Access to Social Services in Rural America:

The Geography of the Safety Net in the Rural West

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Introduction[1]

Dramatic changes in how society and local communities assist low-income adults have occurred over the past several decades, changes contrary to many assumptions and preconceptions about the safety net in America. Rather than a system predicated on cash assistance like welfare checks, social or human services – programs that provide job training, mental health, adult education, child care – are central to how we help working poor families today. Not only is the nature of assistance different than popular conception, but much of it is delivered by local nonprofit organizations. The contemporary safety net in America often seeks to treat the causes of poverty and improve well-being through non-monetary means delivered by non-governmental organizations.

Because social services have become a primary approach to alleviating poverty, ensuring that poor populations find services to be accessible and consistently available is of primary importance. Here we focus on what we refer to as the geography of the safety net, which is the spatial distribution of social service providers within communities and across neighborhoods. The geography of the safety net is of primary importance today for a simple and intuitive reason – poor persons cannot benefit readily from service providers or programs that are not proximate, available, or easily accessible. To the extent that service providers are not equitably distributed across communities, spatial inequality in the safety net will exist that advantages certain neighborhoods and populations over others. If spatial inequalities in access to social service providers are particularly dramatic or persistent, we might expect working poor families living in areas with few programs or resources to find it harder to achieve greater well-being than those living in areas with a larger number of programs or resources.

In addition to issues of location and place, community leaders face numerous challenges ensuring that assistance and services are reliably and predictably available to those in need. Ensuring stability of providers operating in communities with significant need and those with growing need is critical to achieving effective and efficient outcomes. On the one hand, persistent poverty, reductions in

welfare caseloads, rising costs of living, and the volatility of the low-skill, low-wage labor market have created growing demand for assistance from community-based organizations. Compounding problems of increased need, many local agencies report decreased programmatic revenues and unstable program funding in recent years. 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.

Much of the existing research on the accessibility and stability of service provision has focused on urban locations (Allard 2008; Joassart-Marcelli and Wolch 2003; Mosley et al. 2003; Peck 2008). Yet, issues of service accessibility or availability also should be particularly important to understand in rural areas. Persistently poor rural areas typically will 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).

This paper investigates social service provision in two high poverty rural regions in the American West by using unique survey data of social service agencies in California, Oregon, and New Mexico to answer several important policy research questions: What types of assistance are readily available to the rural poor? How are programs in rural areas funded? How stable is program funding and service provision?

These questions are not merely of academic interest. Understanding whether rural safety nets are accessible and stable should also be of interest to a variety of community leaders and policymakers. With millions of Americans in rural areas living near or below the poverty line and rural communities

allocating tens of billions of dollars on programs for the poor annually, identifying mismatches in service provision and strategies for improving service delivery to the poor are critical.

In this paper, we provide an accurate snapshot of social service provision in two very different rural regions: the mountainous border counties of Oregon and California, and the oil and cattle country of Southeast New Mexico. Despite differences in regional economies and population demographics, we find social service provision to be quite similar across these two regions. Most towns have access to few social service agencies, particularly few nonprofit agencies. When looking at the clustering of service providers across these rural regions, we find poor persons in high poverty areas near town centers to have greater access to services than poor persons in outlying areas. Reflecting the diversity of rural communities, however, these patterns of access vary from one rural region to another. In addition, we find many governmental and nonprofit agencies to have experienced funding cuts in recent years that have forced serious reductions in service provision. Not only are rural safety nets for the poor inconsistently matched to need, therefore, but they appear to be less stable and predictable than we might otherwise assume. Such findings should inform future research exploring place, poverty, and the safety net in rural areas.

A Transformation of the Safety Net: Moving From Cash to Social Services

Safety net assistance – programs designed to reduce poverty or alleviate its impact – is most often conceived of as government cash assistance such as Temporary Assistance for Needy Families (TANF), near-cash assistance like the Food Stamp program, or Medicaid health care coverage. These are important components of the public safety net, providing roughly $110 billion in aid to working poor families each year.[2] Often overlooked in policy debate and research are the many public and private social service programs that seek to promote greater personal well-being through material assistance (emergency cash or food), employment services (job search, adult education), or substance abuse and

mental health treatment. Such social service programs compose a larger share of safety net expenditures than cash assistance. One study estimates federal, state, and local government spending on means-tested social service programs to have totaled more than $100 billion in 2002 (in 2006 dollars, Burke 2003). This is most certainly a lower-bound estimate, however, because it excludes many employment, counseling, substance abuse, mental health, child care, and temporary assistance programs funded by federal, state, and local governments. Complementing these public programs, we estimate that nonprofit employment and human service providers had program expenditures of about $80 billion in 2003 (in 2006 dollars).[3] Combined, it is likely that the government and nonprofit social service sectors today exceed $150 billion in program expenditures each year.

No one single event, reform measure, or social welfare program led to the rise of social service programs. Beginning with the expansion of antipoverty programs in the 1960s, funding for means-tested social service programs has steadily expanded in the past four decades. Such programs began to grow after the War on Poverty through the public titles of the Social Security Act (Smith and Lipsky 1993). The Social Services Block Grant (SSBG) is the contemporary program that embodies these earlier efforts, but social service spending also grew through other federal programs, such as the Community Services Block Grant (CSBG), the Community Development Block Grant (CDBG), and the Child Care and Development Block Grant (CCDBG). Beyond federal programs and expenditures, there are thousands of state, county, and locally-funded social service programs that address the employment, health, and well-being needs of low-income populations, not to mention thousands of privately funded programs. Although cash assistance programs remain large in total expenditures, welfare cash assistance has become a much smaller part of the safety net because of welfare reform in 1996 and the historic caseload declines that followed.

Replacing cash assistance with support services might be viewed 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. Yet, the mere shift to a service-based system does not guarantee that these possibilities will be translated into realities.

Here we focus on the dramatic differences in the administration of a cash assistance-based versus a service-based safety net. Delivering social service programs is fundamentally different than administering income maintenance programs. While cash assistance can be mailed or electronically distributed to poor persons with relative equity regardless of place of residence, there is no such guarantee that social service programs are similarly available. The social service sector of the safety net is composed of a myriad of programs, partners, and clients that vary from community to community, neighborhood to neighborhood. Some communities and neighborhoods are proximate to many different types of service providers, some communities and neighborhoods are not. Place matters in a service-based system of assistance because one cannot readily receive assistance from providers that are not located nearby. Proximity to providers 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. In addition, 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.

Policymakers and scholars often assume that government and nonprofit agencies are located near poor populations, but the reality is that social service agencies make location decisions weighing a range of obligations and needs. 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 private donors or in communities with resources dedicated to social service programs. Many agencies may find it difficult to locate affordable quality office space near high poverty neighborhoods – the same

dilemma many working poor families face when looking for housing. This can be particularly acute in rural communities, where options for office space can be quite limited. Even if office space can be found, there may be neighborhood opposition to the presence of facilities serving the poor. Service agencies may locate to be closer to volunteers, board members, or key partners. Employment service agencies, for example, may locate near places where there are job openings in order to help place clients and better simulate the work commute experience. Finally, agencies may be historically committed to particular counties, regions, neighborhoods, or populations, regardless of how need or demographics in the surrounding area change over time.

Although only a few studies are able to link service utilization to the geography of the safety net, there is some evidence that greater service accessibility has been linked to better outcomes in communities and among individuals in urban areas. 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 (Allard, Tolman, and Rosen 2003). In-depth interviews with low-income women in Philadelphia reveal preferences for service providers nearby and providers in safe communities, over those far away and those located in particularly dangerous areas of their neighborhoods (Kissane 2003).

In addition to being concerned with issues of service accessibility, we should be mindful of whether services and programs are consistently available regardless of where they are located. The predictability or stability of service provision is in large part a function of changes in funding patterns and availability. And as any program manager or agency administrator will tell you, one of their top priorities each year is to secure funding for the next year within an environment where the mix of

available public and private dollars is in constant flux. While funding for social service programs has increased dramatically in the past four decades, so have the number of organizations that provide services and compete for funding. Evidence from nonprofit tax-exempt filings hints at how the social service sector has grown since the War on Poverty, where Salamon (2002) found the total number of nonprofit human service organizations to have increased by 115 percent between 1977 and 1997 and Allard (2008) estimated the number of nonprofit human service and job training service providers to have increased by about 65 percent between 1990 and 2003. Compounding greater competition for public and private funding, governmental and philanthropic agendas change from year to year to emphasize different social problems or needs.

Also problematic is the fact that social service funding is fairly cyclical in nature, responsive up or down 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 (DeVita 1999). 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.

Despite these realities, consistency or predictability in service provision also is an often overlooked feature of the modern safety net. Social service programs are quite sensitive to the availability of funding. 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.

Understanding patterns of service accessibility and stability is particularly important in high poverty rural areas. 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. Rural areas face more complicated structural challenges to supporting self-sufficiency among poor households. Lack of opportunity in rural labor markets likely emanate from many different sources and may be more difficult to overcome than those in urban areas. Although many rural areas struggle with declines in the industrial sector comparable to those observed in urban areas, many rural economies hinge on seasonal demand, changes in the agricultural sector, and natural resource availability. Differences in economic context may make it difficult for social service programs to link clients to job opportunities.

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 and the distances to be covered can be too far to walk. 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.

Issues of service accessibility and stability may be particularly important in rural places because the community institutions in those areas may not have the resources necessary to develop or sustain programs. 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. Many rural communities must seek to promote greater well-being and economic self-sufficiency among working poor populations within a policy environment that lacks adequate governmental and private funding for programs.

Data and Methods

A number of important research and policy questions emerge as one contemplates the impact of a service-based safety net for rural communities. What types of assistance is readily available to the rural poor? How are programs in rural areas funded? How stable is program funding and service provision?

To answer these questions, we analyze data from a recent survey of social service providers in Southeastern New Mexico and the counties on the border between California and Oregon. These data are part of a larger Rural Survey of Social Service Providers (RSSSP), which completed telephone survey of organizational executives and managers in four high-poverty rural areas. The RSSSP examines social service provision in four rural regions: Southeastern Kentucky; South Central Georgia; Southeastern New Mexico; and the counties on the border between California and Oregon. The New Mexico site is composed of a six-county region in the southeastern corner of the state (Chaves, Curry, Debaca, Eddy, Lea, and Roosevelt counties); the Oregon-California site is composed of ten counties (California: Del Norte, Modoc, and Siskiyou counties; Oregon: Coos, Curry, Douglas, Jackson, Josephine, Klamath, and Lake counties). Each site is composed of predominately nonmetropolitan counties that have varied economic and demographic characteristics, many with poverty rates in 2000 of over 20 percent.

The RSSSP interviewed governmental and nongovernmental providers in each region who report serving populations near or below the federal poverty line. 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). For each multi-county site, we 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 rural region 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 this paper, we examine the characteristics of 237 government and nonprofit service providers across the two regions that reported assisting low-income adults at low or no cost, and that offered one of the following services: outpatient mental health services or counseling; outpatient substance abuse services or counseling; assistance in search for affordable housing, or assistance with lease or mortgage arrangements; cash assistance for rent; adult education, ESL, or GED programs; job training, search, placement, and retention programs; temporary or one-time cash assistance, or general assistance; temporary or one-time food assistance; temporary or one-time assistance with utility or heat payments.

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. With a response rate of over 60 percent, the RSSSP is unique - the most comprehensive and geographically sensitive survey of service provision among governmental and nonprofit organizations working with rural poor populations currently available. Details about the survey can be found in the technical appendix.

Characteristics of Agencies and Services Available

Table 1 examines the organizational and client characteristics of the providers surveyed. Consistent with expectations that nonprofits occupy a primary position within the contemporary safety net, we find a majority of providers in each rural site to self-identify as nonprofit organizations (57 percent in New Mexico and 67 percent in California-Oregon), with governmental agencies accounting for about one-third to about forty percent of the local service sector.[4] Twenty-three percent of service providers in New Mexico and almost 14 percent of providers in California-Oregon self-identified as religious nonprofit organizations.[5] These figures are roughly comparable to the distribution of secular and religious nonprofit providers found in other urban and rural studies of social service provision (Allard 2008; Monsma 2004). What is more striking, however, is the relatively small number of governmental and nonprofit agencies in these vast rural regions that cover 16 rural counties and thousands of square miles. As the data indicate below, many smaller towns in these rural regions do not contain any substantial social service programs or agencies.

(Table 1 about here)

In addition, many of these governmental and nonprofit social service agencies in these two rural regions operate with modest budgets. Thirty percent of all public and nonprofit providers in California-Oregon and 47 percent of providers in New Mexico reporting annual budget figures indicated those budgets were under $200,000. Nevertheless, roughly one in three providers in each rural region maintain annual budgets in excess of $1 million. It is important to note, however, that the vast majority of agencies reporting modestly-sized budgets in these rural communities are nonprofit agencies. Nonprofits have smaller budgets in high poverty rural areas in part because there are few public and private resources devoted to social service provision, but also because their overhead costs can be quite low.

The third panel in Table 1 provides some information about the caseload composition of providers in these two rural regions. Consistent with findings in urban areas (Allard 2008), social service

providers appear to target most of their efforts at poor women. Roughly 70 percent of all providers maintain caseloads that are majority women, although a higher percentage of providers in New Mexico report serving 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 mostly low-income populations. While most clients are poor, only about 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, nearly every provider reports that a majority of their clients live within the county in which their particular site is located.

Although these are two very different rural areas, the bundle of services offered in each community is quite similar. For example, about 30 percent of providers in each rural region offer adult education and about 2 in 5 offer employment services. Much of what these rural agencies do, however, is provide help with material needs. Roughly half of all providers in each site offered some type of food assistance program to poor families. About 30 percent of all providers in each location report offering utility or heating assistance to poor families. Not surprising given the large distances many working poor rural families must travel without regular access to automobiles, about 41 percent of providers in New Mexico and 55 percent in California-Oregon offer some type of transportation assistance.

Even with these similarities, there are some notable differences between the two sites that reflect their respective state's commitments to social services. For instance, where about 34 percent of providers in California-Oregon offer outpatient mental health services, less than 15 percent in New Mexico offer such treatment. More than one-quarter of social service agencies the rural border counties of California-Oregon provide substance abuse services, compared to about 1 in 8 providers in New Mexico.

Identifying Service Location and Clusters in the Rural West

Intuitively, we may anticipate that high-poverty rural areas will show evidence of spatial mismatches between poor persons and service providers found in urban areas (Allard 2008). Working age poor persons living in outlying parts of rural communities should be expected to have limited access to social services and programs close to their homes. Even persons living near rural population centers may have access to few government or nonprofit agencies because there are not client densities or resources available to support many different agencies. In these settings working poor rural families may have access to a very limited array of services.

Indeed, there are many challenges to analyzing service accessibility in rural areas. As seen in Table 1, there are a relatively small number of providers that operate in these two large rural regions. Many towns and census block groups have no providers or have a very small number of providers offering a narrow range of assistance. Moreover, many towns and census block groups in these rural regions have very few persons and even fewer persons living below the poverty line. Settlement patterns in rural Oregon and California vary from Southeastern New Mexico. Whereas some working poor families live in residential areas far from town centers in Oregon and California, very few poor persons live outside of the town centers in Southeast New Mexico. In addition, calculating access at the periphery of these regions is difficult, as there is no information about service provision or poverty in neighboring areas not included in this study. Finally, these survey data do not indicate whether services are adequate to meet demand. For all these reasons, it is difficult to calculate supply- and demand-weighted measures of service accessibility.

Here, we explore service accessibility through two different sets of descriptive analyses. The first set of analyses in Table 2 examine the ratio of working age poor persons (ages 18 to 64) to the number of clients served aggregated for each county and across low-poverty block groups (poverty rate is 10 percent or less), moderate-poverty block groups (poverty rate is 11 to 20 percent), and high-poverty block groups

(poverty rate is 21 percent or more) within each region. Since census block groups in rural areas are larger than in urban areas, these analyses reflect roughly where local or neighborhood need may be met or unmet. The second set of analyses in Table 3 and Figures 1 through 6 reflects the correlation of number of clients served in a particular block group to the poverty rate in neighboring block groups. These correlations indicate the extent to which areas containing service providers are near areas with higher or lower rates of poverty.

The first column in Table 2 reports the distribution of providers across counties and block group poverty rate for the region. For clearer interpretation, we separate California and Oregon in Table 2. Almost half of the service organizations in Southern Oregon are located in high-poverty block groups (see bottom panel of Table 2). Nearly 40 percent are located in moderate-poverty block groups and roughly 15 percent of organizations are found in the low-poverty block groups. A larger share of providers in Northern California and Southeast New Mexico are located in high-poverty block groups. Seventy-five percent of providers in the California site are located in block groups where at least 20 percent of the working age population is poor; two-thirds of service organizations in Southeast New Mexico are located in high-poverty block groups. As in Oregon, about 15 percent of providers in these rural regions are located in low-poverty block groups.

(Table 2 about here)

Given that most service agencies are located in high-poverty block groups, it is not surprising then that most of the slots for services are also in these same areas. Although not reported in Table 2, three-quarters of the service opportunities in Northern California are offered by providers located in high-poverty blocks. Likewise, two-thirds of the service slots in New Mexico are found in high-poverty block groups. Because service agencies are not as concentrated in high-poverty block groups in Oregon as in the other two rural regions, only 41 percent of the client slots in the Oregon study counties are in the high-poverty areas.

While the poverty rate of the block group in which providers or service opportunities are located is suggestive of how services are matched to poverty in rural areas, more accurate assessments of service accessibility should compare the supply of services to potential demand for services. Using the number of poor persons ages 18 to 64, we calculate the ratio of working age poor persons in a block group to clients served in a typical month by government and nonprofit agencies within that block group. The second column reflects the ratio of poor persons to clients across all agencies; columns 3 through 5 reflect ratios for agencies offering employment service, mental health and substance abuse, and emergency assistance specifically. These data should be viewed cautiously, as information on numbers of clients served is gathered across all programs within an agency and may include some non-poor clients. Nevertheless, the number of clients served in a typical month is a reasonable measure of agency capacity.

When looking at the ratio of working age poor persons to the aggregate number of service slots (see second column of Table 2), we find there to be slightly less than one working age poor person per slot in high-poverty block groups. For California and Oregon counties, the number of poor persons per client slot is quite similar for low-poverty block groups and high-poverty block groups. This suggests, at least in the aggregate, that client slots are comparably distributed across different types of communities in these two rural regions. By contrast, low-poverty block groups in New Mexico have a ratio of poor persons to services slots that is double the ratio found in high-poverty block groups (1.4 versus 0.7).

Some differences in the ratio of supply and demand do emerge when we consider the type of service offered and do not aggregate across disparate types of agencies. The third column in Table 2 indicates that high-poverty blocks groups in each rural region have roughly the same ratio of poor persons to clients served by employment service agencies as low-poverty block groups. For example, high-poverty block groups in New Mexico average 1.8 persons per client served by an employment agency compared to 1.7 persons in low-poverty block groups. In Oregon, however, employment service clients appear better matched to high poverty areas. High-poverty block groups have a ratio of poor

persons to clients served by employment service agencies of 1.4, half the ratio of low-poverty block groups (2.9). In this instance, being poor and living in a lower poverty area is related to weaker access to services than if one lived in a higher poverty area.

Similar variations in the ratio of poor persons to clients can be observed for mental health/substance abuse services and emergency assistance in most instances. High-poverty block groups in Oregon average 2.2 working age poor per slot at mental health and substance abuse service agencies. Low-poverty block groups have a one-to-one ratio of poor to clients served by mental health and substance abuse clients. Yet, those ratios reverse in Oregon when considering clients served by emergency assistance providers. California shows the opposite trend. High-poverty block groups have poor person-to-client ratios in mental health and substance abuse that are one-third of low-poverty block groups (1.6 versus 5.0 respectively), but nearly equal for emergency assistance providers (0.6 versus 0.5 respectively). In New Mexico, low- and moderate-poverty block groups are home to no or too few mental health or substance abuse agencies to make comparisons, suggesting low levels of access to those types of providers. High-poverty block groups in this region have a much higher ratio of poor persons to clients in the mental health and substance abuse service sector than Oregon or California (2.9 versus 2.2 and 1.6 respectively).

While suggestive, these findings reflect only the match of clients to poor persons within a block group. Because many persons commute to receive help outside of their block group, this is a particularly conservative notion of access. Instead, we would like to link the provision of services in a particular block group to the presence of poverty in surrounding neighborhoods or block groups.

To place supply and demand for social services into the broader context of the community, we utilize local indicators of spatial association (LISA) to identify block groups containing service agencies that appear either well-matched or mismatched to the potential demand in surrounding areas. LISA is a method that first assesses the total number of service slots in a block group (aggregated across all

government and nonprofit service agencies) and then compares that level to the number of working age poor adults in each of that block group's immediate neighbors to find statistically significant clusters or outliers. Clusters can be collections of block groups that have high levels of service provision and high numbers of working age poor persons (High Poverty-High Clients), or of block groups in which the levels of both are low (Low Poverty-Low Clients). Mismatches in service provision are defined in these analyses as individual block groups where the level of working age poor and service slots are divergent or mismatched. Thus, there are two types of block group mismatches or outliers: block groups with high working age poor and low service slots (High Poverty-Low Clients), or block groups with low poverty but high levels of service slots (Low Poverty-High Clients). For this analysis we used a p-value of .10 or lower to identify statistically significant clusters for each individual block group. Block groups with correlations that fail to reach this threshold of statistical significance are either block groups that contain no service agencies or places where neighboring block groups have no poor persons.

Table 3 contains the distribution of block groups classified by LISA across the different rural regions. Each column reflects the percentage of block groups within a particular county and state that are classified as either High Poverty-High Clients, High Poverty-Low Clients, Low Poverty-High Clients, Low Poverty-Low Clients, or no statistically significant correlation between number of clients and number of poor persons.

(Table 3 about here)

Even a quick glance at Table 3 reveals that a large share of block groups in each county do not have a statistically significant correlation between the number of clients and poverty in surrounding block groups. Again, these "non-significant" counties are those with either no providers or very few poor persons, meaning it is not possible to calculate a spatial relationship or correlation.

The middle two columns of Table 3 are of particular interest, as these reflect the share of block groups in each county where supply and demand for social services may be mismatched. We see that a

significant share of block groups in many counties are home to few social service slots, but are located amidst areas with significant numbers of working age low-income adults. Twenty percent of the block groups in Lea County, New Mexico contain few service opportunities, but are surrounded by areas with large numbers of poor persons. These mismatched block groups in Lea County are mostly located in the towns of Hobbs and Lovington, where some of the poorest neighborhoods and Hispanic barrios in Southeast New Mexico are located. Likewise, about 8 percent of block groups in Jackson County and 11 percent in Douglas County, Oregon have few service slots, but are located amidst large numbers of poor persons.

Also of interest are areas where there are concentrations of program clients, but relatively few poor persons in the surrounding neighborhoods and communities, we label these as Low Poverty-High Clients block groups. A small, but non-trivial, percentage of block groups in these rural areas appear to be home to many service opportunities, but are not embedded within a particularly poor set of neighboring block groups. About 10 percent of block groups in Eddy County, New Mexico – most of them located in the town of Carlsbad – are located in an area characterized by low poverty, but high numbers of service slots. Comparable percentages can be found in the mountainous counties of Siskiyou in California and Josephine in Oregon.

To further describe the regional context of poverty rates and the location of service agencies across the region, we present maps of the two rural regions included in this study in Figures 1 and 2. These figures map the location of service agencies on top of census block group poverty rates among 18 to 64 year olds. To generate more detailed insight into how social service agencies are spatially located versus working age poor populations, we map the LISA statistics generated above onto block group poverty rates in each rural region. Figures 3 through 6 place providers in the specific communities of Medford and Klamath, OR, Crescent City, CA, and Roswell, NM, with shading to reflect block group poverty rates and hatching to reflect mismatched block groups as determined by LISA statistics.

Figures 1 and 2 show government and nonprofit service agencies to be primarily located in the major population and town centers of each rural region. Fewer agencies are located in remote rural areas away from population centers; this is especially true for rural New Mexico (see Figure 2). Most areas in these two rural regions have moderate to high rates of poverty among working age adults. Many of these moderate- and high-poverty block groups in outlying areas have access to no or few social service agencies. In these instances, mismatches between the social service-based safety net and working poor populations are readily apparent. For example, despite high poverty rates, many parts of Curry county on the coast of Oregon, Klamath and Lake counties in southcentral Oregon, and the counties on the northern border of California have no service providers nearby. To be sure, many of these areas have small residential populations, but these remote areas do contain a sizeable share of the rural poor population in this part of the country. Rural poor persons in areas away from town centers not only face substantial hurdles to economic self-sufficiency, but also spatial mismatches in access to the safety net assistance that can help improve work outcomes. Even though the maps in New Mexico suggest similar mismatches, there are very few residential areas outside of town centers in this part of the state. In fact, the residential areas in most towns stop abruptly and yield to oil fields, empty desert, farms, or cattle land.

(Figures 1 through 2 about here)

While the larger maps of these two rural regions offer a sense of how service organizations are distributed, Figures 3 through 6 provide a closer look at the spatial relationship between service agencies and poor populations in four population centers. Readers should bear in mind that the shading reflects the poverty rate in the block group, but the dotting or cross-hatching that overlay the block group reflects the poverty rate in neighboring block groups. Thus, it is possible for a low-poverty block group to have dotting or cross-hatching to indicate that it is surrounded by high-poverty block groups.

Despite the fact that poverty rates in both rural regions are highest in areas outside of population centers, these figures indicate that there are several high-poverty block groups within towns as well. Clustering of social service agencies, however, varies across high-poverty block groups in these town centers. Nestled in a valley near the center of Jackson County, OR, the town of Medford in Figure 3 demonstrates how service providers cluster near concentrations of poor persons. The dotted and shaded block groups in the center of the map represent areas where poverty rates are high, but also where service opportunities are most available. At the same time, there are residential areas on the northwest, west, and southeast ends of Medford that have higher rates of poverty and have access to fewer service providers, suggesting the presence of mismatches between the poor and the local safety net in parts of this community.

(Figure 3 about here)

The map of Klamath Falls, OR in Figure 4 suggests again that there is clustering of services in its town center. Also apparent from the figure, however, is the presence of several high-poverty block groups near the town center in which no social service agencies are located or are nearby in significant concentrations. In addition, many residential areas outside of the town center contain high-poverty block groups but few service slots.

(Figure 4 about here)

An extremely impoverished community that has suffered from the downturn in both the timber and fishing industries, Crescent City, CA contains very few social service agencies (see Figure 5). Yet, the dotted and shaded areas are located in the primary residential areas of Crescent City, indicating a correlation between clusters of high-poverty block groups and high numbers of social service opportunities. Whether the assistance available is adequate to meet the significant needs of this community cannot be determined from these maps, but this map indicates that the services available are

fairly well-matched to the location of poverty within the town. The sparsely populated poorer areas outside of the town center, as found in other sites, have access to virtually no social service agencies.

(Figure 5 about here)

Finally, Figure 6 maps providers and poverty rates across Roswell, NM, one of the largest cities in either of these rural regions, but also one with very high rates of poverty. Near the center of the city are three dotted and shaded areas which represent areas with significant concentrations of social service agencies amidst neighboring block groups with poverty rates over 20 percent. These areas of Roswell, as we have seen in other rural locations, appear to have service provision that is more evenly matched to the number of working age poor persons. Nevertheless, there are several high-poverty block groups with no nearby social service providers and several cross-hatched shaded areas where there appear to be particularly low levels of service provision given the number of working age adults below the poverty line. In the less-populated, but high-poverty block groups just outside of Roswell, there is even greater disparity; working age poor have few to no options directly in their block groups. Demand heavily outweighs supply in these outlying communities.

(Figure 6 about here)

What emerges from these analyses is a complex picture of social service accessibility in rural areas. In effect, we find evidence of three types of rural poor areas. Most communities have some high-poverty rural block groups or communities that are nearby concentrations of social service providers. These are most common in rural places where the topography or settlement patterns constrict the area over which residential populations have located. As expected, most communities have several sparsely populated high-poverty areas that are distant from any safety net providers. Often with limited automobile access and virtually no access to public transportation resources, these populations face the steepest barriers to social service providers. Perhaps more surprising given the compact geography of town centers, we also find evidence of high-poverty neighborhoods in rural towns that have no service

agencies nearby or that are located in areas where demand for assistance likely far outpaces the supply of services.

Barriers to Service Receipt

When clients fail to show for appointments or complete programs we often assume this is because they are not interested or too lazy. Apart from distance, there are many other possible barriers to service utilization. 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, even if providers are located nearby. By failing to account for client characteristics that shape program participation, much of the poverty literature 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 4. Not surprisingly, inadequate transportation resources are a frequent barrier to service utilization in both rural communities, although twice as many providers in the California-Oregon border counties – or about one-third of all providers - cited transportation as a frequent problem for clients. Transportation needs in rural areas are commonplace and the dispersion of the population across the mountainous topography of these rural California-Oregon border counties makes automobile transportation essential. There are few public transportation services and the roads from place to place traverse steep elevations that make walking or biking difficult.

Transportation, however, is not the most prevalent barrier to service receipt identified by government and nonprofit service agencies in these two rural regions. Difficulty arranging child care also is another prevalent barrier to service receipt in these rural regions. Twenty-seven percent of

providers in New Mexico identified child care as a frequent problem that clients face when trying to attend treatment sessions or make appointments, compared to about 42 percent of providers in California-Oregon. Substance or alcohol abuse also is a frequent barrier to service receipt, reported by 26 percent of providers in New Mexico and 37 percent of providers in California-Oregon. About 15 percent of providers in New Mexico indicated that physical health problems were a common barrier or obstacle to service receipt, about one-third of providers in California-Oregon indicated physical health problems were a frequent barrier to service receipt. Finally, low literacy or difficulty completing paperwork correctly was found to be frequent barriers to service receipt nearly 20 percent of the time in each site.

(Table 4 about here)

Funding and Stability of Services

Securing adequate funding for service provision is a primary goal of any social service provider. Fluctuations in funding for social service provision will affect the consistency of services or assistance available. To cast some initial insight into funding sources and changes in funding, Tables 5 and 6 examine funding sources, resource dependency, and reductions in funding across nonprofit service providers in each rural site.[6] Five key sources of support are considered: Medicaid reimbursements; government grants or contracts (excluding Medicaid); grants or contracts funded by nonprofit organizations or foundations; private giving from individuals; and revenues from fees or commercial sales (excluding Medicaid). Because of small sample sizes in certain funding sources, the findings below should be interpreted with caution.

It is generally understood that government funding sources have become more and more important to nonprofit service providers over the past few decades. Beyond government grants or contracts, Medicaid dollars have risen in importance recently. According to Mark et al. (2005), Medicaid funding of mental health and substance abuse services more than doubled during the 1990s. By 2001

Medicaid was the single largest source of public or private funding for mental health and substance abuse care, totaling $26.7 billion, or 26 percent of all private and public expenditures. Steady expansion of Medicaid coverage and enrollments over the past few decades has led more nonprofit providers to qualify for Medicaid fees or reimbursements (Allard 2008; Smith 2002). Today, federal, state, and local government grants compose 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) composing nearly 55 percent of all revenues.[7]

These impressions of the broader safety net appear to apply to nonprofit providers from these high-poverty rural regions. The top panel of Table 5 indicates that government grants or contracts and Medicaid funds are primary revenue sources for many nonprofit providers in the survey. For example, about one-quarter of nonprofits in each site receive Medicaid reimbursements, with 58 percent of nonprofits in New Mexico and 83 percent in California-Oregon report receiving some type of governmental funding apart from Medicaid reimbursements. About half of all nonprofits receiving Medicaid or government funding report such funds compose at least half of total revenues. Combined, these data suggest that social service provision in these rural sites may be more highly dependent upon a narrow base of governmental sources than might be otherwise assumed.

(Table 5 about here)

Private giving and nonprofit grants appear to be quite common sources of revenues for nonprofit providers in these two rural regions, although agencies are less likely to draw a large share of their annual budgets from these revenue sources. More than seventy percent of providers in New Mexico and almost sixty percent of providers in Oregon-California report receiving funds from private giving or donations. Similar shares of providers in New Mexico and the Oregon-California site report receiving support through nonprofit grants or charitable foundations (53 percent and 63 percent, respectively). Yet,

less than one-third of providers receiving private donations or nonprofit grants depend upon those funds for half or more of their total operating budget.

Earned revenues from commercial endeavors, service fees (excluding government reimbursements or Medicaid), dues, and sales of goods or products represent a newly emergent revenue source for social service agencies. Comparable to the percentage of agencies receiving Medicaid, the bottom panel of Table 5 indicates approximately one-third of all nonprofit providers report receiving revenues through earned sources. Earned revenue is much more prevalent among nonprofits with annual budgets above $200,000 than those with budgets below $50,000 (about 30 percent versus 14 percent respectively). Nevertheless, earned revenues occupy a fairly small share of total organizational revenues for most nonprofits. Less than one quarter of nonprofit providers collecting earned revenues in these two rural regions rely upon those funds for more than 50 percent of total revenues (10 percent in New Mexico, 23 percent in California-Oregon).

Table 6 examines volatility in program funding and its consequences for service delivery in these Western rural regions. The top panel in Table 6 reports the percentage of nonprofit organizations reporting a decrease in one of five key revenue sources discussed above in the previous three years. Recent reductions in Medicaid and other government grants or contracts appear fairly common in the California-Oregon site, where about 31 percent of agencies receiving Medicaid funding report a decrease in those funds in the previous three years. No nonprofit providers receiving Medicaid in Southeast New Mexico reported a decrease. Much larger shares of agencies in both sites report cutbacks in other government funding. More than one-third of nonprofits in New Mexico receiving government funding outside of Medicaid and nearly half of nonprofits in California-Oregon report reductions in those revenue streams. While public funding may present substantial revenue opportunities for nonprofit service providers, such funding fluctuates quite frequently.

(Table 6 about here)

Other sources of revenue appear more stable than government and Medicaid sources. Whereas a large number of nonprofit service providers draw funding from private giving sources and many draw a substantial share of their operating budgets from private donations, very few report decreases in private giving. No providers in New Mexico and less than 13 percent of providers in California-Oregon receiving private donations report a decrease in the level of those donations. Similar stability can be seen in nonprofit grant and earned revenue sources.

When looking at whether agencies experienced a decrease in any of the five key funding sources or in a primary funding source that contributed more than half of an agency's operating budget, however, it is apparent that a significant number of agencies struggle to maintain stable revenue flows year in and year out. The middle panel of Table 6 shows that 28 percent of nonprofits in New Mexico and almost 50 percent in the border counties of California and Oregon report a decrease in one of the five key funding sources. Even more striking, nonprofits in northern California and southern Oregon appear worse off than their counterparts in New Mexico when it comes to reductions in a primary revenue source. Whereas only 8 percent of nonprofits in New Mexico report a recent decrease in a primary revenue source, 32 percent of nonprofits in the California-Oregon site report a decrease in a primary revenue source.

As noted, 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. 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, about 40 percent of providers in Southeastern New Mexico and 60 percent of providers in the Oregon-California site 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 6 reports the frequency with which providers pursued each of these coping strategies in response to funding shortages or problems.

Consistent with higher reported rates of lost funds, providers in Oregon-California are more likely to report cutbacks in services reduction response than providers in New Mexico. For example, almost 38 percent of all providers in California-Oregon report reducing services offered to low-income populations due to funding problems; fifteen percent of all providers in Southeastern New Mexico reported similar service reductions due to funding problems. Further, Table 6 indicates that nearly half of all providers in Oregon-California reduced staff in response to funding cuts (48 percent), compared to 23 percent of providers in New Mexico. Reductions in client caseloads were a common coping strategy across the two rural sites, as roughly 30 percent of nonprofit providers in each region reduced the number of clients served in response to funding problems.

Although the composition of the local safety nets was quite similar across these two rural regions, analysis of funding and service delivery cutbacks suggest that nonprofit agencies in southern Oregon and northern California are facing particularly difficult times. One reason why nonprofits in these areas are struggling may lie with the condition of the timber and fishing industries in this part of the West. Both industries now employ far fewer individuals than was the case a few decades ago. The regional economic downturn has not only created greater demand for assistance, but has left fewer private resources available to support nonprofit agencies. Moreover, county and municipal governments in this region are struggling to make ends meet as intergovernmental transfers of tax receipts from logging on federal land have declined with the decrease in the timber industry. In an economically depressed region, the safety net closely reflects the insecurity of its labor market and most needy residents.

Conclusion

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 of the safety net and anti-poverty components of the American welfare state. 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. Today, our safety net is more varied geographically, more vulnerable to mismatches between persons in need and social supports, and more likely to leave needs unmet than we might otherwise suspect. Such realities lead to a new policy research paradigm for those interested in antipoverty assistance and the safety net.

With this transformation in mind, our survey data produces a vivid portrait of service provision and accessibility in two very different rural areas of the West. While each rural region appears to deliver the same bundle of services or assistance to low-income populations in the aggregate, a closer examination of these local safety nets offers a more textured portrait. First, 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. Second, nonprofit social service providers in these rural regions appear to be quite dependent on public revenue sources. Most providers are heavily reliant upon government grants or Medicaid. Finally, nonprofits in these communities, particularly those in Oregon and California, report frequent shocks to key funding sources. Results here show that cutbacks in revenue force many nonprofits to make significant cutbacks in assistance. What follows are local safety nets that are less reliable for those seeking help and that may suddenly place the burden of unmet community needs on other already overworked community organizations.

While this study may provide greater insight into the contours of rural safety nets, these analyses only begin to scratch the surface. Greater emphasis should be placed on studying poverty, work, and service provision in a manner that is sensitive to geographic variation within rural communities. Most 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 rural communities or regions. Yet, not only are safety net programs implemented at the community level, but there is evidence here that there can be wide variation in the circumstances surrounding service delivery within rural regions.

As important, scholars and community leaders need to develop a better understanding of what constitutes adequate access to assistance. Mapping providers and poor populations is useful, but 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 invest in particular types of programs or agencies? Such questions strike at 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.

Finally, although our focus is on the supply of social services, 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 both policy and research, we often proceed as if the safety net is consistent and predictable from state to state, place to place, community to community. Debates over program models and funding

rarely discuss whether community-based safety nets have the capacity or presence to provide services or assistance in neighborhoods where help is most needed; 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. More attention should be given to the manner in which states and communities deliver social services to low-income populations. Not only will such work touch upon issues of effectiveness and efficiency in the safety net, but they will address the inequities and instabilities in the provision of social assistance we have identified here.

Table 1: Service Provision in Southeast New Mexico and Rural California/Oregon

	% of Providers in Southeastern New Mexico Site	% of Providers in California/Oregon Site
Type of Organization		
Governmental	42.7	33.1
Nonprofit	57.4	66.9
Secular Nonprofit	33.8	53.2
Religious Nonprofit	23.5	13.6
Size of Annual Budget		
More than $1 million	31.4	40.0
$1 million - $200,000	21.6	30.0
$200,000 - $50,000	19.6	18.6
Less than $50,000	27.5	11.4
Over 50 % of Clients Are . . .		
Women	75.8	67.3
Living Below Poverty Line	73.8	71.9
Receive Welfare Assistance	37.7	33.3
Live In County	95.3	96.9
Services or Assistance Offered		
Mental Health	14.7	34.3
Substance Abuse	14.7	27.8
Finding Affordable Housing	30.9	44.0
Rent Assistance	25.0	34.1
Adult Education/GED/ESL	28.4	29.2
Employment Services	48.5	38.3
Emergency Assistance	14.7	21.0
Food Assistance	50.0	49.7
Utility or Heat Assistance	32.4	33.7
Transportation Assistance	41.2	55.0
N	68	169

Note: Column percentages are reported. Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Table 2: Ratio of Working Age Poor Persons to Clients Served

	Percent of service agencies	Number of poor persons per client slot			
		All services	Employment service agencies	Mental Health and Substance Abuse agencies	Emergency assistance agencies
Southeast New Mexico					
Chaves County	27%	0.7	1.5	1.8	0.8
Curry County	17%	1.0	2.2	na	1.5
Debaca County	7%	1.2	1.2	16.5	1.4
Eddy County	24%	0.6	2.1	na	0.9
Lea County	15%	1.8	2.9	17.5	3.8
Roosevelt County	10%	0.6	2.4	2.1	0.6
Block Group Poverty Rate 0-10%	**14%**	**1.4**	**1.7**	**na**	**6.7**
Block Group Poverty Rate 11-20%	**22%**	**0.9**	**2.8**	**na**	**1.2**
Block Group Poverty Rate +20%	**64%**	**0.7**	**1.8**	**2.9**	**0.9**
California					
Del Norte County	15%	0.7	0.9	3.6	0.8
Modoc County	27%	0.8	1.5	1.8	2.2
Siskiyou County	58%	0.7	2.0	1.8	0.9
Block Group Poverty Rate 0-10%	**13%**	**0.4**	**0.6**	**5.0**	**0.5**
Block Group Poverty Rate 11-20%	**13%**	**2.9**	**na**	**3.7**	**13.3**
Block Group Poverty Rate +20%	**75%**	**0.5**	**1.0**	**1.6**	**0.6**
Oregon					
Coos County	10%	2.8	21.4	25.8	3.0
Curry County	5%	1.7	1.7	1.7	1.7
Douglas County	19%	1.0	1.9	5.6	1.3
Jackson County	29%	0.6	1.5	1.2	1.1
Josephine County	20%	0.7	1.2	1.2	1.1
Klamath County	14%	0.7	3.1	3.1	1.2
Lake County	3%	1.8	na	na	1.8
Block Group Poverty Rate 0-10%	**14%**	**0.7**	**2.9**	**1.0**	**2.1**
Block Group Poverty Rate 11-20%	**38%**	**0.9**	**2.5**	**3.3**	**1.2**
Block Group Poverty Rate +20%	**46%**	**0.8**	**1.4**	**2.2**	**1.1**

Note: Column percentages are reported. Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost. The number of clients served reflects a typical month and is tallied across all agency programs. na – no providers in these counties or block group classifications.
Source: Rural Survey of Social Service Providers

Table 3: Distribution of Correlation Clusters Between the Number Clients Served in Block Group and the Number of Working Age Poor Persons in Surrounding Block Groups

	Percentage of Block Groups in Each Type of Correlation Cluster				
	High Poverty – High Clients	High Poverty – Low Clients	Low Poverty – High Clients	Low Poverty – Low Clients	No Significant Cluster or Relationship
Southeast New Mexico					
Chaves County	6.1	**6.1**	**--**	22.5	65.3
Curry County	15.4	**12.8**	**2.6**	20.5	48.7
Debaca County	--	**--**	**--**	--	100.0
Eddy County	--	**--**	**10.3**	18.0	71.8
Lea County	--	**20.3**	**4.7**	15.6	59.4
Roosevelt County	23.1	**7.7**	**--**	--	69.2
California					
Del Norte County	35.3	**5.9**	**5.9**	11.8	41.2
Modoc County	--	**--**	**--**	--	100.0
Siskiyou County	8.1	**--**	**8.1**	5.4	78.4
Oregon					
Coos County	--	**9.2**	**3.1**	20.0	67.7
Curry County	--	**6.3**	**--**	--	93.8
Douglas County	--	**11.0**	**1.1**	20.9	67.0
Jackson County	19.4	**8.3**	**5.6**	13.9	52.8
Josephine County	11.3	**9.4**	**9.4**	5.7	64.2
Klamath County	4.4	**1.5**	**5.9**	14.7	73.5
Lake County	--	**--**	**--**	66.7	33.3

Note: Row percentages are reported. Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost. These clusters are based on Notation of "—" indicate no significant clusters in that particular category.
Source: Rural Survey of Social Service Providers

Table 4: Frequent Barriers to Social Service Receipt

Barriers to Service Receipt Clients Frequently Encounter	% of Providers in Southeastern New Mexico Site	% of Providers in California/Oregon Site
Problems with Transportation	16.7	32.7
Difficulty Arranging Child Care	27.3	41.5
Difficulty Keeping Appointments due to Substance or Alcohol Abuse	25.5	36.5
Physical Health Problems or Illness	15.4	31.9
Fear of Stigma or Personal Concerns	17.2	27.8
Tough to Make Appointment Due to Work Schedule	18.2	20.6
Low Literacy or Difficulty Completing Paperwork	18.2	17.1
Domestic Violence	12.1	10.4
N	68	169

Note: Column percentages are reported. Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Table 5: Funding Sources and Instability in Service Delivery Among Nonprofit Service Providers

	% of Nonprofit Providers in Southeastern New Mexico Site	% of Nonprofit Providers in California/Oregon Site
Receive funds from **Medicaid**	23.7	22.9
% receiving Medicaid and **drawing at least 50% of funds from Medicaid**	50.0	52.9
Receive funds from **Gov't Grants**	57.9	82.9
% receiving Gov't Grants and **drawing at least 50% of funds from Govt' Grants**	50.0	57.1
Receive funds from **Nonprofit Grants**	52.6	63.4
% receiving Nonprofit Grants and **drawing at least 50% of funds from Nonprofit Grants**	26.3	15.5
Receive funds from **Private Giving**	71.8	57.1
% receiving Private Giving and **drawing at least 50% of funds from Private Giving**	29.6	25.4
Receive funds from **Earned Revenues**	26.3	34.9
% receiving Earned Revenues and **drawing at least 50% of funds from Earned Revenues**	10.0	23.1
N	39	113

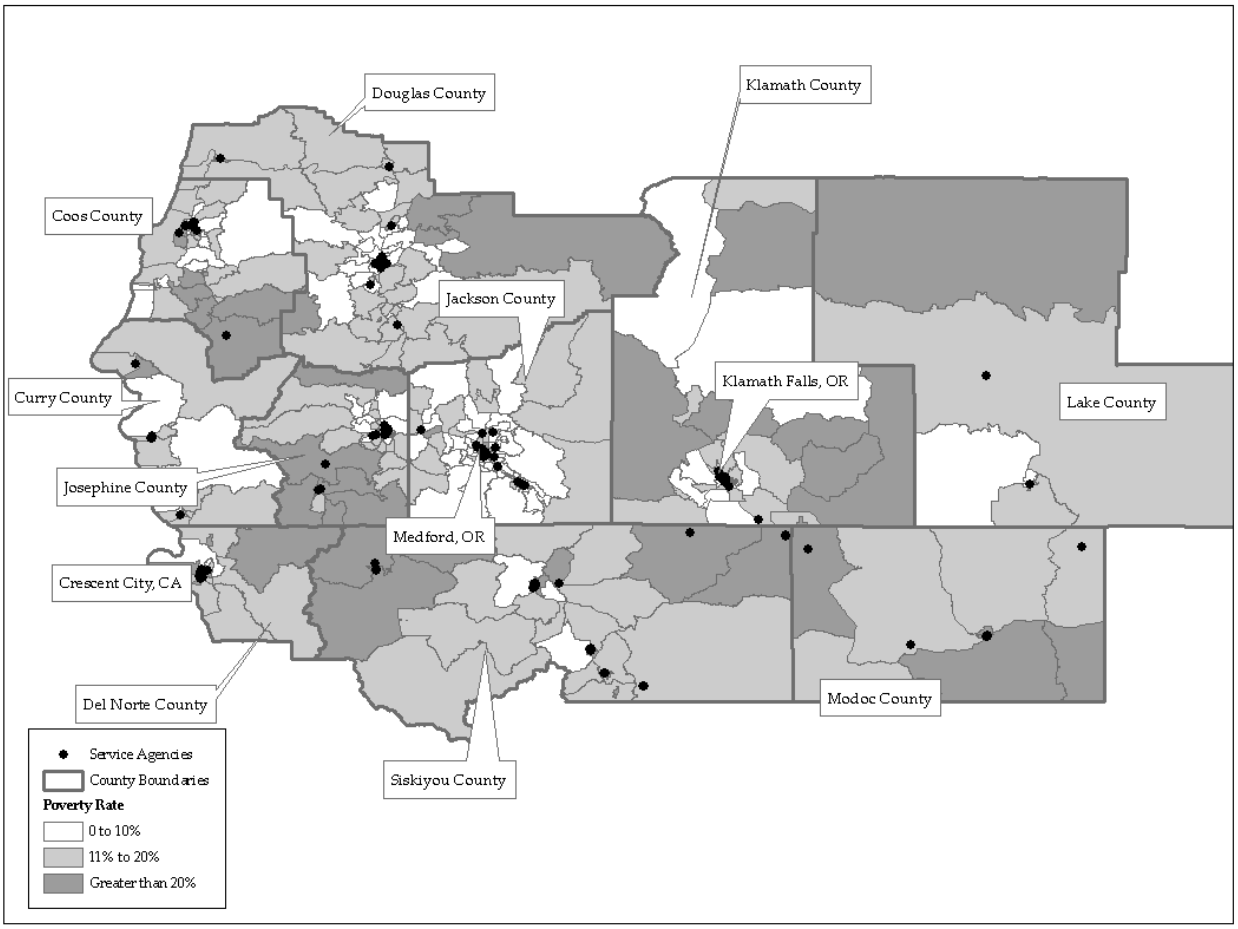
Note: Column percentages are reported. Data reflect only nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Table 6: Funding and Service Instability in Service Delivery Among Nonprofit Service Providers

	% of Nonprofit Providers in Southeastern New Mexico Site	% of Nonprofit Providers in California/Oregon Site
Percentage Receiving Funding from a Given Source and Reporting a Decrease in Funding Over Past Three Years		
Medicaid	0.0	32.0
Government Grants or Contracts	36.4	46.7
Nonprofit Grants	20.0	14.1
Private Giving	0.0	12.5
Earned Revenue	10.0	7.9
Decrease in Any Revenue Source	28.2	50.4
Decrease in A Primary Revenue Source (at least 50% of total operating budget)	7.7	31.9
Response to Funding Problems in Past Year		
Reduced Services Offered	15.4	37.5
Reduced Number of Clients	30.8	30.4
Reduced Staff	23.1	47.8
Reduced Hours of Operation	7.7	18.8
Temporarily Shut Down Site	5.1	4.5
N	39	113

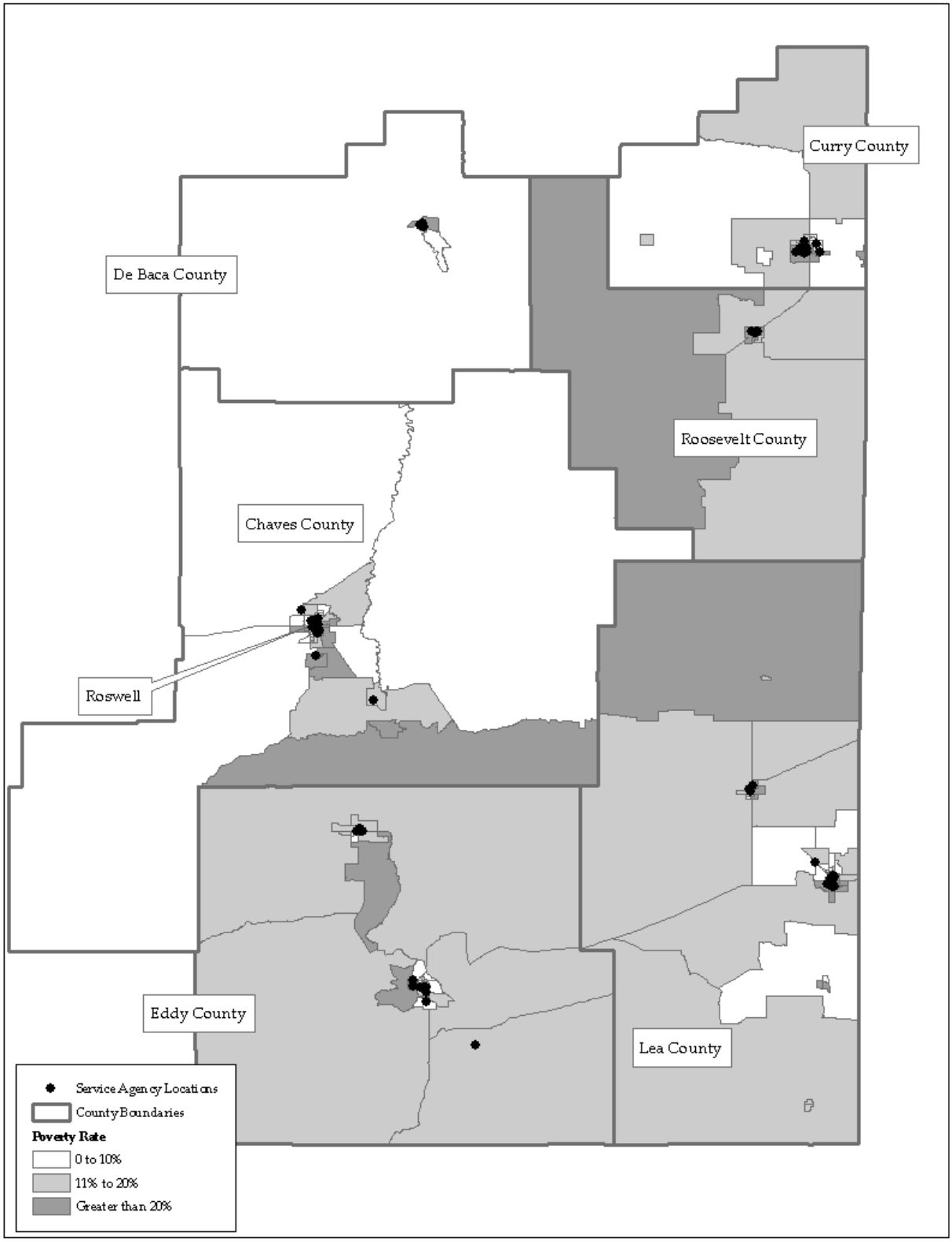
Note: Column percentages are reported. Data reflect only nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Figure 1: Southern Oregon and Northern California



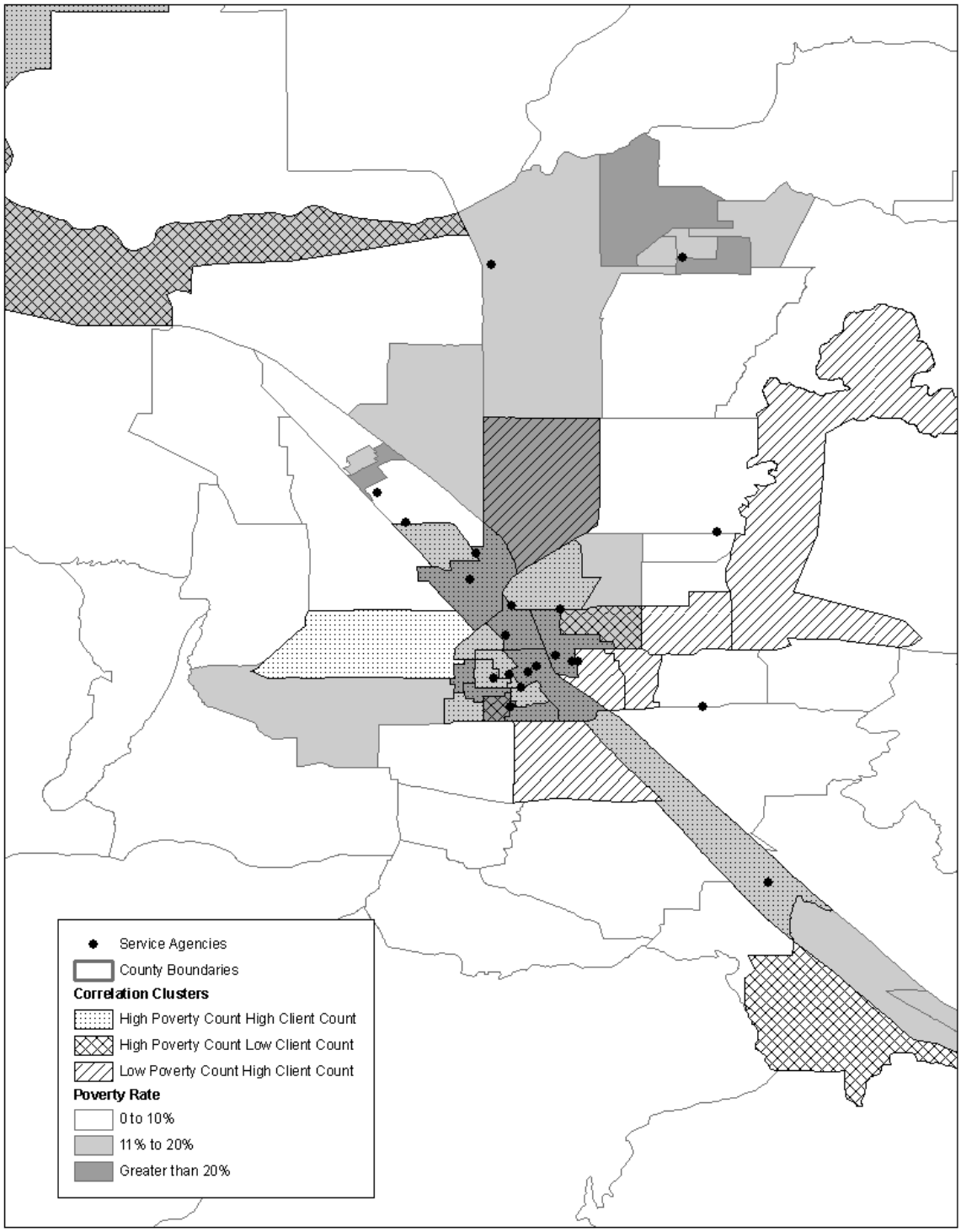
Note: Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Figure 2: Southeast New Mexico



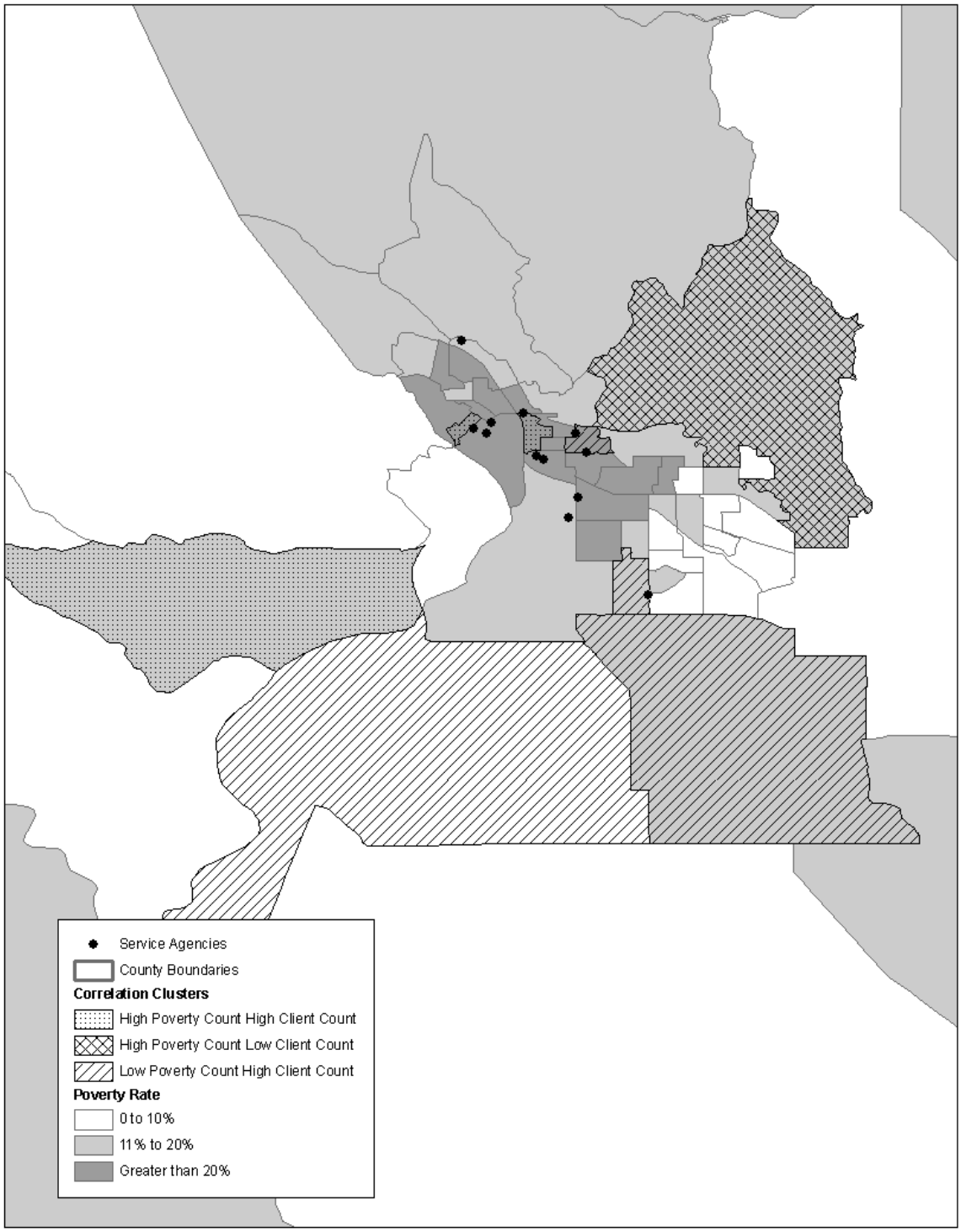
Note: Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Figure 3: Medford, OR



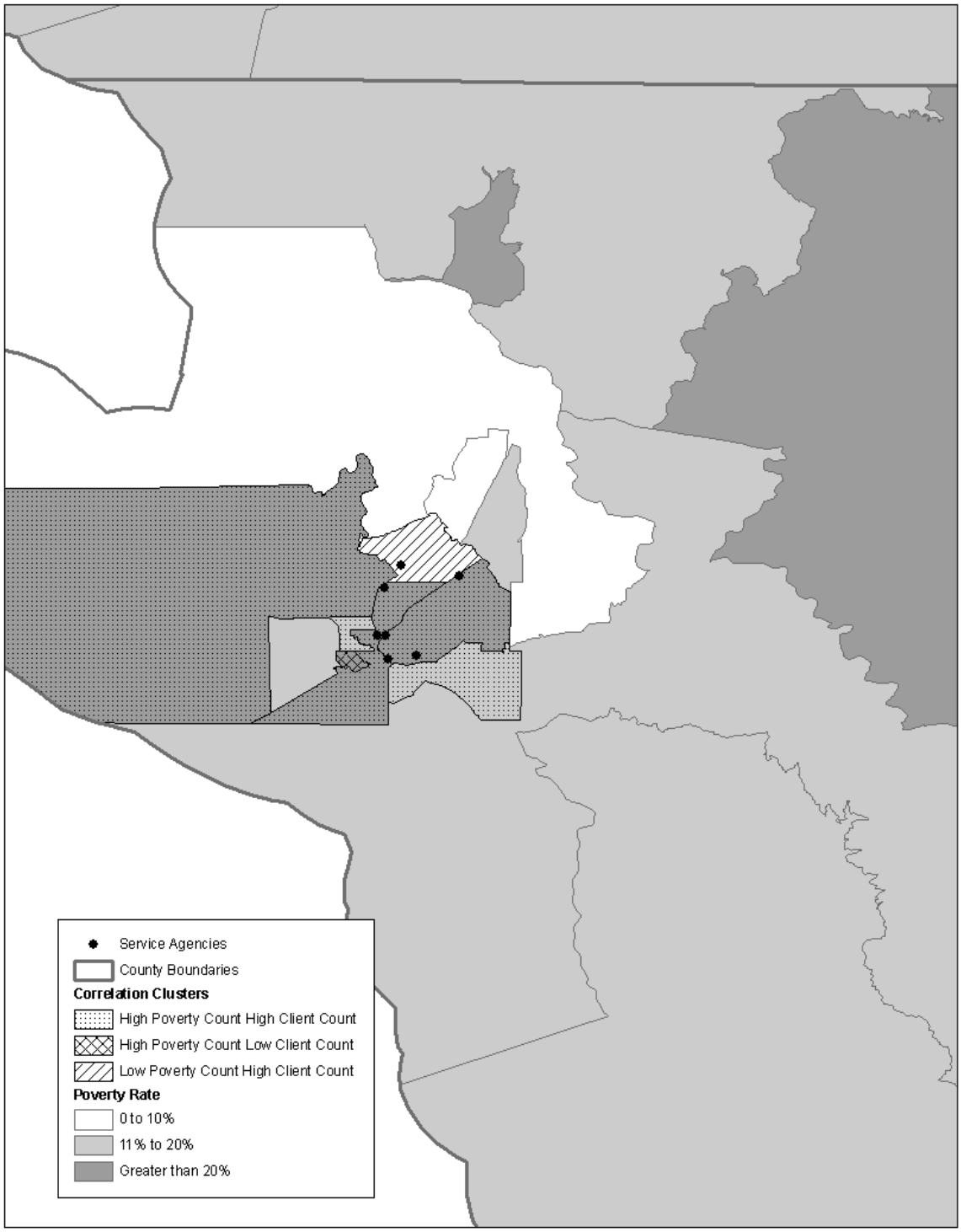
Note: Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Figure 4: Klamath Falls, OR



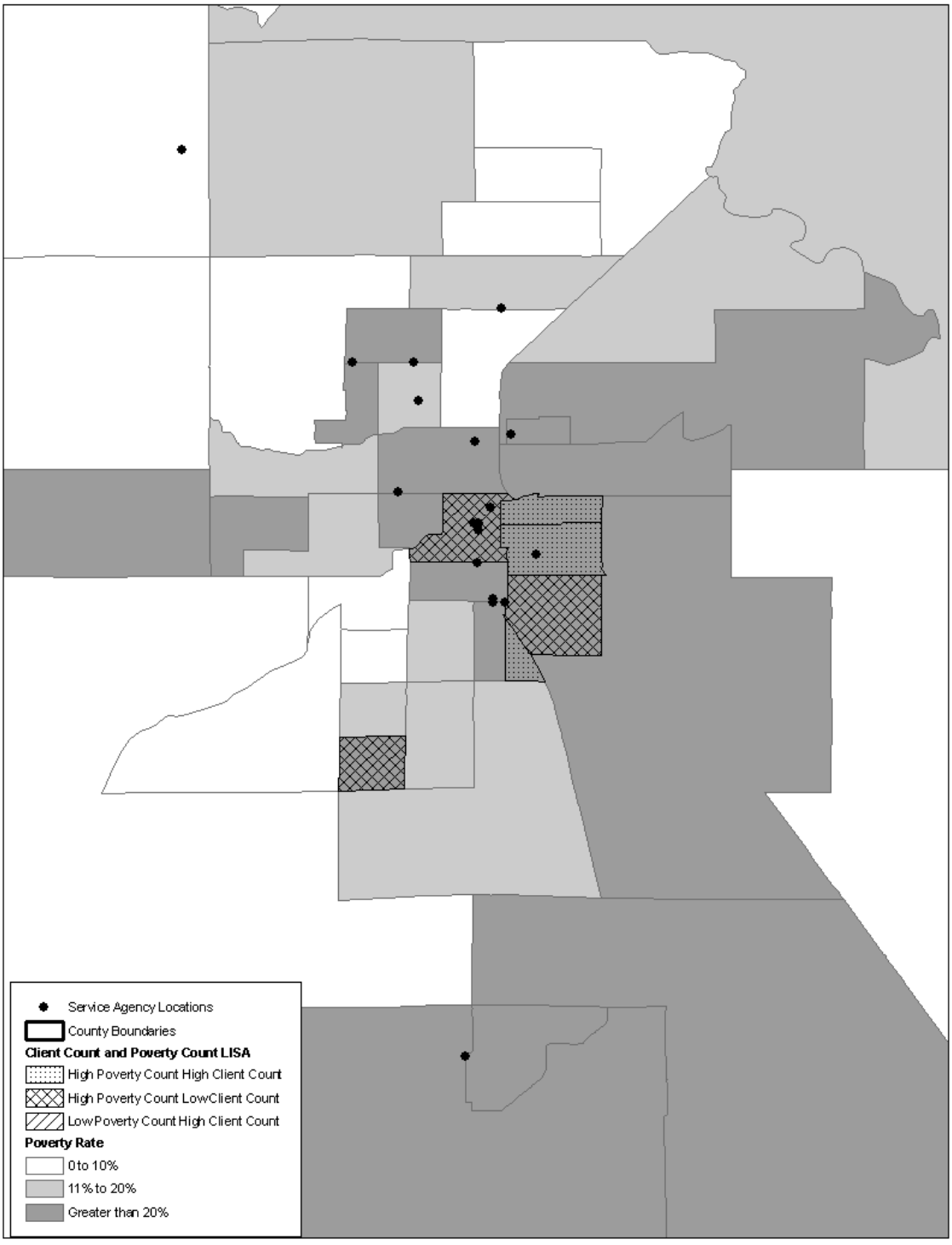
Note: Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Figure 5: Crescent City, CA



Note: Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Figure 6: Roswell, New Mexico



Note: Data reflect only government and nonprofit service organizations that serve low-income populations at low or no cost.
Source: Rural Survey of Social Service Providers

Technical Appendix

To identify the governmental and nongovernmental service organizations operating in each rural region, the RSSSP compiled lists of service providers from community directories, referral guides, phonebooks, and internet searches. Providers offering outpatient mental health, outpatient substance use, housing, emergency assistance, adult education, employment services, or counseling programs for persons near or below the poverty line were included in the initial survey database. This initial database contained 314 agencies in Southeastern New Mexico and 532 in the Oregon-California site. Verification calls were made to these 846 organizations identified across the two sites in order to determine 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.

Verification calls were made between March and June 2006, with a response rate of 95 percent across the two sites (803 of 846 completed the call). Most surprising, 31 percent of agencies contacted through these verification calls were found either to be no longer operational or no longer offering services to a broad array of low-income households. Based upon responses to verification calls, a total of 174 organizations in Southeastern New Mexico and 365 organizations in the Oregon-California site were deemed eligible for the longer survey (539 total across the two sites). In the process of these survey calls, 65 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 341 of the remaining 474 social service providers, for a response rate of 72 percent. Only providers that served low-income adults at low or no cost, and that offered one of the following services are included in the analyses here: outpatient mental

health services or counseling; outpatient substance abuse services or counseling; assistance in search for affordable housing, or assistance with lease or mortgage arrangements; cash assistance for rent; adult education, ESL, or GED programs; job training, search, placement, and retention programs; temporary or one-time cash assistance, or general assistance; temporary or one-time food assistance; temporary or one-time assistance with utility or heat payments.

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Endnotes

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[2]TANF welfare cash assistance receives about $12 billion in federal and state funding each year (U.S. Department of Health and Human Services 2006, 2007a, 2007b). The program distributed $28.6 billion in benefits to nearly 26 million recipients in 2005 (U.S. Department of Agriculture 2007). Medicaid, among the largest of the public safety net programs, spent about $70 billion on coverage to roughly 30 million non-aged, non-disabled families in 2003 (Holahan and Ghosh 2005, Zedlewski et al. 2006).

[3] Data on nonprofit employment and human service organizations come from the National Center for Charitable Statistics at the Urban Institute. These estimates include only organizations with National Taxonomy of Exempt Entities codes likely corresponding to provision of direct services. We exclude mental health and substance abuse service providers, housing and shelter, and civil rights or legal aid programs because it is difficult to discern which agencies within these categories are most likely to provide direct services to working age adults on-site or in an out-patient capacity.

[4]For-profit organizations compose a very small percentage of service providers interviewed for this study (5.9 percent in New Mexico and 4.4 percent in California-Oregon) and are thus not included in the numbers reported here.

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

[6]Because public agencies draw their funds from government sources, we only examine funding across nonprofit organizations.

[7]Author's estimate based on data from the National Center for Charitable Statistics.