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Income Support and Social Services for Low-Income People in Mississippi

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Mississippi has built the core of its social welfare programs for low-income families around federally funded programs. It is not an activist state in the area of social services, and the structure of its social services is fragmented, perhaps because the programs have been developed to meet needs of federal funding requirements rather than as the result of a comprehensive state vision. In one respect this may limit the state's ability to take on full responsibility for the design and implementation of social service programs resulting from block grants. Yet the state has already made progress down the road of welfare reform that, to some degree, lessens the policy changes necessary because of federal welfare legislation.

State Overview

Mississippi is a predominantly rural state: approximately three-quarters of its 2.6 million residents live in nonmetropolitan areas. The racial composition of Mississippians is mixed, with the largest portion (nearly 40 percent) of black residents among all the states. The Hispanic and noncitizen immigrant populations are very small but growing (table 1). Poverty levels for the state

as a whole and for children are 60 percent higher than national averages. Also, a greater percentage of children are born to mothers out of wedlock and live in one-parent families than in the nation as a whole. The rate of births to teen mothers is the highest in the nation. Although the childhood immunization rate is one of the highest among the states, in 1995 Mississippi had the highest percentage of low birth-weight babies, the highest infant mortality and child death rates, and the highest rate of teen deaths by accident, homicide, and suicide. Economically, Mississippi is in a stronger position than at the beginning of the 1990s, but the state's fiscal capacity is limited by a resource base of a population whose per capita income is nearly 30 percent below the national average. Overall, the governor is not an activist on issues regarding dependent populations or children. The legislature often takes the lead on policy in the areas of child care, child welfare, and child support.

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Setting the Social Policy Context

Although Mississippi's economy has boomed in recent years, particularly with the introduction of dockside gambling, state expenditures on social programs remain controlled by budgetary measures to limit government spending and

**Table 1
State Characteristics, 1995**

	Mississippi	United States
Population Characteristics		
Population (1995) (in thousands)	2,600	260,202
Percent under 18 (1995)	27.4%	26.8%
Percent Hispanic (1995)	0.7%	10.7%
Percent Non-Hispanic Black (1995)	38.7%	12.5%
Percent Noncitizen Immigrant (1996)	0.9%	6.4%
Percent Rural (1990)	76.0%	36.4%
Population Growth (1990–1995)	4.7%	5.6%
Births:		
Per 1,000 Women Ages 15–19 (1994)	83	59
Per 1,000 Women Ages 15–44 (1994)	68.2	66.7
Percent to Unmarried Women (1994)	45.4%	32.6%
Percent to Women under 20 That Were Nonmarital (1994)	80%	76%
Economic Characteristics		
Per Capita Income (1995)	\$16,683	\$23,208
Percent Change in Per Capita Personal Income (1990–1995)	31.3%	21.2%
Percent below Poverty (1994)	22.8%	14.3%
Unemployment Rate (1996)	6.1%	5.4%
Employment Rate (1996)	58.5%	63.2%
Percent Jobs in Manufacturing (1995)	21.6%	16.0%
Percent Jobs in Service Sector (1995)	20.4%	23.1%
Percent Jobs in Public Sector (1995)	15.3%	14.7%
Family Profile		
Percent Two-Parent Families (1994)	32.1%	35.7%
Percent One-Parent Families (1994)	18.6%	13.8%
Percent Mothers with Child 12 or Under		
Working Full-Time (1994)	44.7%	38.1%
Working Part-Time (1994)	14.0%	16.1%
In Two-Parent Families and Working (1994)	38.8%	40.3%
In One-Parent Families and Working (1994)	19.9%	13.9%
Percent Children below Poverty (1994)	34.4%	21.7%
Median Income of Families with Children (1994)	\$26,502	\$37,109
Percent Children Uninsured (1995)	14.1%	10.0%
Political		
Governor's Affiliation	Republican	
Party Control of Senate (1996)	34D-18R	
Party Control of House (1996)	83D-36R-2I	

Source: Complete list of sources is available in *Income Support and Social Services for Low-Income People in Mississippi* (The Urban Institute, 1998).

by a political system that does not rank social programs as a high priority. Thus, Mississippi does not have a cogent, coordinated agenda for serving low-income families and children. However, specific issues have attracted attention. For example, the initial debate over the WorkFirst demonstration project in 1993 and more recent controversy over the privatization

of social services were important policy concerns for both the governor and the legislature. Education, corrections, and economic development and job creation have ranked high on the governor's agenda in recent years.

The shift in 1992 of the Department of Human Services from an independent to an executive agency gave the governor

greater authority over the department than his predecessors had. Governor Fordice has used this authority to reorient the agency perspective on social services toward one focused on limited, temporary assistance and work.

The state has made recent strides in the areas of child health and education. The infant mortality rate declined in Mis-

Mississippi between 1992 and 1995, from 11.9 per 1,000 births to 10.5 per 1,000 births. In addition, the state now has a rate of immunization among preschoolers that, at 83 percent, is the sixth highest in the nation. In education, a 1 percent tax increase in 1992 created the Education Enhancement Fund, which eventually will provide an additional \$130 million in state money per year for education. Many in the state view the legislation to implement this fund as a progressive, proactive step that might not have been possible in the state even a few years earlier.

Mississippi is still at the beginning of reforming its safety net for low-income families and children who are dependent on cash assistance. Some early decisions indicate that the governor will continue to set the overarching tone of job creation and quick labor force attachment as methods to increase personal responsibility and decrease dependency.

Administrative Structure

Policy control over social services in Mississippi remains at the state level, and employees in local offices are state employees. The Department of Human Services and the Department of Economic and Community Development are responsible for general administration and oversight of programs to support low-income families and their children. The former agency houses welfare, child welfare, emergency services, and child care, while the latter administers the funding of the Job Training and Partnership Act (JTPA) and plays a large role in emergency shelter and homeless programs.

Devolution of control from the state to local governments does not occur in social service delivery in Mississippi, but there is a great deal of devolution of administration to district or local intermediary entities. With the exception of welfare and child welfare services (which are generally provided by the local offices of the Department of Human Services), the state relies heavily on a district/local-level infrastructure to support many social programs. This infrastructure includes 10 Planning and Development Districts (PDDs) that have assumed expanded functions since their creation in the late 1960s, including the new case

management duties of the Job Opportunities and Basic Skills (JOBS) program and the required voucher program of the Child Care Development Block Grant. In addition to PDDs, Community Action Agencies (CAAs) are also now more heavily involved in the local administration of social programs, most heavily in the areas of child care and emergency services. Reliance on PDDs and CAAs means that direct service administration is often moved out of state departments. With employment and training, child care, and emergency services, there is little but a policy role for the state's Departments of Human Services and Economic and Community Development.

Basic Income Support

Mississippi ranks low among the states in percentage of poor persons in families with children who receive AFDC (Aid to Families with Dependent Children—now TANF [Temporary Assistance for Needy Families]), and it ranks lowest among all the states in level of monthly payments for families on welfare. In 1995, only 29.9 percent of the total number of poor persons in families with children in Mississippi received AFDC, compared with about 47 percent nationwide. Only seven states had lower percentages of AFDC receipt among poor persons in families with children. The maximum monthly benefit for a family of three in the state has remained unchanged since 1985. At \$120, it is the lowest offered in the 50 states and the District of Columbia. As a result, food stamp benefits are the major source of income for most AFDC recipients. A family of three that receives the maximum AFDC benefit of \$120 a month is likely to receive, in addition, about \$315 a month in food stamp benefits (table 2).

The state is one of six that do not provide an optional state supplement to recipients of the federal Supplemental Security Income (SSI) program for elderly and disabled individuals. Mississippi also does not operate a General Assistance program, nor do any of its counties. Therefore, income assistance for families in need of support in the state consists primarily of food stamps and AFDC, both of which are substantially federally funded.

Since 1993, Mississippi has enacted a series of welfare reforms resulting in changes to the AFDC program that focus on increasing parental responsibility and work participation and decreasing case-loads. Mississippi's waiver program, "A New Direction Demonstration Program," was implemented between October 1995 and January 1996. WorkFirst, the centerpiece of the waiver demonstration, served as the model for the state's TANF program. WorkFirst sought to increase work participation through strict work requirements, the toughest sanctions in the country (the penalty for not complying with work requirements was loss of the entire AFDC and food stamp benefit for the entire family), subsidized job placements, and less-restricted transitional services. At the same time that the state introduced WorkFirst in six counties, it also created a "one-stop shop" of integrated welfare and job placement services to support the emphasis placed on immediate job search.

The WorkFirst program has received considerable support from the governor. Independent evaluators of the waiver demonstration found that case-loads in the six WorkFirst counties declined 34.3 percent, compared with caseload declines of 22.3 percent in counties that did not implement WorkFirst. The evaluation also reported a high number of sanctions resulting in benefit termination in the six WorkFirst counties. After the first six quarters of WorkFirst, about 19 percent of the total number of WorkFirst clients had received at least one sanction. Mississippi's TANF program is based on WorkFirst, with slight modifications, including a reduction in the severity of sanctions for adult recipients who do not comply with work requirements.

Programs That Promote Financial Independence

To help promote self-sufficiency, cash assistance programs often need to be supplemented with employment and training, subsidized child care, child support collection efforts, and health insurance coverage.

Table 2
Social Welfare Spending for Families
with Children in Mississippi,
FY 1995

Program	\$ in Millions				Total Spending per Poor Family	
	Federal Spending	State and/or Local Spending	Total Spending	Percent Change 1993-95	Mississippi	United States
Income Support						
AFDC Benefits	\$59.0	\$16.1	\$75.1	-13.6%	\$171	\$851
AFDC Administration	7.3	7.3	14.6	9.5	33	136
SSI for Children	N/A	0.0	122.6	22.9	279	184
Federal Earned Income Tax Credit	544.6	0.0	544.6	54.4	1,241	1,010
Food Security						
Food Stamps, households with children	324.8	0.0	324.8	-7.7	740	711
Child Nutrition	172.7	0.0	172.7	-7.0	394	344
Education and Training						
JOBS	15.8	7.1	22.9	72.9	52	59
JTPA	24.1	0.0	24.1	-39.2	55	73
Child Care/Development						
AFDC	5.1	1.4	6.5	50.0	15	61
At-Risk	1.2	0.3	1.5	a	3	20
CCDBG	16.3	0.0	16.3	-0.5	37	34
Head Start	95.5	0.0	95.5	14.3	218	117
Child Support Enforcement						
Child Welfare	21.6	9.9	31.5	29.9	72	115
Protection/Family Preservation						
Child Protection/Family Preservation	7.0	2.3	9.4	58.2	21	22
Foster Care	5.6	4.1	9.6	41.3	22	222
Adoption Assistance	0.7	0.2	0.9	64.6	2	29
Other	0.5	0.0	0.5	0.6	1	3
IV-A Emergency Assistance	0.0	0.0	0.0	b	0	124
Health						
Medicaid, children only	193.4	52.7	246.1	29.1	561	984

Source: Complete list of sources is available in *Income Support and Social Services in Mississippi* (The Urban Institute, 1998).

a. There was no At-Risk child care spending in Mississippi in 1993.

b. There was no IV-A Emergency Assistance spending in Mississippi in 1993 or 1995.

Employment and Training

Under welfare reform, Mississippi has increasingly moved away from assistance with education or training for welfare recipients toward the goal of quick labor force attachment, as evidenced in the WorkFirst approach. In contrast, education and training programs are more widely available to the lower-income population not necessarily on welfare, through JTPA funding and One-Stop Career Centers. These differing approaches stem from different goals.

Employment services for the welfare population (through JOBS/WorkFirst) are predominantly led by the goal of increasing personal responsibility through work and decreasing dependency on public aid. For the nonwelfare low-income population, the JTPA programs and One-Stop Career Centers focus on economic development through strengthening the state's workforce in high-demand occupations that are determined by the state.

Three pillars of administration govern employment and training services in

the state. At one end is the Department of Human Services, which administers JOBS/WorkFirst funding exclusively for the welfare population. At the other end are the State Workforce Development Advisory Board and the District Boards that oversee the 15 One-Stop Career Centers that cater largely to the blue-collar population. In between, the Department of Economic and Community Development administers JTPA funding, serving both the welfare and nonwelfare low-income population.

The One-Stop Career Centers, created through the Workforce Education Act of 1994, are supported through state and corporate funding and are largely independent from JTPA and JOBS/WorkFirst activities. A State Workforce Development Advisory Council sets the agendas for the career centers, which are staffed and organized locally by community colleges. Center services include recruitment, skills assessment, counseling, and referral services to training or job placements; preemployment training for those with no experience in the private enterprise system; basic literacy skills training and high school equivalency education; vocational and technical training; and short-term skills training for JTPA participants. Although the centers are available to all, 75 percent of training services are provided to blue-collar workers. Welfare recipients are not directed to the centers for services but do at times end up finding them or seeking them out on their own.

Child Care

Mississippi serves a very small percentage of the children in families eligible for child care assistance. Estimates by the Mississippi Forum for Children and Families suggest that if the child care system functioned at its most efficient level, it could still meet the needs of only 10 percent of the total eligible population. The subsidized child care system in Mississippi is heavily reliant on federal funding and has been structured according to the various federal funding sources available. This structure has created a complex system with various avenues for entry and no assurance of assistance as a family's eligibility changes, particularly from welfare recipient to working poor. The limited state resources devoted to child care further restrict the state's ability to provide assistance as an important support to work or as an avenue for the low-income population to access child development programs. Child care for working AFDC recipients, JOBS/WorkFirst participants, and Transitional Child Care recipients flows through the Division of Economic Assistance of the Department of Human Services, with an emphasis on child care as a support to work. The Child Care Development Block Grant (CCDBG), the Social Services Block Grant, and At-Risk funding

flow through the Office for Children and Youth of the Department of Human Services.

Across this system, subsidy levels, family copayments, and provider reimbursement rates are universal. However, the system is not seamless administratively nor for families as they make transitions in their child care eligibility status. The vouchers themselves and the applications for subsidies are similar, but a different application must be made depending on the funding stream accessed, and these applications are found at different locations within an area.

Although there is no direct competition between the welfare and nonwelfare populations to receive subsidies, there is heavy competition among all families to access assistance. Every provider, advocate, and child care management agency respondent agreed that there are waiting lists at both the provider and the management agency levels.

In 1995, the state passed legislation that authorized a 25 percent tax credit for employers providing dependent care during working hours; this was expanded to a 50 percent tax credit during the 1997 legislative session. Businesses can use the credit to establish on-site child care or to build alliances with networks of providers for which the employer will subsidize care for the children of its employees. There is a sense that this is the last major option available in the state to help address the need for child care.

Child Support

The Division of Child Support Enforcement was established in the state in 1990 and manages the state-run program, with 84 offices under the purview of the state's Department of Human Services. The efficiency of child support collections in Mississippi is low relative to many states, and, in most regards, the child support program meets but does not exceed federal requirements. In recent years, however, child support enforcement has made progress as a result of several innovations. These include an automated system that has improved the state's ability to locate absent parents and make child support collections, a state paternity program (required by the federal government) begun in 1994 that is an in-hospital acknowledgment of paternity, and a license suspension program that

preceded federal law requiring that states authorize such programs. These innovations appear to have paid off. Total collections in FY 1996 reached \$84.6 million, up from \$62 million the previous year. Paternities and obligations established have also increased substantially.

Medicaid and Other Health Insurance

Medicaid currently is the only health insurance program for low-income families in Mississippi. A relatively high proportion (16 percent) of all state residents rely on Medicaid for health coverage. Spending per Medicaid enrollee in 1995—at \$2,377—was about 26 percent less than the national average. However, the state has extended its coverage for pregnant women and infants up to 185 percent of the federal poverty level (FPL), which is more generous than the federal requirement of 133 percent of the FPL. In 1997, legislation was passed calling for statewide implementation of HealthMACS, a managed care plan. Beyond Medicaid, community health centers are important for the delivery of health care to the low-income and uninsured populations in Mississippi. These centers provide a health care safety net in this rural state, which has a substantial shortage of health professionals. The proportion of state residents seen at community health centers is three times higher than the national average. The state has the opportunity to expand health care coverage to the uninsured, especially children. It is eligible for \$58 billion in federal funding through the state Children's Health Insurance Program, but a state match of \$10.7 million is needed to access these funds.

Last-Resort Safety Net Programs

Although one of the goals of devolution is to promote the well-being of children and families, it is important to consider what might happen to families for whom the new rules and programs do not work as designed. Child welfare and housing emergency services have existed for a long time to "pick up the pieces" when families cannot cope.

Child Welfare

Child welfare services are administered at the state level by the Division of

Family and Children's Services within the Department of Human Services. This system of services is in a period of policy- and practice-related transition. The direction for change has largely been determined by the state's request for technical assistance from the federal Administration for Children and Families and from the state's completion of its five-year Child and Family Services Plan, with the assistance of the Social Science Research Center of Mississippi State University. The division's policy orientation has changed recently from an emphasis on child protection toward one on family preservation and family reunification. The change in focus stemmed from the division's dissatisfaction with its delivery of services, especially the lack of resources for prevention or family preservation supports. Only one family preservation program existed in 1994, but since then the state has used the catalyst of federal funding for family preservation and family support to launch partnerships with community-based organizations to increase family preservation services. Change takes time, however. Estimated expenditures for FY 1996 indicate that 65 percent of the total budget was directed toward children in out-of-home placement; placement services made up 8 percent, intervention services 16 percent, and family preservation and family support activities 10 percent of the total estimated expenditures.

Mississippi passed legislation in 1997 to force state review of child status reports more frequently, to prevent children from languishing for extended periods in substitute care. The law calls for action to return the child home or to begin litigation to terminate parental rights within six months of removal from the home for children under age three and within nine months for older children. Variation exists at the local level in how this and other child welfare policies are being implemented.

Emergency Services and Housing

Mississippi does not have an integrated emergency assistance program at the state level. Emergency assistance support and programs for the homeless have been pieced together through the patchwork of available federal funding. Two state departments serve as pass-throughs for federal funding to flow to the local

level for service provision, and programs essentially mirror the federal funding streams. Mississippi does not access Title IV-A Emergency Assistance federal funding and does not contribute any state funding to services to prevent homelessness or to provide emergency assistance. Nonprofit providers are the backbone of the delivery structure for all emergency assistance and homeless services within the state. There is a great deal of discretion in service provision at the local level, and no entities oversee or license emergency shelters at the state or local level. However, some nonprofits have created their own informal networks to serve as coordinating bodies among nonprofit providers in local areas. In 1995, the Division of Community Services, which administers the main federal funding streams to prevent homelessness (the Low-Income Home Energy Assistance Program and the Community Services Block Grant), encouraged local-level service providers to adopt a case management approach to assistance. This represented a shift from solely meeting immediate needs to helping clients move toward self-sufficiency.

Implications of the New Welfare Reform Legislation

The welfare reform of 1996 did not change the direction of reform in Mississippi, but it did have three major effects on reform efforts (table 3). First, it resulted in increased federal funding for welfare in the state, at least in the short term. Mississippi received a TANF block grant of \$86.7 million for federal fiscal year 1997, an estimated \$31 million more than it would have received if it had continued to operate AFDC.

Second, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 accelerated the pace of reforms in Mississippi by putting welfare reform back on the agenda of legislators and other officials. Although the New Direction Demonstration Program had been implemented less than a year before, the federal law and required state response prompted legislators to revisit their welfare reform initiatives and extend the core of the demonstration statewide earlier than planned. In addition, through the legislative process, a number of provi-

sions were added to the state's plan that were more lenient on victims of domestic violence and that allowed for college enrollment of welfare recipients, as long as they still met the 20-hour-per-week work requirement. Most significantly, the state reduced the severity of its sanctions. Although adult recipients who are out of compliance with work requirements lose their Medicaid benefits for the period of the sanction, food stamp benefits are no longer interrupted as a result of sanctions governing TANF receipt.

Third, the federal welfare reform law included a number of state options that had not been addressed in Mississippi's own welfare reform efforts, notably time limits. The state generally adopted the federal guidelines for specific reform components that it had not yet considered. For example, the time limit in Mississippi is the five-year total and the work requirement is the 20-hour-per-week minimum, both set at the federal level. The state has thus adopted the most lenient requirements allowable under new federal law.

Cash assistance from AFDC has never been a significant resource to low-income families in the state. Instead, federal sources—including food stamps, SSI, and emergency food and utility assistance—have provided the critical resources. Therefore, using the TANF program to affect behavior, as intended by the federal welfare legislation, may be more difficult in Mississippi, because retention of the low cash benefit is not a strong motivator.

In addition, the state faces other challenges in moving recipients from welfare to work, especially in areas of high unemployment and limited transportation to jobs outside the area. Respondents were most concerned about the supports necessary for a successful transition from welfare to work. For example, the state has ended the "entitlement" to child care for families on welfare. State legislation now asserts that child care may, rather than shall, be provided as a support to public assistance recipients. Another concern exists among local-level service providers and the nonprofit community—the primary players in the delivery of social services to low-income families in Mississippi. They question how much further they can stretch their limited resources in an era of potentially increasing need.

Table 3
Mississippi's TANF Program

Eligibility	For a recipient family of three with no unearned income and no child care expenses, there is no income limit in the first six months of earnings when full-time employment is obtained within 30 days from the initial authorization of TANF benefits or 30 days from the start date of Job Readiness/Job Search activities; in all other months income eligibility is \$460/month. Asset limit is \$1,000.
Time Limits	Five years, with exemptions for those who are elderly, disabled or ill, caring for a disabled person, or victims of domestic violence.
Earnings Disregards	Disregards 100 percent of earnings for the first six months when full-time employment is obtained within 30 days from the initial authorization of TANF benefits or 30 days from the start date of Job Readiness/Job Service activities; otherwise, disregards \$90.
Work Requirements	Adults must participate in work activities within two years of benefit receipt. Persons who are elderly, incapacitated, pregnant (in the third trimester), victims of domestic violence, caring for an incapacitated person, caring for a child under 12 months, or receiving treatment for substance abuse are exempt from the work requirements.
Work Sanctions	For first instance of noncompliance, benefits are terminated for no less than two months. For second instance of noncompliance, benefits are terminated for no less than six months. For third instance of noncompliance, benefits are terminated for no less than 12 months. For fourth instance of noncompliance, benefits are terminated permanently.
Benefit Level	\$120/month maximum for a single parent with two children and no income.

Source: L. Jerome Gallagher, Megan Gallagher, Kevin Perese, Susan Schreiber, and Keith Watson. *One Year after Federal Welfare Reform: A Description of State Temporary Assistance for Needy Families (TANF) Decisions as of October 1997*. The Urban Institute, *Assessing the New Federalism* Occasional Paper Number 6, June 1998, various tables.

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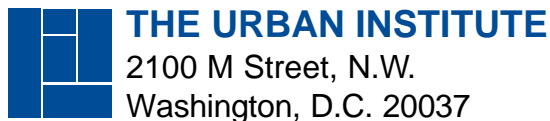
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There are two *Highlights* for each state. The *Highlights* that focus on health cover Medicaid, other public insurance programs, the health care marketplace, and the role of public providers. The income support and social services *Highlights* look at basic income support programs, employment and training programs, child care, child support enforcement, and the last-resort safety net. The *Highlights* capture policies in place and planned in 1996 and early 1997. To receive full-length reports on which the *Highlights* are based, contact the Urban Institute.

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