Center on Urban & Metropolitan Policy

Unfinished Business:
Why Cities Matter to Welfare Reform

By Katherine Allen and Maria Kirby

"...national and state caseload declines are by no means the whole story. These caseload declines obscure the fact that welfare reform will succeed or fail at the local level."

FINDINGS

The bulk of America's welfare families now live in urban areas, which has important implications for the success or failure of welfare reform. This survey analyzes welfare caseloads in the 89 urban counties that contain the 100 largest U.S. cities between 1994 and 1999. The main findings are:

- **While urban welfare caseloads are declining rapidly, they are shrinking more slowly than national caseloads.** Between 1994 and 1999, the urban counties' welfare caseloads dropped by 40.6 percent, while the national caseload dropped by 51.5 percent, a difference of more than 10 percentage points.

- **Urban areas' share of families on welfare has grown.** While the 89 urban counties contained roughly one third (32.6 percent) of the total U.S. population, their share of the national welfare caseload grew from 47.5 percent in 1994 to 58.1 percent in 1999.

- **Many urban counties are shouldering vastly more of their state's welfare cases than their share of the state's total population.** Fifty-four counties out of 88, or 61 percent, have more than their "fair share" of their state's caseload relative to their share of the total state population, while 34 counties, or 39 percent, have an equivalent or smaller share of the state caseload than of the total population.

- **In 1999, ten states accounted for nearly 70 percent of national welfare cases, up significantly from 42.5 percent in 1994.** The bulk of the national welfare population can be found in: California, Florida, Georgia, Illinois, Michigan, New York, Ohio, Pennsylvania, Texas, and Washington. These ten states contained 53 percent of the overall national population in 1999.

- **In 1999, ten urban counties contained nearly one third (32.7 percent) of the entire nation's welfare cases, up from less than a quarter (24.0 percent) in 1994.** The ten counties are: Los Angeles County, New York City, Cook County (Chicago), Philadelphia County, San Bernadino County, Wayne County (Detroit), San Diego County, Sacramento County, Fresno County, and Cuyahoga County (Cleveland). These counties contained only 12.2 percent of the overall national population in 1999.

- **Since 1996, the overall racial composition of the welfare caseload in 20 of the largest urban counties has changed only slightly.** The proportion of the caseload that was black increased by 0.6 percentage points between 1996 and 1999, the proportion Hispanic increased by 2.7 percentage points, while the proportion white decreased by 3.3 percentage points, and the percentage "other" remained stable.

I. Introduction

In 1996, with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), the federal government famously "end[ed] welfare as we know it." For the most part, welfare reform has been declared a success, with "success" defined largely by dramatic reductions in the number of welfare cases. Since 1994, the year that caseloads peaked nationally, the number of welfare cases in the United States has been more than cut in half: 2.6 million families left the rolls, a 52 percent decline.

What has been lost in the analysis of the early years of the new welfare system, however, is that national and state caseload declines are by no means the whole story. These caseload declines obscure the fact that welfare reform will succeed or fail at the local level. And "local" means "urban" because welfare challenges tend to converge in large cities. How have America's cities—traditionally home to a disproportionate number of the poor and welfare-dependent—fared under the new welfare policies?

This survey offers a spatial cut on a discussion that has been bifurcated between the macro (state- and national-level data) and the micro (data on individual recipients). To date, the vast majority of research on welfare reform has focused not on the impact on urban areas but on state and national welfare caseload declines. Most of the major studies tracking so-called welfare "leavers," people who have left the rolls in recent years, rely exclusively on state-level data. The welfare policy conversation has also centered on people—their work histories, their skills and educational levels, their support service needs. While the emphases on state policies and individual recipients are indeed important, it is also vital to understand how the places in which welfare families live affect their employment opportunities and their ability to raise their children. And the places at the epicenter of this issue are America's large urban areas.

Most existing research and many state and national policies do not differentiate between the challenges that welfare reform poses for urban areas versus suburban or rural areas. Cities have different types of workers and jobs, different welfare populations with different barriers to employment, and therefore different strategies for success. And while welfare reform has had some urban successes, it has not severed the link between place and poverty. Current welfare policies may exacerbate cities' burden of poverty, and cities cannot bear this burden alone. As the 2002 reauthorization of welfare reform approaches, it becomes more important than ever to understand the importance of place in this policy debate. The future of welfare reform—in both the short and long term—is in the cities.

For the past three years, the Brookings Institution Center on Urban and Metropolitan Policy has focused on the special impact of welfare reform on cities and urban neighborhoods. Brookings' annual "State of Welfare Caseloads" reports have demonstrated that state welfare cases are becoming increasingly concentrated in central cities and urban counties. These surveys have shown that, while urban welfare caseloads are declining rapidly, they are shrinking more slowly than state- or nation-wide caseloads.

This year, Brookings expanded its annual survey to examine the welfare caseloads in the nation's 100 largest cities, with additional analysis of racial and ethnic trends in selected cities and urban counties. In sum, we found that the bulk of the nation's welfare families now live in urban areas. Thus cities matter to welfare reform, and policies must change to address the places—not just the people—with the greatest needs.

II. Methodology

This survey is based on data compiled by state welfare agencies, which provided either annual monthly average or annual snapshot welfare caseload data for 1990 through 1999 for the 89 jurisdictions, usually counties, containing the 100 largest cities in the United States. Thirty-five states and the District of Columbia contain these 89 jurisdictions and 100 cities. Several cities may be contained within one county. Los Angeles County, for instance, contains three of the top 100 cities: Los Angeles, Glendale and Long Beach. Appendix A shows the caseload trends in each of the 89 jurisdictions.

The caseload data reflect the number of welfare cases, not individual recipients. Welfare cases may include a two-parent household with children, a single-parent household with children, or cases where there is no adult in the assistance unit (child-only cases). The data also reflect the number of cases that received cash assistance under Aid to Families with Dependent Children (AFDC) and its successor, Temporary Assistance to Needy Families (TANF). This distinction is important, as the 1996 welfare reform legislation allows federal welfare funds to be spent on certain supportive services and one-time emergency grants for families that do not count as "cash assistance;" do not count against the recipient's available federal welfare time limit; and, while aiding the family, do not cause them to be an officially-counted welfare "case."

The 25 counties containing the largest 25 cities were also asked about the racial and ethnic composition of their welfare caseloads between 1994 and 1999. Twenty of these jurisdictions provided the requested data on race and ethnicity.

Because welfare programs, both AFDC and TANF, are typically administered at the county-level, the caseload data reflect the county caseloads, not the number of cases within the central cities. For the most part, the use of county-level caseload data may understate the central city welfare trends because of the inclusion of welfare cases from suburbs. The exceptions are jurisdictions where the city and county borders are coterminous such as Philadelphia and Denver, where the city is not contained by a county like Baltimore and Saint Louis, and New York City which is a composite of 5 counties.

Three interrelated factors may affect the data: 1) the central city's share of the county population; 2) the size of the county; and 3) the concentrated poverty rate. First, there are substantial county-by-county and regional variations in the percentage of the county population that lives in the central city. Faster caseload declines in suburban county areas may mask slower declines in the central city; racial trends in the central city may also be skewed by the inclusion of suburban welfare recipients in the county data. Northeastern counties tend to be most "urban," with an average of 81 percent of the county population residing in the central city, whereas Southwestern and Western counties on average are the least "urban," with less than half (44 percent) of their populations living in central cities. The picture in the South and Midwest is mixed, with 60 and 53 percent, respectively, of the county population inside the central city.

Related to the city-county population issue, another possible factor impacting caseload trends is county size. On average, Western and Southwestern counties tend to be much larger geographically than Northeastern, Midwestern and Southern counties. When county-level data is used, the sheer size of these Western and Southwestern counties may capture a "buffer zone" of suburban and even rural areas that distorts and minimizes any city-specific welfare effects or trends, which may appear more prominently in the smaller, denser counties to the east. Cities are also larger in these regions, with Southwestern cities like Houston encompassing areas that would typically be thought of as suburban elsewhere in the country.

Finally, the concentrated poverty rate reflects the percentage of the city population that lived in census tracts where 40 percent of the residents were poor in 1990 (the most recent year for which concentrated poverty data is available). Concentrated poverty is associated with higher un- and underemployment rates, poor work histories, lower earnings, and higher school dropout and out-of-wedlock birth rates: characteristics that define the "hard to serve." Cities and urban counties with higher levels of concentrated poverty may face a more difficult challenge in helping their welfare population transition off the welfare rolls into stable, continuous employment. Concentrated poverty rates in the counties surveyed ranged from a high of 36.5 percent in the city of Detroit to a low of zero percent in five cities (Virginia Beach, VA; Aurora (Arapahoe County), CO; San Jose (Santa Clara County), CA; Riverside (Riverside County), CA; and Anchorage (Anchorage Borough), AK).

The welfare data was analyzed in four ways to determine: 1) the extent of caseload declines and concentrations in urban counties; 2) whether these urban counties are shouldering a disproportionate welfare burden relative to their share of the total population; 3) which urban counties and states contain the lion's share of the national caseload; and 4) how the racial and ethnic composition of selected counties' welfare rolls has changed since the passage and implementation of the welfare reform legislation in 1996.

III. Findings

A. While urban welfare caseloads are declining rapidly, they are shrinking more slowly than national caseloads.

The aggregate rate of decline between 1994 and 1999 for the 89 urban counties was calculated and compared to the overall national caseload decline between 1994 and

Figure 1
Welfare Caseload Trends (1994–1999)

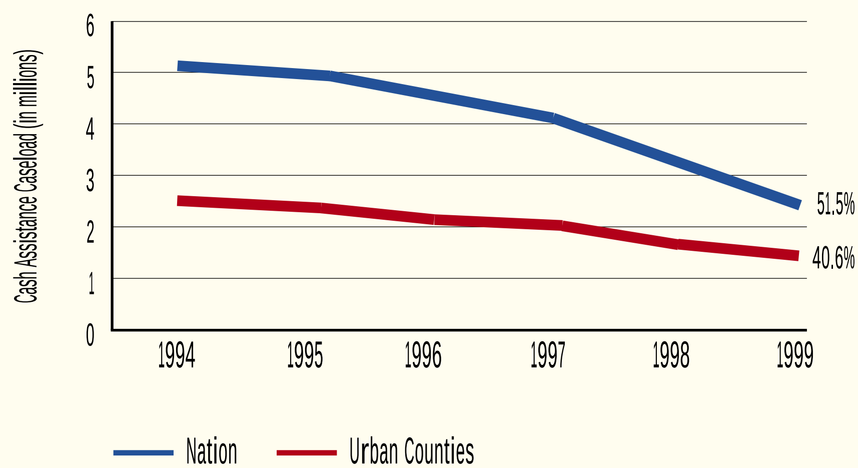


Figure 2
89 Urban Counties' Share of National Welfare Caseload, 1999

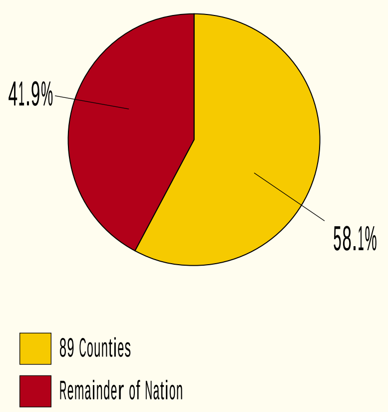
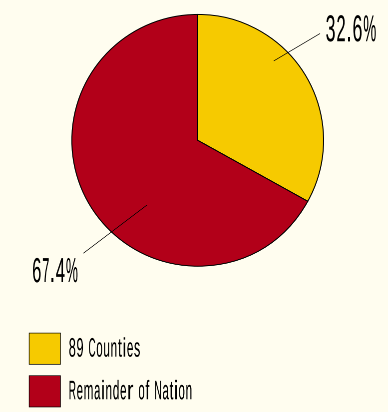


Figure 3
89 Urban Counties' Share of National Population, 1999

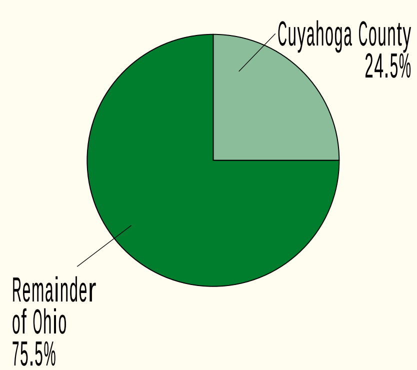


1999. While urban welfare caseloads are declining rapidly, they are shrinking more slowly than national caseloads. In the 89 urban counties that contain the 100 largest American cities, the aggregate caseload decline lagged behind the national rate by more than 10 percentage points: the county and national declines since 1994 were 40.6 and 51.5 percent, respectively (Figure 1). National caseloads have declined by roughly 2.6 million welfare cases since peaking in 1994, whereas the aggregate urban county decline represents a decrease of almost 1 million cases. The national caseload in 1999 was nearly 2.4 million cases, or 6.6 million recipients. The aggregate 89-county caseload in the same year was slightly more than 1.4 million cases, or roughly 3.9 million people.

B. The nation's welfare cases are becoming more concentrated in urban areas.

We also examined the location and concentration of the remaining welfare cases in 1999, using 1994 concentrations (when welfare rolls were at their largest) for comparison. National welfare cases are increasingly concentrated in urban areas. The 89 counties contained slightly less than one-third (32.6 percent) of the nation's population in 1999 (Figure 3), but they accounted for 58.1 percent of the nation's welfare cases (Figure 2), up more than ten percentage points from 47.5 percent in 1994.

Figure 4
Cuyahoga County: Share of Ohio's Welfare Caseload, 1999



C. Nearly two-thirds of urban counties are shouldering more of their states' welfare cases than their share of the states' total population.

Our second major analysis attempted to gauge the relative state welfare and population burdens in the 88 urban counties. (The District of Columbia was not included in this analysis because it has no state for comparison.) The Fair Share Index conveys the share of the state welfare population contained in a county, compared with the county's share of the overall state population. The Fair Share Index is a ratio of two figures: the county's percentage of the state welfare caseload in 1999 divided by the county's percentage of the state total population in 1999. Thus, Cuyahoga County (Cleveland), which contains 24.5 percent of Ohio's welfare cases (Figure 4) and 12.2 percent of Ohio's total population (Figure 5), has a Fair Share Index of 2.0. That is, Cuyahoga County contains twice the share of the state's welfare cases as its share of Ohio's total population.

San Francisco County (San Francisco), on the other hand, has a Fair Share Index of 0.5—it contains only 1.2 percent of California's welfare caseload, but 2.3 percent of the state's total population. The higher the Fair

Figure 5
Cuyahoga County: Share of Ohio's Total Population, 1999

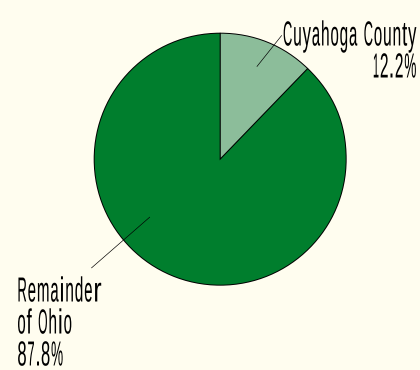
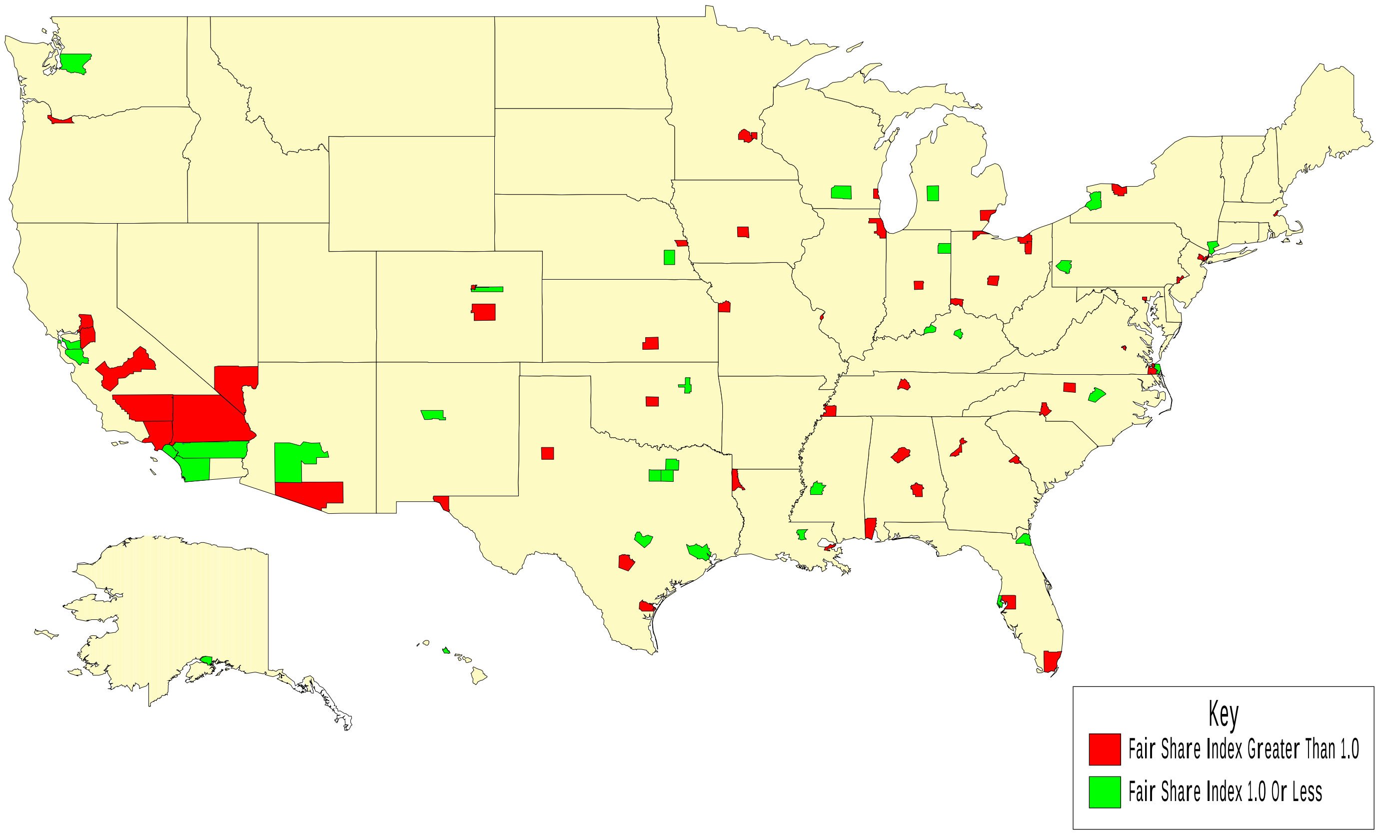


Figure 6
Fair Share Caseload Trends, 1999



Share Index, the greater the county's proportionate welfare burden (relative to overall population); the lower the Fair Share Index, the relatively smaller the state welfare burden shouldered by the county. Appendix B shows the 1994 and 1999 Fair Share indices for all 88 urban counties.

Nearly two-thirds of urban counties are shouldering more of their states' welfare cases than their share of the states' total population. Fifty-four counties out of 88, or 61 percent, have more than their "fair share" of their state's caseload—that is, Fair Share Indices greater than one—while 34 counties, or 39 percent, have an equivalent or smaller share of the state caseload than the total state population (Figure 6).

The 1999 Fair Share indices ranged from a high of 4.8 in Milwaukee County and Baltimore City to a low of 0.1 in Collin County, TX (Plano). The five places with the heaviest caseload concentrations relative to population—those with Fair Share Indices greater than 4—are: Milwaukee County; Baltimore City; Saint Louis City; Philadelphia County; and Richmond City, VA. In addition to the five counties mentioned above, eleven other counties had more than double their fair share of welfare cases. Six counties had Fair Share Indices of 0.5 or lower: Fayette County, KY (Lexington-Fayette); Santa Clara County, CA (San Jose); Dane Co., WI (Madison); San Francisco County, CA; Orange County, CA (Anaheim, Huntington Beach, Santa Ana); and Collin County, TX (Plano).

Between 1994 and 1999, 41 counties saw their fair share of the state welfare caseload increase. The most dramatic increases occurred in the jurisdictions with the highest 1994 Fair Share indices: Milwaukee County, WI; Baltimore City, MD; St. Louis City, MO; and Philadelphia County, PA. In 1994, no urban areas had Fair Share indices larger than 4.0; in 1999, there were five such places.

D. In 1999, ten states accounted for nearly 70 percent of national welfare cases, up significantly from 42.5 percent in 1994.

Welfare data was analyzed to determine which states and counties contain the lion's share of the national welfare caseload. In 1999, ten big states accounted for 68.6 percent of national welfare cases, up significantly from 42.5 percent in 1994. The states are: California (containing 12 counties), Florida (4), Georgia (2), Illinois (1), Michigan (2), New York (4), Ohio (6), Pennsylvania (2), Texas (9), and Washington (1). These ten states contained nearly half of the urban counties surveyed (43 counties, or 48 percent). These ten states contained 53 percent of the overall national population in 1999.

E. In 1999, ten urban counties contained nearly one third (32.7 percent) of the entire nation's welfare cases, up from less than a quarter (24.0 percent) in 1994.

The ten counties are: Los Angeles County, New York City, Cook County (Chicago), Philadelphia County, San Bernadino County, Wayne County (Detroit), San Diego County, Sacramento County, Fresno County, and Cuyahoga County (Cleveland). These counties contained only 12.2 percent of the overall national population in 1999.

F. Since the passage of federal welfare reform legislation in 1996, the aggregate racial composition of the welfare caseload in 20 of the largest urban counties has changed only slightly.

The 25 counties containing the largest 25 cities were asked about the racial and ethnic composition of their welfare caseloads between 1994 and 1999. The city of Boston, the District of Columbia, and the urban counties containing the following cities responded: Los Angeles; Chicago; Houston; Phoenix; San Diego; Detroit; Dallas; Seattle; San Jose; Philadelphia; San Antonio; Columbus; Milwaukee; Indianapolis; San Francisco; Jacksonville; Austin; and El Paso. Jurisdictions not providing data were: New York City; Baltimore; Memphis; Nashville; and Cleveland.

Figure 7
Racial and Ethnic Welfare Caseload Composition, 1996–1999 (selected counties)

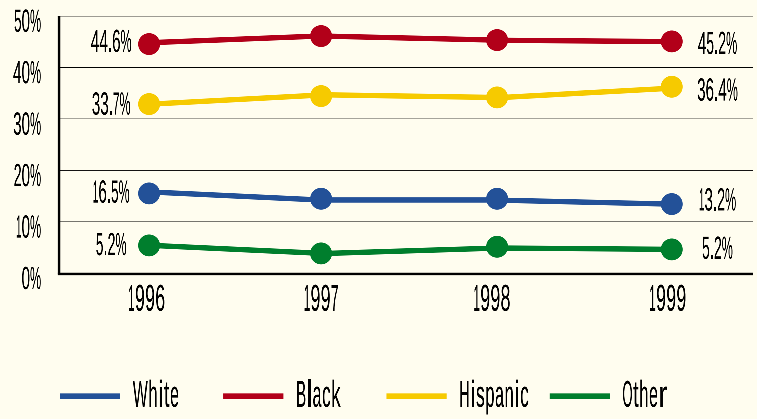
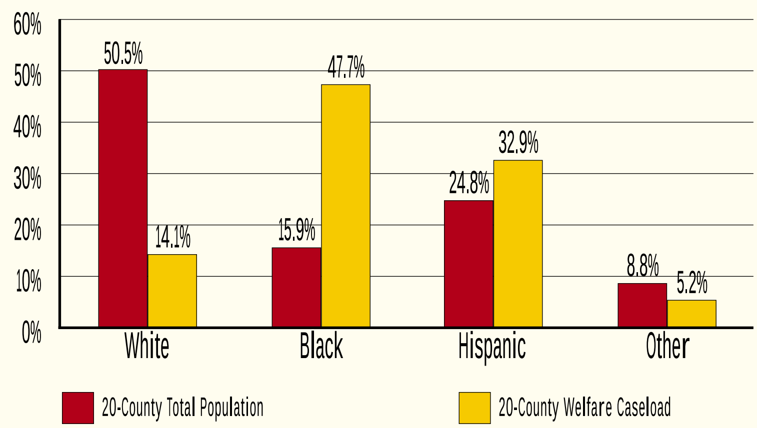


Figure 8
Racial and Ethnic Composition: Total Population vs. Welfare Caseload, 1999 (selected counties)



Since the passage of federal welfare reform legislation in 1996, the aggregate racial composition of the welfare caseload in 20 of the largest urban counties has changed only slightly. Black and Hispanic welfare recipients in urban counties have left the welfare rolls at roughly the same rate as white urban recipients, and at only slightly slower rates than national welfare declines. The percentage of the caseload in the 20 counties that was black increased by 0.6 percent between 1996 and 1999, the percentage Hispanic increased by 2.7 percent, while the percentage white decreased by 3.3 percent, and the percentage "other" remained stable (Figure 7).

Yet racial and ethnic minorities are disproportionately represented on the welfare rolls compared to their numbers in the total population. In 20 counties where racial and ethnic data was available, the total population in these 20 counties was 50.5 percent white, 15.9 percent black, 24.8 percent Hispanic, and 8.8 percent "other." In contrast, the welfare rolls were 14.1 percent white, 47.7 percent black, 34 percent Hispanic and 5.2 percent "other" (Figure 8).

IV. Policy Recommendations

In sum, this survey finds that the challenge of welfare reform now primarily resides in our nation's urbanized areas. This has enormous repercussions for welfare reform for three reasons. First, the urban challenge reflects the overwhelmingly urban phenomenon of concentrated poverty. Concentrated poverty, a principally urban phenonmenon, is associated with the social characteristics and behaviors that define the hard-to-serve population: illiteracy, chronic unemployment, poor work history, no high school diploma, low skills, teenage pregnancy and out-of-wedlock births. People in these neighborhoods often face a triple whammy: poor schools, weak job information networks, and scarce employment opportunities. They are more likely to live in female-headed households and have less formal education than residents of other neighborhoods.

Furthermore, in high poverty neighborhoods, the social networks crucial to connecting people to work often break down. Employed people, with the inside track on their firm's job openings, tell their friends or families about open positions and then vouch for the applicants to their employers. In poor neighborhoods, where relatively few people work and even fewer have good jobs, these networks are circumscribed and overburdened. Low-wage workers also tend to keep their job search close to home, cutting themselves off from plentiful suburban jobs.

Second, in many metropolitan areas, jobs are increasingly created in rapidly growing suburbs, while welfare families remain isolated in inner city neighborhoods. Very few welfare recipients have access to cars, and are heavily dependent on public transportation; yet few of these new jobs are accessible by public transit. In Cleveland, for instance, 80 percent of welfare recipients live in the central city; yet 80 percent of entry-level jobs are located in the suburbs. Only one quarter to one third of those suburban jobs are accessible within an hour-long, one-way public transit ride. In Boston, the Volpe Institute found that only 43 percent of entry level jobs are accessible at all by public transit. In many areas, urban transportation systems simply fail to connect low-income central city residents to metropolitan labor markets, hindering the ability of central city recipients trying to move from welfare to work.

Finally, cities now face a two-pronged challenge: increasing concentrations of welfare caseloads in cities, and significant numbers of urban welfare recipients leaving the rolls in recent years. Cities now contain a greater share of the remaining welfare families who are facing serious and multiple barriers to work—the so-called "hard-to-serve." The term "hard-to-serve" encompasses a diverse population with diverse service needs: long-term welfare recipients with poor work histories and low skills; the mentally or physically disabled, homeless, and illiterate; victims of domestic violence; recipients with substance abuse problems; immigrants and non-English speaking recipients; and recipients lacking adequate transportation and child care. Now, these disadvantaged welfare families potentially face severe hardship, given TANF's strict time limits and work requirements. Without these necessary support services, and without a welfare check, these families pose a serious challenge for the cities in which they live.

Substantial urban caseload declines also mean that cities contain a significant number of welfare "leavers"—families who have left the welfare rolls, many of whom are facing an uncertain and unstable economic future. A 1999 study by the Urban Institute estimated that roughly 60 percent of former welfare recipients were employed. Yet the economic rewards of work are uncertain for these families. Many former recipients are working in dead-end, low-wage jobs and now contend with new work-related expenses and the frequent loss of government-sponsored health care benefits. These households with children remain at or near the poverty line and have difficulty keeping up with the rising costs of housing, health care, child care, transportation and other necessities. The fundamental challenge in the aftermath of welfare reform is to help low-income families—whether or not they have been or are currently on welfare—climb the economic ladder. Urban areas, with large concentrations of low-income families, have an undeniable stake in this objective.

Cities cannot deal with welfare and working families alone. While the understanding that cities are home to many poor and struggling working families may be intuitive, this awareness has not been consistently reflected in national, state or even local welfare policies. The focus on state policies and caseloads, and on individuals' barriers to work, does not take into account the fact that *places* affect and sometimes limit people's opportunities. The data in this survey indicate that welfare is increasingly an urban problem. And as urban caseload declines continue, cities and urban counties must also contend with families who leave welfare for precarious positions in the workforce. If we are going to "make work pay," we can no longer focus solely on states and people. We must focus on the places where efforts will ultimately succeed or fail.

A. Implications for State and Local Policymakers

The current web of systems serving urban welfare recipients and working families apportions responsibility between the federal, state and local governments and myriad agencies and departments. Within this admittedly confusing framework, there are five main things that states and localities can do right now to address the increasing concentration of welfare cases and the growing ranks of struggling working families in cities.

1. Help Neighborhoods Support Work

For political reasons, states may have difficulty relating to their primary welfare reservoirs—places that contain a quarter or more of the state's caseload. Twenty-three cities and counties of the 88 surveyed (26 percent) contained more than 25 percent of their state's welfare cases in 1999, with ten counties containing more than 40 percent. In some places, the proportion is much higher—Baltimore contains 58 percent of Maryland's cases; Clark (Las Vegas) and Cook (Chicago) counties both contain nearly three-quarters (73 percent) of their respective state caseloads; Milwaukee County contains 83 percent of Wisconsin's cases.

The urban welfare problem is qualitatively different from the suburban or rural problem and therefore requires uniquely tailored solutions. States need to recognize the magnitude of the multiple challenges converging in these large cities—relatively high un- and under-employment, population and job loss, and weak public school systems—and form city-state partnerships to address the urban welfare challenge. Cities need to be equipped with the infrastructure—locally-based services, information, responsive community institutions and innovative programs—to tackle this challenge.

Community institutions—both faith-based and secular—are well positioned to play a key role in serving distressed neighborhoods. Community development corporations, or CDCs, know a great deal about the problems facing community residents, the local educational and training opportunities, and community assets that may not be apparent to outsiders. CDCs can use this highly specialized expertise to help neighborhood welfare recipients make the transition to work (e.g. recruiting, counseling, training, connecting to suburban employers). A number of CDCs, for example, have begun to make job linkages and provide support services. In East Harlem, a community-based organization developed the STRIVE model, which has been described as a mental boot camp for the "hard to employ." The STRIVE model is a three week-long training program, focusing on attitudinal or "soft" skills and providing case management and social services to participants. STRIVE job developers build relationships with employers and work with participants from the community in order to place—and keep—participants in jobs.

2. Think and Act Regionally

While welfare recipients are heavily concentrated in urban areas, investing in neighborhoods of concentrated poverty is necessary but not sufficient. The solutions to welfare reform's urban problems will not be found by looking solely within city borders. We also have to connect urban welfare recipients to opportunities in the mainstream economy throughout the metropolitan area. Welfare recipients need not be trapped in job-poor jurisdictions due to bureaucratic fragmentation of housing or job training programs. Welfare and workforce programs should coordinate across parochial boundaries to connect low-income central city residents with metropolitan employment and training opportunities.

One essential element of thinking regionally is transportation. Cities and urban counties should strive to make transportation for low-income workers an integral part of the mainstream regional transportation system. Communities should leverage existing funding to expand or streamline existing services and explore a range of non-transit solutions like subsidized car ownership for welfare recipients. This kind of innovation will help bridge the gap between central city workers and suburban jobs.

Another necessary ingredient in a regional strategy is information. Many local jurisdictions lack a basic understanding of the demographic and economic dimensions of their region. Yet restoring the connection between regional employment opportunities and the central city depends a great deal on the quality of local information about workers, jobs, and the existing linkages between the two. Localities need to understand their target populations and the important differences in low-wage, low-income people. Short- and long-term welfare recipients, the working poor, the unemployed, the disabled, and immigrants all have diverse support service and training needs. Detailed analysis of local labor market information can help jurisdictions identify which employment sectors will grow at the fastest rate, and which jobs will pay family-supporting wages, have attainable skills requirements, and offer the greatest potential for career advancement and wage progression.

Researchers at Case Western Reserve University used better regional information to address barriers to work in the Cleveland metropolitan area. The researchers identified the regional job centers, the neighborhoods where the bulk of the welfare recipients live, and the adequacy of the transit lines that connect the two. Their research led to the rerouting of many transit lines to better connect central city welfare households to outer-suburban entry-level employment.

3. Assist the Hard-to-Serve

As job-ready recipients have left the welfare rolls for work, the hard-to-serve make up an increasing share of the remaining welfare caseload. Remaining hard-to-serve recipients have relatively high incidences of mental illness and depression, physical and learning disabilities, and substance abuse issues, which can make it difficult for them to find and keep a job. Low educational and skill levels, illiteracy and language barriers are also serious constraints to successful employment. How to deal with this difficult population in the context of time-limited welfare is an issue that should weigh heavily on the minds of urban welfare officials and community service providers.

Public job creation—where community service work is supported by additional services and case management—can help recipients who may not be ready for unsupported work gain much-needed experience and meet welfare reform's requirements. Particularly in cities where unemployment rates are relatively high and competition for entry-level jobs may be fierce, public job creation efforts are crucial to helping the hard-to-serve population effectively transition into employment. Job creation may also be a practical strategy during an economic downturn, when low-wage, low-skilled jobs are not as abundant. A recent collaboration between Pennsylvania Governor Tom Ridge, former Philadelphia Mayor Ed Rendell, and the Philadelphia-based Pew Charitable Trusts used welfare funds to create 3,000 transitional jobs that will give welfare recipients entry-level job skills.

In addition to services aimed at getting the hard-to-serve into the workplace, welfare agencies and others should focus on helping them keep a job and advance to a better job. Since 1985, Project Match, a nationally-recognized employment program in Chicago, has been serving the most disadvantaged welfare recipients with a special focus on post-employment services like job retention, reemployment, and advancement assistance. Successful principles from the community-based effort were ultimately incorporated into a case management system, the Pathways System, designed to re-scale the Project Match approach for large welfare systems.

4. Invest in Working Families

Enduring TANF surpluses ($2.6 billion as of October 1999) pose a dilemma for most state policymakers. With shrinking welfare rolls and excess federal funding, many have been torn between pumping money into programs now or saving the reserves for a "rainy day" when the economy worsens and caseloads increase. However, this either-or, spend-or-save dichotomy is misleading. Investments in social policy innovations now could save states money in the long run by reducing poverty along with the welfare rolls.

Right now, states can make huge strides in creating seamless systems that equitably serve working poor families—helping all struggling families, not just those who have recently received a welfare check. States can establish refundable earned income tax credits that use the tax system to supplement the wages of all low-income workers without regard to prior involvement in the welfare system. States can improve child care quality, expand services during non-traditional hours, or establish a child care subsidy program that serves all low-income working families. For instance, Illinois makes subsidies available to all families with an income below 50 percent of the state's median income ($28,861 for a family of three). A number of states have expanded Medicaid coverage to both low-income parents and children. For instance, Rhode Island offers health insurance to both parents and children with family incomes up to 185 percent of the federal poverty level ($30,895 for a family of four).

5. Remove Bureaucratic Barriers to Work

At the federal level, the welfare and workforce development systems are administered by two different agencies: the Department of Health and Human Services and the Department of Labor. Yet, with PRWORA in 1996, the Welfare-to-Work grants in 1997 and the Workforce Investment Act (WIA) in 1998, the federal government has devolved considerable responsibility for both the welfare and workforce systems to the states. That responsibility carries with it an astonishing degree of flexibility to design and implement innovative new programs in both of these systems.

One way for states to capitalize on this policy opportunity is to critically re-examine the current structural arrangement and respective roles and responsibilities of the welfare and workforce systems. The current system of service delivery to welfare recipients and other low-income families is needlessly fragmented. The complicated process of multiple eligibility determinations and intake procedures by multiple agencies and service providers can work at cross-purposes, and can even be an impediment to families getting the services they need and successfully finding employment.

If welfare is now about work, how does a state's workforce system complement its welfare system? How can programmatic overlap and inefficiency be minimized and agency cooperation or integration maximized? Workforce and welfare programs should work together to enhance welfare recipients' and other low-skilled workers' access to education, training and employment across jurisdictional boundaries. This way, urban residents can avoid needless bureaucratic fragmentation and connect to regional opportunities and overcome the social and spatial isolation associated with concentrated poverty.

States and the federal government have a clear role to play in streamlining welfare and workforce systems. However, in some places, localities may have the flexibility to coordinate these programs themselves. Dayton, Ohio, for instance, has created a highly integrated system that incorporates welfare services with workforce development programs into one system in which individuals inside and outside the welfare systems can access employment-related services.

B. Implications for Federal Policy

Next year, in light of the budget surplus, the Congress is expected to consider a large tax bill which will likely include health care, child care and work support programs. In 2002, the federal welfare reform law is up for reauthorization. And over the next three years, the federal government will reauthorize nearly all of the other major programs that serve the poor: housing, transportation, Food Stamps, and workforce development. These major policy events could be considered in isolation from one another or treated as a series of inter-related opportunities to rethink and reform the way the federal government provides assistance to states, localities and families.

Federal policymakers can exploit these opportunities by exploring the full range of policy options. This policy menu should reflect both the special welfare and poverty challenges that cities face as well as the innovative strategies that are being implemented in response to those challenges. While it is difficult to identify specific policy alternatives at this early date, policymakers should consider the following broad issues:

- How do current rules help or hinder the participation of established community institutions in the design and implementation of welfare-to-work strategies? This area may also be ripe for federal direction.
- How do current rules affect the governance of welfare reform? In particular, how does county administration affect the ability of low-income urban residents to learn about and access metropolitan employment opportunities? The national law may need to rearrange the rules of governance to ensure that administrative barriers to opportunity are removed.
- How do current rules concerning time limits, sanctions, allocation formulae and other policies affect cities? Revisions to existing law may be in order, particularly with respect to cities with large numbers of the "hard-to-serve" or urban areas that contain extremely high percentages of state caseloads.
- What provisions should be made for people who are unable to find unsubsidized work, either due to personal barriers to work or during periods of relatively high unemployment? Given strict welfare time limits, public job creation or transitional employment programs may be needed to employ people who want to work but cannot find a job or are not yet ready for unsupported work.
- What reforms—and additional funding—are needed in areas (i.e., work supports, child care, transportation, Food Stamps, after-school investments, housing, the earned income tax credit) that are critical if welfare reform is to be successful?
- What reforms are necessary to ensure that work pays for people who make the transition from welfare to work?
- How should the relative roles and responsibilities of the welfare and workforce systems be allocated? What structural policy reforms are most beneficial from an urban perspective? How do the disability and unemployment insurance systems relate to the current welfare-workforce system? How could the whole panoply of social systems be redesigned to be more efficient and universal?

Yet these are not decisions that should be made by federal policymakers in a vacuum. Reforming and rationalizing federal investments in low-income families should be of prime concern to urban constituencies. Urban leaders should articulate the nexus between the ongoing people- and state-focused dialogue about welfare and working families and the real needs and assets of the places where low-income families predominantly live. Mayors and other civic leaders should develop a comprehensive policy agenda that reflects the urban interest in low-income families across the entire spectrum of federal programs, and propose specific ways to improve programs and services in the places where they are most needed. Local leaders need to understand and assert the urban nature of welfare reform.

Appendix A: Welfare Caseload Trends for 89 Urban Counties, 1994–1999

Total AFDC/TANF Cases	Welfare Cases 1999	% Caseload Decline 1994-1999	% of State Caseload 1994	% of State Caseload 1999	% of Total State Population 1999	City Concentrated Poverty Rate 1990	% of County Population in Central City 1998
Alabama	20,580	59.1%					
Jefferson Co. (Birmingham)	3,764	57.4%	17.6%	18.3%	15.0%	17.1%	38.3%
Mobile Co. (Mobile)	2,256	66.8%	13.5%	11.0%	9.1%	16.1%	50.7%
Montgomery Co. (Montgomery)	1,620	54.5%	7.1%	7.9%	4.9%	16.8%	90.6%
Alaska	8,128	35.0%					
Anchorage Borough	2,987	41.4%	40.8%	36.7%	41.6%	0.0%	100.0%
Arizona	35,730	50.3%					
Maricopa Co. (Glendale, Mesa, Phoenix, Scottsdale)	15,660	59.3%	53.6%	43.8%	59.9%	5.7%	69.9%
Pima Co. (Tucson)	6,359	45.8%	16.3%	17.8%	16.8%	9.4%	58.3%
California	640,989	28.7%					
Alameda Co. (Fremont, Oakland)	25,584	31.0%	4.1%	4.0%	4.3%	5.0%	40.8%
Fresno Co. (Fresno)	26,040	27.8%	4.0%	4.1%	2.3%	23.1%	52.7%
Kern Co. (Bakersfield)	19,191	12.0%	2.4%	3.0%	1.9%	0.0%	33.3%
Los Angeles Co. (Glendale, Long Beach, Los Angeles)	235,321	23.8%	34.4%	36.7%	28.1%	6.6%	43.7%
Orange Co. (Anaheim, Huntington Beach, Santa Ana)	23,301	42.0%	4.5%	3.6%	8.3%	0.4%	29.2%
Riverside Co. (Riverside)	25,369	27.1%	3.9%	4.0%	4.6%	0.0%	17.7%
Sacramento Co. (Sacramento)	36,550	19.6%	5.1%	5.7%	3.6%	5.0%	34.6%
San Bernadino Co. (San Bernadino)	43,458	31.0%	7.0%	6.8%	5.0%	n/a	11.4%
San Diego Co. (San Diego)	40,466	39.5%	7.4%	6.3%	8.5%	3.5%	44.1%
San Francisco Co. (San Francisco)	7,710	41.1%	1.5%	1.2%	2.3%	1.7%	100.0%
San Joaquin Co. (Stockton)	16,363	24.8%	2.4%	2.6%	1.7%	11.1%	43.7%
Santa Clara Co. (San Jose)	15,480	51.1%	3.5%	2.4%	5.0%	0.0%	52.5%
Colorado	13,617	66.8%					
Arapahoe Co. (Aurora)	964	66.9%	7.1%	7.1%	11.9%	0.0%	53.0%
Denver Co. (Denver)	3,426	69.4%	27.3%	25.2%	12.3%	4.9%	100.0%
El Paso Co. (Colorado Springs)	2,206	56.0%	12.2%	16.2%	12.3%	0.6%	70.4%
District of Columbia	19,062	29.3%					
Florida	79,974	67.1%					
Dade Co. (Hialeah, Miami)	25,382	51.6%	21.6%	31.7%	14.4%	25.3%	27.0%
Duval Co. (Jacksonville)	3,324	81.1%	7.2%	4.2%	4.9%	4.3%	94.4%
Hillsborough Co. (Tampa)	5,604	68.8%	7.4%	7.0%	6.2%	11.2%	31.2%
Pinellas Co. (St. Petersburg)	3,819	69.8%	5.2%	4.8%	5.8%	4.3%	26.9%
Georgia	65,198	53.4%					
Fulton Co. (Atlanta)	10,804	53.5%	16.6%	16.6%	9.6%	23.3%	54.8%
Richmond Co. (Augusta)	4,381	35.0%	4.8%	6.7%	2.4%	n/a	98.1%

Appendix A: Welfare Caseload Trends for 89 Urban Counties, 1994–1999 (continued)

Total AFDC/TANF Cases	Welfare Cases 1999	% Caseload Decline 1994-1999	% of State Caseload 1994	% of State Caseload 1999	% of Total State Population 1999	City Concentrated Poverty Rate 1990	% of County Population in Central City 1998
Hawaii	16,387	23.4%					
Honolulu (CDP)[1, 2]	3,666	25.1%	13.7%	22.4%	33.2%	1.8%	100.0%
Illinois	100,065	58.0%					
Cook Co. (Chicago)	73,190	52.5%	64.6%	73.1%	42.8%	13.7%	54.0%
Indiana	33,443	55.0%					
Allen Co. (Fort Wayne)	1,689	59.3%	5.6%	5.1%	5.3%	59.1%	n/a
Marion Co. (Indianapolis)	7,242	54.5%	21.4%	21.7%	13.6%	3.2%	91.2%
Iowa	21,960	45.1%					
Polk Co. (Des Moines)	3,290	47.3%	15.6%	15.0%	12.7%	4.1%	53.2%
Kansas	12,866	57.6%					
Sedgwick Co. (Wichita)	2,947	57.0%	22.6%	22.9%	17.0%	5.0%	73.5%
Kentucky	55,704	30.6%					
Fayette Co. (Lexington-Fayette)	1,864	41.3%	4.0%	3.3%	6.2%	4.8%	100.0%
Jefferson Co. (Louisville)	7,733	41.2%	16.4%	13.9%	17.0%	11.7%	38.0%
Louisiana	45,050	47.2%					
Caddo Parish (Shreveport)	2,647	45.2%	5.7%	5.9%	5.5%	24.9%	77.7%
East Baton Rouge Parish (Baton Rouge)	2,773	58.0%	7.7%	6.2%	9.0%	26.9%	53.7%
Orleans Parish (New Orleans)	12,703	44.1%	26.6%	28.2%	10.5%	30.5%	100.0%
Maryland	32,090	61.4%					
Baltimore City	18,727	53.3%	48.3%	58.4%	12.2%	14.2%	100.0%
Massachusetts	65,098	39.3%					
Suffolk Co. (Boston)	8,874	45.5%	18.2%	17.9%	9.0%	5.0%	86.6%
Michigan	90,890	59.4%					
Kent Co. (Grand Rapids)	3,303	59.9%	3.7%	3.6%	5.6%	3.7%	34.0%
Wayne Co. (Detroit)	43,278	54.4%	42.4%	47.6%	21.4%	36.5%	45.8%
Minnesota	43,115	30.0%					
Hennepin Co. (Minneapolis)	13,990	23.1%	29.5%	32.4%	22.3%	16.6%	33.2%
Ramsey Co. (St. Paul)	8,529	24.6%	18.4%	19.8%	10.2%	6.6%	53.0%
Mississippi	16,528	70.7%					
Hinds Co. (Jackson)	1,389	79.7%	12.1%	8.4%	8.9%	15.7%	76.2%
Missouri	46,915	46.4%					
Jackson Co. (Kansas City)	8,023	46.1%	17.0%	17.1%	12.0%	5.5%	67.4%
St. Louis City	12,926	35.2%	22.8%	27.6%	6.1%	15.3%	100%
Nebraska	11,678	29.8%					
Douglas Co. (Omaha)	5,182	29.9%	44.4%	44.4%	26.8%	4.9%	83.7%
Lancaster Co. (Lincoln)	1,203	37.4%	11.6%	10.3%	14.3%	1.8%	90.5%

Appendix A: Welfare Caseload Trends for 89 Urban Counties, 1994–1999 (continued)

Total AFDC/TANF Cases	Welfare Cases 1999	% Caseload Decline 1994-1999	% of State Caseload 1994	% of State Caseload 1999	% of Total State Population 1999	City Concentrated Poverty Rate 1990	% of County Population in Central City 1998
Nevada	6,726	50.5%					
Clark Co. (Las Vegas)	4,939	51.5%	75.0%	73.4%	67.3%	1.6%	34.8%
New Jersey	57,955	52.2%					
Essex Co. (Newark)	18,636	38.4%	25.0%	32.2%	9.2%	17.9%	35.8%
Hudson Co. (Jersey City)	9,781	46.8%	15.2%	16.9%	6.8%	3.7%	42.0%
New Mexico	24,860	27.1%					
Bernalillo Co. (Albuquerque)	6,380	31.9%	27.5%	25.7%	30.1%	1.7%	79.9%
New York[3]	290,117	29.4%					
New York City	225,651	27.7%	68.0%	69.5%	40.8%	13.0%	100.0%
Erie Co. (Buffalo)	15,830	24.8%	4.6%	4.9%	5.1%	18.7%	32.2%
Monroe Co. (Rochester)	14,123	19.2%	3.8%	4.4%	3.9%	14.4%	30.3%
Westchester Co. (Yonkers)	9,353	23.4%	2.7%	2.9%	5.0%	21.1%	n/a
North Carolina	53,267	55.5%					
Guilford Co. (Greensboro)	3,225	44.2%	4.8%	6.1%	5.1%	5.2%	51.1%
Mecklenburg Co. (Charlotte)	5,180	49.0%	8.5%	9.7%	8.5%	5.9%	80.0%
Wake Co. (Raleigh)	2,431	46.4%	3.8%	4.6%	7.7%	6.7%	45.5%
Ohio	104,655	57.5%					
Cuyahoga Co. (Cleveland)	25,671	45.8%	19.2%	24.5%	12.2%	19.9%	35.9%
Franklin Co. (Columbus)	11,082	56.9%	10.4%	10.6%	9.1%	11.8%	65.6%
Hamilton Co. (Cincinnati)	8,612	60.8%	8.9%	8.2%	7.5%	18.8%	39.7%
Lucas Co. (Toledo)	7,955	49.1%	6.3%	7.6%	4.0%	10.8%	69.6%
Summit Co. (Akron)	7,475	41.7%	5.2%	7.1%	4.8%	14.6%	40.2%
Oklahoma	16,634	64.6%					
Oklahoma Co. (Oklahoma City)	5,557	53.0%	25.2%	33.4%	19.0%	6.2%	74.6%
Tulsa Co. (Tulsa)	2,068	69.7%	14.5%	12.4%	16.3%	7.6%	70.2%
Oregon	17,614	57.7%					
Multnomah Co. (Portland)	4,598	54.6%	24.3%	26.1%	19.1%	3.2%	100.0%
Pennsylvania	106,318	49.6%					
Allegheny Co. (Pittsburgh)	11,407	53.5%	11.6%	10.7%	10.5%	15.4%	26.9%
Philadelphia Co. (Philadelphia)	52,251	36.2%	38.9%	49.1%	11.8%	12.1%	100.0%
Tennessee	56,547	46.5%					
Davidson Co. (Nashville-Davidson)	8,414	39.5%	28.4%	34.6%	9.7%	6.7%	95.7%
Shelby Co. (Memphis)	19,562	34.8%	46.4%	43.0%	15.9%	20.5%	69.5%

Appendix A: Welfare Caseload Trends for 89 Urban Counties, 1994–1999 (continued)

Total AFDC/TANF Cases	Welfare Cases 1999	% Caseload Decline 1994-1999	% of State Caseload 1994	% of State Caseload 1999	% of Total State Population 1999	City Concentrated Poverty Rate 1990	% of County Population in Central City 1998
Texas	137,782	51.6%					
Bexar Co. (San Antonio)	11,358	50.2%	8.0%	8.2%	6.8%	15.6%	82.2%
Collin Co. (Plano)	396	66.2%	0.4%	0.3%	2.3%	51.2%	n/a
Dallas Co. (Dallas, Garland)	12,353	59.8%	10.8%	9.0%	10.3%	8.0%	62.1%
El Paso Co. (El Paso)	9,388	36.2%	5.2%	6.8%	3.5%	15.9%	88.5%
Harris Co. (Houston)	16,431	70.1%	19.3%	11.9%	16.2%	9.4%	55.8%
Lubbock Co. (Lubbock)	1,552	58.0%	1.3%	1.1%	1.1%	10.4%	83.7%
Nueces Co. (Corpus Christi)	3,478	44.6%	2.2%	2.5%	1.6%	10.2%	89.1%
Tarrant Co. (Arlington, Fort Worth)	5,762	58.8%	4.9%	4.2%	6.9%	7.0%	59.0%
Travis Co. (Austin)	3,264	54.7%	2.5%	2.4%	3.6%	5.7%	77.9%
Virginia	37,940	48.3%					
Chesapeake City	547	40.1%	3.0%	3.5%	3.0%	100%	n/a
Norfolk City	1,336	52.0%	9.5%	8.8%	3.3%	14.1%	100.0%
Richmond City	4,297	44.3%	10.5%	11.3%	2.8%	11.0%	100.0%
Virginia Beach City	1,382	59.1%	4.6%	3.6%	6.3%	0.0%	100.0%
Washington	65,744	36.0%					
King Co. (Seattle)	13,957	43.0%	23.8%	21.2%	28.9%	4.3%	32.5%
Wisconsin	7,844	89.7%					
Dane Co. (Madison)	294	91.0%	4.3%	3.8%	8.2%	14.5%	49.3%
Milwaukee Co. (Milwaukee)	6,492	82.5%	48.7%	82.8%	17.3%	22.4%	63.4%

1 Population figures for Boston/Suffolk County, MA and Honolulu (CDP), HI are from 1998.

*2 Honolulu CDP experienced a caseload **increase** between 1994 and 1999.*

3 1999 caseload figures for NY state were not available. The most recent data is for 1998.

Appendix B: Fair Share Index, 1994 & 1999

Jurisdiction	1994 Fair Share Index	1999 Fair Share Index
Milwaukee Co. (Milwaukee)*	2.6	4.8
Baltimore City	3.4	4.8
St. Louis City	3.3	4.5
Philadelphia Co. (Philadelphia)	3.1	4.2
Richmond City	3.4	4.0
Essex Co. (Newark)	2.6	3.5
Richmond Co. (Augusta)	1.7	2.8
Norfolk City	2.6	2.7
Orleans Parish (New Orleans)	2.4	2.7
Hudson Co. (Jersey City)	2.2	2.5
Shelby Co. (Memphis)	2.8	2.2
Dade Co. (Hialeah, Miami)	1.5	2.2
Wayne Co. (Detroit)	2.0	2.2
Cuyahoga Co. (Cleveland)	1.5	2.0
City of Boston	1.7	2.0
Denver Co. (Denver)	2.0	2.0
Lucas Co. (Toledo)	1.5	1.9
El Paso Co. (El Paso)	1.4	1.9
Ramsey Co. (St. Paul)	1.7	1.9
Fresno Co. (Fresno)	1.7	1.8
Oklahoma Co. (Oklahoma City)	1.3	1.8
Cook Co. (Chicago)	1.5	1.7
New York City*	1.7	1.7
Fulton Co. (Atlanta)	1.7	1.7
Douglas Co. (Omaha)	1.7	1.7
Sacramento Co. (Sacramento)	1.5	1.6
Montgomery Co. (Montgomery)	1.4	1.6
Nueces Co. (Corpus Christi)	1.3	1.6
Marion Co. (Indianapolis)	1.5	1.6
Kern Co. (Bakersfield)	1.2	1.6
Davidson Co. (Nashville)	2.8	1.5
San Joaquin Co. (Stockton)	1.5	1.5
Summit Co. (Akron)	1.1	1.5
Hennepin Co. (Minneapolis)	1.3	1.5
Multnomah Co. (Portland)	1.2	1.4
Jackson Co. (Kansas City)	1.4	1.4
San Bermadino Co. (San Bernadino)	1.4	1.4
Sedgwick Co. (Wichita)	1.4	1.3
Los Angeles Co. (Glendale, Long Beach, Los Angeles)	1.2	1.3
El Paso Co. (Colorado Springs)	1.0	1.3
Chesapeake City	1.1	1.2
Jefferson Co. (Birmingham)	1.1	1.2
Polk Co. (Des Moines)	1.3	1.2
Mobile Co. (Mobile)	1.4	1.2
Franklin Co. (Columbus)	1.1	1.2
Bexar Co. (San Antonio)	1.1	1.2

Jurisdiction	1994 Fair Share Index	1999 Fair Share Index
Guilford Co. (Greensboro)	0.9	1.2
Mecklenburg Co. (Charlotte)	1.1	1.1
Pima Co. (Tucson)	0.9	1.1
Hamilton Co. (Cincinnati)	1.1	1.1
Hillsborough Co. (Tampa)	1.2	1.1
Clark Co. (Las Vegas)	1.2	1.1
Caddo Parish (Shreveport)	1.0	1.1
Monroe Co. (Rochester)*	0.9	1.1
Lubbock Co. (Lubbock)	1.0	1.0
Allegheny Co. (Pittsburgh)	1.1	1.0
Dallas Co. (Dallas, Garland)	1.0	0.9
Bernalillo Co. (Albuquerque)	0.9	0.9
Allen Co. (Fort Wayne)	1.0	0.9
Riverside Co. (Riverside)	0.9	0.9
Alameda Co. (Fremont, Oakland)	1.0	0.9
Erie Co. (Buffalo)*	0.9	0.9
Anchorage Borough	1.0	0.9
Pinellas Co. (St. Petersburg)	0.8	0.8
Jefferson Co. (Louisville)	0.9	0.8
Duval Co. (Jacksonville)	1.4	0.8
Hinds Co. (Jackson)	1.3	0.8
Tulsa Co. (Tulsa)	0.9	0.8
Arapahoe Co. (Aurora)	0.6	0.7
Harris Co. (Houston)	1.2	0.7
San Diego Co. (San Diego)	0.9	0.7
Lancaster Co. (Lincoln)	0.8	0.7
Honolulu City	0.2	0.7
King Co. (Seattle)	0.8	0.7
East Baton Rouge Parish (Baton Rouge)	0.8	0.7
Maricopa Co. (Glendale, Mesa, Phoenix, Scottsdale)	0.9	0.7
Travis Co. (Austin)	0.7	0.7
Kent Co. (Grand Rapids)	0.7	0.6
Wake Co. (Raleigh)	0.5	0.6
Tarrant Co. (Arlington, Fort Worth)	0.7	0.6
Westchester Co. (Yonkers)*	0.6	0.6
Virginia Beach City	0.7	0.6
Fayette Co. (Lexington-Fayette)	0.6	0.5
Santa Clara Co. (San Jose)	0.7	0.5
Dane Co. (Madison)	0.6	0.5
San Francisco Co. (San Francisco)	0.6	0.5
Orange Co. (Anaheim, Huntington Beach, Santa Ana)	0.6	0.4
Collin Co. (Plano)	0.2	0.1

** Indicates 1998 caseload figures.*
The District of Columbia is not included in this analysis.

Note

This survey is available on the Brookings Institution's website at: www.brookings.edu/urban. Also available on the website are annual caseload data for the 89 counties (1990 through 1999) and racial and ethnic data for 20 of the largest counties (1996 through 1999).

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