report cutbacks in services reduction response than providers in Kentucky. For example, 39.7 percent of all providers in Southcentral Georgia reported reducing services offered to low-income populations due to funding problems. Less than one-third of all providers in Southeastern Kentucky reported similar service reductions due to funding problems. Further, 32.8 percent of providers in Georgia reduced the number of clients

served in response to funding problems; only 20.0 percent of providers in Kentucky indicated such responses to lost funding. The last row in Table 5 indicates that providers in Georgia were more than twice as likely as providers in Kentucky to shut down their sites temporarily (13.0 percent versus 4.7 percent).

For many organizations, funding losses can prompt several different coping strategies. One-quarter of all providers in Kentucky and forty percent of all providers in Georgia report more than one type of service reduction in the past year due to funding problems.

Comparing Secular and Religious Organizations. There is significant debate currently about the role of religious or faith-based organizations in the provision of social services. Faith-based organizations (FBOs) are argued to provide more effective and efficient services to poor populations because of holistic approaches to service delivery and their ability to reach hard-to-serve populations. Not only are there legal restrictions upon how government can fund services delivered by religious organizations and places of worship, but FBOs must keep religious elements separate from service delivery. Existing research suggests, however, that there are many faith-based organizations operating in urban and rural communities, many which receive governmental funding. [58]

Given the struggles with retaining funding and maintaining service delivery levels, faith-based and religious organizations may be logical partners in efforts to expand the types of assistance available in poor communities. In addition, conventional wisdom is that faith-based

[58] Jeff Biddle. 1992. "Religious Organizations" in *Who Benefits From the Nonprofit Sector?* Ed. Charles T. Clotfelter, Chicago: University of Chicago Press, p. 102; Thiemann, Ronald, Samuel Herring, and Betsy Perabo. 2000. "Responsibilities and Risks for Faith-based Organizations." In *Who Will Provide? The Changing Role of Religion in American Social Welfare*. Eds. Mary Jo Bane, Brent Coffin, and Ronald Thiemann, Boulder: Westview Press. pp. 51-70, p. 56; Kirsten A. Grønbjerg and Steven Rathgeb Smith. 1999. "Nonprofit Organizations and Public Policies in the Delivery of Human Services." in *Philanthropy and the Nonprofit Sector in a Changing America*, eds. Charles T. Clotfelter and Thomas Ehrlich. Bloomington: Indiana University Press, p. 164; Mark Chaves and William Tsitsos. 2001. "Congregations and Social Services: What They Do, How They Do It, and With Whom." *Nonprofit and Voluntary Sector Quarterly*. 30(4): 660-683; Owens, Michael Leo and R. Drew Smith. 2005.

or faith-related service providers are different from governmental and secular providers. Some claim that faith-based providers will be more efficient or cost-effective, responsive to community needs and priorities, and more flexible than government agencies. Others note that faith-based organizations may better promote individual responsibility and may be preferred by clients on the ground. As a result, there has been a push within the Bush Administration to target more funds toward faith-based service providers. Despite these political realities and a growing literature on the characteristics of faith-based service providers, we have only a limited understanding of the types of services offered by faith-based versus secular organizations and how service delivery varies between faith-based and secular organizations.

FBOs occupy a particularly prominent role in these rural safety nets. Roughly 40 percent of service providers in Southeastern Kentucky and one-third of providers in Southcentral Georgia self-report as religious or faith-based organizations. Table 5 compares service provision and funding across secular and faith-based organizations in Kentucky and Georgia, excluding churches or places of worship that were not listed in community directories as service providers.

Faith-based organizations are more likely to be involved in assisting with immediate material needs than are secular organizations, a finding that is consistent with the existing literature.[59] FBOs in each rural region are much more likely to offer temporary rent, emergency, food, and utility assistance than are secular organizations. For example, 42.9 percent of faith-related providers in Kentucky offer emergency assistance, compared to 19.4 percent of secular providers in Kentucky. Over 80 percent of faith-based organizations in Georgia offer utility or heat assistance, nearly three times the rate reported by secular organizations.

"Congregations in Low-Income Neighborhoods and the Implications for Social Welfare Policy Research." *Nonprofit and Voluntary Sector Quarterly*. 34(3): 316-39.

[59]Monsma (2004).

(Table 5 about here)

In contrast, secular organizations appear more likely to provide staff or resource-intensive services, such as outpatient mental health, outpatient substance abuse, and job training or search, than faith-related organizations. Almost 60 percent of secular providers in Kentucky and Georgia offer employment services, whereas faith-based organizations in each region offer such services less then 25 percent of the time.

In addition to the prevalence of faith-related organizations providing services in each rural community, there is much interaction with faith-related organizations in the provision of services across each community. About three-quarters of all organizations in each rural site report maintaining partnerships with faith-based organizations to provide services. Further, about two-thirds of providers report working with faith-based organizations to identify potential clients. Debate about the proper role of faith-based service organizations aside, it appears that religious nonprofits and congregations play a prominent role in rural safety nets.

One issue prominently debated is whether government programs and agencies should be encouraged to target funding at religious or faith-related organizations. Table 5 suggests relationships between government agencies and faith-based organizations vary dramatically across rural areas. The middle panel of Table 5 suggests that over 40 percent of FBOs in Kentucky receive governmental funds to support service provision. Yet, less than 5 percent of FBOs in Georgia report receiving funding from governmental contracts or grants.

When looking at other funding sources, however, patterns across the two rural regions are quite similar. Faith-based organizations are more likely to receive funds from nongovernmental sources than secular organizations. For instance, 42.9 percent of faith-based organizations versus 25.7 percent of secular organizations in Kentucky report receiving grants or funds from

nonprofit organizations. Perhaps not surprisingly, over 90 percent of faith-related organizations report receiving funds from private giving in each rural site, compared to about 20 to 30 percent of secular providers in each community.

The bottom panel is Table 5 examines differences in the responses to funding problems or shortages across secular and faith-based organizations in each rural community. A number of interesting points emerge, which again highlight the volatility of a safety net dependent on nonprofit organizations. First, faith-based providers in Kentucky are more than twice as likely to have reduced services or numbers of clients served compared to secular providers in that region. Second, secular organizations in Kentucky and Georgia are nearly three times as likely to reduce staff as faith-based providers. In large part, this finding is a reflection of the fact that faith-based organizations have fewer staff members dedicated to service provision. Third, although this pattern is more clearly manifest in Kentucky, FBOs are more likely to temporarily suspend services or shut down their sites than secular organizations.

Churches and places of worship not listed in community directories as social service providers were included in the RSSSP to provide a sense of what types of support or assistance come from these important community institutions. Table 6 examines church responses to initial verification call questions in Kentucky and Georgia. The top panel reports the percentage of churches indicating that they provide some type of social service or assistance to low-income populations in their community. In Kentucky, 52.9 percent of churches reported providing such assistance, compared to 65.2 percent in Georgia. Although such rates of service delivery may appear low on first pass, it is important to keep in mind that respondents were asked to consider an admittedly specific definition of assistance. Many churches interviewed for the RSSSP reported donating funds or in-kind assistance to other community organizations or to individuals

on a rare occasion, but neither type of assistance was considered to meet this study's definition of a social service or antipoverty program.[60]

(Table 6 about here)

The bottom panel of Table 6 reports the types of services available at churches in each rural region. As would be expected given findings in other studies, most churches limit their services to the poor to temporary emergency, food, or housing assistance. Over three-quarters of churches in both Kentucky and Georgia report administering a regular emergency assistance and food assistance program. Almost no churches offered more staff- and resource-intensive services such as mental health, substance abuse, education, or job training programs.

Discussion

Even a quick look at these survey data produces a vivid portrait of service provision and accessibility in two very different southeastern rural areas. A wide array of services are available across each multi-county site. In the aggregate, each rural region appears to deliver the same bundle of services or assistance to low-income populations. When we look closer, however, a more textured portrait of the safety net emerges.

There is evidence that the safety net and social service delivery varies from community to community. Instead of a safety net that offers even coverage and access to assistance, this paper finds the safety net to be highly patchworked across rural areas, with gaps in service provision that could reflect major inequalities in the availability or accessibility of safety net assistance.

[60]Sample sizes for the second survey were quite low among places of worship, thus I focus on data from verification calls.

Faith-related or faith-based organizations appear to play a prominent role in the provision of antipoverty assistance and social services in these two rural sites. Not only do faith-based organizations comprise a large share of providers, but many rural faith-based providers appear to have programmatic or funding relationships with other types of service providers in their communities. Most of the assistance offered through faith-related providers, however, addresses temporary material needs of low-income populations. While important, such services may not address the numerous barriers to employment or self-sufficiency prevalent among rural poor populations. Moreover, faith-based service providers appear to suffer greater volatility in the delivery of services or assistance due to the instability of funding or revenues. Such volatility will prove to be quite challenging to communities as faith-based providers take on even greater roles and responsibilities for serving the poor.

Finally, social service providers in each rural region appear to be resource dependent. Most providers are reliant upon government grants or private giving, so that when there is a shock to either source of revenue, significant cutbacks in assistance result. What follows is a safety net that is less reliable for those seeking help and that can suddenly place unmet needs on other already overburdened community organizations.

Much of the current research regarding social welfare policymaking and the politics of the safety net does not recognize the dramatic shifts in how we help the poor, missing the opportunity to ask many important and interesting questions about the political consequences of a service-based safety net. More attention should be given to nonprofit service provision and the bundle of services that states and communities provide to low-income populations. Issues of equity and social justice should be more prominent in our discussions and research, as the support provided by the safety net varies systematically by where one lives.

A better understanding of what constitutes adequate access to assistance is critical. At what threshold does the number of providers, the number of client slots, or the service dollars per capita create adequate availability of assistance? Do communities successful at promoting work activity investing in particular types of programs or agencies? Such questions strike as the essence of efficient allocation of safety net resources. More precise estimates of adequate service availability would allow policymakers and community leaders to set targets and benchmarks for strategic planning or resource allocation processes. What constitutes adequate service provision would help guide private and nonprofit philanthropy to the most needed parts of our communities.

Greater emphasis should be placed on studying poverty, work, and service provision in a manner that is sensitive to geographic variation within communities. Most of large data sets are designed to produce nationally representative samples and are not geographically representative of a particular region, state, or region. Such data are useful for understanding aggregate trends, but cannot account for variation in behavior and opportunity across communities or metropolitan areas. Yet, our programs are implemented at the community level. Just as more work has focused on the work outcomes of welfare recipients since the passage of welfare reform, more scholarship should investigate the relationship between place, service utilization, program participation, and work outcomes among low-income populations. The better we understand why some individuals seek assistance, why some individuals follow up on referrals, and why others attrite, the better we will be able to provide assistance to promote self-sufficiency among hard-to-serve populations.

In many ways, we have entered a new era of safety net policymaking. The transformation in how communities assist low-income populations has occurred with relatively

little discussion, debate, or reflection. Changes described here, therefore, represent a silent revolution or retrenchment of the safety net and anti-poverty components of the American welfare state. Retrenchment has created a safety net that is more varied geographically, more vulnerable to mismatches between persons in need and social supports, and more likely to leave needs unmet than was the case previously. As I argue, the contemporary safety net is less equitable and less stable than its predecessors. Rather than a single safety net composed simply of national programs, as might be the common misperception, we effectively have many different local safety nets. Such realities lead to a new political and policymaking paradigm for antipoverty assistance and the safety net.

Because nonprofits deliver a substantial share of social assistance, the safety net will track closely to shifts in the character and composition of the nonprofit service sector. Shifts in the political advocacy and civic activities of nonprofit service organizations could transform the playing field upon which social welfare policy is formulated. This is especially true if faith-based service organizations become more engaged in public debate and program administration than is the case in many communities today. Moreover, advocacy of nonprofit service organizations may be critical to building cross-class coalitions in support of greater social assistance, as these organizations can link the concerns of poor populations to those of middle and upper income levels.

There are indications that, public and private funding for social service programs may have plateaued in the last decade, as most program budgets are static or have experienced real-dollar decline. If indeed this is the case, then a safety net largely comprised of agencies dependent upon public funding is in a tenuous position. Reduction in service funding is likely to increase volatility in service provision, particularly among organizations dependent upon public

revenue streams. Volatility not only disrupts service delivery and lead to cutbacks in assistance delivered to poor persons on the ground, but it can threaten the very existence of community-based service providers. The myriad of programs and funding sources makes it difficult to trace the impact of governmental program cuts, but the impact should manifest itself clearly in levels of nonprofit service delivery. Rather than focus upon federal or state-level aggregate social service expenditures, our attention should be on the flow of public funds to local nonprofit service providers and clarifying how dependency upon public funding contributes to inconsistencies in the availability of safety net assistance on the ground.

Modifications to TANF contained in the 2006 budget reconciliation bill only reinforce the trends and realities that I describe above. Reauthorized through the reconciliation process, Congress made a few key changes to TANF and the administration of welfare-to-work programs that will amplify the service emphasis of the safety net and increase the important role played by the nongovernmental community-based components of our local private safety nets. Of particular relevance are the higher work participation rates states must achieve among TANF recipients to avoid a ten percent penalty in their annual federal TANF block grant. Most states will be expected to achieve work participation rates that are two to three times higher than rates being currently reported.

It is expected that states will respond to reauthorization in one of three ways. First, states could seek to improve work participation rates by expanding the support services available to those who are currently not working. Such strategies would lead to an even greater share of TANF funds dedicated to social service provision that helps recipients overcome barriers to employment. States could also respond by reducing the time recipients spend in training and education activities, forcing clients to work even sooner than under the previous welfare reform

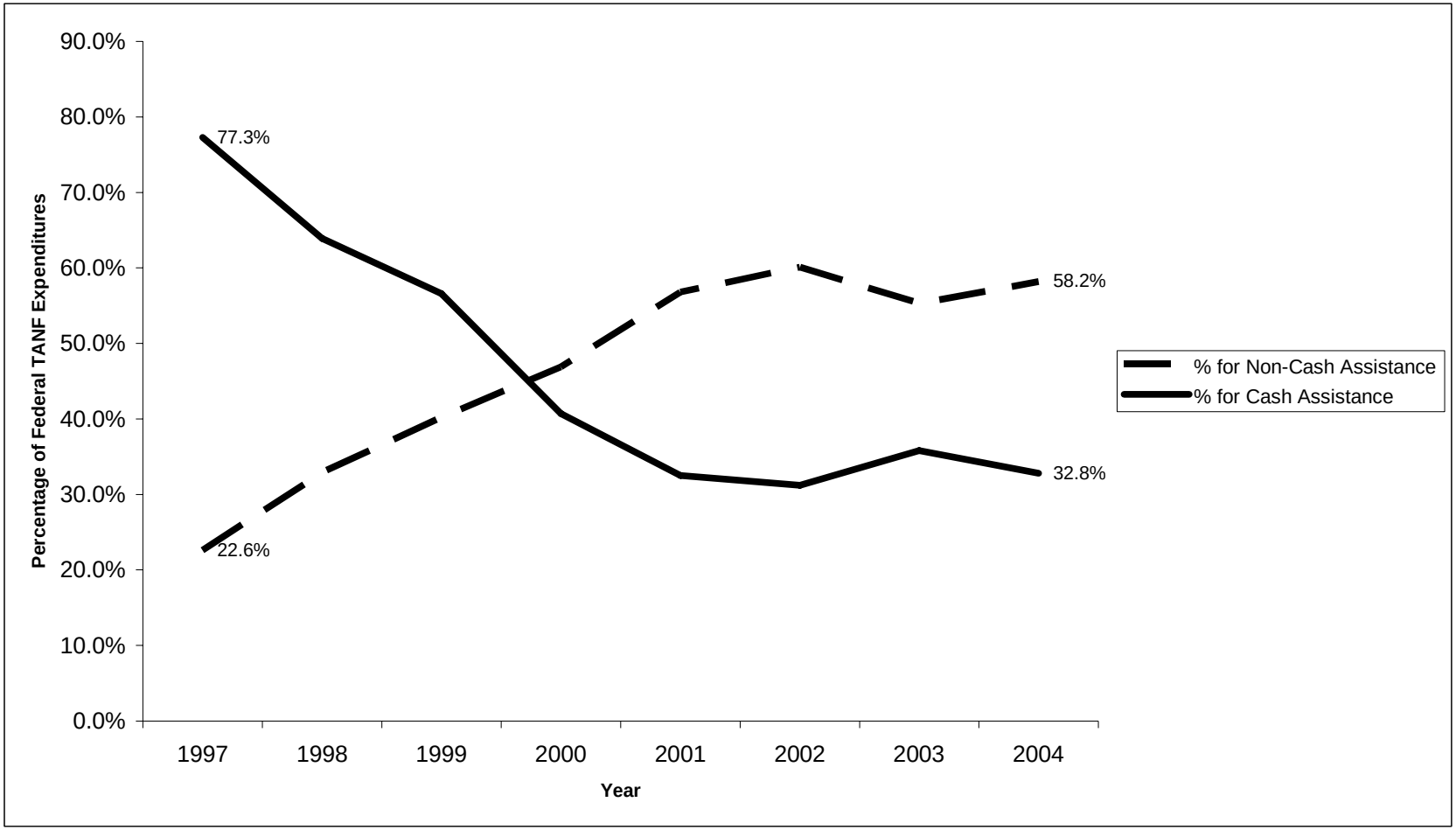
regime. As research indicates, such work-first strategies are likely to yield low-wage jobs and inconsistent attachment to the labor market. Families will still require assistance to meet basic needs, therefore, and it is likely that such assistance will be provided by nongovernmental service providers in their communities. States also could comply with tougher work requirements by simply reducing the caseload even further. Under these circumstances, community-based organizations would be left to meet the needs of former recipients who struggle to find and retain a job while caring for their families.

With little promise of further change to the welfare system or the public components of the safety net, we appear to be firmly entrenched in a political context that severely constrains the social welfare policymaking environment more than the rhetoric of welfare reform and devolution would lead us to believe. Expansion in either the amount of resources committed or in the number of persons served is unlikely to occur without significant economic expansion, or some type of economic crisis. Devolution of safety net responsibilities to subnational government and to nongovernmental organizations has further fragmented the policymaking process surrounding social welfare policy. The difficulty finding common ground for the many actors and organizations involved in the contemporary safety net, combined with the devolved nature of welfare policy leads political actors to focus on distinctly local or statewide issues. Not only is expansion of the safety net simply a political and fiscal impossibility within the constraints of the current political environment, therefore, but we are less able to develop national responses to economic changes that may acutely affect low-income populations.

In some ways we have returned to a safety net that more closely resembles pre-New Deal America politically, than the AFDC system in place a little more than a decade ago. Each system can be characterized by competitive pressures on subnational governments that may lead

to the underprovision of antipoverty assistance and will erode support for such assistance over time. Each system could be characterized by institutional fragmentation that complicates efforts to coordinate activity across communities and leads to greater inequality in the provision of aid. Multiple locations, distinct eligibility determinations, and unpredictable patterns of service provision may be difficult for clients to traverse the patchwork of governmental and nongovernmental supports that constitute the safety net. Difficulty navigating the system will likely diminish the ability of poor persons to receive needed treatment or aid. In the end, we may be maintaining a safety net that can only struggle to deliver social assistance to those most in need and to address significant increases in demand for aid or assistance in the future.

Figure 1: Percentage Change in Federal TANF Expenditures, 1997 - 2004



Note: Data reported reflect federal TANF expenditures, state maintenance of effort, and state separate programs combined.
Sources: TANF Financial Data; Administration for Children and Families - http://www.acf.hhs.gov/programs/ofs/data/index.html

Figure 2: Changes in Governmental Cash Assistance and Social Service Expenditures, 1975 – 2002 (in billions of $2004)

Note: Calculations include federal, state, and local expenditures.
Sources: 1998 Green Book; Administration for Children and Families - http://www.acf.hhs.gov/programs/ofs/data/index.html

Table 1: Organizational Characteristics of Service Providers in Rural Kentucky and Georgia

	% of Providers in Southeastern Kentucky	% of Providers in Southcentral Georgia
Type of Organization		
Governmental	40.0	41.2
Nonprofit	58.3	54.4
For Profit	1.7	4.4
Size of Annual Budget		
More than $1 million	21.9	25.0
$1 million - $200,000	18.8	20.0
$200,000 - $50,000	30.2	33.3
Less than $50,000	29.2	21.7
Self-Identifies as a Faith-based Organization	36.8	31.3
Median Number of Clients per month	90	65
Over 50 % of Clients Are . . .		
Women	79.1	74.6
Living Below Poverty Line	93.0	74.2
Receive Welfare Assistance	33.1	35.0
Live In County	89.9	79.3
African American	0.0	40.9
N	116	69

Source: Rural Survey of Social Service Providers

Table 2: Social Service Provision In Rural Kentucky and Georgia

Type of Service Offered to Low-Income Adults	% of Providers in Southeastern Kentucky	% of Providers in Southcentral Georgia
Mental Health	15.5	17.9
Substance Abuse	19.0	26.9
Finding Affordable Housing	45.7	48.5
Rent Assistance	34.8	42.7
Assistance with Homeownership	19.0	16.2
Adult Education/GED/ESL	30.2	33.8
Employment Services	43.5	43.5
Emergency Assistance	27.6	25.0
Food Assistance	65.5	50.0
Utility or Heat Assistance	42.2	44.1
Transportation Assistance	36.2	46.3
Marital or Relationship Counseling	20.0	36.4
Tax Preparation and EITC	8.6	17.9
Financial Planning	27.6	34.3
Voter Registration or Mobilization	24.1	39.7
N	116	69

Note: A description of each service area can be found in Appendix 4.
Source: Rural Survey of Social Service Providers

Table 3: Barriers to Social Service Receipt

Barriers to Service Receipt Clients Frequently Encounter	% of Providers in Southeastern Kentucky	% of Providers in Southcentral Georgia
Problems with Transportation	42.5	23.9
Difficulty Arranging Child Care	31.9	28.8
Difficulty Keeping Appointments due to Substance or Alcohol Abuse	25.7	19.0
Physical Health Problems or Illness	18.8	20.6
Fear of Stigma or Personal Concerns	8.9	11.5
Tough to Make Appointment Due to Work Schedule	4.4	11.3
Low Literacy or Difficulty Completing Paperwork	20.0	18.2
Domestic Violence	4.8	1.8
N	116	69

Source: Rural Survey of Social Service Providers

Table 4: Funding Streams and Service Delivery Among Nonprofit Service Providers in Rural Kentucky and Georgia

	% of Nonprofit Providers in Southeastern Kentucky	% of Nonprofit Providers in Southcentral Georgia
Receive funds from **Medicaid**	13.4	16.2
Comprises at least 50% of Funds	57.1	40.0
Decrease in Medicaid in Last 3 yrs	44.4	50.0
Receive funds from **Gov't Grants/Contracts**	59.1	43.2
Comprises at least 50% of Funds	40.5	57.1
Decrease in Gov't Grants in Last 3 yrs	46.2	50.0
Receive funds from **Nonprofit Grants**	47.7	29.0
Comprises at least 50% of Funds	13.3	28.6
Decrease in Nonprofit Grants in Last 3 yrs	19.4	22.2
Receive funds from **Private Giving**	84.9	66.7
Comprises at least 50% of Funds	39.6	75.0
Decrease in Private Giving in Last 3 yrs	26.8	13.6
Receive funds from **Earned Revenue**	25.4	15.6
Comprises at least 50% of Funds	26.7	20.0
Decrease in Earned Revenue in Last 3 yrs	11.8	0.0
Receive funds from **Religious Org'ns**	54.0	20.0
Comprises at least 50% of Funds	10.3	19.0
Receive funds from **In-kind Sources**	71.2	58.3
Comprises at least 50% of Funds	10.9	14.3
	% of All Providers in Southeastern Kentucky	**% of All Providers in Southcentral Georgia**
Response to Funding Problems in Past Year		
Reduced Services Offered	29.6	39.7
Reduced Number of Clients	20.0	32.8
Reduced Staff	35.3	35.3
Reduced Hours of Operation	10.3	17.7
Temporarily Shut Down Site	4.3	14.7

Source: Rural Survey of Social Service Providers

Table 5: Service Provision Across Secular versus Faith-based Providers in Rural Kentucky and Georgia

Type of Service Offered to Low-Income Adults	% of Providers in Southeastern Kentucky		% of Providers in Southcentral Georgia	
	Secular Organization	Faith-based Organization	Secular Organization	Faith-based Organization
Mental Health	18.1	9.5	22.7	9.5
Substance Abuse	18.1	16.7	29.6	23.8
Finding Affordable Housing	51.4	35.7	51.1	38.1
Rent Assistance	31.0	40.5	31.1	61.9
Assistance with Homeownership	16.7	21.4	20.0	4.8
Adult Education/GED/ESL	37.5	16.7	33.3	33.3
Employment Services	54.9	23.8	54.4	14.3
Emergency Assistance	19.4	42.9	11.1	47.6
Food Assistance	58.3	76.2	33.3	81.0
Utility or Heat Assistance	36.1	52.4	26.7	76.2
Transportation Assistance	34.7	38.1	50.0	38.1
Tax Preparation and EITC	5.6	14.3	20.5	9.5
Financial Planning	31.9	19.1	38.6	23.8
Voter Registration or Mobilization	34.7	7.1	46.7	19.1
Receive Medicaid Funding	33.8	4.8	40.0	9.5
Receive Gov't Grants/Contracts	91.3	41.5	87.0	4.8
Receive Nonprofit Grants	25.7	42.9	15.0	23.8
Receive Funds from Private Giving	34.8	90.5	21.4	95.2
Receive Funds from Earned Rev.	21.1	23.8	19.5	19.1
Response to Funding Problems in Past Year				
Reduced Services Offered	19.4	48.8	39.1	38.1
Reduced Number of Clients	13.9	31.7	31.1	38.1
Reduced Staff	45.8	16.7	43.5	19.1
Reduced Hours of Operation	6.9	16.7	19.6	9.5
Temporarily Shut Down Site	0.0	11.9	13.0	19.1
N	72	42	46	21

Note: Churches or places of worship not listed in community directories as service providers are excluded from this table.
Source: Rural Survey of Social Service Providers

Table 6: Services Delivery Among Churches in Kentucky and Georgia

	Kentucky	Georgia
Percentage Churches Offering Services or Assistance to Low-Income Adults or Children	**52.9**	**65.2**
Percentage Churches Not Offering Services or Assistance to Low-Income Adults or Children	**47.1**	**34.8**
N	**136**	**164**
Of Churches Who Offer Services or Assistance:		
% Offering Services to Low-Income Adults		
Outpatient Mental Health	6.9	8.8
Outpatient Substance Abuse	5.6	1.8
Education	4.2	1.8
Emergency Cash Assistance	75.0	75.4
Food Assistance	77.8	89.5
Job Training or Search	5.6	5.3
On-Site Child Care	**12.5**	**15.8**
Percentage Open At Least One Weekday	**75.0**	**61.4**
N	**72**	**57**

Note: Survey responses are drawn from the initial verification call to each church.. Sample size in the top panel reflects churches that completed the first verification call. Sample size in the bottom panel reflects only churches that provide services to low-income populations.
Source: Rural Survey of Social Service Providers

Figure 1: Map of South Central Georgia Study Site

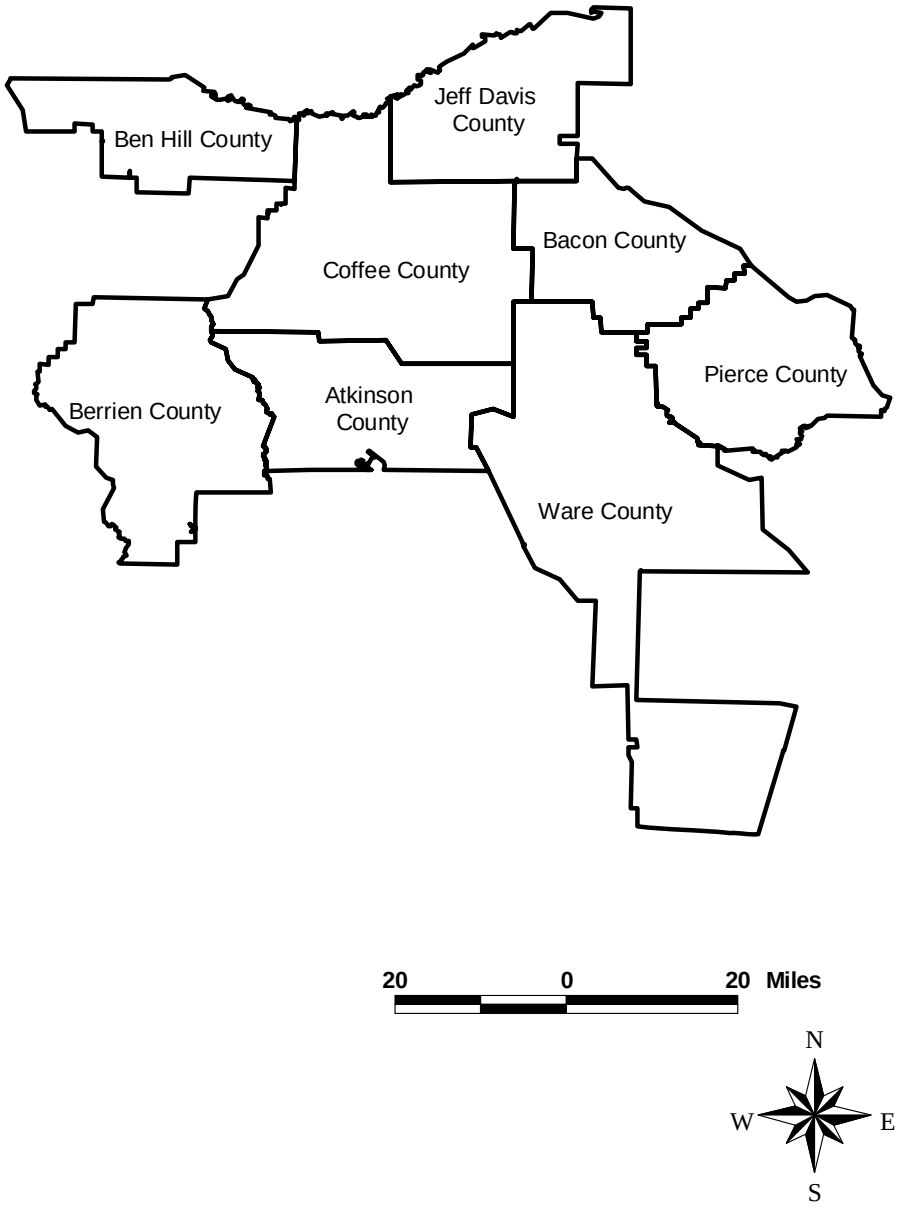
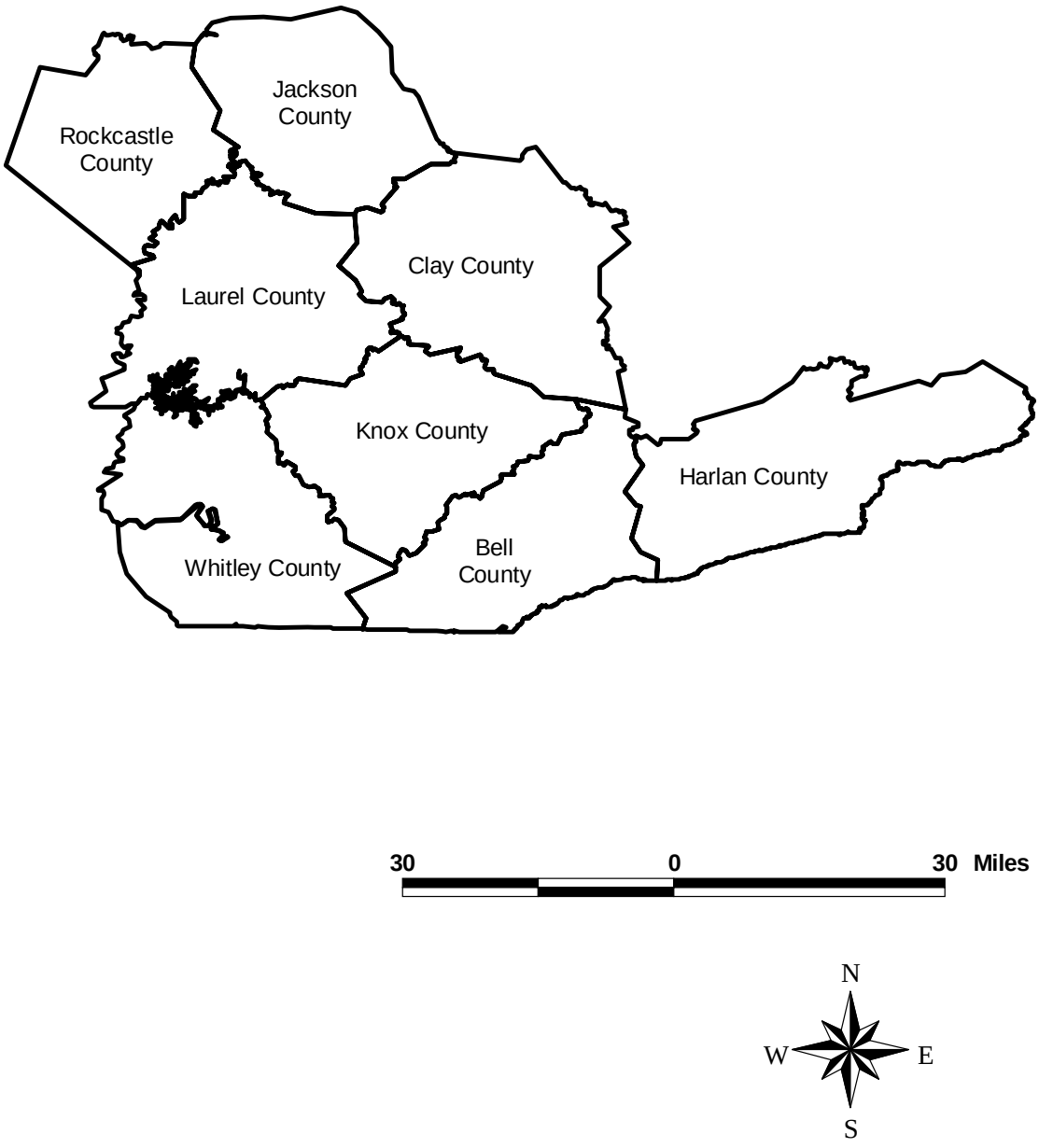


Figure 2: Map of Southeastern Kentucky Study Site



Appendix 1: Characteristics of Proposed Coffee County and Laurel County Study Sites

County	2000 Census				Economic Research Service of U.S. Department of Agriculture			
	Total Population	Percent Poor	Percent African American	Median Household Income	Persistently Poor	Type of High Poverty County	Economic Specialization	Urban Influence Code
Atkinson County	7,609	23.0	19.7	$32,688	Yes	Hispanic	Farm	8
Bacon County	10,103	23.7	16.5	$32,579	Yes	Black	Manufacturing	9
Ben Hill County	17,484	22.3	32.5	$33,023	Yes	Black	Manufacturing	8
Berrien County	16,235	17.7	11.6	$34,643	No	--	Manufacturing	6
Coffee County	37,413	19.1	25.9	$35,936	No	--	Manufacturing	8
Jeff Davis County	12,684	19.4	14.9	$30,930	No	--	Manufacturing	9
Pierce County	15,636	18.4	11.0	$35,903	No	--	Services	6
Ware County	35,483	20.5	27.7	$34,372	Yes	Black	Nonspecialized	8
Bell County	30,060	31.1	2.5	$23,818	Yes	White	Nonspecialized	8
Clay County	24,556	39.7	4.8	$18,925	Yes	White	Federal/State	10
Harlan County	33,202	32.5	2.2	$23,536	Yes	White	Mining Dependent	9
Jackson County	13,495	30.2	0.0	$23,638	Yes	White	Manufacturing	10
Knox County	31,795	34.8	0.1	$23,136	Yes	White	Nonspecialized	9
Laurel County	52,715	21.3	0.1	$31,318	Yes	White	Nonspecialized	8
Rockcastle County	16,582	23.1	0.0	$30,278	Yes	White	Nonspecialized	8
Whitley County	35,865	26.4	0.1	$27,871	Yes	White	Nonspecialized	8

Note: Urban Influence Codes are as follows: 6-Nonmetropolitan, noncore adjacent to small metro with town of at least 2,500, 8- Nonmetropolitan, noncore micropolitan non-adjacent with town of at least 2,500, 9- Nonmetropolitan, noncore adjacent to micropolitan with town of at least 2,500, 10- Nonmetropolitan, noncore adjacent to micropolitan without town of at least 2,500.

Appendix 2: Response Rates to Phase One Initial Verification Calls in Kentucky and Georgia

	KY Providers	KY Churches[a]	GA Providers	GA Churches[a]
Total Number of Providers	**387**	**200**	**342**	**264**
Phase One Interview Completed				
Met Criteria as Service Provider	**225 (58.1%)**	**75 (37.5%)**	**135 (39.5%)**	**69 (26.1%)**
Site Not Operational	48 (12.4%)	40 (20.0%)	77 (22.5%)	25 (9.5%)
Site Not Service Provider	82 (21.2%)	61 (30.5%)	100 (29.2%)	95 (36.0%)
Refused	2 (0.5%)	8 (4.0%)	8 (2.3%)	9 (3.4%)
Other (i.e., duplicate, outside area boundaries)	13 (3.4%)	4 (2.0%)	8 (2.3%)	16 (6.1%)
No Contact or Response	**17 (4.4%)**	**12 (6.0%)**	**33 (9.6%)**	**50 (18.9%)**
Response Rate (% of eligible providers who completed call)	**95.6 %**	**90.0%**	**90.4%**	**81.1%**

[a] – For the Kentucky site, a random sample of 200 churches was drawn from a database of 291 churches. All 264 churches in the Georgia site database were contacted for the study.
Note: Verification calls were conducted between July 2005 and November 2005.

Appendix 3: Response Rates to Phase Two Detailed Telephone Surveys in Kentucky and Georgia

	KY Providers	KY Churches	GA Providers	GA Churches
Total Number of Providers	**269**	**75**	**156**	**70**
Phase Two Interview Outcome				
Completed Telephone Survey	**165 (61.3%)**	**21 (28.0%)**	**82 (52.6%)**	**15 (21.4%)**
Site Not Operational	10 (3.7%)	2 (2.7%)	8 (5.1%)	1 (1.4%)
Site Not Service Provider	19 (7.1%)	7 (9.3%)	18 (11.5%)	8 (11.4%)
Refused	15 (5.6%)	7 (9.3%)	17 (10.9%)	9 (12.9%)
Other (i.e., duplicate, outside area boundaries)	18 (6.7%)	0 (0.0%)	14 (9.0%)	1 (1.4%)
No Contact or Response	**42 (15.6%)**	**38 (50.7%)**	**17 (10.9%)**	**37 (52.9%)**
Response Rate = 60.9% (percent of eligible providers who completed survey)	**74.3%**	**31.8%**	**70.7%**	**24.6%**

Note: Total Surveys Completed = 283. If an organization fitting the study's definition of a service provider was identified between the verification call and survey completion, they were administered a longer survey interview only. Response rate among non-church providers in Kentucky and Georgia was 73.1 percent.

Appendix 4: Definitions of Social Service Areas

Type of Service Offered to Low-Income Adults	Definition for Purposes of Survey Project
Mental Health	Outpatient mental health services or counseling.
Substance Abuse	Outpatient substance abuse services or counseling. Excludes self-help and twelve-step programs.
Finding Affordable Housing	Assistance in search for affordable housing, or assistance with lease or mortgage arrangements.
Rent Assistance	Cash assistance for rent.
Assistance with Homeownership	Assistance securing financing or subsidies for homeownership.
Adult Education/GED/ESL	Adult education, ESL, or GED programs.
Employment Services	Job training, search, placement, and retention programs.
Emergency Assistance	Temporary or one-time cash assistance, or general assistance.
Food Assistance	Temporary or one-time food assistance.
Utility or Heat Assistance	Temporary or one-time assistance with utility or heat payments.
Transportation Assistance	Assistance acquiring transportation or providing transportation services directly.
Marital or Relationship Counseling	Marital or relationships counseling programs targeted at adult couples.
Tax Preparation and EITC	Assistance with processing of tax returns and the Earned Income Tax Credit.
Financial Planning	Help with household financial planning, or programs designed to support investment or capital development.
Voter Registration or Mobilization	Voter registration, education, or mobilization efforts.