

# **Long Beach Guaranteed Income Pilot Project Mid-Program Evaluation Report Phase 2**

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April 4, 2025

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## **Long Beach Guaranteed Income Pilot Program Mid-Program Assessment Report: Phase 2**

### **Executive Summary**

*I would just like to let [those in charge of the Long Beach Pledge] know how much it has made an impact ...in my family, in myself, for my household, and it has been like an extra hand for me, you know. ... I have been taking advantage of it by paying the things that I need to pay like I mentioned...without this, I'd probably maybe be homeless or something with my two kids in a shelter or something. (Penelope, Latina mother of two)*

This Executive Summary highlights preliminary findings from Phase 2 of the Long Beach Guaranteed Income Pilot Program—Research and Assessment Study. Included in this summary are results from 30 qualitative interviews conducted with GI recipients approximately mid-way through the yearlong program, and the mid-program quantitative survey. A randomized controlled trial was used for the quantitative study, allowing for statistical analysis of differences between those who received the GI payments (the treatment group) and those who were eligible but who were not randomly selected to receive them (the control group). Surveys sent to the two groups were identical except for questions asked only of the treatment group, such as how they spent the GI payments. We received 86 (50.6% response rate) completed surveys from the treatment group and 108 (43.4% response rate) from the control group.

Study participants were single parents with children living below the federal poverty threshold at the time of their applications to the program, who resided in the 90802, 90804, 90805, 90806, and 90810 zip codes. The program application, screening, and selection process was conducted by city contracted organization, F4GI. The overwhelming majority of survey and interview respondents (~96%) identified as women. Approximately half of survey respondents were 18-34 years old; approximately one third were Black (40% of the control group, 33% of the treatment group, and 33% of interviewees); between 40 and 50 percent of respondents were Latino/a (41% of the control group, 49% of the treatment group, and 47% of the interviewees); between 14 and 20 percent were white (15.5 % of the control group, 14% of the treatment group, and 20% of interviewees); and a smaller percentage identified as Asian (11% of the control group, 7% of the treatment group, and 1 interviewee who also identified as Black), American Indian, or another racial/ethnic group.

Preliminary findings from Phase 2 show five primary results, each of which we discuss briefly below.

- 1) Participants used the GI primarily to purchase food and daily necessities, and to pay rent, utilities, and overdue bills. Additionally, they used some of the money to do things with and for their children.**

Food, rent, utilities, and overdue bills/debt were the primary uses of the money across interviews and surveys. When asked how they used the GI payments, 75 percent of participants reported spending some of the GI on food, 69 percent used some of it for other daily necessities, 67 percent for overdue bills, 66 percent on utilities, and 55 percent on rent. One recipient said,

*I put it towards my rent every month and that's the only way I'm able to pay my rent because I don't have enough income. I don't know what I'm going to do once that stops.* (Kristine, white mother of four)

While only about a third of survey participants said they spent some of the GI on “something special for their children,” interviews suggest this may have been higher. Luisa’s response was representative of what we heard from many interviewees:

*Honestly, I feel more financially stable, like I feel like I'm able to do more than I was able to before. Like now if my kids want to go watch movie, we'll get to go watch that movie...[I'm] able to do things that I want to do with them.* (Luisa, Latina, six children)

- 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.

Approximately a third of the control and treatment groups reported having similar levels of debt compared to six months ago; however, nearly 20 percent more GI recipients reported less debt than six months ago, compared with the control group. Similarly, nearly 20 percent fewer GI recipients reported that their debt had grown in the past six months compared with control group members. Qualitative responses supported these findings and provide context. Jada, a Black mother with two children said, “It has helped me to catch up on my rent and, you know, put more food on the table beside our food stamps...” Harper, a white/Latina mother of four said, “I haven’t paid off that debt, but I haven’t fallen behind on my bills either; I have stayed afloat. It’s better [with the GI] because I’m not behind as much.”

- 3) **GI participants reported better physical and dental health** compared with control group members. Improved health seemed mostly to be a result of better sleep and less stress, although some interviewees reported using the GI on health-related expenses as well.

Compared to about 50 percent of the control group, 65 percent of GI recipients rated their health as “good,” “very good,” or “excellent.” Similarly, only 42 percent of the control group compared with 57 percent of GI recipients said their teeth were in “good,” “very good,” or “excellent” health. Only a few interviewees talked about specific links between the GI and their physical health. One said she used some of the GI money for dental work; one talked about using some of it for co-pays; another said she’d used some of it to buy over-the-counter medication; many talked about using it for “toiletries” or other “household necessities,” which might include things that improved physical well-being. However, more commonly, participants talked about feeling better due to a reduction in stress, which also shows the connection between physical and mental well-being. For example, when Amber, a white mother with three children, two of whom were

under 18, was asked about her physical health and any impacts from the GI, she said, “Oh, it extremely helped with the stress level. Honestly, I think stress is like, what, what kills us as people.” In response to the same question, Zara, a Black mother of one, said, “My physical health, yeah. I'm taking care of myself more because before, I guess the money, like I was really stressed out.”

- 4) Closely related to participants physical health was their mental health. **GI recipients reported better overall mental well-being** than control group members. GI recipients were significantly more likely than the control group to say they “never” felt irritable and that they “never” had little interest or experience little pleasure in doing things during. Although not statistically significant, this trend continued with virtually every other question about stress and mental well-being, with more GI recipients than control group members reporting they were “never” depressed, anxious, worried too much, or significantly stressed in the past four weeks. They were also more likely to say that they had “almost always” gotten enough sleep.

Interviews supported these findings. Participants reported that the program relieved their stress and anxiety. For example, Lorena, a Latina mother of three, said, “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.” Similarly, Zara 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.” Another mother said,

*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 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 mother of one)

- 5) In addition to better physical and mental well-being themselves, compared to the control group, **GI recipients reported greater emotional well-being among their children. They also reported feeling better about their relationships with their children and their parenting.**

Compared to the control group, GI recipients were significantly less likely to report that they had a child who was almost always upset in the past four week. Additionally—although not statistically significant—a consistent trend emerged, where GI recipients were less likely to report extreme negativity, and more likely to report positive emotions and behaviors among their children. For example, GI recipients were more likely than the control group to report having a child who was “almost always” content, and less likely to report having a child who “almost always” had emotional difficulties or who “almost always” seemed worried or fearful. GI recipients were also significantly more likely to say they “almost always” feel like their children listen to and respect them, and that they “never” feel too tired or worn out to engage with their children. Collectively, these results suggest a positive impact on parents’ perceptions of their children’s well-being and relationships with their children.

Interviews provided additional evidence of improved parent-child relationships, and, in fact, effective and engaged parenting. Lorena, for example, said

*When I get stressed...I get irritated like for everything, and I don't do that anymore, like I rarely yell. I guess I'm more patient.... I always make sure that they have what they need and they come home to a clean house and, you know, clothes and everything.*

Similarly, Denise, a Latina mother of four, talked about how happy her kids were that she could sometimes take them out and buy them something. She said, “So they’re a lot happier and I feel like I’m a lot happier as well, because I’m seeing that they’re very happy.”

Overwhelmingly, GI recipients appreciated and valued the program. Nearly 99 percent said they had positive feelings about the program, and 100 percent said they would recommend that others apply to the program if it were offered again. Over three quarters of GI recipients said it was easier to apply to than other programs than other assistance programs. Not surprisingly, the control group was less positive about the program, although two-thirds said they had positive feelings about it, and 97 percent said they would recommend that others apply to it if offered.

Overall, our quantitative results show significant impacts of the GI on recipients in a wide range of areas, including debt reduction, physical and mental well-being, children’s well-being, and parent-child relationships. Qualitative findings support and provide context for these findings, while also suggesting that there were other impacts of the program—including improved food and housing security—that the quantitative survey was not sensitive enough to measure, but that recipients consistently reported as GI program impacts when they were interviewed.

As expected, GI recipients expressed great concern about the program’s end after 12 months. They worried about how they would pay their rent, provide enough food for their families, and explain to their children that they could no longer buy a Starbucks treat or go to the movies.

Our combined findings, though preliminary, provide robust evidence of the positive impacts of the GI on single parent families with children who live below the poverty threshold. They also suggest that \$500 a month, 12-month program—while beneficial—is insufficient to help families achieve long-term financial stability.

# Preliminary Report on Mid-Program Survey

## Phase II

### Introduction

This report identifies preliminary findings from the quantitative portion of the Long Beach Guaranteed Income Pilot Program—Research and Assessment Study, Phase 2. This report includes results from the mid-program quantitative survey conducted approximately mid-way through the yearlong program, which began in March 2024 for Phase 2 recipients. A randomized controlled trial was used for the quantitative study, allowing for statistical analyses of differences between those who received the GI payments and those who were eligible but who were not randomly selected to receive them. Findings from Phase 2 point to substantial benefits for families that received the GI payments, although the findings were narrower than in Phase 1. Throughout the report we refer to areas of similarity and difference between the two phases of the program; the conclusion of the report considers possible reasons for the differences. Overall, the preliminary findings for both phases suggest that the Long Beach Guaranteed Income Program has yielded important benefits for family and child well-being.

Preliminary findings from Phase 2 show five primary results, each of which are discussed in more depth below.

- 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.

### *Background*

The CSULB Research Team conducted a mid-program survey for the Long Beach Guaranteed Income Program, Phase 2 from October 14 - November 22, 2024. Previously, out of 419 eligible applicants, 170 were randomly assigned to receive the Guaranteed Income (GI) payment of \$500 per month. Henceforth, we will refer to those 249 applicants who were *not* randomly assigned to receive the GI payment as the *control group* and the 170 applicants assigned to payment as the *treatment group*.<sup>1</sup> Eight participants assigned to receive the GI dropped out during the

onboarding process, creating potential bias in survey responses. To control for this, the survey was sent to all 170 applicants who were initially assigned to receive the GI as well as to the 249 in the control group.<sup>2</sup> Two versions of the survey were sent out, one for the GI recipients and one for the control group. The GI recipient survey was sent to the 162 GI recipients who were successfully onboarded and the control group survey was sent to the 249 participants in the control group and the 8 people who dropped out of the GI program. Eleven of the survey invitation emails bounced, so our survey reached only 408 people. Reminder emails were sent frequently, and the deadline was extended twice to encourage higher response rates. Most surveys were completed immediately after the invitation and reminder emails were sent. Participants were compensated with \$50 debit e-cards for their time.

### **Response Rates and Differential Survey Participation**

The mid-program survey was completed by 86 GI recipients and 108 members of the control group. Thus, mid-program survey response rates were 50.6% (86/170) for the GI recipients and 43.4% (108/249) for the control group.<sup>3</sup> The response rate was 7.2 percentage points higher among GI recipients than for the control group. Although statistical tests suggest the difference is not significant, it is still substantial. This matters because it could generate bias in our analysis as differences in the response rates may be due to differences in how the GI recipients and control group members feel about the program given that the control group is not receiving payments. For example, it is likely that treatment group members are more motivated to participate in the mid-program survey compared to members of the control group even though they were informed that their GI payment is not contingent on participating in the study. We explore this issue further in the Methodological Discussion below.

### **Demographics at Baseline and a Check for Balance**

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. It is important to document them to confirm that our results are not driven by systematic imbalances. At the baseline survey we did not find evidence of significant imbalance even though we noted some differences between treatment and control groups. In the appendix, we report averages for important demographics and household characteristics between treatment and control groups, and document no statistically significant differences between the two groups.<sup>4</sup>

Table 1<sup>5</sup> shows averages related to demographics, household size and household composition at the mid-program survey: column 1 reports the percentages for the control group, column 2 reports the percentages for the GI recipients, and column 3 reports the number of participants who responded.<sup>6</sup> This table demonstrates the same patterns that we observed at the baseline regarding age, gender, citizenship, racial composition, household size and health. The control group was very similar to the GI recipients' group in terms of demographics: about half of both were 18-34 years old and more than 94 percent were female. There are fewer Asians and Blacks and more Latino/as in the treatment group compared to the control group and a similar percentage of whites. More than



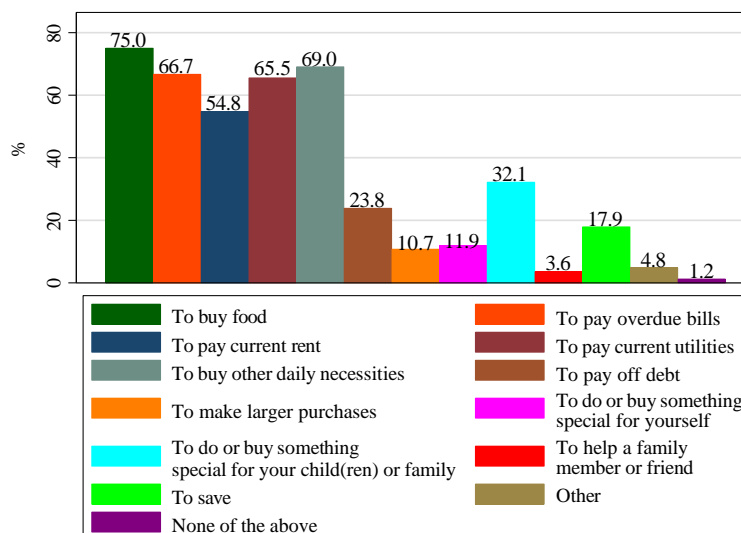
95 percent of both groups are citizens just as in the baseline. The proportion of household participants with chronic health conditions and who have children with a chronic health condition is lower in the treatment group compared to the control group, but the difference is not statistically significant. Household size, number of children living at home, and the average age of children is also similar in both groups.

**Table 1: Mid-program Survey**

	Percentage of control	Percentage of treatment	# of responses
age: 18-34 years	47.6	50	189
female	96.1	96.5	189
Asian	10.7	7	189
Black	39.8	32.6	189
Latino/a	40.8	48.8	189
white	15.5	14	189
citizen	98	96.4	184
have chronic condition	39.6	29.5	169
child in HH with chronic health condition	25.2	17.4	189
household size	3.7	3.8	189
# of children living at home	2	2.3	189
average age of children living at home	7.8	8.3	189

## GI Payment Use

**Figure 1: How Recipients Used the GI Payments**



More than 97 percent of recipients reported that the GI was “very,” or “extremely” helpful to their families and children. When asked how they have used the GI payments, 75 percent replied that they used it to buy food and 69 percent said they used it to buy other daily necessities. Other extremely common responses included paying for overdue bills (66.7%), current utilities (65.5%), and their current rent (54.8%). Approximately a third of GI recipients (32.1%) reported using some of the payments to buy or do something special for their children and family. In addition, nearly a quarter of participants (23.8%) said they used some of the funds to pay off debt. Figure 1 summarizes these findings. These spending patterns are strikingly similar to those of Phase 1 GI recipients.

## **Impacts of the GI Program**

### *Housing*

Participants’ housing situations had not changed significantly since the baseline survey. Roughly 66 percent of both groups lived in apartments and rented with a month-to-month lease or no lease. Not surprisingly, the GI program had not yet impacted these outcomes. In the mid-program survey, we also collected data on homelessness. Seven people in the control group and seven GI recipients self-reported as homeless/unhoused; a larger percentage of the treatment group is thus unhoused (including sheltered and unsheltered), but the difference across groups is not statistically significant.

Importantly, treatment group members were more likely than the control group to report living at their address for six months or less, which indicates that more GI recipients had moved in the previous six months. This statistically significant difference (9.5%) suggests that the GI payments may have facilitated the move, although we do not know if the moves led to greater housing security.

No other significant differences were found between the treatment and control groups related to housing, and the differences that were found were inconsistent, with some suggesting greater housing security for the treatment group, and others indicating worse housing security. Thus, we conclude that for Phase 2 participants, housing security was not significantly different relative to the control group. This suggests a limited impact of the GI payment on housing security, despite a majority of participants reporting that they used the GI to pay current rent and utilities, as well as overdue bills which likely included overdue rent and utilities bills. These results differ from Phase 1, where housing security seemed to improve after six months of GI payments.

### *Food Security*

GI recipients did not report significantly different food situations in their households compared to the control group. Evidence is again mixed, with some indicators suggesting greater food security for the treatment group, and others indicating less. We conclude that despite treatment group members reporting that they used the GI to pay for food and other necessities, it did not lead to a significant improvement of their food security. This was different than in Phase 1, where there were more indicators of improved food security.

### *Education and Employment*

As in Phase 1, we did not find significant differences in terms of completed education or

vocational program attendance between treatment and control groups.

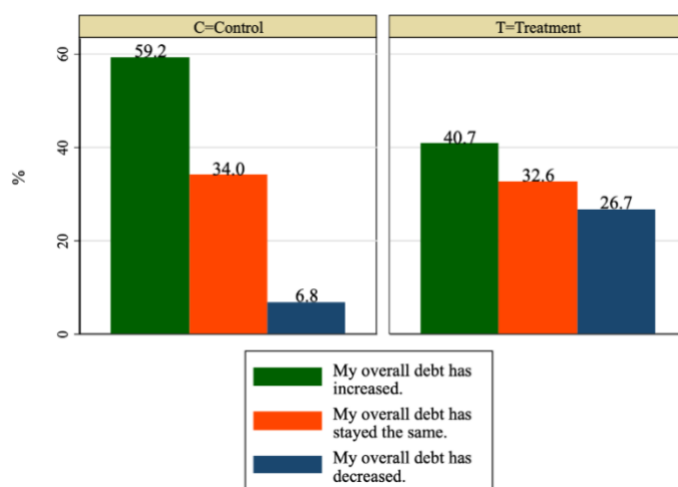
There were also no significant differences between GI recipients and the control group in employment outcomes, including the percentage of participants who were employed, unemployed, and out of the labor force in the last 4 weeks. No differences were found regarding job search behavior, hours worked, or earnings in the last four weeks either. In line with no changes in employment outcomes, we did not find any significant differences between the government benefits received by the GI recipients and those received by the control group.<sup>7</sup> Similarly, we did not find impacts of the GI on employment outcomes in Phase 1 either.

However, unlike in Phase 1, Phase 2 GI recipients did not report being significantly more satisfied with their employment situation compared with the control group. There were no significant differences between treatment and control groups in terms of the percentage who reported looking for additional work or a different type of work in the last 4 weeks. This was true for both Phase 1 and Phase 2 GI recipients. Thus, although GI recipients in Phase 1 felt more positive about their jobs compared to the control group, there were not objective differences in employment outcomes in either phase.

### *Debt*

Notably, about 20 percent more GI recipients relative to control group members reported that their overall debt had decreased in the last 6 months while 18.5 percent fewer reported that their debt has increased (see figure 2 below). The effects are statistically significant and large, suggesting that the GI program has had a positive effect on participants' overall debt, as was also found in Phase 1.

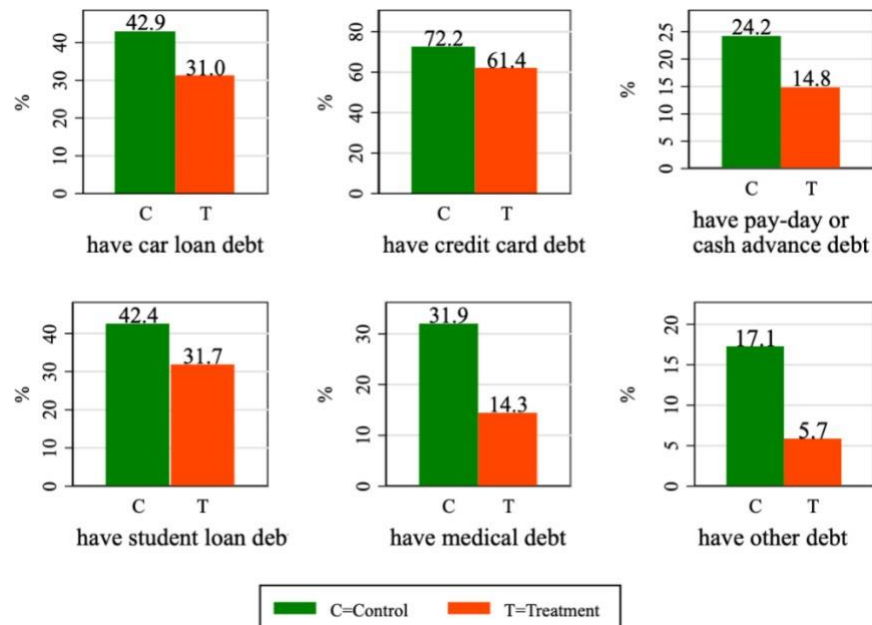
**Figure 2: In the past 6 months, has the amount of your overall debt increased/decreased/stayed the same?**



In line with these results, fewer GI participants report having car loans, credit card debt, student loans, cash in advance debt, rental debt, and overdue utility bills. Two of these categories, medical and “other” debt, were found to be statistically significant, with 17.6 percent fewer GI recipients than control group members reporting medical debt and 11.4 fewer reporting “other”

debt (see figure 3 below, lower center and right). Unlike Phase 1 recipients who were more likely than the control group to report having car loan and cash advance debt, Phase 2 participants were less likely than the control group to report these particular types of debt.

**Figure 3: Percent of Respondents with Type of Debt**



### *Digital Access*

We asked participants whether they had a computer, tablet, or smartphone in their household and if so, how many; we also asked if they typically had high-speed internet. Unlike in Phase 1, where six months into the program GI recipients had significantly greater digital access than the control group, there were no significant differences in terms of household devices and high-speed internet access for Phase 2 respondents.

### *Relationships*

An interesting result emerges related to the presence of a partner. About 30 percent (32% for control and 27.1% for treatment) of both groups reported having a partner, which is similar to the baseline results. However, members of the treatment group were significantly less likely to report living with a partner compared to the control group: 16.5 percent of the control group reported living with a partner compared to only 6.7 percent of the treatment group. This differs from the baseline survey when there was little difference between the groups. This might be evidence of a treatment effect where the GI affected recipients' choices about living with or staying with a partner. It is also possible that this result is due to different participants responding to the mid-program relative to the baseline survey.

### *Health and Health Care*

A slightly higher percentage of GI recipients than control group members reported having no health insurance (similar to the baseline survey). Of those with health insurance, significantly fewer (10.3% less) in the treatment group reported having private health insurance compared to

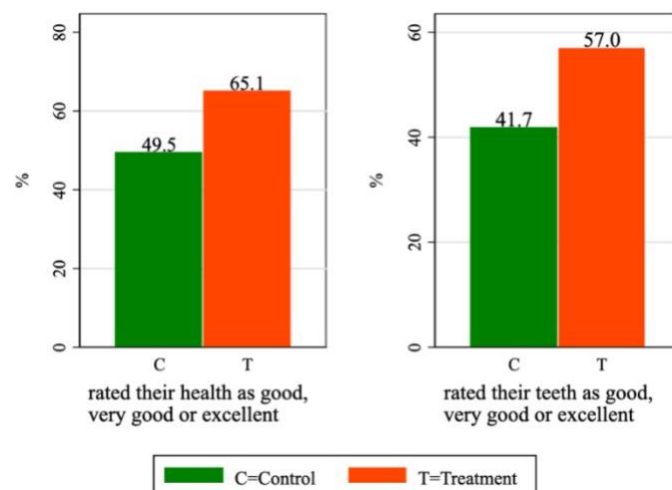
the control group. There were no significant differences between GI recipients and the control group regarding insurance coverage at the baseline. Since there were not significant employment differences between the control and treatment groups, it is likely that this difference is a result of different participants completing the surveys at the two time periods.

Additionally, significantly fewer GI recipients (19% fewer) reported having a primary physician compared to control group members. There were no significant differences in whether respondents in the two groups used medical services over the past year. There is, however, evidence of differences in the frequency of use of different types of medical services between the two groups. For example, significantly fewer GI recipients relative to control group members reported seeking the following health services more than once in the past year: 33.3 percent fewer reported going to urgent care or a medical clinic and 44.1 percent fewer reported seeking care for themselves at an emergency room. These differences may be partly explained by the presence of fewer participants with chronic health conditions in the treatment group compared to the control group. We are not sure why these differences exist, but plan to explore the mechanisms further in future analyses. We found no significant effects on other aspects of medical care access and use.

### Physical Health

GI recipients reported significantly better health in several key measures compared with the control group. They were significantly more likely (15.6%) than control group members to rate their overall health as “good,” “very good,” or “excellent,” rather than “fair,” or “poor” (see figure 4, left). Similarly, significantly more (15.2%) GI recipients than control group members rated the condition of their mouth and teeth as “good,” “very good,” or “excellent,” rather than “fair,” or “poor” (see figure 4, right).

**Figure 4: Health measures**



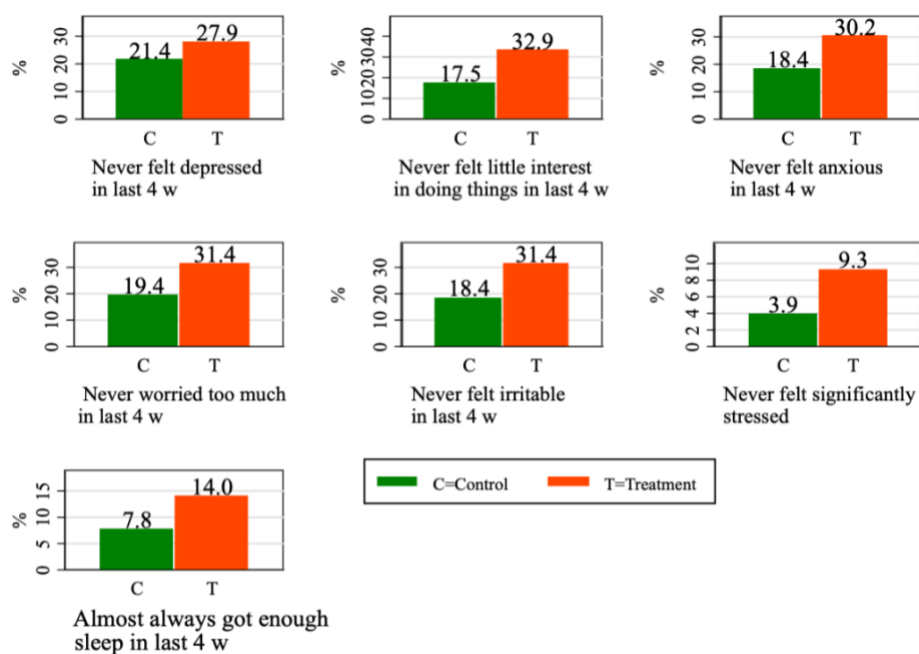
The better health reported by GI recipients might be explained not by a treatment effect, but because they were less likely as a group to report having a chronic condition. However, excluding the participants with chronic condition from the analysis, we found that health

differences between the groups remained, although they were smaller and no longer statistically significant. It's also notable that GI recipients who reported having a chronic condition were less likely to say they were able to manage the condition “extremely well” or “very well,” compared with the control group.

### Mental Health

There is also evidence of better mental health among GI participants compared with control group members. As figure 5 shows, compared to the control group, GI recipients were more likely to report “never” feeling depression, lethargy, anxiety, uncontrollable worry, or irritability, in the last 4 weeks (upper row and middle row left and center) and more likely to report getting enough sleep “almost always” (lower left). More GI recipients also reported never feeling significantly stressed compared to control group members (middle right). While figure 5 demonstrates a consistent trend of overall better mental health, only two differences were statistically significant: more GI recipients reported “never” feeling irritable or easily annoyed in the last 4 weeks (15.5% more) and never having little interest or little pleasure in doing things in the last 4 weeks (12.9% more) (middle row center and upper center).

**Figure 5: Mental health measures**



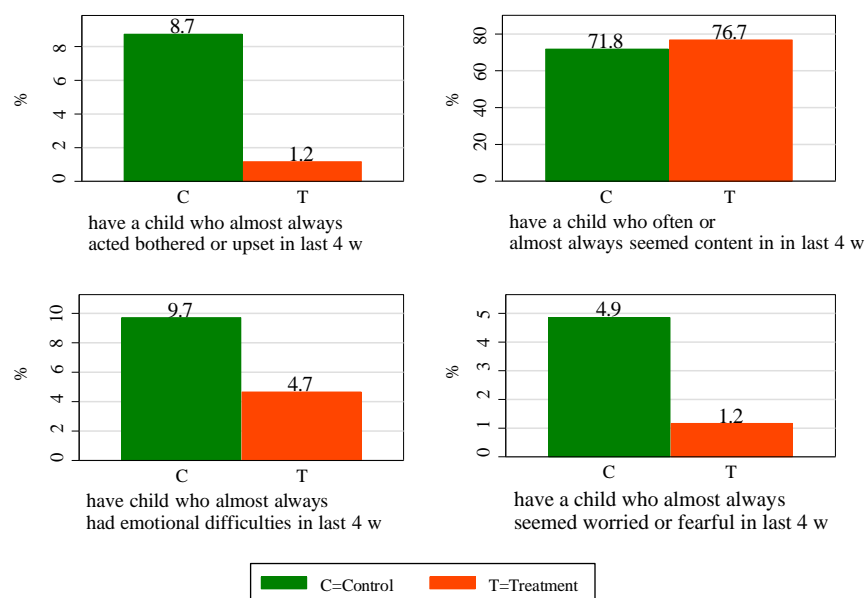
Less stress, less irritability, and greater ability to experience pleasure among the GI participants might lead to better relationships with their children, and there is some evidence suggestive of this below.

### *Children's Wellbeing*

We found no statistically significant differences in parent-reported measures of children's *physical* health between the treatment and control groups. However, several findings regarding

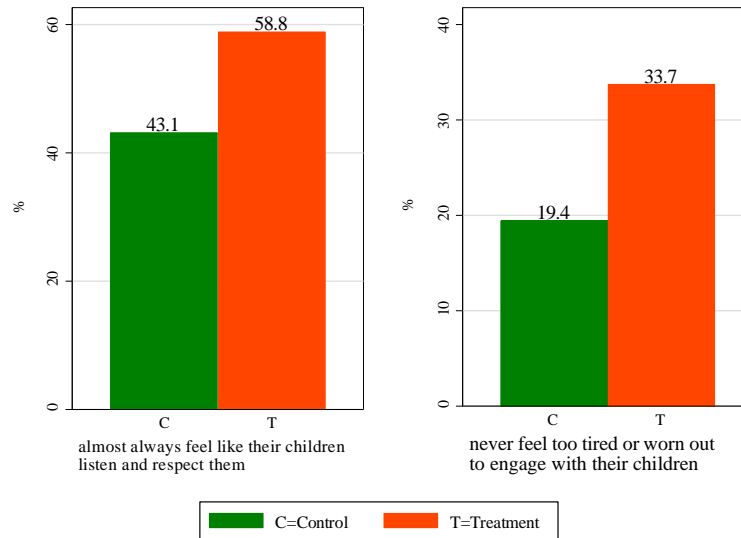
children’s well-being suggest positive impacts of the GI payments on children’s *emotional* health, possibly because of the reduction in stress experienced by the parents or guardians. Figure 6 shows that across several measures, the GI recipients reported greater emotional well-being among their children than did the control group: in the last four weeks the GI recipients were more likely to have a child who seemed content with themselves “often” or “almost always” (upper right), less likely to have a child who “almost always” had emotional difficulties (lower left), and less likely to have a child who “almost always” seemed worried or fearful (lower right). Although a consistent trend exists in these findings, only one result was statistically significant: 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 (upper left).

**Figure 6: Children Mental Health**



There is also suggestive evidence that parents in the treatment group had better relationships with their children compared to control group members. We asked parents how much the following statement describes their relationship with their children: “I feel like my child(ren) listen(s) to me and respect(s) me most of the time.” Compared to the control group, 15.7 percent more parents in the treatment group reported it was “almost always true” (see figure 7, left). We also asked parents to report how often the following statement applies to them “I often feel too tired or worn out to engage with my child(ren) in the ways that I would like.” Compared to the control group, 14.3 percent more parents in the treatment group selected that this was “never true” (see figure 7, right). Both differences are large and significant. Both indicate that the parents in the treatment group, compared to those in the control group, feel they have a better relationship with their children or are more effective at parenting their child(ren).

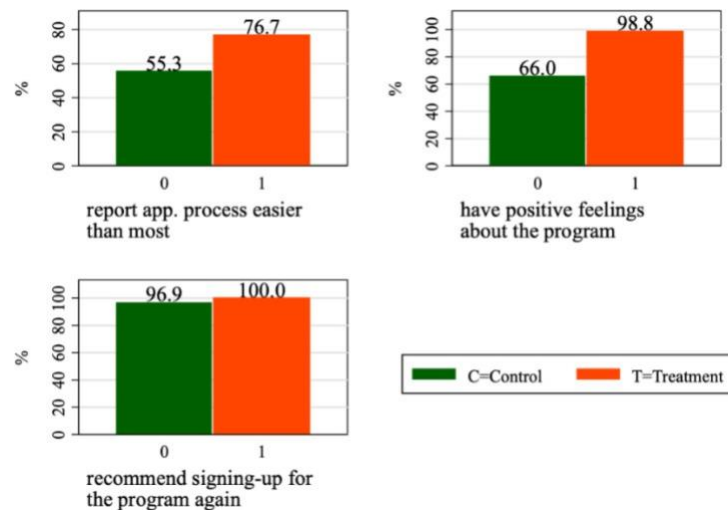
**Figure 7: Parent-Children Relationships**



We also asked parents how much they worried about their children and their futures. Parents in the treatment group reported worrying less for their children’s current and future life compared to control group members. However, the difference is small and not statistically significant. When asked to select their top five greatest sources of worry, there were no significant differences between what parents in the treatment group vs. parents in the control group selected, except for mental health. Significantly fewer (15.4%) GI recipients selected their children’s current and future mental health as a top worry for their children compared to control group members.

### Views about the GI Program

**Figure 8: GI Rating**





As figure 8 shows, GI recipients rated the Long Beach Pledge program significantly more positively than those in the control group, although both groups had positive feelings about the program. Compared with the control group, about 21.4 percent more GI recipients reported that the application process for the GI program was easier than for most other programs they had applied for previously (upper left). Not surprisingly, sixty-six percent of the control group had positive feelings about the program, compared with nearly all (98.9%) GI recipients (upper right). And finally, nearly all respondents in both groups (96.8% of the control group and 100% of GI recipients) would recommend that others apply to the program if it is available in the future (lower left).

### **Methodological Discussion**

In the following section we discuss issues related to our analysis, including a sensitivity analysis to assess the robustness of our results in relation to potential sources of bias.

#### *Program Dropout*

At the start of the program, applicants randomly assigned to the treatment group underwent an onboarding process to the program which included benefits screening and counseling. Eight participants who were initially assigned to the treatment group dropped out during the onboarding process. This presented a challenge for the evaluation team because while the treatment group assignment was random, the decision to drop out of the treatment group was not, leading to a potential bias in survey responses thus impacting evaluation results. To control for this potential bias in the analysis, we sent the mid-program survey to *all* 170 participants who were initially assigned to treatment.

In the empirical analysis, we then evaluated the impact of being *offered* the GI payment, called intention-to-treat effect. We also used the data that we collected from the participants who dropped out after being initially assigned to treatment to evaluate the impact of actually *receiving* the GI payment, called the treatment-on-the-treated effect. In practice, the difference between the effects of being offered the GI payment and receiving the GI payment is minimal because the take-up rate of the program is very high: 95.3 percent of the participants who were offered the GI payment ended up receiving it. Thus, we found no significant bias because of this small number of “dropouts.”

#### *Differential Participation*

We noted that response rates were higher for the treatment group than for the control group. We further explore this issue by testing whether there was a correlation between being offered treatment and participating in the mid-program survey versus the baseline survey. Although preliminary statistical tests suggested that there was not, when we tested whether participating in the mid-program survey *only* was correlated with being offered treatment, we find that it was. In fact, participants in the treatment group had about 2 times greater odds of completing only the mid-program survey (vs. the baseline survey or vs both surveys) compared to the control group. These findings suggest that treatment assignment may influence survey participation patterns, potentially introducing selection bias. We address this by conducting sensitivity analysis by excluding new entrants from the analysis and only examining the effect on people who completed both surveys. After excluding participants who completed only the mid-program survey and households who reported zero children in that survey, we are left with only 136 responses, 81 from the control group and 55 from the treatment group. When we exclude people who only completed the mid-

program survey from the analysis, we find that the results are similar to the analysis of the full sample who responded to the mid-program survey. While we observe the same trends in the data, the magnitude of the effects is different, i.e. some of the results change quantitatively. Despite the different magnitudes, our overall conclusions remain robust.

When looking only at the responses of people who completed both surveys, some of the previously reported effects of the GI are diluted. For example, we still find fewer in the treatment group compared to the control group who reported living with a partner, but now the difference is smaller (5.7% compared to 9.4% for the full sample) and not significant. We still find that more people in the treatment group reported living at their address less than 6 months, but the effect is smaller (just 7.1% compared to 9.5% for the full sample) and not significant. We continue to find evidence that parents in the treatment group have better relationships with their children but the effect, while similar in magnitude, is no longer significant.

Other results remain virtually the same when we only analyze responses from people who completed both surveys. For example, similar to our analysis of the full sample, significantly more people in the treatment group compared to the control group reported that their debt decreased (22.3% compared to 19.9% for the full sample), significantly fewer reported their debt increased (16.9% compared to 18.5% for the full sample), and significantly fewer (18.2% compared to 17.6% for the full sample) reported having medical and other debt (15.3% compared to 11.4% for the full sample).

However, other differences between the control and treatment groups became greater in magnitude once we analyzed just the responses from those who completed both surveys; this suggests even greater positive impacts of the GI program. For example, the differences between the treatment and control groups were larger and more indicators were significant regarding parents' and children's health. Still, significantly more people in the treatment group (17.9% compared to 15.6% for the full sample) reported their health was "excellent," "very good," or "good" compared to the control group. Mental health was still better for GI recipients compared with the control group across all indicators. Compared to the full sample, the differences are larger and as a result more of these differences are significant. Among those who completed both surveys, a significantly greater percentage of GI recipients compared to control group members reported never feeling irritable (19.1% compared to 12.9% in the full sample), never worrying too much (17.3% compared to 12% in the full sample), never feeling anxious (18.5% compared to 11.8% in the full sample), and never feeling little interest in doing things (23.5% compared to 15.5% in the full sample) in the last 4 weeks. For the full sample, only the indicators related to irritability and feeling little interest in doing things were significantly different between the treatment and control groups.

Similarly, treatment group parents were more likely to report having children with better mental health than control group parents. Once we analyzed only responses from people who completed both surveys, the differences were greater and more indicators emerged as significantly different. For participants who completed both surveys, we found parents in the treatment group were significantly less likely (7.4% compared to 7.6% for the full sample) to report having a child who was "almost always" upset in the last 4 weeks, significantly more likely (14.5% compared to 4.9% in the full sample) to report having a child who was content "often" or "almost always" in the last 4 weeks, significantly less likely (9.3% compared to 5.1% in the full sample) to report having a

child who seemed to have emotional problems “almost always” in the last 4 weeks, and less likely (4.9% compared to 3.7% for the full sample) to report having a child who seemed worried “almost always” in the last 4 weeks.

Our overall conclusions remain unchanged after conducting this sensitivity analysis. We find evidence that the GI seems to have led to significantly less debt and better physical health for parents and better mental health for both parents and children in the treatment group compared to those in the control group. The effects are present both for the full sample and for the sample excluding participants who completed only the mid-program survey. We continue to find no significant effects on food and housing security, employment digital access, benefits, access and use of medical care.

#### *Surveys Completed by Different People in Household*

We also found suggestive evidence that different people are sometimes filling out the surveys on behalf of the same applicant. This was found by comparing responses for applicants who completed both the baseline and the mid-program surveys.

This raises questions about validity and bias in our results. First, if it is a different person in the same household who completed the survey, then this does not impact the validity of our results; we simply need to clarify that our analysis is at the household level as opposed to the individual level. But if it is someone from outside the original participant’s household who is completing the survey because the applicant forwarded the link, then those responses might jeopardize the validity of our analysis, especially if it is a pervasive problem. The second issue is related to imbalance which might lead to bias. As we are testing for significant differences between treatment and control groups, our results would be biased if the tendency for different people to complete surveys is somehow correlated with being in the treatment group as opposed to the control group. For example, members of the treatment group might be more motivated to respond themselves because of receiving the GI compared to people in the control group.

We attempt to address whether responders at mid-program are outside of the original participant’s household by comparing the email to which the survey invitation was sent to the email to which payment was sent. If the responder at mid-program was outside the household and had, for example, obtained the survey completion link from the original applicant in order to obtain the \$50 survey compensation, then they may have entered a different name and email address to receive the compensation. If payment was sent to the applicant, this suggests that the responder to the mid-program survey was likely part of the applicant’s household. If payment was sent to an email address that could not be identified as belonging to the applicant, then we shall consider this responder as possibly outside of the applicant’s household. We identified 11 cases where the email address to which payment was sent could not be determined to belong to the applicant. Eight of those completed both the baseline and the mid-program survey and three only completed the mid-program survey. Seven were in the control group and four in the treatment group. We compared age, citizenship status and gender for those applicants at baseline and mid-program and they are the same. This suggests that the same applicants responded to the baseline and mid-program surveys. However, there are some other discrepancies for those eight responses between baseline and mid-program related to reported household size, zip code, selected race. Note that those could be different due to changes between baseline and mid-program as well as just a participant selecting a

different response. We lack data to further investigate responses of applicants who only completed the mid-program survey.

To attempt to quantify the magnitude of the issue we did some exploratory analysis to flag inconsistent data for categories that should be stable for participants who filled out both the baseline and the mid-program. Those include inconsistencies in reported age, gender, citizenship, and race. Table 2 reports the results.

**Table 2: Inconsistent responses between baseline and mid-program survey**

Inconsistencies	% in Control	% in Treatment
Age: more than 35 years old at baseline vs 18-34 years old at mid-program	1.2	1.8
Gender: female vs non-female	1.2	1.8
Education: completed more than high school at baseline vs less at mid-program	5.9	7.3
Citizenship	2.35	0
Hispanic	8.2	3.6
Black/African-American	2.4	9.1
Asian	1.2	0
white	10.6	7.3

The percentage of different responders is relatively small. Preliminary tests suggest that inconsistencies are not correlated with being in the treatment group, which implies that it is unlikely to be a source of imbalance or bias for our results.

However, this is only a preliminary investigation. We might be understating the problems as we have not considered all age categories and all other possible inconsistencies or overstating the problem as some of the race discrepancies might be due to the same applicant identifying with a different racial/ethnic group. To conclusively determine which responders are different between baseline and mid-program and whether they are members of the same household would require examining each case individually.

#### *Significance of Results and Future Plans*

Our findings in this report are preliminary. A limitation arises because we are testing for multiple hypotheses. Testing for multiple comparisons increases the probability that some tests will appear statistically significant purely by chance. In other words, the significant results that we have obtained might be “false positives” and should be treated as preliminary findings and suggestive evidence rather than conclusive results. We plan to address this limitation in our final analysis by pooling the data from Phase 1 and Phase 2 together to increase power and sample size. In order to address the multiple hypothesis issue, we plan to reduce the number of hypotheses by adopting an index approach for the final report focusing on important outcomes. We will also apply appropriate adjustments to our statistical analysis to account for the multiple hypothesis issue. Additionally, we

intend to pool data from the baseline, mid-program and post-program surveys from Phases 1 and 2 to perform longitudinal analyses to assess changes over time.

## **Conclusion**

As in Phase 1 of the Long Beach Guaranteed Income Program, recipients in Phase 2 used the GI payments primarily to purchase food and daily necessities and to pay rent, utilities, and overdue bills. Based on the mid-program survey for Phase 2 of the evaluation, we find that GI recipients reported significantly better outcomes along several dimensions: debt, physical health of parents, mental well-being of parents and children, and perceptions of the relationship between parents and children. Similar impacts of the program were found in Phase 1, adding to our confidence in these preliminary findings.

There were several significant findings in our preliminary analysis of Phase 1 data, however, that were not present in Phase 2. In particular, the preliminary findings for Phase 1 showed significantly improved food and housing security for GI recipients. We did not find these results for Phase 2, despite the similar use of GI payments by participants in both phases. There are some key differences between Phase 1 and Phase 2 participants that may explain differences in the results.

A number of indicators suggest that the Phase 2 population in both the control and treatment groups was even more economically insecure than the Phase 1 population. Phase 2 respondents reported less employment (fewer reported having a job, and of those with a job, fewer reported working over 20 hours a week) and less income. At the baseline, Phase 2 respondents reported greater food insecurity; more difficulty paying for household essentials, such as clothing and cleaning supplies; greater worries about paying their rent; and more debt than Phase 1 respondents. Phase 2 respondents also reported more physical pain and chronic health conditions, and worse mental well-being, compared with Phase 1 respondents.

Collectively, these differences suggest that the starting point for Phase 2 respondents was different, and that the \$500 a month provided by the Long Beach Pledge may not have provided enough assistance for families to be more food or housing secure. For example, in the mid-program survey Phase 2 participants reported significantly lower debt than the control group, suggesting that they may have used the money disproportionately on debt, including overdue rent and bills. While they still reported spending the GI money on rent and food, more of it may have gone to debt, thus lessening the positive impact on their food and housing security. With greater economic needs, the money may have been spread out in a way that did not lead to measurable differences in as many areas.

On the other hand, we did find significant improvements to physical and mental well-being among Phase 2 participants. These findings suggest that while participants may have continued to skip meals or worry about how they would pay their rent, the payments were likely relieving enough of their overall stress to yield measurable findings regarding physical and mental well-being. Importantly, as with Phase 1, we found significant impacts on GI recipients' perceptions of their children's well-being and their relationships with their children.

While more analysis is needed to understand the varied impacts of a GI on families, it is clear that the payments have made a positive impact on multiple dimensions for families who are below the poverty threshold. The results also make clear that \$500 a month, for one year, is insufficient to ensure food and housing security, or to help most of these families achieve any long-term economic security or upper mobility. Still, the program has helped hundreds of struggling families, and those families describe substantial positive impacts, as seen more clearly in the qualitative report that follows.

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<sup>1</sup> 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. We checked whether our results were sensitive to this re-classification and found that they are robust.

<sup>2</sup> We found no significant bias due to the dropout of participants from the program. In order to control for this potential bias, however, it is also important to note that our group of “GI recipients” includes all participants who were originally assigned to receive the GI payment, even those who dropped out. In short, because only 4.7 percent of participants assigned to the program dropped out, there is no difference between the impact of being offered the GI payment and actually receiving the GI payment. Please refer to the Methodological Discussion section for a more detailed discussion on this issue.

<sup>3</sup> Before reclassification of the two participants who were never offered treatment, the response rate was 42.9 percent (106/247) for the control group and 51.2 percent (88/172) for the treatment group. Statistical tests indicate that the difference, while large, is still not statistically different from zero.

<sup>4</sup> We did not find significant differences between treatment and control groups across different zip codes either at the baseline or the mid-program. We report distribution across zip codes at both baseline and mid-program in the appendix.

<sup>5</sup> The table reports data for all respondents from the baseline survey excluding those who reported having no children at home. Respondents who reported having no children at home were excluded from the analysis as the Long Beach Pledge program and our evaluation of it was focused on parents with children under 18. We did not ask participants in the mid-program survey whether they lived with their child(ren)’s other parent, so while our initial list of study participants was screened by F4GI to include only those believed to be single parents, defined as not living with the other parent of one of their children at the time the program began, it is possible that some parents in the study are not single parents. We checked whether our results were sensitive to excluding participants with zero children and found that they are not.

<sup>6</sup> Table A1 in the appendix reports similar data for the baseline survey.

<sup>7</sup> The percentage of participants who received food stamps, CalWORKs, housing vouchers and SS/SSI/SSDI was not significantly different between the two groups, nor were the cash amounts received from CalWORKs and social security benefits statistically different.

# **Evaluation of the Long Beach Pledge: Preliminary Qualitative Findings**

## **Phase 2**

### **Introduction**

Phase 2 of the Long Beach Pledge began in March 2024, with 200 additional families receiving \$500 a month in guaranteed income for 12 months. Criteria for the program were the same as in Phase 1 (single-earner families with families under age 18 who were below the federal poverty threshold) except that families could reside in any of five Long Beach zip-codes: 90802, 90804, 90805, 90806, and 90810.

The City of Long Beach extended the CSULB Research Team's contract to evaluate the Long Beach Pledge through Phase 2 of the program. As with Phase 1, we focus specifically on how the guaranteed income has impacted single parent families, who comprise a large majority of GI recipients. Following the same process as in Phase 1, we interviewed 33 members of the treatment group to learn about their experiences with the program. Follow-up interviews will be conducted with a subset of these interviewees two-three months after the program ends. This report details our preliminary findings from the mid-program interviews.

### **Methods**

In late September 2024, the research team sent an email to members of the treatment group (n=154; 3 were undeliverable for a total of 151) requesting their participation in an in-depth interview. A link was provided to a google form where interested participants could provide their email address, phone number, availability, preferred language, and preferred mode of interview (phone or zoom). Thirty-eight participants responded to the google form or emailed the research team regarding an interview. Over the next 4 weeks, between early October and early November, three student research assistants conducted a total of 33 interviews. All 33 interviewees received a \$75 debit e-card to compensate them for their time. Only 30 of the 33 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), and thus did not meet the single-parent criteria for the study. Another interviewee had moved in with the father 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.

Interviews ranged in length from approximately 30 minutes to over 3 hours. Nearly all participants requested phone interviews; however, three interviews were conducted via Zoom. Only two participants requested interviews in Spanish; one of these ended up speaking English during the interview, the other one was removed from the data set because she reported during the interview that she was not a single parent. All interviews were audio-recorded, transcribed, and coded. The research team used a combination of analytical memos, group discussions, hand coding and a spreadsheet to code and organize findings.

## **Participant Demographics and Backgrounds**

Interviewees whose responses are included in the analyses include one man and 29 women. All reported being parents of the child(ren) in their care. Six interviewees were white (alone); 14 were Latino/a, including one who also identified as white and one who also identified as Native American; 10 were Black, including one who also reported being Asian.<sup>1</sup> Interviewees ranged in age from 23 to 59 (the single father was 59 and the only participant over 44). Eighteen were in their 30s; eight were in their 20s; and three were in their 40s. Overall, the demographics of interviewees were very similar to those of the treatment group, although Latino/as were slightly overrepresented and Black recipients were slightly underrepresented among interviewees.

With one exception, participants had between one and four children; one participant had six children, two of whom were over 18. Twelve interviewees had one child; five had two children; six had three children; and six had four children. Children ranged in age from infants to 17 years old. Nine had children under two, and one participant was pregnant with her second child.

Nearly all participants had completed a high school diploma or equivalent and the majority reported some additional education. Only three had less than a high school diploma/GED. At least five had completed some sort of vocational program, mostly medical billing or medical assistance. One had a bachelor's degree, a few were working on a bachelor's degree, and five reported attending Long Beach Community College.

### *Housing*

Approximately half of the participants lived with only their children, while the other half lived with partners (who are not the other parent of their children), family (most often mothers), or friends (two cases). Several reported being unhoused at some point since the GI program began. One mother reported being unhoused since summer 2024, after many months of unemployment; she was still moving between motels, friends', and family members' homes. Another was living with her mother temporarily. Since receiving the GI payments, one mother who had been unhoused had been able to pay a security deposit for an apartment.

In addition to pervasive concerns about rising rents, interviewees shared three common issues with their housing. First, half of the interviewees described overcrowded apartments: participants with two or fewer children often lived in a room/studio or one-bedroom apartment. For example, Candace<sup>2</sup> and her five year old daughter lived in her mother's living room, while Kristine and Harper each lived with their four children (from babies/toddlers to teenagers) in two-bedroom apartments. In some cases it was hard to distinguish between participants who were in stable but over-crowded housing situations, and those who were essentially unhoused and staying on someone's couch temporarily. One mother reported she had used the GI money to help her move to a larger place and another reported moving out of her mother's apartment when she received a housing voucher.

Secondly, approximately one-third of interviewees described broken appliances, plumbing issues, mold, and/or problems with rodents or roaches. In total, nearly half reported living in a run-down apartment, or discussed landlords who were unresponsive to reports of housing



issues. Two had recently moved out of what they described as “bad” housing situations into better ones. Third, approximately 20 percent reported concerns about the area where they lived and their children’s safety, often referring to high rates of crime nearby; one reported that her daughter had been attacked outside their home.

### *Employment*

Unlike Phase I interviewees, almost three-quarters of Phase 2 interviewees were not employed in any regular capacity. A couple participants sometimes did “gig” work—but they did not report any earnings in the past month or more, so are counted among the unemployed. About half of the employed participants worked 20 hours or less a week and the other half worked over 20 hours a week. Of those interviewees who reported no earnings of any kind, one received SSI, one received “EDD” (presumably worker’s compensation) after being injured at work, and another was in the midst of a high-risk pregnancy. Four parents—three of whom did not report earnings—had children who received SSI; one other parent said she received assistance for a child with autism, which she used to pay her mother to provide care for him while she worked. Many of the other parents without earnings had children under age 4. Most unemployed parents who did not have a disability, a child four or under, or a child with a disability, were looking for work.

Other than the guaranteed income payments, and the limited earnings and disability-related income discussed above, participants relied heavily on CalFresh and CalWORKs to survive. At least 25 families received CalFresh/SNAP. Seventeen parents reported receiving CalWORKs or “cash aid.” Nine had housing assistance, mostly through the Housing Choice Voucher Program (Section 8). Several also mentioned WIC, and a couple reported receiving child support from their child(ren)’s father—either formally or informally. Five talked about assistance from family members or food banks, etc., and one who was in school received financial aid that was used to contribute to household expenses.

### **How Participants Used the GI**

As with Phase I, interviewees reported that they used the GI primarily for rent, bills, and basic necessities. Thirteen participants said they used at least some of the money for rent, and an additional four specified that they were using it to pay back rent, or as a rental deposit. Kristine, a white mother of four, said of the GI money:

I put it towards my rent every month and that's the only way I'm able to pay my rent because I don't have enough income. I don't know what I'm going to do once that stops.<sup>3</sup>

Similarly, when asked about the most significant impact of the GI for her, Jessica, a white mother with one child, said, “It’s mattered the most because it’s been able to keep a roof over our heads.”

Thirteen interviewees talked about paying bills with their GI payments, including gas, electric, phone, internet service and car insurance. Eight mentioned food the first time they were asked about uses of the GI, and eight additional participants mentioned using it for food later in the interview. Toiletries and household necessities were also mentioned by many participants.

Fourteen participants reported using some of the money to pay off debt or overdue bills, including rent and utilities. When asked about her debt situation, Harper, a white and Latina mother of four, said,

I haven't paid off that debt, but I haven't fallen behind on my bills either; I have stayed afloat. It's better [with the GI] because I'm not behind as much.

Jada, a Black mother with two children, said of the GI,

It has helped me to catch up on my rent and, you know, put more food on the table beside our food stamps...It typically runs down within like the last couple of weeks...So it's helped with...extra food or little household items like, you know, toiletries and toothpaste and things like that that we may need.

As with Phase 1, parents also reported using some of the money to buy things for their children. These expenditures included buying a child a bed and mattress, purchasing a phone for a 16-year-old, buying instruments for a child, and paying for school activities and extracurriculars. They also included a range of family-oriented activities and small treats. Parents talked about going to the movies and buying their child something from Starbucks. Mothers frequently described their use of the GI to do special things with their children:

Honestly, I feel more financially stable, like I feel like I'm able to do more than I was able to before. Like now if my kids want to go watch movie, we'll get to go watch that movie...[I'm] able to do things that I want to do with them. (Luisa, Latina, six children)

Yeah, we've been able to do more fun activities and buy, like, little arts and craft stuff to spend time with each other more, you know. (Sandra, white, two children)

Well, I'm definitely using it to take care of my regular everyday things. I think it really helps with being able to give my daughter like a curricular activity and she is 5... I've been able to just give her experiences ... I put her in dance class, movies.... It's one thing [to] be able to like, put the clothes on the back and feed em' right--that's the parents' necessities of taking care of a child . . . and of course, then mentally stimulate them and emotionally support them is, and that's most important I think, like I said, with her being at her age and being able to have experiences is what I'm really big on. And so I think that's just one of the most, if not the biggest thing. (Candice, Black, one child)

In addition to housing, food and other necessities, and a range of things for their children, participants reported a number of other ways they spent the GI payments. These included three mothers who reported using the money for a housing deposit or other moving expenses to relocate to better living situations, including one who had been homeless. One used it to help her establish a business. Another mother used some of it for dental work. Three used or were saving some of the money for educational expenses for themselves, including for textbooks and computers. Melody, a white mother with a 16-year-old daughter, said:

Yeah. I mean, it's allowed me go back to school to be able to have a career at some point and not be so strapped for cash. It's literally helped me like be able to have a future right now. That to me is like huge. It's like .... I don't know. Otherwise, I think I'd just be sitting here wasting away doing nothing still.... if I didn't have this.

Penelope, a Latina mother with young children who was enrolled in community college, described the life-changing impact of the program:

I would just like to let [those in charge of the Long Beach Pledge] know how much it has made an impact ...in my family, in myself, for my household, and it has been like an extra hand for me, you know. ... I have been taking advantage of it by paying the things that I need to pay like I mentioned, I mean not receiving financial aid, this has helped me pay for my books, pay for my enrollment fees, my health fees for everything, every fee that I have for school, and without this, I'd probably maybe be homeless or something with my two kids in a shelter or something.

### **Health, Health Care, and Impacts of the GI on Participants' Well-being**

Nearly all participants had Medi-Cal; only one specifically said she did not have insurance, which was surprising because she was receiving CalFresh. When asked about their physical health, nearly half reported chronic conditions, including high blood pressure, diabetes, epilepsy, gynecological issues, and, most commonly, migraines. About two-thirds reported not getting enough sleep, with many of these mentioning stress and anxiety as the cause. Not all interviewees were open to discussing their mental health during their interview; despite this, about half (n~15) did say that they struggled with their mental health. Participants talked about depression and anxiety, often severe, for example saying they had trouble leaving the house, or saying that they felt sad or hopeless most of the time. Several had diagnoses of PTSD, bipolar disorder, postpartum depression (currently or previously) and/or borderline personality disorder. About 40 percent of interviewees talked about trauma in their pasts, including multiple participants who talked about domestic violence and/or sexual abuse. Forty percent also reported some type of behavioral or mental health issues with one or more of their children. In many of these cases, one or more child had an IEP or was being evaluated for one, typically for autism spectrum disorder or other neuro-cognitive issues. Several parents also reported that their children were trauma survivors, and a few parents said one or more of their children had PTSD.

While participants often indicated that their mental health struggles stemmed from past traumas, they were also clear that financial and related parenting stresses profoundly impacted their mental well-being. In turn, the GI money was a key source of support for many families and had notable impacts on parents' stress and mental health. The following are representative quotes by parents when asked about the impact of the GI on their own well-being:

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 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)

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)

I feel like I'm less stressed about the rent—because I know it goes up every year. Um, and I was having a really, really hard time trying to like get everything together, make ends meet, um, and I feel like it makes, not only me happier, but my kids as well because I know, like they feel the stress that you have; so it's helped me a lot (Denise, Latina, four children).

Less stress of how I'm going to pay for stuff. Like how I'm going to pay for diapers when I don't have any. Um, how I'm gonna pay my credit card debt. Like it, it gives me a relief knowing that this money is coming in and I can rely on it. (Maribel, Latina, two children)

So, it has really helped me. I wish it could last longer, but I know that everything has to come to an end, but yeah, it has. 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)

Not only did parents describe a decrease in stress and anxiety, they also talked about the impact of the GI on their children, their parenting, and their relationships with their children. Michelle, a Black mother with four children who had been homeless prior to the GI, which she said allowed her to put down a deposit on an apartment, said “I feel like I'm ... less stressed, so I can focus on the happiness of them.” Mothers’ responses showed how focused they were on their children and how hard they tried to provide for them, and to engage with them in meaningful ways. The additional \$500 a month improved their ability to house and feed their children, and to provide fun excursions. Additionally, the extra income decreased their stress which improved their ability to engage with their children with patience and joy.

Lorena, a Latina mother with three children, described being “really depressed before” the GI. She said with the GI “it’s been possible to take [my children] to the movies and like little things like that...” Asked about her stress level, she talked about how the GI had decreased her stress and improved her ability to parent her children:

Well, before it was like really high.... I have the tendency of like, when I get stressed I'll bite my nails to the nub, uh, I freakin' eat, um, I eat a lot, or I get irritated like for everything, and I don't do that anymore, like I rarely yell. I guess I'm more patient. I make sure like it gives me, I guess it's just given me a little bit of life. Like, I make sure my, my house is clean all the time, I make sure that my kids are good. Um, my little one, he's always eating so he eats a lot of fruit, like all the time so I'll have mangoes and apples and oranges and all that stuff. And then my older one, he can eat, but he likes to eat like meat and food and stuff, um, like I always make sure that they have what they need and they come home to a clean house and you know, clothes and everything.

Denise, a Latina mother with four children, similarly described the impact of the GI on her and her children. Asked about her relationship with them, she said:

Yes, I feel like it got better, because kids, when they're like, "can I get this?" And you tell them no, like [they] don't like you, so I feel like, you know, like, hey if you guys want to go to 5 Below [a discount store aimed at youth], I have a little bit of extra money and you guys can all get like one or two things and [it] makes them very happy—really, really happy. Or... do you guys wanna eat out today, you know, I have a little bit of extra money and, you know, they get very happy like, "yeah yeah yeah, let's go mom!" ... So they're a lot happier and I feel like I'm a lot happier as well because I'm seeing that they're very happy.

Of course, parents knew that the GI program was temporary, and some had begun to worry about what would happen when it ended. A few parents focused on being grateful for the program while it lasted, yet the vast majority reported feeling stress, sadness, or worry about its conclusion. Many responded both with gratitude and anxiety. When asked how she felt about the payments ending after a year, Amber, a white mother of three, said she was hoping that the program might continue and also help others. She said: "I'm devastated. I was going to see if there's some kind of way to reapply, but ... I wanted somebody else, too, to actually have that opportunity, you know? Hmm. But it's devastating." Parents were particularly worried about paying rent; several talked about the impact it would have on their children, including one who talked about the psychological impact on her 16-year-old daughter when she wouldn't be able to afford the same simple expenditures as her friends.

A few interviewees talked about preparing for the program's end. Monique, a Black mother of one, said she was trying to get caught up on bills and buy supplies for the future. She said of the program's end, "we won't have that extra little cushion, but by that time, like I said, we ... already paid up the utilities and you know, we got a significant amount of little toiletries and stuff." Kristine, a white mother with four children, also talked about preparing in advance: "I'm kind of trying to prepare to replace the supplemental [income] that I've been receiving..." When asked about the impact on her family she said "I just don't want the kids to think that I'm worried... or that I'm stressed out about money. I just don't [want] them to see... Mommy crying 'cause she can't pay her rent and the landlord is pressuring her."

## Perspectives on the Long Beach Pledge

Toward the end of each interview we asked participants how they heard about the GI program, experienced the application process, and felt about the program. As we found in Phase 1, participants reported a wide range of ways they learned about the program, most commonly via social media (Instagram and Facebook) and through their social networks, including friends, family, and others (e.g., a neighbor, a therapist, a domestic violence support group). The frequency with which participants learned about the program through social networks highlights the importance of social connections for accessing community resources. Additionally, a couple participants reported learning about the program from the news, and a couple reported finding the program when they searched the internet for assistance. The variety of responses underscores the importance of publicizing such programs in various venues; in fact, at least two participants recommended better advertising of the program—including more advertising in traditional formats rather than mostly on social media.

Overwhelming, participants responded that the application process was easy and they were able to complete it on their phones. Some commented that the application was less intrusive than the process of applying to other programs. For example, Zara (who, like many respondents, conflated the research team with the program administrators) said, “You ask[ed] simple questions, which I liked. I didn't feel like I was giving you my whole life story, or my whole life history in one application.”

Most participants expressed gratitude for the program. In some cases, they noted how this program was different from other assistance they had received or knew about. For example, Valerie said:

Yeah, like the program in general is like huge blessing... I had never heard or been a part of a program like this. I didn't know it existed. So when I applied, and I got approved, it was like amazing...I don't think I could compare it to another program because I've never seen anything like this, so I would say, like the fact that it exists is so amazing and it's a huge, huge blessing.

Participants appreciated that the money could be spent however they chose and that it came reliably on a given day. Although at least one participant would have preferred it to arrive on the first of the month, more liked that it came in the middle of the month (often when they were running low on other sources of income). Harper said,

I'm just so grateful for getting picked, and I feel like it helped me out a lot—like it was at the right time of the month, it wasn't at the end of it, it was right in the middle. That's usually when things are like rough, you know, like, [early in the month] you're fine and you're OK, but the middle is like, OK, I need just a little extra and it was just comforting, you know, to know, it was gonna be ok. And then it was also nice to know that I would have this coming for the year.

When asked what would make the program better, by far the most common response was the desire for the program to last longer, or to be recurring, with the possibility of re-enrolling. Some participants called for the program to continue until people were able to “get on their feet.” For several respondents, other types of assistance were requested, including more help with rent (two people), help with transportation (one person), and activities for families to assist stressed parents with their mental health (one person). Asked a more general question about what struggling families in Long Beach needed, at least half of participants specifically mentioned the need for housing assistance; while financial assistance for rent was the most common response, some also mentioned the need for safe, quality housing. Housing-related assistance was the greatest need shared by participants. A couple people also mentioned—either in relation to the Long Beach Pledge or community needs in general—that families could use assistance filling out applications, managing finances, or learning about state and community resources. These comments echo the requests for case management that we saw from several participants in Phase 1.

## **Conclusion**

Phase 2 respondents were similar in many ways to Phase 1 respondents—particularly in how they used the GI payments and in the ways they worried about and cared for their children. Interviewees used the money predominantly for essentials: food, rent, overdue bills, and other necessities. A few respondents in both phases talked about using the money for larger expenses that they would not have been able to afford otherwise—in Phase 2, this included furniture, computers, and dental work. Many respondents reported using some of the money for their children, including extracurriculars and clothes, as well as for treats and family activities.

There were a few noticeable differences, however, between the two phases. Fewer Phase 2 respondents were employed; as explained above, nearly all of those without employment had young children at home or were impacted by their own or their child(ren)’s disability, which made working difficult or impossible. Several participants were unhoused or living in very precarious, doubled-up situations; and a couple had secured housing, or more stable housing, since the program began. While Phase 1 interviewees also navigated insecure and overcrowded housing, there seemed to be greater housing insecurity, overall, in Phase 2. In both Phases, there were interviewees and children with chronic conditions or, in the case of children, with neurocognitive disabilities; yet, children with disabilities were more common among Phase 2 participants, with several reporting SSI receipt for their children as a result of their disabilities. Another difference was that several Phase 1 respondents reported finding employment during the first few months of the program—and in several cases this employment appeared to lift them above the poverty threshold. Overall, Phase 2 respondents did not report improved employment since the program began, but several had, as in Phase 1, used some of it to further their education or for their own business.

Parents in both phases worked hard to meet their children’s most basic physical, emotional, and other needs. This often included efforts to shield their children from the stress of poverty, insecure and overcrowded housing, and often, the trauma and health issues the mothers—and sometimes the children—faced. Overall, Phase 2 participants seemed to face even greater hardships than families in Phase 1. The interviews highlighted both the incredible resilience of these parents—nearly all mothers—and also the extensive needs of these families, which went well beyond what \$500 dollars a month, for only a year, could possibly meet.

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<sup>1</sup> Participants used a range of racial/ethnic identifiers, including “Caucasian,” “Mexican,” “Guatemalan,” and “African American,” which we have combined into standard sociological racial identifiers. The participant who is Black and Asian specified her ethnic background, which we are leaving out to protect her identity.

<sup>2</sup> All names are pseudonyms.

<sup>3</sup> Quotations have been lightly edited for clarity and readability. For example, some filler words such as “um” and “like” have been removed. Longer phrases that have been removed are indicated with ellipses.