Long Beach Pledge:
Guaranteed Income Pilot Project
Phase 2
Preliminary Final Report

Dr. Mariya Mileva
Dr. Kerry Woodward
Dr. Kris Zentgraf

September 30, 2025

CSULB Research Assessment Team
Dr. Mariya Mileva
Dr. Seiji Steimetz
Dr. Kerry Woodward
Dr. Kris Zentgraf

Long Beach Pledge: Guaranteed Income Pilot Project
Phase 2
Preliminary Final Report

Executive Summary

Over the past 18 months, the CSULB Research Team has conducted an evaluation of Phase 2 of the Long Beach Pledge, specifically studying the impacts of the GI payments on the single parents who were program recipients. At the time the program started, all recipients resided in one of five Long Beach ZIP-codes (90802, 90804, 90805, 90806, or 90810), had one or more child(ren) under the age of 18 living with them, and had incomes below the federal poverty threshold for the size of their households. We have completed a randomized controlled trial study consisting of three surveys distributed to control and treatment groups. The control group consisted of single parents who applied for and were eligible for the program; the treatment group included the single parents who were offered the $500 monthly GI payments for 12 months. Surveys were administered before the payments started (and before participants knew whether they had been randomly selected for the program); after 6 months of GI payments; and approximately two months after the payments ended. In addition, interviews were conducted with 30 GI recipients midway through the program; and about two-thirds of the interviewees were interviewed a second time two months after the program ended.

Primary Findings:

Our preliminary quantitative findings show several positive trends demonstrating the impact of a GI on very low-income single-parent families, and our preliminary qualitative findings show the variety of ways families put the GI payments to use and the way these payments relieved hardship and improved mental well-being. Here are the four most important takeaways from Phase 2 of the Long Beach Pledge:

- **Families used the money overwhelmingly to pay for necessities, including food, rent, utilities, and debt; individual families focused the money on those necessities where they had the greatest immediate need. Additionally, they reported using the money on their children and for family activities.**

- **Survey results show some positive trends regarding food and housing security, and the interviews further demonstrate that the GI payments were helpful in these areas.**

- **GI recipients were more likely to report that their debt decreased during the period of the program and less likely to report that their debt increased, compared with the control group. Interview data similarly show that debt reduction was a primary focus of the GI payments for many families.**

- **GI recipients reported lower stress and better mental well-being across a number of survey questions, and interviews also showed that the GI program consistently relieved stress and improved parental well-being. Survey and interview data also suggest improvements in both parent-child relationships and children's well-being as a result of the GI.**

Similar to other studies of pilot GI programs, our preliminary findings suggest several positive trends of the GI program but few statistically significant results. Interviews shed light on why that may be, and also provide robust evidence of the way the program helped individual families. Single parent families living below the federal poverty threshold face extreme needs, especially in a region where the cost of living is high and quickly rising. While families' basic needs were similar, families differed in what their most *immediate* needs were, for example: food, rent, electricity, medical care, transportation, and/or debt reduction. And because of the GI—a program participants overwhelmingly appreciated for its simplicity, certainty, and flexibility—participants were able to make their own decisions about how to best use that money each month given their individual family's circumstances. As a result of this flexibility and families' varying needs, participants used the money differently—in fact, many used it differently from month to month, focusing on food and children's clothing one month, and backrent the next month. This led to statistical results showing a robust trend in improved mental well-being and lower stress levels, but not many impacts on food and housing security when averaged across all recipients who responded to the surveys. We should not be surprised by these results; the program did precisely what it was intended to do given its short timeline and limited monthly disbursements: it allowed families to use an additional $500 a month however made the most sense for them at the time that money arrived. For most families, it simply plugged a hole in an otherwise leaking boat, keeping them afloat and providing a bit of respite. And for some families, it solved a particular need—helping them purchase a car or pay a security deposit on an apartment—that might lead to longer term benefits.

Our assessment shows both the impacts and limitations of a short, monetarily small GI program. This program eased stress and gave many families opportunities for joy and connection, as parents spent some of the money on family outings and children's activities, and shared how meaningful these benefits were. But neither during the program nor after was it able to eliminate hardship or create upward mobility for most families. A greater and more sustained effort is needed to support the most vulnerable families in our community.

Long Beach Pledge: Guaranteed Income Pilot Project
Phase 2
Preliminary Final Report

Introduction

This report discusses preliminary findings from Phase 2 of the Long Beach Pledge: Guaranteed Income Pilot Project—Research and Assessment Study. Included in this report are findings from three quantitative surveys administered to GI recipients (the treatment group) and a control group, as well as two rounds of interviews with GI recipients. Surveys were administered at three points in time: a baseline survey was sent before eligible applicants knew whether they had been randomly selected for the program, a mid-program survey was distributed after the treatment group had received six payments, and a post-program survey was sent approximately two months after the program ended. Interviews were conducted at the same time as the mid-program and post-program surveys were administered. Mid-program interviews were conducted with 30 GI recipients who were eligible for the study and post-program interviews were conducted with 19 of the previous interviewees.

Background and Methodology

In 2022, the City of Long Beach launched Phase 1 of the Long Beach Pledge, a Guaranteed Income Program distributing $500 per month for 12 months to a first cohort of 250 very low-income households in Long Beach. The implementation partner for the program, the Fund for Guaranteed Income (F4GI), opened the online application process in December 2022 and randomly assigned eligible applicants between treatment and control groups. In 2024, the City of Long Beach expanded the program to Phase 2 including a second cohort of 200 very low-income households. For Phase 1, program eligibility was limited to single-earner households with children/dependents under the age of 18, who were at or below 100 percent of the federal poverty threshold in 2022, and who resided in the 90813 ZIP code in the City of Long Beach. For Phase 2, program eligibility was limited to households with children/dependents under the age of 18, who were at or below 100 percent of the federal poverty threshold in 2023, and who lived in one of five Long Beach ZIP codes: 90802, 90804, 90805, 90806, or 90810.

This report summarizes preliminary results from a mixed methods study of the ***single-parent households*** that applied and were deemed eligible for Phase 2 of the Long Beach Pledge. The focus on single parent households is due to policy interest, specifically the historically disproportionate representation of this group among the poor. It also addresses challenges in program design due to different eligibility criteria across cohorts, making findings across Phase 1 and 2 evaluations more comparable. For both phases of the program, F4GI evaluated eligibility and identified the single parent/caregiver families who were eligible for the study. They then randomly assigned eligible families to either the control or treatment groups. For Phase 2, we were given a list of the single parent families in both the treatment (n=170) and control (n=249) groups.[1]

[1] Two participants were originally assigned to receive treatment but never offered treatment due to program quota being met. Thus, we re-classified them as part of the control group.

Surveys

The research team sent both treatment and control groups the baseline survey on February 12, 2024, before applicants had been notified whether they had been randomly selected to receive GI payments. Surveys covered a wide range of topics, including demographics; education; housing and living arrangements; employment; income and government benefits; housing and food security; debt; digital access; physical and mental well-being; health care usage; children's physical health, education, and mental/behavioral well-being; and parental concerns and perceptions about their children, their children's futures, and their relationships with their children. Participants were given a $50 debit e-card to compensate them for their time. Multiple emails were sent to encourage participation, and a team of research assistants conducted a text message campaign to encourage more participation. Ultimately, 171 GI recipients and members of the control group completed the survey, for an overall response rate of 40.8 percent.

The mid-program surveys were distributed to the treatment and control groups on October 14, 2024. Because 8 participants initially assigned to the treatment group dropped out during the onboarding process, at mid-program the treatment group consisted of 162 GI recipients and the control group consisted of 257 participants. Most of the mid-program survey was the same as the baseline survey; however, the GI recipients received a slightly longer survey than the control group and were asked a series of questions about their use of the GI funds and their perceptions of the GI program and its application process. Again, survey participants were given $50 debit e-cards. The overall response rate was 46 percent.

The post-program surveys were distributed on June 2nd to the treatment and control groups; again, the two surveys were largely the same, except for a series of questions that were specific to the GI recipients. The overall response rate for treatment and control groups was 45.8 percent. Across all three survey waves and for both treatment and control groups, respondent demographics were largely consistent.[2] In Phase 2, the program was available to families in five ZIP codes. Although the percentages varied across ZIP codes, the distribution of respondents by ZIP code remained stable over time (see table 1). The largest group (39–41%) lived in 90805, about 20 percent in 90806, 15–17 percent in 90804, 13–15 percent in 90802, and 8–11 percent in 90810. Table 2 shows key demographics across the three survey waves. More than 94 percent of respondents identified as female. Nearly half were between 18 and 34 years old, and more than 40 percent were between 35 and 44 years of age. Between 40 and 44 percent of respondents identified as Hispanic or Latino/a; 36-38 percent identified as Black, 9-11 percent as Asian, and approximately 15-21 percent as white. Between 10 and 15 percent of respondents chose more than one racial category. Across the surveys more than 95 percent of respondents identified as citizens. About a third of respondents had a high school education or equivalent, and 59-63 percent had education beyond high school. Respondents reported an average household size of

[2] An important first step in analyzing the impact of the GI payment on the GI recipients' group is to confirm that there is a "balance" between the two groups, or that no systematic and significant differences exist between the GI recipients and the control group in terms of demographics, household size, and household composition. None are expected as participants were assigned randomly to groups, but some might arise due to chance. We did not find evidence of systematic differences between the treatment and control groups at the baseline survey regarding demographics or household size and composition. Other differences were noted, as discussed elsewhere in the report.

about 4 members, with an average of 2 children living with them at the time of the surveys.[3] The average age of the children in respondents' households was 7-8 years old. About a third of respondents reported having a chronic health condition and between a fifth and a quarter of respondents reported having a child with a chronic physical health condition at the time of the surveys.

Table 1: Respondents' distribution by Zip code

Zip code	Baseline Count	Baseline %	Mid-program Count	Mid-program %	Post-program Count	Post-program %
90802	25	14.8	25	13.2	26	14.1
90804	27	16	32	16.9	27	14.6
90805	68	40.2	74	39.2	75	40.5
90806	35	20.7	38	20.1	38	20.5
90810	14	8.3	20	10.6	19	10.3

Table 2: Demographics across survey waves

	Baseline	Mid-program	Post-program
Female (%)	94.7	97.3	96.3
18-34 years old (%)	50.3	46.5	48.7
35-40 years old (%)	40.8	42.7	40.7
Hispanic/Latino/a (%)	39.6	41.6	44.4
Black (%)	37.9	35.7	36.5
Asian (%)	10.7	9.7	9.0
White (%)	20.7	15.7	14.8
Other race (%)	7.1	5.4	5.8
Multiracial (%)	15.4	9.7	11.1
High-school (%)	29.6	30.3	33.3
Beyond high-school (%)	62.7	61.6	59.3
Household size	3.7	3.9	3.8
Number of children	2.0	2.2	2.2
Avg. age of child	7.4	8.1	8.0
Chronic condition (%)	36.4	33.9	34.9
Child with chronic condition (%)	25.4	27.6	21.7

Interviews

In late September 2024, the research team emailed members of the treatment group (n=154; three of these were undeliverable) to request their participation in an in-depth interview. Interested participants were directed to a google form and were then contacted by a student research assistant to schedule a phone or Zoom interview. Thirty-eight participants filled out the google form or emailed the research team regarding an interview. Over the next four weeks, from early October to early November, three student research assistants conducted a total of 33 interviews. All interviewees received a $75 debit e-card to compensate them for their time. Only 30 of the

[3] As the study focuses on single parents with dependents, respondents who reported zero children living at home were dropped from the analysis. All reported data pertain to the sample of respondents who reported a positive number of children living at home.

completed interviews are included in the analysis because three reported being married or living with the father of one of their children at the time the program started (and at the time of the interview), thus making them ineligible for the study. Another interviewee had moved in with the father of one of her children after GI payments began; her interview is included in the analysis because she was a single parent at the start of the program. One father reported having shared custody of his daughter, who he said lived with him half-time. His interview was included in the analysis.

Interviews ranged in length from 30 minutes to over three hours. Most participants requested phone interviews; however, three were conducted via Zoom. Two participants requested Spanish interviews; one ultimately chose to speak in English, and the other was removed from analysis because she was not a single parent. All interviews were audio-recorded and transcribed. Analysis included analytical memos, group discussions, and coding of interview transcripts.

The interviewees consisted of 29 mothers and one father. Six interviewees identified as white; 10 as Black, including one who also identified as Asian; 14 identified as Hispanic/Latinx, including one who also identified as white and one—the father—who also identified as Native American. Interviewees ranged in age from 23 to 59; the single father was 59 and the only participant over age 45. Only three interviewees were in their 40s; 18 were in their 30s, and 8 were in their 20s. The demographics of the interviewees were similar to those of the treatment group who responded to the surveys, although Latinx recipients were slightly overrepresented and Black recipients were slightly underrepresented among interviewees compared to survey responders.

A majority of interviewees had either one (12 respondents) or two (5 respondents) children. Six mothers had three children, six had four children, and one mother had six children, two of whom were over 18. Twelve parents had children two or under, and one was pregnant with her second child. Most participants had a high school diploma or equivalent, and most of those also had some sort of vocational training or had taken college courses. Three had not completed high school or the equivalent. One interviewee had a bachelor's degree, and several were working on either an associate or bachelor's degree.

Post-program interviews were conducted in June and early July 2025. We reached out to 26 of the previous interviewees to request a follow-up interview. We chose to contact participants based on their responsiveness to questions during the first interview, with attention to achieving a similarly diverse participant pool. Ultimately 19 of these participants were interviewed a second time. All received a $75 debit e-card for their time. Follow-up interviews tended to be shorter than the initial interviews, ranging from about 25-75 minutes, with an average length of about 45 minutes.

Post-program interviewees included 6 white mothers, 6 Black mothers, and 7 Latina mothers, one of whom also identified as white. Ages ranged from 23 to 45, with most in their 30s. With one exception, interviewees had between 1 and 4 children; one mother had six children, three of whom were 18 or over. Seven had children two or under. At least nine interviewees were in some sort of educational or vocational program at the time of the post-program interview. Two of these did not have a high school diploma or equivalency; one of them was actively working on her

GED and the other was training to be a caregiver and planning to begin high school equivalency classes this fall.

Impact of the GI Program at Mid-Program

Our evaluation showed five primary results at the time of the mid-program survey and interviews:

1. Participants used the GI primarily to purchase food and daily necessities, and to pay rent, utilities, and overdue bills.
2. GI participants were significantly more likely to report that their debt had decreased in the past 6 months, compared with the control group. In particular, they reported significantly less medical debt.
3. GI participants reported better physical and dental health compared with control group members.
4. GI recipients reported better overall mental well-being than control group members.
5. GI recipients reported greater emotional well-being among their children compared with the control group. They also reported feeling better about their relationships with their children and their parenting.

Cautionary note: In the following sections, we address each of these issues and discuss them in light of the post-program survey and interviews. While our quantitative findings below focus on post-program differences between the control and treatment groups (often with reference to the mid-program results), some of the differences we capture reflect pre-existing disparities in responses to particular questions that existed between the treatment and control groups before the GI program began. In other cases, the post-program results show little difference between the two groups despite a large baseline difference, suggesting that a treatment effect may have occurred.[4]

1. **During the last 6 months of the GI program, participants continued to use the GI primarily to purchase food and daily necessities and to pay rent, utilities, and overdue bills. While survey results suggest few impacts on participants' food and**

[4] We issue particular caution in interpreting results in the following areas: 1) reports of physical and dental health (in both cases, the control group reported worse health at baseline); 2) access to prescribed medications (the treatment group was more likely than the control group to report not getting prescribed medications due to cost at the baseline); 3) debt (the treatment group was more likely to report zero car loan, credit card, cash advance, overdue utilities and medical debt at the baseline, while the control group was more likely to report zero backrent and debt to families and friends at the baseline); 4) worry about being homeless (the treatment group was more likely than the control group to report worry about being homeless at the baseline); 5) skipping meals (the treatment group was more likely than the control group to report cutting the size of or skipping meals at the baseline); 6) mental health (the treatment group reported more hopelessness, more lethargy, more anxiety, more worry, and more irritability than the control group at baseline).7) children's mental health (the treatment group was less likely to report having a child who was often upset or worried, and more likely to report having a child who was content and without emotional problems) 8) parent-child relationships (the treatment group was more likely to report that children listened to and respected them and less likely to report being too tired to engage).

housing security, interviews reveal improved food and housing situations or security for many GI recipients.

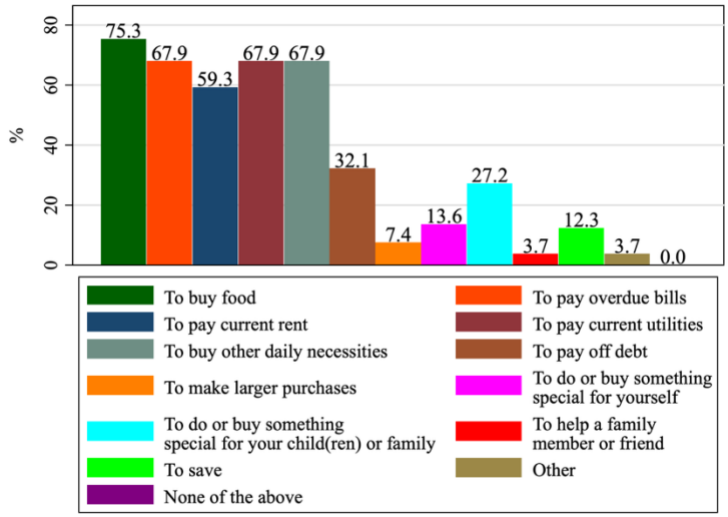
GI Usage

Overwhelmingly, GI recipients reported using this resource to purchase food and necessities, pay utility bills and rent, and pay overdue bills (Figure 1 below). This was true in both the mid-program and post-program surveys.

Approximately 40 percent of recipients reported that their use of the guaranteed income had changed over time; however, few patterns emerged in how the GI was used during the last six months of the program, suggesting that families made changes depending on their individual situations and needs. One exception to this was that in the latter half of the GI program, more recipients (32.1%) reported using some of the money to pay off debt compared to at the mid-point (23.8%). Use of the GI program to pay down debt is discussed more below.

Interviewees' responses mirrored the survey results; parents used the GI payments to pay for necessities first, filling what were often significant gaps between their monthly incomes and their monthly expenses. When asked about the impact of the GI program, Kristine, a white mother of four, responded typically: "Just being able to pay rent, being able to have gas money, being able to pay the electric."

Figure 1: How recipients used the GI payments
Post-program results



Food Security

At both the mid- and post-program surveys, three-quarters of participants reported using GI funds for food (75% mid-program, 75.3% post-program). However, the initial data analysis of survey results did not find greater food security among Phase 2 participants. There were no significant differences in food security between treatment and control groups at either time point,

including food quantity, meal consistency, quality, or worrying about food security, although trend lines are suggestive of small treatment effects. For example, the percentage of GI recipients who reported cutting/skipping meals in the last 6 months declined relative to before the program began.

Although the quantitative data does not show a statistically significant impact on food security, interviewees did talk about using the GI for food. At the mid-program interviews, 16 (about half) of the interviewees reported using some of the GI on food. The impact of the GI on food security appeared most clearly in the post-program interviews, after families had lost the GI. In these interviews, a few families discussed a lack of food—or the kinds of food they wanted to eat—as a primary concern. Kristine said that since the program ended: "We don't have enough money like to eat, you know what we want? It's like we're very on a tight budget for food." Amber, a white mother of three, also discussed not being able to eat the kinds of foods she wanted, and the impact of this and related stress on her health. Overall, while families talked about using some of the GI to provide food for their families, Phase 2 recipients seemed to prioritize other needs—such as housing, utilities, and overdue bills—when making decisions about how to use the GI.

Housing Security

At both the mid- and post-program surveys, over half of recipients reported using GI funds to pay current rent (54.8% mid-program, 59.3% post-program), and about two-thirds used it to pay utilities (65.5% mid-program, 67.9% post-program). However, survey findings did not show significantly greater housing security among Phase 2 recipients compared with the control group. However, there were some notable trends that indicate the potential impact of GI on housing security. For example, based on post-program survey results, recipients were over 9 percent less likely to worry about eviction during the previous 6 months compared with members of the control group, and over 6 percent less likely to report having worried about becoming homeless in the previous 6 months.

In their post-program interviews, many interviewees discussed using some of the GI money to ensure that they could make full and timely rent payments. Zara, a Black mother of two (one under 18), said that with the GI she was "able to pay my full rent…pay my bills and still have money left over to do things for myself and my kid….just to keep the household running." Penelope, a Latina of two, said of the GI: "It actually did help me pay [rent] on time. You know, like with the money I was missing." She suggested that without the GI she was likely going to end up with late fees assessed to her rent. Similarly, Melody, a white mother of one, said that with the GI she had been able to pay her rent at the beginning of each month, but without it, "[the timing] is now tripled to usually the end of the month, when it's due on the first."

One interesting survey finding is that GI recipients were less likely to live with a partner compared to members of the control group. At mid-program, about 30 percent of both treatment and control groups reported having a partner, similar to baseline. But treatment group members were much less likely to live with a partner: 16.5 percent of the control group versus only 6.7

percent of GI recipients. Two months after the program ended, the gap persisted—14.3 percent fewer GI recipients lived with a partner. It is possible that this is a treatment effect, with the GI giving recipients more freedom to leave unsatisfactory or abusive relationships. While we did not find direct examples of this among the interviewees, one Black mother of four, Michelle, had just moved in with her mother due to domestic violence when the program started. She shared: "I was coming from a domestic violence situation when I first got the grant and it helped me move to a better situation. It actually helped me put a deposit on a house that I had."

Mid-program survey results also revealed that 9.5 percent more GI recipients than control group members had lived at their address for six months or less, suggesting recent moves. Post-program, differences in mobility were smaller and not significant, but still point toward the same trend:[5] a slightly larger percentage of GI recipients (20.7%) reported moving since February 2024 compared to the control group (17.6 %). While the difference is small it suggests greater mobility among recipients.

Evidence from the interviews supports the notion that the GI helped a few families move to better housing situations. Sandra, a white mother of two who had Section 8 but had been struggling to come up with the security deposit needed to move into a nicer apartment, was able to cover both the security deposit and the moving costs with her GI income. She said: "I was able to pay a security deposit on a nicer…apartment in a nicer area, so I got my kids out of the…ghetto, basically." She went on to say that her son was now "thriving in school." Similarly, Jocelyn, a Latina mother with one child, was also able to use the GI in conjunction with Section 8 when she became eligible for a voucher. This allowed her to move out of her mother's one-bedroom apartment, where she and her son had been staying. These stories highlight both the significant impact of the GI and the holes in our safety net programs. While obtaining a housing voucher often involves a long waitlist, even with access to a usable voucher, many families are not able to find and secure Section 8 housing due to a variety of barriers, including access to the funds needed for a security deposit and other initial moving expenses.

As much as many families talked about the short and long-term benefits of the GI program on housing, many also talked about the way rent—and more often utility bills—were already piling up two months after the program's end. When asked how things were since the payments stopped, Luisa, a Latina mother of six (four under 18), said: "Hard. I've had my gas cut off. I've had my power off." Valerie, a Latina mother of one, shared, "I'm falling behind on gas and electricity." A white mother of one, Jessica, responded, "It's been a bit a bit harder with bills, especially electricity, and my gas bill, like I have my gas shut off. That sucks. Yeah." Melody explained that she'd paid her last month's rent around the 26th of the month, several weeks late, and was late paying it again this month. And Raquel, a Latina with three children, emotionally said, "Oh my God; it's been, it's been bad. I've been really struggling." She added, "I'm backed up on my rent. I'm backed up on my water bill, my light bill. That's, I think that's about it, yes." As seen below, it seemed that the GI had helped families get caught up—or closer to caught

[5] Another possibility is that the shifts reflect differences in who responded to the mid- and post-program surveys compared to the baseline.

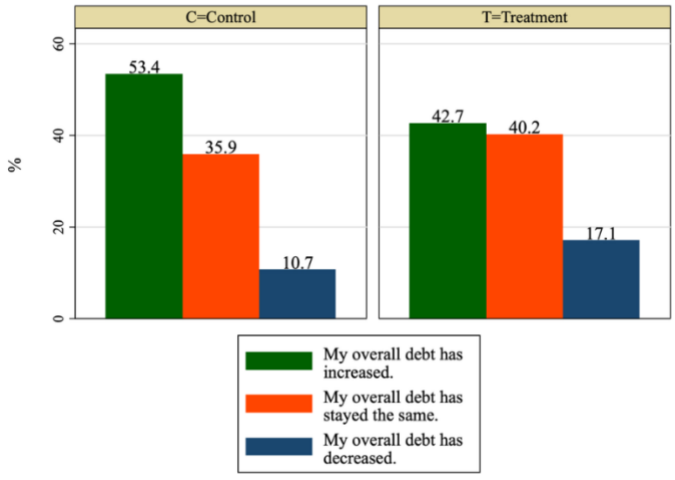
up—on rent and bills; yet for at least some families, that impact was starting to unravel only two months after the program's end.

2. GI participants were more likely to report decreased debt after 6 months; while this was still true at the end of the program, only in the case of medical debt was it a statistically significant difference.

At the mid-program survey, two-thirds of GI recipients (66.7%) reported using payments to cover overdue bills, and nearly a quarter (23.8%) used them to pay down debt. As a result, significantly more GI recipients (26.7%) than control group members (6.8%) reported a decrease in debt over the previous six months. Fewer GI recipients also reported having various forms of debt, including car loans, credit card debt, student loans, payday loans, rental debt, and overdue utility bills. The difference in medical debt at the mid-program survey was statistically significant, with 17.6 percent fewer GI participants reporting this type of debt.

By the post-program survey, 67.9 percent of GI recipients reported using funds to pay off overdue utility bills and 32.1 percent to reduce debt. While more GI recipients (17.1%) than control group participants (10.7%) reported a decrease in debt since February 2024 (before the GI payments began), the difference was not statistically significant (Figure 2 below). However, two months after the program ended, GI recipients continued to report less debt across most categories (except debt to family or friends), compared to the control group, including significantly less medical debt (11.5 percentage points lower than the control group). These results should be interpreted with caution, as some debt differences—though not statistically significant—were already present between the treatment and control groups before the program began.

Figure 2: Debt
Since February 2024, has the amount of your overall debt increased/decreased/stayed the same?
Post-program results



In the post-program interviews, we asked recipients specifically about their debt and use of the money to pay overdue bills. Even before asking, however, many participants reported that

paying off credit card debt or overdue rent and utility bills was a primary use of their GI payments. Veronica, a Latina mother of four, paid down her gas and light bill, but said she still owed about $1000 on the latter. Valerie said, "It helped me pay off credit cards…" Similarly, Jessica said: It was great because I have credit card debt and it was able to just help me take a little chunk out of it at a time. You know what I mean?" Amber said she was being sued for a debt that exceeded $8000, but also said that the GI "drastically helped me pay off one of my… credit card[s] which then has ….. improved my credit. Luisa reported, "I was able to almost get down to nothing with Edison, so I only owe that much, $70, or so. And that was just this month…So I mean…we went from almost $1000 bill to $70. That's a big effin' difference." Note that in most of these cases, participants continued to have debt, but they were able to significantly reduce it during the program.

Yet as discussed above, at the post-program interviews many families were already seeing their debt—particularly backrent and utility bills—begin to add up since the program ended. Sandra was already a month behind on her light bill, and reported that she had to borrow $200-300 a month from a friend to pay her bills and do her laundry. Lorena, Latina mom of three (two under 18), who had significant amounts of educational and other types of debt, said it had worsened since the program ended. It is unclear how expenditures during the GI program might have impacted debt as well—purchasing a car or beginning an educational program, for example, may have led to an increase in certain types of debt. Further, with the program ending, it is possible that some expenses, such as moving to a better and/or bigger apartment, would increase the likelihood of owing backrent or overdue utilities bills in the coming months.

Other Uses of the GI

While rent, bills, debt, and other necessities were the primary uses of the GI payments, the interviews revealed myriad additional uses participants found for this money. Most commonly, they spent some of the money on their children and/or for activities with their children. This is discussed below in Section 5.

A few participants also noted spending some of the GI money on things that offered the possibility of longer-term benefits for their families. Sandra and Penelope both reported purchasing cars (as well as moving into better apartments). Penelope found it easier to get to LBCC once she had a car; she also used some of the money to buy books and cover some of the student fees that weren't covered through her financial aid. And Lorena said the program "gave me the liberty to explore a career that I could get into." Later, she added: "Without it, if I didn't have GI, I wouldn't have been able to concentrate and put so much effort into my school the way I did."

These additional and individualized uses of the GI, while deeply impactful for recipients, varied depending on participants' circumstances and goals, and thus are hard to capture with survey questions. Interviews, however, revealed the wide-ranging ways recipients put the money to use in their own families.

3. **GI recipients reported better physical and dental health compared with control group members. These results were also present post-program.**

At mid-program, GI recipients reported better physical health than the control group. They were 15.6 percent more likely to rate their overall health as "good," "very good," or "excellent" instead of "fair" or "poor." They were also 15.2 percent more likely to rate their mouth and teeth health positively.

Similarly, two months after the program ended, GI recipients were 7.3 percent less likely to rate their overall health as "poor" and 13.2 percent less likely to rate their dental health as "poor" compared with the control group. However, the treatment group already reported better physical health overall and better teeth at the baseline survey. While the differences were not significant at the baseline, they do suggest pre-existing physical health disparities rather than a treatment effect of the GI.

Relatedly, we found some evidence in both phases that GI recipients had better access to medical care compared to the control group. In Phase 1, GI recipients were 13.4 percent less likely than control group members to say that they had gone without needed health care in the past 12 months. Now in Phase 2, GI recipients were 13.1 percent less likely than the control group to report not seeing a medical professional in the past year. Similar to Phase 1 participants, they were also 8.7 percent less likely to say they did not get needed care, though this difference was not significant.

Among those who reported unmet care, GI recipients were 29.5 percent less likely to say they couldn't access mental health services and 20.9 percent less likely to miss prescriptions (significant at 10%).

Interviews provided evidence that some GI recipients were more likely to access health services as a result of the GI payments. Michelle reported using the money to see a physician specialist. Kristine who reported very poor vision, used it to purchase contacts. Maribel, a Latina mother of two, reported at mid-program that she had used some of the money to pay for dental work. And Imani, Black and Asian mother of three, reported being able to purchase over-the-counter medications on a consistent basis.

Additionally, in a few cases the money allowed for purchases that were not specifically health-care related but that had an important impact on a participant's health. Jada, a Black mother of two, reported at mid-program that with the GI payments she was eating more and had more energy. Sandra who at the mid-program interview described significant foot pain due to walking miles to get everywhere, purchased a car with the money and no longer reported foot pain at the follow-up interview.

Interviews also suggested that the program relieved stress (more on this below) and provided space for healthier behaviors, both of which could impact overall health. For example, Zara explained this in her mid-program interview, saying:

> I'm taking care of myself more because before, I guess, the money, like, I was really stressed out. I do suffer from anxiety and depression so me not able to pay

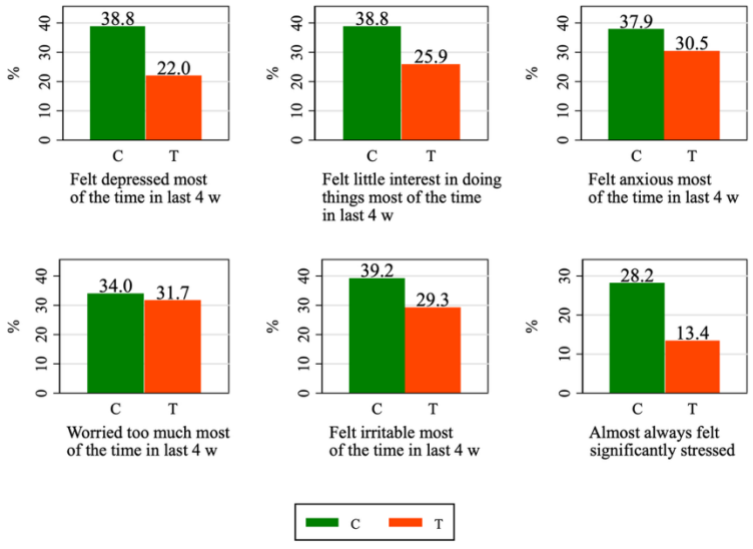
> rent and bills—it was basically heightening my depression and anxiety more so it cause me to, like, overeat and stuff like that. So that's how I dealt with my stress, so me becoming a little bit more healthier now, I'm not so stressed out. I'm handling, you know, my disability a little bit more and I'm trying to, you know, eat right more and stuff like that.

4. GI recipients reported better overall mental well-being than control group members. These trends persisted post-program.

At mid-program, GI recipients showed signs of better mental health than the control group. They were more likely to report "never" feeling depression, lethargy, anxiety, uncontrollable worry, or irritability in the past four weeks. They were also more likely to report never feeling significantly stressed. Two differences between the control and treatment groups stood out as statistically significant: 15.5 percent more GI recipients said they "never" felt irritable or easily annoyed, and 12.9 percent more said they "never" felt little interest or pleasure in doing things.

After the program ended, as Figure 3 shows, these trends continued. GI recipients were less likely than the control group to report that in the last four weeks they had experienced each of the following "nearly every day" or "more days than not": hopelessness or sadness, little interest or pleasure in doing things, anxiety, too much worry, and irritability. Some of these differences were significant: 16.8 percent fewer GI recipients reported feeling depressed or hopeless most of the time, 12.9 percent fewer reported little interest or pleasure most of the time (significant at 10%), and 14.8 percent fewer reported feeling highly stressed almost always.

Figure 3: Mental health measures
Post-program results



Mid- and post-program interviews also showed how the GI payments reduced stress and improved mental health for many, though the erosion of these improvements post-program was

also evident. Most recipients reported that the GI payments had relieved some of their stress or worry, or providing a greater sense of security. In turn, many parents reported that their stress levels and sometimes symptoms of depression (sadness, hopelessness) had increased with the program's end. At the mid-program interviews, participants talked about all the ways their stress was relieved by the GI. Here are several representative quotes from the mid-program interviews:

> Yeah, it's been definitely like a stress reliever. It's been like almost a comfort, knowing that money is going to land because you know we were kind of unsure this whole time like we've been making it like by day kind of, so knowing that the 500 was there secure has been such a huge blessing. I couldn't be more grateful. (Valerie, Latina, one child)

> Uh, well I feel more calm, like at peace. Something that I haven't had for a long time. It feels different, like it feels weird and different because I haven't had it in such a long time. My mindset was always: damn I gotta make enough to make rent, I gotta make enough to do this, I gotta make enough for this, I gotta make enough for that, I think. (Lorena, Latina, three children)

> It has helped a great deal for me and my family. Like I said, we're able to purchase things and do things that has helped me with my mental stress. … I'm not having anxiety and depression so often. You know the anxiety and the pressure might come from other things, but it's not coming from how I'm going to pay bills, how I'm going to pay my rent. It's not coming from that. So being able to have that little bit of freedom for us financially has been a great help for me. (Zara, Black, one child under age 18)

By the post-program interviews, high levels of stress, anxiety, and in some cases, depression, were returning for many participants as they faced bills and financial hardship that they had been better able to navigate while receiving the GI. Asking them to look back on the year of GI payments, many talked explicitly about the way the program relieved stress. Sandra, white mother of two, said, "I really didn't have to worry about anything, really. I just knew that extra $500 was coming and because it just helps with everything, you know?" Amber said one of the most important impacts of the GI program was "Mental wellness—like relaxation of knowing that I'm actually going to have that income. So it's been more stressful [since the program ended]." Similarly, Melody said a key impact was the "security that it gave me. Um…I didn't have to worry about things as much. So I …don't have that now." Nicolette, Black mother of three, said "it wasn't as stressful" when receiving the GI.

Less stress, less irritability, and greater ability to experience pleasure among the GI participants might lead to better relationships with their children, and there is some evidence of this below.

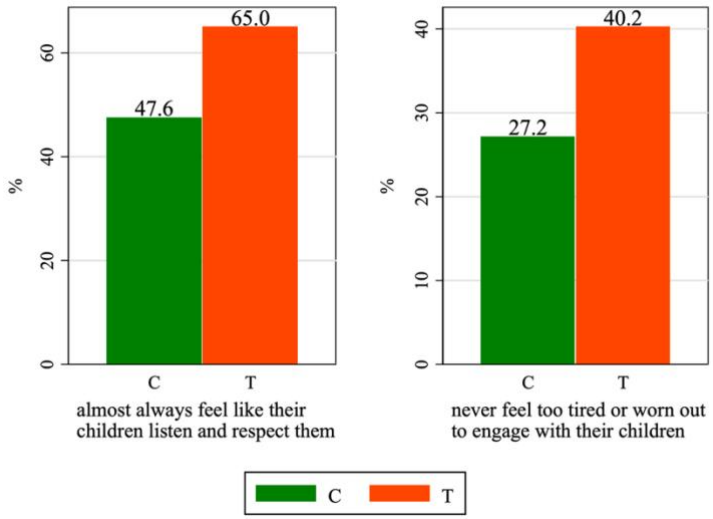
5. **GI recipients reported greater emotional well-being among their children compared with the control group. They also reported feeling better about their relationships with their children and their parenting. The effects persist post-program.**

We found no statistically significant differences in parent-reported measures of children's

physical health between the treatment and control groups, either mid-program or post-program. However, several findings regarding children's well-being suggest positive impacts of the GI payments on children's *emotional* health, possibly because of the reduction in stress experienced by the parents or guardians. GI recipients reported greater emotional well-being among their children than did the control group: in the last four weeks, GI recipients reported being more likely to have a child who seemed content with themselves "often" or "almost always," less likely to have a child who "almost always" had emotional difficulties and less likely to have a child who "almost always" seemed worried or fearful. Despite a consistent trend, only one result was statistically significant at mid-program: GI recipients were 7.6 percent less likely than parents in the control group to report that a child in their household seemed "almost always" upset during the past 4 weeks.

The post-program results show a similar trend. Parents receiving the GI were less likely to report having a child who seemed worried or fearful "often" or "almost always" in the past four weeks. Recipients were also more likely to report that their child was "almost always" content with themselves and that their child "never" had emotional problems in the last four weeks. Similar to the mid-program results, only one difference was statistically significant in the post-program results: GI recipients were 15.5 percent more likely to report having a child who was "never" upset in the last four weeks. These results should be interpreted with caution due to pre-existing differences between the treatment and control groups.

Figure 4: Parent-children relationships
Post-program results



The survey results also provide suggestive evidence of a treatment effect on parent-child relationships. When asked whether "my child(ren) listen(s) to me and respect(s) me most of the time," 15.7 percent more GI recipients than control group members answered "almost

always true" at the mid-program survey, and 17.4 percent more than the control group did so post-program (see Figure 4). Both differences were significant. However, these findings should also be interpreted with caution, as differences between treatment and control groups were already present at baseline, making it difficult to rule out the influence of pre-existing patterns.

Interviews provide little evidence that children's emotional well-being has improved due to the GI, but provide substantial evidence that many parents felt better about their parenting and their relationships with their children. There appear to be two ways that the GI improved parents' sense of parental efficacy. First, parents regularly reported using some of the GI money to purchase things for their children, to provide them with extracurricular opportunities, and to spend special time together as a family. Parents seemed to feel relief and joy at being able to provide for their children in these ways. Kristine said the impact of the GI payments was "Just being able to provide for my kids…Having money to take them to the park or get them, you know, school shirts that they need or, you know, money for dance and stuff like … that, whatever they would need … You know?" Zara said, "I bought my daughter a bed, mattress, decorations for her room, clothes and shoes…" She explained: "We were able to go out and do more things together that we weren't able to do before. If it wasn't free, we weren't really able to go and do it….So it gave us a little bit more time together, go out and do things." Amara, Black mother of two (including a newborn), said she used some of the money to help her daughter go to basketball camp. She also described being able to buy games and watch movies with her daughter: "We were able to do… more Mommy-daughter things…. We spend a little more time together." Penelope and Luisa both talked about being able to celebrate their children's birthdays thanks to the GI payments. Luisa described being "able to have cake and ice cream for [my son's] birthday…] Penelope said she was "able to take them places, able to—you know—celebrate their birthday…"

Secondly, parents' stress level and mental well-being appeared to improve during the program, and there is some quantitative and substantial qualitative evidence that this also improved parent-child relationships and/or parental efficacy. The survey asked parents whether they "often feel too tired or worn out to engage with [their] child(ren) in the ways [they] would like." At mid-program, 14.3 percent more GI recipient parents than control group members reported that this was "never true," a significant difference. Post-program, the share was 13 percent higher than the control group, but not significant (see Figure 4). GI recipient parents were also 2.9 percent less likely to say they were "almost always" in conflict with their children, though this was not significant. Overall, the results suggest that during and after the program, GI parents felt more respected, less worn out, and more effective in their parenting than members of the control group. These patterns suggest that decreased stress, better mental health, more family activities, and the relief parents felt at being able to better provide for their children likely impacted their sense of their own parenting and improved their parent-child connection. At the same time, the

findings should be interpreted with caution, as some of the observed differences may reflect pre-existing group patterns rather than program effects.

Interview data, however, indicate that reduced stress, in particular, had very positive impacts on at least some of the families. Parents' ability to meet children's needs, provide children with some of the things most other children have, and create meaningful family experiences mattered for parents and children in ways that extended beyond the activity or event. It also had a positive impact on their children's well-being and their relationship with their children. Amber explained, "Yeah, [the GI] decreased the stress. You know my kids, my boy most of all—he looked forward to it each month because of that little reward he would get as well. Um, I think we got to go out more…we got to go places." In many families, the money helped parents connect with their children in ways that clearly supported both parents and children.

Parents' ability to "say yes" to their children some of the time, and to plan activities with their children, seemed to improve parents' well-being in ways that likely, in-turn, benefited their children's well-being. Kristine, white mother of four, said about the GI:

> It just made me feel a little bit more comfortable and secure, so I was able to just kind of tap in more on being a mom and I was able to not be so stressed about, worrying about money, money, money, money, money all the time and able to spend a little bit more quality time with them and not worry.

When asked about the impact of the program on her children, Michelle said, "When the mom is happy the children is happy." She added that she was working more and spending less time with her children since the program ended. Other mothers also talked about their less-ideal parenting once the extreme financial stress returned after the program's end. Jessica talked about being "sad and frustrated" with the GI ending. When asked how she experienced this stress, she said: "Me having a short fuse, especially with my daughter." She also talked about sleeping a lot when she is depressed, and she acknowledged the impact of this on her child. Amber who said financial issues were her primary source of stress, said about the impact of the stress: "I could get a little short sometimes. You know? Or it's harder to listen to them or their stories. Or get involved with, you know their playing activity. I'm aware of it. I'm not the best sometimes."

Parents—vastly mothers—were aware of the impact that stress had on them and their children. They talked about sleeping a lot, or not enough; eating too much, or not enough. They talked about headaches and lack of energy to do things, and sometimes they talked about impatience with their children. During the year of the GI payments, financial stressors were partially relieved, and that seemed to lead to happier parents and children, and better relationships between the two.

Conclusion

Preliminary quantitative results from Phase 2 show a number of promising trends and a few statistically significant impacts from the GI program. Qualitative data affirm those trends and results, and help explain the quantitative data, as well as providing additional insight into the ways participants used the money and how it impacted their lives.

Families overwhelmingly used the money on necessities, with any discretionary spending focused on their children and family activities. Yet, given the cost of living in the Long Beach area, a GI of $500 a month for one year, when provided to families living below the federal poverty threshold, can only provide so much relief in the face of both immediate and entrenched hardships.

Preliminary quantitative and qualitative findings show consistent positive impacts of the GI program on mental well-being, including stress, indicators of depression, and indicators of anxiety/worry. From questions about how much they worried about being homeless (also a measure of housing security), to questions about how often they felt hopeless, irritable, or worried, GI participants consistently reported better results than the control group, and shared in interviews the ways the program had relieved stress and sometimes improved mood, energy-levels, etc.

There is also quantitative and qualitative evidence that families used some of the money to pay down overdue bills and back rent. More GI recipients compared with control group members reported decreasing debt during the program. For some families, debt reduction was a major impact of the program, although debt elimination was generally out of reach. Yet, with rising rents, food, and other costs, other families were unable to pay down debt fast enough to make much headway, and interviews already showed that some participants' debt started increasing again as soon as the program ended.

In light of our interview data, it is not surprising that the quantitative data on housing security, food security, and some of the other areas we explored does not show significant improvements. We learned from the interviews that individual families focused the money on different things depending on their circumstances. So while a few worked to secure better housing, or to pay off back rent to make their housing situation more secure, others needed it to fill gaps in their food budgets. And while some used it to pay down a credit card, relieving stress and improving their long-term credit situation, others used it to purchase a car. Some families used the money for more immediate benefits—to have a year where they could enjoy their families and give their children the new clothes and/or extracurricular activities they deserve, while other parents used the money to make things a little easier while they made progress on their own educational goals. Each family made choices based on their unique situations and the areas where they either had the most hardship to overcome, or the most promising immediate benefit from the money. These diverse uses may lead to quantitative data that shows few significant impacts on average. However, the interviews make clear that while individuals described important, positive impacts of the program, the number of recipients and sample size were too small to fully measure the varied ways different recipients benefited.

In sum, our preliminary analysis of Phase 2 data suggests that the program was impactful for different families in different ways, although with a clear trend toward improved mental well-being—likely because it gave parents relief from whatever hardship was of greatest concern, and because it allowed them to better meet their children's needs, which were of primary concern for virtually all parents. For deeper and sustained impacts, a program would need to offer more money over a much longer period of time, particularly in the current context of rising rents and food costs.