



COMMUNITY
INVESTMENT
FOR FAMILIES
DEPARTMENT

Paths to Prosperity



CENTER FOR GUARANTEED
INCOME RESEARCH
Social Policy & Practice
UNIVERSITY of PENNSYLVANIA

UCLA
Fielding
School of Public Health

BIG: LEAP

The City of LA's

Guaranteed Income Pilot Program

A white silhouette of the United States is centered on a dark blue background. A blue location pin is placed in the Los Angeles area, with several thin white lines radiating from it. The text 'BIG:LEAP' is written in a large, bold, dark blue font across the middle of the map.

BIG:LEAP

3,200 Participants

\$1,000 per month

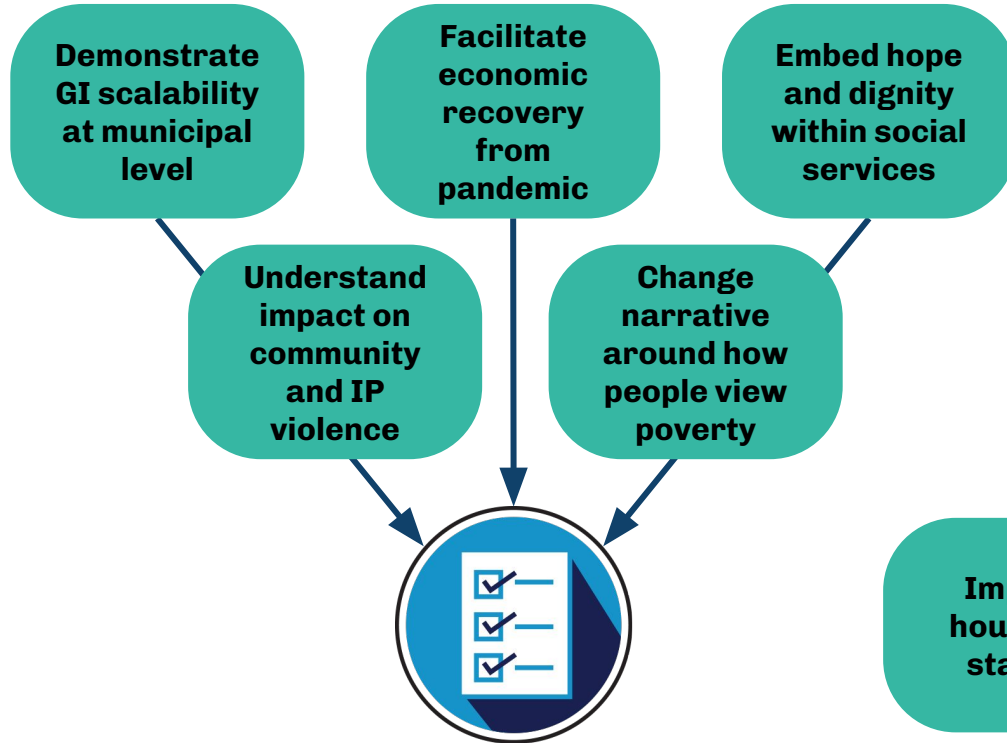
12 months

No strings attached

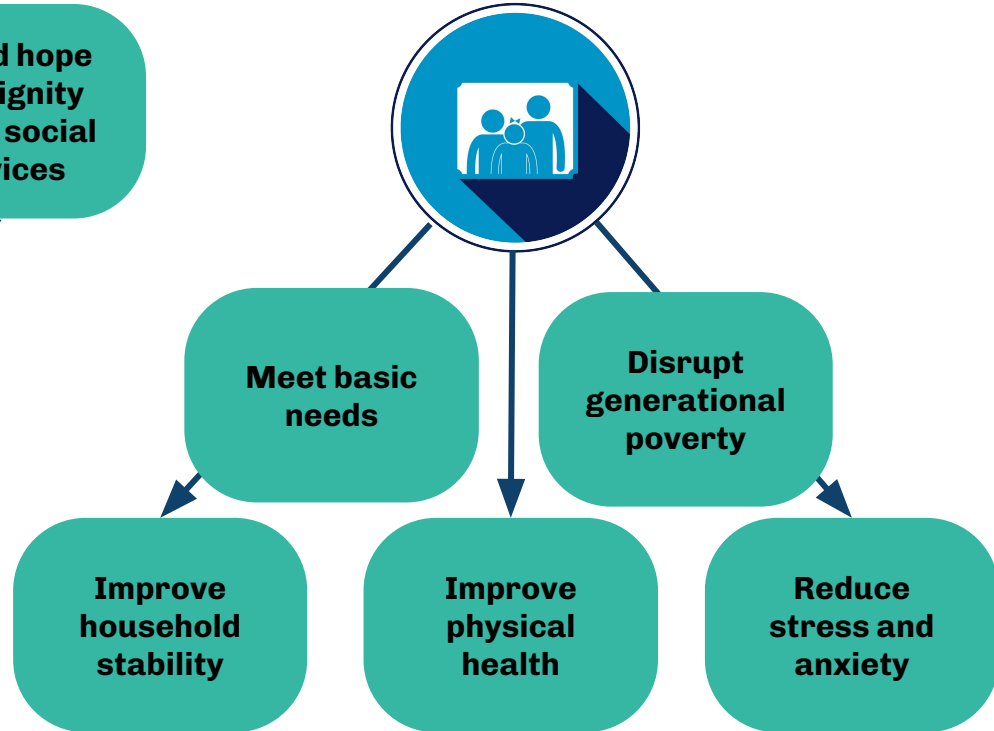
LOS
ANGELES

WHY BIG:LEAP?

Program Goals

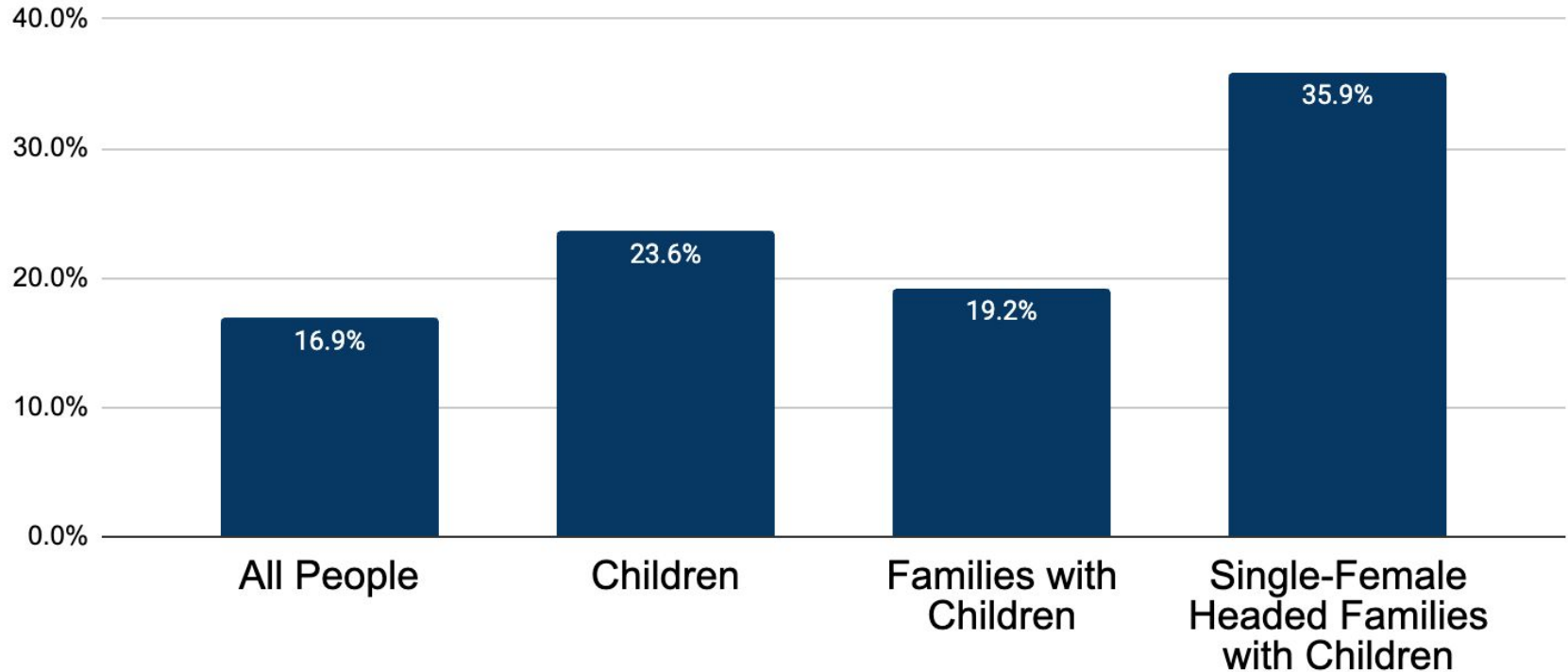


Participant Goals

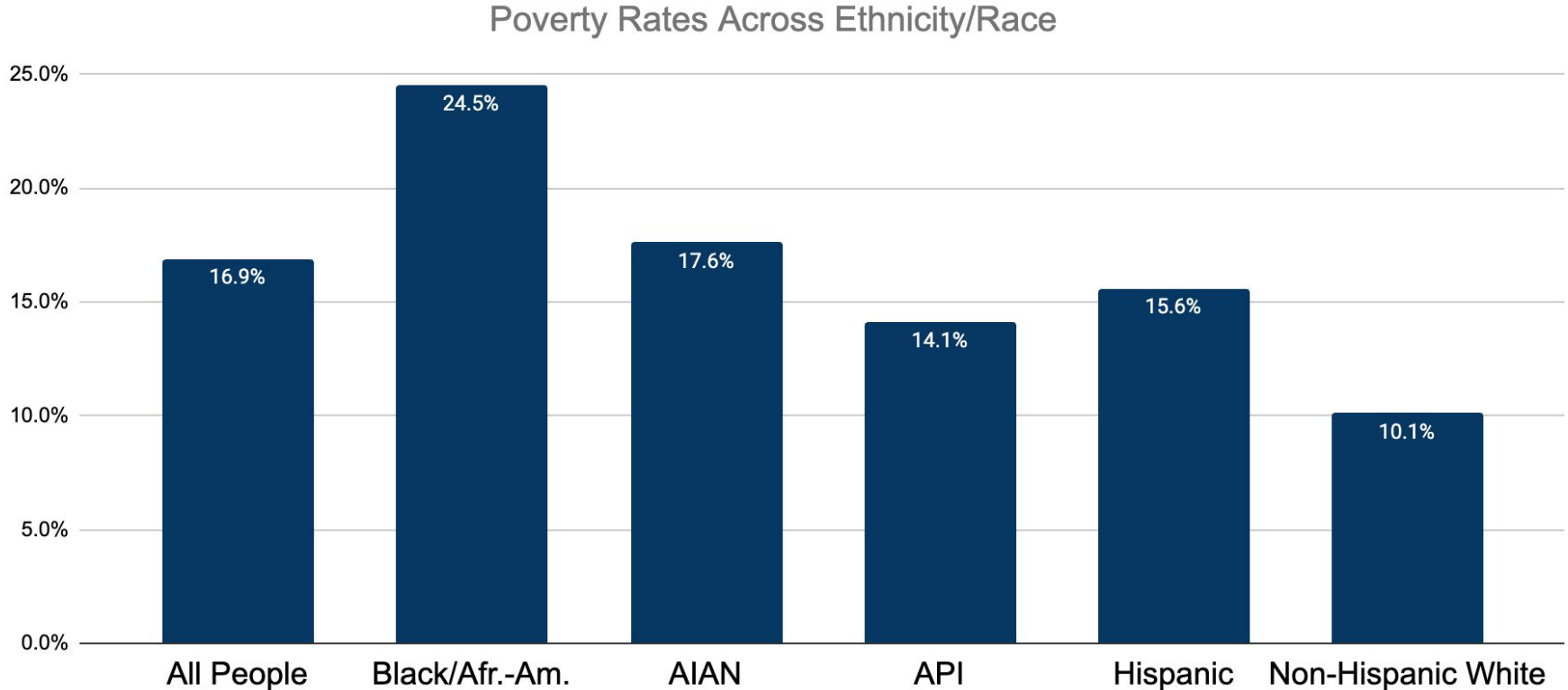


LOS ANGELES POVERTY RATES ACROSS POPULATIONS

Poverty Rates Across Populations



LOS ANGELES POVERTY RATES ACROSS ETHNIC/RACIAL GROUPS



CREATION OF BIG:LEAP



MAYORS FOR A
GUARANTEED
INCOME



BIG:LEAP

Feb
2019

Mar
2020

Jun
2020

Apr
2021

Jan
2022

SEED Program

Former Mayor Michael Tubbs launches SEED in Stockton, CA where 125 participants receive unconditional payments of \$500 per month for 24 months

COVID Pandemic

Outbreak of the COVID-19 pandemic, creating overlapping health and economic crises in Los Angeles

MGI Founded

Mayor Tubbs creates Mayors for a Guaranteed Income; former Mayor of Los Angeles Eric Garcetti is one of the 11 founding members

LA GI Proposed

Former Mayor Garcetti proposed a \$24M Guaranteed Income program in Los Angeles; budget supplemented by City Council funds, totalling \$38.4M

BIG:LEAP Launch

CIFD launches BIG:LEAP - program participants are selected, notified, and enrolled, and monthly \$1,000 payments begin

ELIGIBILITY CRITERIA

Individuals selected for participation met **five basic criteria**:

Reside in the boundaries of City of Los Angeles (use of public funds)

Be 18 years of age or older (research consent)

Have a dependent child or be pregnant at the time of application (department goals)

Have annual income below the Federal Poverty Level for family size (department goals)

Experienced economic or health hardship related to COVID-19 (pandemic recovery)

APPLICATION PERIOD STATISTICS

CBO Partnerships

400 staffers representing over **90** community organizations attended webinars that shared information on how to support BIG:LEAP applicants

Website Traffic

Bigleap.lacity.org received over **250,000** visits during the program application window (October 29th - November 7th 2021), driven by media and CBO partnerships

Pre-Screening Tool

Over **100,000** people completed the pre-screener self-certification tool which verified they met the five eligibility requirements

Applications

Over **50,000** people went on to complete the application, providing basic information and completing the initial research survey

PARTICIPANT ENROLLMENT PROCESS



Assignment

Participants were assigned to their nearest FamilySource Center location for in-person enrollment appointments

Notification

Participants were notified of their selection into the program via email, call, mail, and/or text

Appointment

Participants made an enrollment appointment online during the designated window

Verification

Participants attended enrollment appointments to verify eligibility documentation and receive optional benefits counseling

Completion

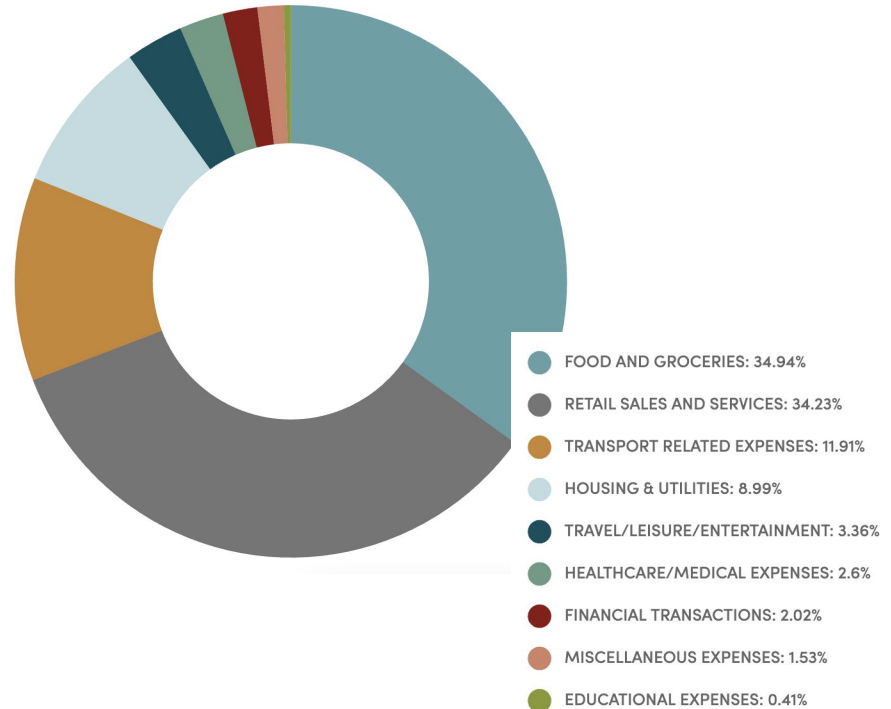
If successfully enrolled, participants were provided their debit card on which they received the monthly funds

SPENDING DATA

Highlights

- \$37.8M out of \$38.4M (98.4%) of program funds have been spent
- Of that \$37.8M, \$25.8M (68.2%) was taken out in cash, in line with other similar programs; this spending will be analyzed as part of the research surveys
- **The \$12.0M (31.8%) in program funds spent via card swipe is trackable and broken down by category on the right**
- The four most common trackable spend categories - basics such as food, household goods, transportation, and housing costs - make up 90%+

Card Swipe Breakdown



POTENTIAL IMPACTS OF GUARANTEED INCOME ON PLHIV

Meet Basic Needs

Create income predictability, reducing financial distress and allowing program participants to determine and meet their most pressing needs.

Access Treatment

Overcome barriers to accessing consistent healthcare, such as transportation, taking time off of work, paying for treatment, and more. Also has implications for prevention.

Promote Stable Housing

Help afford stable housing, reducing the negative impacts of unsafe housing or homelessness on an HIV diagnosis.

Foster Healthy Lifestyle

Provides space and time to adopt healthier lifestyle habits from their point of view, food options, exercise, and mental health treatment.

RESEARCH CONTEXT

First large-scale RCT of unconditional cash positioned to determine how much change can occur in 12 months.

First RCT in North America studying GI, IPV, and community violence since the late 1970s.

Establishes implementation possibilities for government-led scaling of cash with public funding, public resources, and infrastructure across a diverse population hovering at or below the deep poverty line.



For more on violence and unconditional cash in the 1970s Mincome experiment: Calnitsky, D. & Gonalons-Pons, P. (2021). The impact of an experimental guaranteed income on crime and violence. *Social Problems*, 68 (3), 778-798.

UCLA

Fielding School of Public Health

Community Health Sciences



CENTER FOR GUARANTEED
INCOME RESEARCH
Social Policy & Practice
UNIVERSITY OF PENNSYLVANIA

KEY RESEARCH QUESTIONS

Primary Research Questions

1. How does GI affect participants' quality of life?
2. What is the relationship between GI and participants' subjective sense of self?
3. How does GI affect participants' income, and through what mechanisms?
4. How does the implementation of GI inform the existing safety net?

Additional Research Questions

1. What is the relationship between GI and intimate partner violence?
2. What is the relationship between GI and community interactions and safety?

	Treatment (n=3,202)	Control (n=4,992)
Age	37	37
Gender		
Female	80%	77%
Male	20%	22%
Average # of Children in Household	2	2
Ethnicity		
Hispanic or Latino or Spanish Origin	46%	45%
Black	27%	27%
White	15%	14%
Two or more races	5%	4%
Other race	4%	4%
Asian or Asian American	3%	4%
American Indian and Alaska Native	0%	1%
Annual Income		
Mean	\$14,273	\$14,476
Median	\$15,336	\$15,357

Background & Demographics

Los Angeles (2022):

- **Population: 3,820,914**
- **Median Household Income: \$76,244**
- **Poverty Rate: 16.6%**

CHANGE & DECISION-MAKING: IMMEDIATE SAFETY

Months 1-6:
Alleviating
Material
Hardship and
Establishing
Immediate
Safety

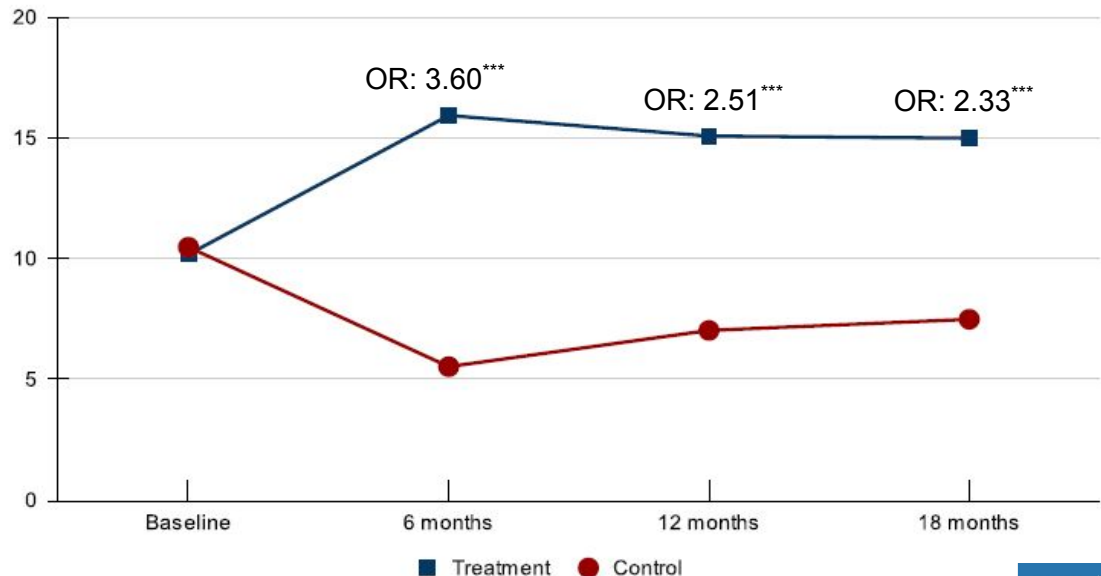
- Meeting Basic Needs, Securing Housing, Avoiding Violence & Homelessness
- Bundling Benefits & Local Programs

“I wasn’t going to worry about buying food anymore. I could live on the street, but my children can’t. And to leave a golden cage...If I had stayed there my children would have been left without a mother.”

HOW DOES GI AFFECT PARTICIPANTS' QUALITY OF LIFE?

Table 3: Household's Ability to Cover \$400 Emergency Expense (in %)

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS	
	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL
No	89.82	89.52	84.07	94.47	84.92	92.97	85.01	92.51
Yes	10.18	10.48	15.93	5.53	15.08	7.03	14.99	7.49



Financial Well-Being

Treatment group participants were more likely to be able to cover a \$400 emergency throughout the study, and 6 months after payments ended.

ICC ranged .001 ~ .016

HOW DOES GI AFFECT PARTICIPANTS' QUALITY OF LIFE?

Emotional Well-Being

GI recipients reported significantly lower levels of stress at 6 months, and 12 months, but slightly higher levels at 18 months. GI recipients were also more likely to report higher levels of psychological distress than control participants at 12 months and 18 months.

Across all observations, participants in both the treatment and control groups scored within the range indicating a mild mental health disorder, like anxiety or depression.

Table 9: Perceived Stress Scale

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS	
	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL
Mean	8.07	8.04	7.63	7.78	7.78	7.80	7.91	7.75
Median	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

Table 10: Trends in Psychological Distress—Kessler Psychological Distress Scale

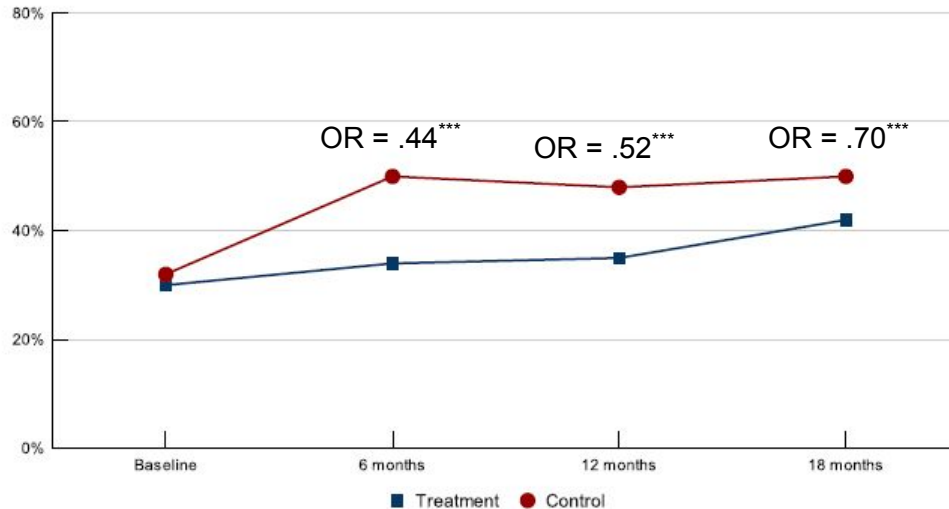
	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS	
	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL
Mean	23.50	23.71	21.77	21.73	22.24	21.69	22.84	21.80
Median	22.00	22.00	20.00	21.00	21.00	21.00	21.00	21.00

HOW DOES GI AFFECT PARTICIPANTS' QUALITY OF LIFE?

Table 8: Trends in Food Insecurity—Having to Eat Less Food

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS	
	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL
No	69.55%	67.83%	66.11%	50.38%	64.83%	52.14%	58.00%	50.26%
Yes	30.45%	32.17%	33.89%	49.62%	35.17%	47.86%	42.00%	49.74%

Figure 7: Affirmative Responses to the Question, “In the past 4 weeks, did you or any other household member have to eat less in a day because there was not enough food?”



Food Security

Treatment group participants were significantly less likely to report eating less food due to resource scarcity than control group participants at 6-months, 12-months, and 18-months.

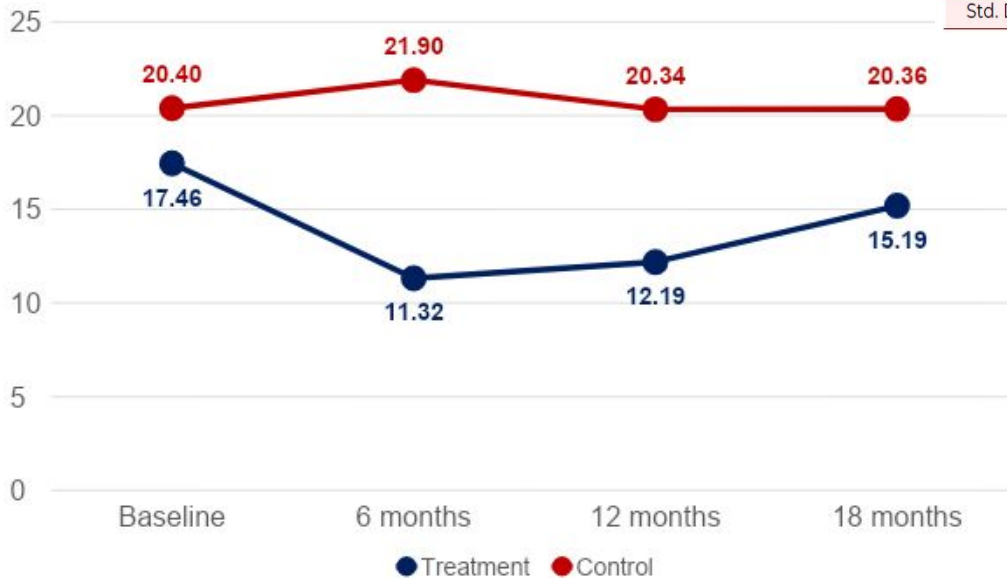
ICC ranged 0 ~ .002

ESTABLISHING IMMEDIATE SAFETY: IPV

Table 17: Composite Abuse Scale—Total Score (0 - 75)^a

Composite Abuse Scale Over Time

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS	
	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL
Mean	17.46	20.40	11.32	21.90	12.19	20.34	15.19	20.36
Std. Dev.	22.93	23.95	18.60	24.11	21.06	25.97	23.38	24.22



- Overall, GI recipients reported lower levels of total IPV scores than control participants during the study period.
- The difference was statistically significant at the 18-month follow-up.
- Distributing the GI to an identified individual instead of to the household was key for providing a pathway for women to leave dangerous relationships.

For more on logic of providing GI directly to an individual instead of the household: Miller, A., Yamamori, T., & Zelleke, A. (2023). *The gender effects of a basic income*. In M. Torry (Ed.) *The Palgrave international handbook of basic income*; Gonalons-Pons, P., & Calnitsky, D. Exit, voice and loyalty in the family: Findings from a basic income experiment. *Socio-Economic Review*, 20(3), 1395-1423.

CHANGE & DECISION-MAKING: PROXIMATE SAFETY

Months 6-9: Goal-Setting & Establishing Proximate Safety

- Investing in Children's Well-Being & Mental Health
- Engaging in Reciprocity & Mutual Aid
- Community Engagement & Investment

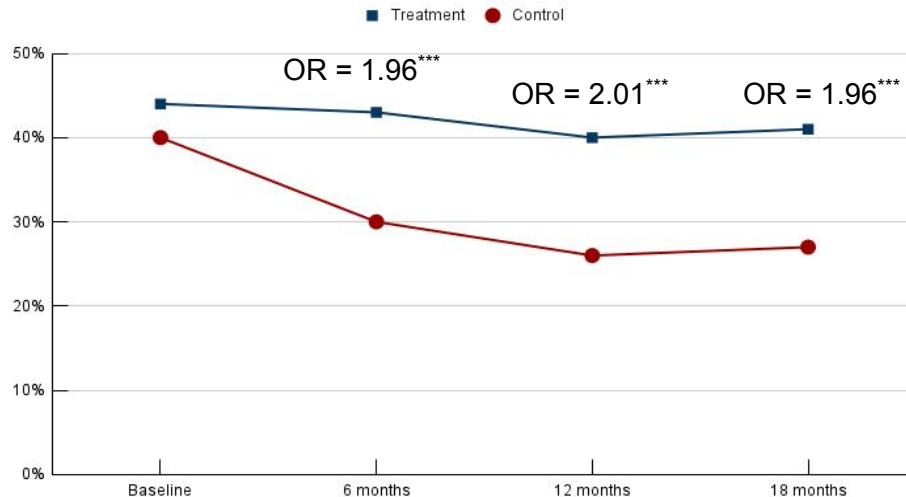
“One time there was a family who – their transmission went out, and they’re street vendors, and they’re very good friends of mine and I just saw how much they were struggling, and stressing out of how to fix their car, because that’s how they make money to survive. And, so, I offered to give them that month’s income [the GI], so that they can pay for their transmission. I would never have been able to do that on my own— on my own income.”

ESTABLISHING PROXIMATE SAFETY: ENRICHMENT

Table 22: Trends in Child Participation in Enrichment Activities by Type

	BASELINE		6 MONTHS		12 MONTHS		18 MONTHS	
	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL	TREATMENT	CONTROL
Sports	25.89%	25.18%	29.58%	24.42%	27.42%	20.89%	29.54%	21.96%
After-school lessons	21.36%	19.19%	21.64%	10.40%	21.61%	11.58%	21.39%	11.24%
Clubs/Organizations	21.96%	20.45%	21.17%	22.48%	22.61%	19.27%	20.89%	12.24%

Percentage of participants that had their children in at least one enrichment activity



- Far more GI recipients reported that their children participated in enrichment activities, such as sports, lessons, and clubs, than control participants
- This trend was consistent across all enrichment activities
- Narrative data indicated prioritizing enrichment was key for parents in prioritizing safety and nurturing environments.

ESTABLISHING PROXIMATE SAFETY: COMMUNITY ENGAGEMENT AND ENVIRONMENT

Figure 8: Average Score for the Neighborhood Interaction Items for Each Group at Each Point in the Study

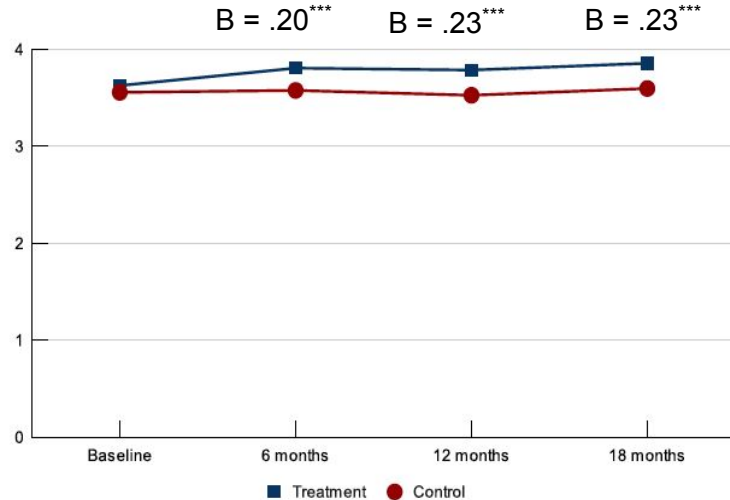
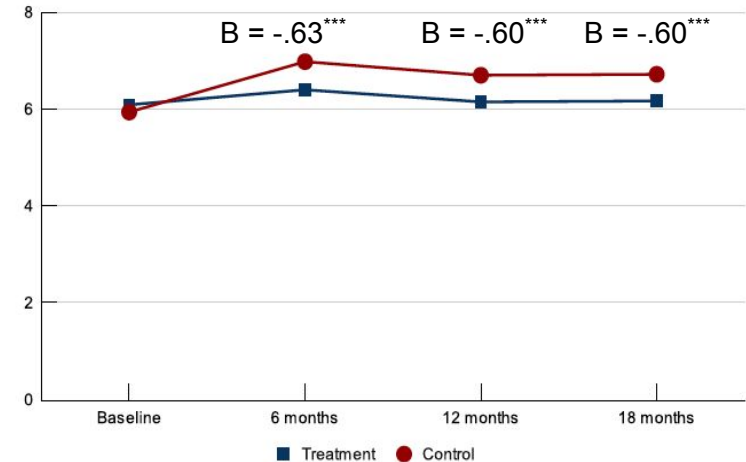


Figure 9: Average Score for the Neighborhood Victimization Items for Each Group at Each Point in the Study



- GI recipients reported significantly more positive engagement with neighbors at 6 months, 12 months, and 18 months.
- GI recipients were also significantly less likely to perceive safety issues than control participants at 6 months, 12 months, and 18 months, even though treatment participants were significantly more likely to worry about safety at Baseline.
- ICC ranged .002 ~ .003

CHANGE & DECISION-MAKING: FUTURE SAFETY

Months 9-12: Anticipating Material Hardship and Establishing Future Safety

- Education
- Employment
 - Planning
- Entrepreneurship

“...that I know I need for the future which is my soaps, my towel, my shampoos, and almost all the things that get used up, toilet paper, dish soap, things we need in the house... like rice, beans, everything to supply me... help is going to end... I prepared myself by paying in advance. I paid for the electricity. I still have an electricity credit. I gave the gas in advance, I paid my bills in advance... So, I anticipated all that. Secure first everything for the house.... So that’s what I did, took precautions.”

INFORMING THE EXISTING SOCIAL SAFETY NET

- BIG:LEAP program took care to **protect existing benefits.**
- Participants leveraged the GI alongside **existing public benefits and social programs** (e.g., SNAP, WIC, unemployment insurance, housing and utility assistance, mental health support, etc.)
- **GI acted as a super-vitamin**, filling gaps in the traditional safety net, rather than replacing it.



PRACTICE AND POLICY IMPLICATIONS

- **Guaranteed Income** provided agency to participants to use for what was best for them
 - A new way of considering how social safety benefits are administered
- **Poverty has intergenerational negative impact**, largely contributing to health inequity
 - Parents put money towards children and their health
 - Examining role of guaranteed income in achieving health equity
- **Embed in existing systems:** Trust and uptake was bolstered through use of known city-based services, e.g. Angeleno Card, FamilySource Centers
- **Leverage prevention opportunities:** GI could be paired alongside existing prevention and intervention services for families at risk for IPV and housing instability – a super-vitamin approach
- **Consider longer duration:** Potentially stronger outcomes in housing and employment with two to three year program

Thank you!

CIFD: [LA4families.org](https://www.la4families.org)

UPenn: penncgir.org/research-library

Reach Out: cifd.info@lacity.org