DENVER BASIC INCOME PROJECT
INTERIM REPORT
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Submitted to and in partnership with:
Denver Basic Income Project

Prepared by:
The Center for Housing and Homelessness Research
University of Denver Graduate School of Social Work

Authors:
Daniel Brisson, MSW, PhD
Katie Hoops Calhoun, MSW, PhD
Laura Coddington, MSW
Zachary Jett Flaxman
McKay Johnsen
Stephanie Locke, MSW

Center for Housing & Homelessness Research
UNIVERSITY OF DENVER

EXECUTIVE SUMMARY

The Denver Basic Income Project (DBIP) is a 12-month guaranteed income project designed for 820 adults experiencing homelessness in Denver, Colorado. In October 2022, eligible DBIP applicants were randomly assigned to one of three payment groups. Payment group A participants receive $1,000 a month for 12 months, for a total of $12,000 in a year. Payment group B participants receive $6,500 upon enrollment and $500 a month for the subsequent 11 months, for a total of $12,000 in a year. Payment group C participants receive $50 a month for 12 months, for a total of $600 in a year.

This interim report provides information about DBIP participants at enrollment. The main purpose of the report is to assess balance on payment group characteristics at enrollment. Of note, there was a general balance on participant characteristics across the three DBIP payment groups at enrollment. This report does provide some preliminary information about changes participants experienced from enrollment to a six-month follow-up. However, this report does not provide complete information on the impact of DBIP. The impact of DBIP will be assessed in a final report that will be available in June 2024 after the 12-month program is complete.

Results are reported from 631 DBIP participants that completed a long form survey at enrollment. The average age of DBIP participants at enrollment was 44 years old. Twenty-seven percent of participants identified as Black, 7% as Indigenous, 18% as Latinx or Hispanic, 8% as multiracial, and 34% as White. Forty-eight percent of participants identified as a woman; 81% identified their sexual orientation as “straight”. Ten percent of participants identified as veterans. Analyses indicated that there was general balance across the three payment groups on participant characteristics.

Limited analyses of outcome changes from enrollment to a six-month follow-up are available in this report. One set of analyses was conducted to assess changes in participants’ housing situation. Analyses show that eight percent of DBIP participants reported sleeping outside at enrollment and two percent reported sleeping outside at the six-month follow-up. Twenty-three percent of participants reported sleeping in a shelter at enrollment and 10% reported sleeping in a shelter at the six-month follow-up.

More information on DBIP can be found on the DBIP website http://denverbasicincomeproject.org. Information available on the website includes: 1) a qualitative research midterm report; 2) a DBIP fact sheet; and 3) DBIP soft launch findings.

INTRODUCTION

GUARANTEED INCOME AND HOMELESSNESS

Guaranteed income is meant to supplement income and other cash and non-cash benefits while providing the necessary flexibility and agency over how money can be spent. Two main components of guaranteed income are low barrier access and unconditional use (Castro Baker, 2020). For example, recipients receiving guaranteed income typically do not need to participate in financial literacy courses or maintain sobriety, there are no limits on how the money can be spent, and recipients do not stop receiving the cash transfer if they have an increase in savings, use other supports and services, or have an increase in other income. This low barrier access and unconditional use allows for the flexibility that individuals and families often need to meet their basic needs (Mayors for Guaranteed Income, 2021). Communities across the United States are piloting and testing guaranteed income with various populations such as individuals and families in poverty, mothers in low-income housing, and artists, to name a few.

This interim report explores the six-month progress of the Denver Basic Income Project (**DBIP**), a guaranteed income program responding to homelessness in Denver, CO.

DENVER BASIC INCOME PROJECT

DBIP is a 12-month guaranteed income project for adults experiencing homelessness in Denver, Colorado. In addition to monthly cash transfers, DBIP participants receive a cell phone with a yearlong data plan so they can receive information about payments and participate in research activities, if they choose. The guaranteed income can be deposited directly to a bank account or participants can choose to receive a refillable debit card where the money is deposited.

DBIP participants were recruited through homelessness service-providing agencies in Denver. Homelessness service-providing agencies were intentionally selected, and homelessness service-providing agencies with an explicit focus on serving people of color were prioritized as partners to ensure that the guaranteed income from DBIP would reach those people of color that are over-represented among those counted as homeless in Denver, specifically people identifying as Black and Indigenous. Nineteen homelessness service providing agencies partnered on DBIP and these organizations include large organizations that provide a wide variety of services, small transitional housing organizations, organizations that do outreach to people living unsheltered, and organizations that specifically work with minoritized and marginalized groups including Black and Indigenous People of Color and the LGBTQ+ community. The DBIP partner organizations are listed in the methods section of this report.

RESEARCH QUESTIONS

The **12-month study of DBIP** will address the following research questions. This interim report will provide early findings related to these research questions.

HOUSING

Do people who are unhoused and receive a guaranteed basic income experience improved housing stability compared to a randomly selected active comparison group of people who are unhoused?

FINANCIAL WELL-BEING

Do people who are unhoused and receive a guaranteed basic income experience improved financial well-being compared to a randomly selected active comparison group of people who are unhoused?

Do people who are unhoused and receive a guaranteed basic income experience improved workforce involvement compared to a randomly selected active comparison group of people who are unhoused?

PHYSICAL AND MENTAL HEALTH

Do people who are unhoused and receive a guaranteed basic income experience improved physical and psychological health compared to a randomly selected active comparison group of people who are unhoused?

FAMILY AND SOCIAL NETWORKS

Do people who are unhoused and receive a guaranteed basic income experience improved social support compared to a randomly selected active comparison group of people who are unhoused?

Do people who are unhoused with children receiving a guaranteed basic income report improved child well-being compared to a randomly selected active comparison group of people who are unhoused with children?

PUBLIC SERVICE INTERACTIONS

How does the receipt of a guaranteed basic income impact public service interactions for people who are unhoused compared to a randomly selected active comparison group of people who are unhoused and receive a much smaller guaranteed basic income?

METHODS

RESEARCH DESIGN

This research employs a mixed methods randomized controlled trial design. We gathered both qualitative and quantitative data from people who were randomly assigned to one of three payment groups (described in the "Randomization" section of this interim report). Qualitative data were collected by in-depth interviews and quantitative data were collected through surveys. Three-month qualitative findings from the in-depth interviews were presented to DBIP in July 2023. This evaluation report includes preliminary quantitative survey findings.

SAMPLING AND RECRUITMENT

DBIP participants were recruited through homelessness service-providing agencies located in Denver, Colorado. DBIP intentionally selected partner agencies based on the population served, the size of the agency, and the agency's capacity to partner with DBIP. Ultimately, DBIP partnered with 19 organizations including Atlantis Community Inc., Bayaud Enterprises, Colorado Coalition for the Homeless, Colorado Gerontological Society, Colorado Safe Parking Initiative, Colorado Village Collaborative, Delores Project, Denver Regional Council of Governments, Family Promise of Greater Denver, Joshua Station, MetroDEEP, Mile High Workshop, Rocky Mountain Human Services, Salvation Army, Servicios de la Raza, The Gathering Place, The Reciprocity Collective, Urban Peak, and Volunteers of America.

Eligibility criteria for DBIP participation included being 18 years old or older, accessing services from one of the partner agencies, not having severe and unaddressed mental health or substance use needs, and experiencing homelessness, as defined by DBIP. DBIP intentionally adopted a broad definition of homelessness which includes individuals without fixed, regular, and adequate nighttime residence, which includes the following: living in motels, hotels, camping grounds due to lack of alternative accommodations, sharing housing due to loss of housing, economic hardship, or similar reason, living in cars, parks, public spaces, abandoned buildings, living in emergency shelters or transitional shelters, people whose nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation.

Partner agencies advertised DBIP at their site and talked to clients about participation. Service providers were asked to encourage all clients to apply for participation. The application process included screening for eligibility which asked potential participants their age and birthdate to determine age eligibility, and questions from the BASIS-24 which is a standardized measure for substance use and mental health to determine severe mental health or substance use needs (Cameron et al., 2007). Potential participants were also asked to self-report if they were in current treatment for substance use or mental health issues. The application also asked potential participants where they slept the previous night to determine if their housing status met DBIP's definition of homelessness.

RANDOMIZATION

Eligible applicants were randomly assigned to one of three payment groups: A) $1,000 a month for 12 months, for a total of $12,000 in a year (260 randomly assigned participants); B) $6,500 upon enrollment and $500 a month for the subsequent 11 months, for a total of $12,000 in a year (260 randomly assigned participants), C) $50 a month for 12 months, for a total of $600 in a year (300 randomly assigned participants). Group C acts as an active comparison group to understand what may happen when people receive a much smaller guaranteed income.

Applicants selected for DBIP were notified of their assigned research group and instructed to attend enrollment at the agency where they completed their application. Upon enrollment, participants were invited to engage in research activities. In alignment with unconditional cash transfer programs, participation or non-participation in the research did not affect DBIP involvement in any way.

DATA COLLECTION

DBIP participants were invited to consent to research activities when they enrolled. Cohort enrollment took place over the course of four months, from November 2022 to February 2023, with Cohort 1 receiving their first payment on November 15, Cohort 2 on December 15, Cohort 3 on January 15, and Cohort 4 on February 15.

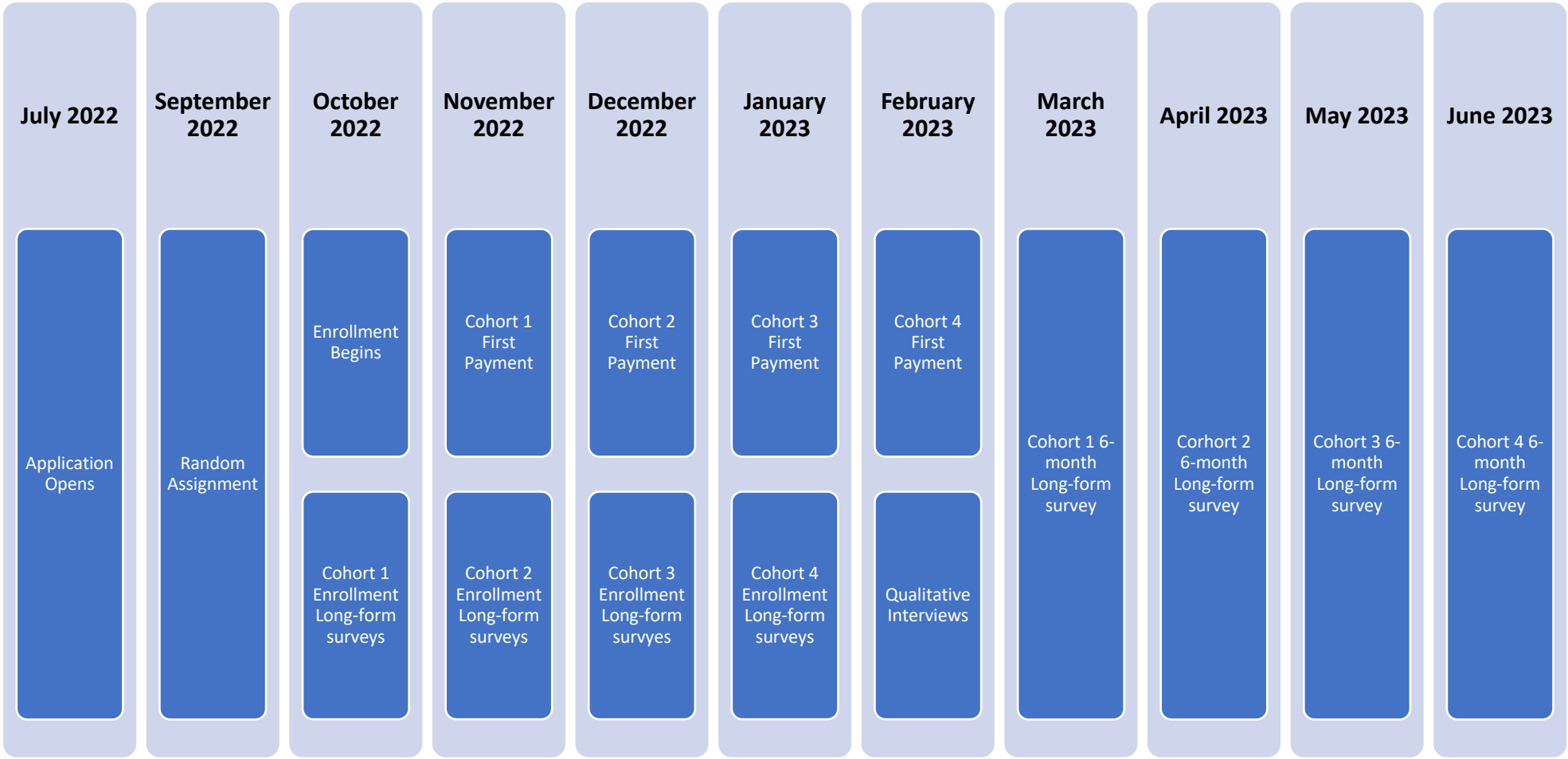
All DBIP research activities are voluntary and participation or non-participation does not impact monthly payments. DBIP recipients who decided to participate in the research were invited to complete various research activities including long-form surveys, biweekly text surveys, sharing spending data, and in-depth interviews.

Upon enrollment, participants were asked to complete a long-form survey which took approximately 20 minutes. Participants were told that they would be asked to complete this survey again six months after enrollment and 10 months after enrollment. Participants receive $30 for each completed long-form survey. The long-form survey measures the following constructs: housing, employment and financial health, physical and mental health, service use and public service interactions, and family dynamics.

Participants were also asked to complete text-based surveys on a biweekly basis. Text-based surveys take approximately five minutes to complete, and participants receive $5 for each completed biweekly survey. The biweekly text surveys measure the following constructs: housing, service use, mental health, and employment.

This interim report includes findings from analyses of the long-form surveys at enrollment and six months after enrollment. The final report will be released in June 2024 and will include findings from all data sources.

DATA COLLECTION TIMELINE FOR INTERIM REPORT



ANALYSIS

It is important to note that because this is an interim report all findings should be interpreted as preliminary and should not be used to draw conclusions about final program outcomes. The primary purposes of the report are to: 1) describe enrollment data from survey participants and 2) to view initial six-month changes when participating in DBIP.

Mean scores, standard deviations, frequencies, and percentages were primarily used to describe enrollment data. One way analysis of variance (ANOVA) was used to assess differences between payment groups (or balance between payment groups) at enrollment. Then, changes in mean scores using paired sample t-tests were used to assess initial six-month changes for DBIP participants.

INTERPRETING TABLES

The following are definitions and abbreviations used in results tables:

- **M**: The average or mean score of a variable.
- **SD**: The standard deviation of an average/mean score. The standard deviation shows how much the data varies from the mean. A small standard deviation indicates that the data points are closely clustered to the mean, while a large standard deviation indicates that the data points are spread further from the mean.
- **%:** The percentage of participants.
- **n**: The number of participants who answered the question.
- **p**: is the p-value which indicates whether a value is statistically significant at a value equal to or less than 0.05.
- **Group A:** $1,000 per month.
- **Group B:** $6,500 the first month, $500 per month for next 11 months.
- **Group C:** $50 per month.

How to Interpret this Report: The primary purpose of this report is to describe enrollment characteristics of target outcomes. This report does include some analysis of participant changes over 6 months. However, because DBIP was designed as a year-long program, the preliminary findings in this report should not be used to draw conclusions about DBIP overall. A final DBIP report with overall findings will be available in June 2024 after the completion of the DBIP project.

FINDINGS

ENROLLMENT AND RESEARCH RESPONSE RATES

ENROLLMENT RATES

Initially, 809 participants were enrolled in DBIP. However, after the first payment was issued two participants returned their funds and withdrew from the program citing challenges with the public benefits they receive. Thus, 807 participants were ultimately enrolled in DBIP. Of those 807, five participants withdrew, leaving 802 enrolled participants at the time of this report. Table 1 describes the number of participants enrolled in each of the four entry cohorts.

Table 1

Number of Participants Enrolled in Each Cohort

Cohort Assignment	n	%
Cohort 1 (Enrolled Nov 2022)	252	31.23%
Cohort 2 (Enrolled Dec 2022)	454	56.26%
Cohort 3 (Enrolled Jan 2023)	64	7.93%
Cohort 4 (Enrolled Feb 2023)	37	4.58%
Total	807	100.00%

RESEARCH RESPONSE RATES

Table 2 describes the number of enrolled participants that consented to, and completed, a baseline survey. The 631 completed enrollment surveys represent a 78% research completion rate at enrollment.

Table 2

Number of Completed Enrollment Surveys by Payment Group

	n	%
Group A	209	33.10%
Group B	193	30.60%
Group C	229	36.30%
Total	631	100.00%

Table 3 describes the number of participants in each payment group who completed the enrollment survey *and* the second timepoint survey at six months. Of the 631 participants who completed the baseline survey, 457 participants completed surveys at both timepoints. The 457 participants completing baseline and timepoint two surveys represents a 57% research completion rate.

Table 3

Number of Completed 6-Month Surveys by Payment Group

	n	%
Group A	154	33.70%
Group B	136	29.76%
Group C	167	36.54%
Total	457	100.00%

PARTICIPANT CHARACTERISTICS

Table 4 describes self-reported characteristics of 631 participants who completed the long-form survey at enrollment. The average age for participants is 44 years old. The youngest participant was 18 at enrollment and the oldest was 86 years old. Almost 48% of DBIP participants are male, 27% identified as Black, seven percent identified as Indigenous or Native American, and 34% identified as white. A full list of participant characteristics can be found in Table 4.

In comparison to the general unhoused population in Denver, participants in this study were more diverse in gender identity, race and ethnicity, and sexual orientation. According to the Metro Denver Homeless Initiative's (MDHI) Point-In-Time Count (PIT), 60.7% of the unhoused population are male, 20% identify as Black, six percent identify as Indigenous or Native American, and 62% identify as white (MDHI State of Homelessness 2022 Report, 2023).

We compared participant characteristics across the three payment groups to assess group balance from the randomization process. As expected, chi-square tests of independence show no statistically significant differences in race or ethnicity, gender identity, sexual orientation, or military status across payment groups.

Table 4

Participant Characteristics at Enrollment

	Group A	Group B	Group C	Total
	n=208	**n=193**	**n=228**	**n=629**
	M (SD)	**M (SD)**	**M (SD)**	**M (SD)**
Average Age	43.50 (13.70)	42.90 (12.00)	44.10 (13.70)	43.50 (13.20)
Race/Ethnicity	**n=209**	**n=193**	**n=229**	**n=631**
	% (n)	**% (n)**	**% (n)**	**% (n)**
Asian	*	*	*	0.6% (4)
Black/African American	25% (53)	25% (49)	29% (67)	27% (169)
Indigenous	5% (10)	8% (16)	7% (16)	7% (42)
Latinx or Hispanic	15% (31)	18% (34)	21% (48)	18% (113)
Middle Eastern	*	0	0	*
Multiracial	10% (20)	7% (14)	7% (15)	8% (49)
White	37% (77)	36% (70)	31% (70)	34% (217)
Identity not listed	7% (14)	3% (5)	4% (10)	5% (29)
Gender Identity	**n=209**	**n=193**	**n=229**	**n=631**
	% (n)	**% (n)**	**% (n)**	**% (n)**
Woman	47% (98)	46% (88)	52% (118)	48% (304)
Gender non-conforming	*	*	*	1% (5)
Man	48% (101)	51% (99)	44% (100)	48% (300)
Nonbinary	2% (5)	0	1% (3)	1% (8)
Transgender	*	*	*	1% (5)
Identity not listed	*	*	*	1% (7)
Sexual Orientation	**n=209**	**n=193**	**n=229**	**n=631**
	% (n)	**% (n)**	**% (n)**	**% (n)**
Asexual	3% (7)	2% (4)	4% (10)	3% (21)
Bisexual	5% (11)	5% (10)	6% (12)	5% (33)
Gay	1% (3)	*	3% (6)	2% (11)
Lesbian	2% (4)	*	2% (5)	2% (11)
Pansexual	3% (7)	2% (4)	3% (6)	3% (17)
Queer	*	*	2% (4)	1% (7)
Straight	80% (168)	86% (165)	76% (175)	81% (508)
Identity not listed	2% (4)	2% (4)	4% (9)	3% (17)
Military/Veteran	**n=198**	**n=180**	**n=212**	**n=585**
	% (n)	**% (n)**	**% (n)**	**% (n)**
	10% (20)	7% (13)	12% (25)	10% (58)

* Cells with counts of 1-2 are not reported to preserve anonymity of participants.

INTERIM FINDINGS

Interim findings are organized in sections by target outcomes. Each section begins with a table describing participant responses at enrollment. The purpose of describing enrollment data is to understand if there are differences in enrollment data among the three payment groups, or if there is balance among the groups. After testing for balance, paired sample t-tests were sometimes used to understand differences within each of the payment groups from enrollment to the six-month follow-up. T-test tables only include data from participants who completed both the enrollment survey and the six-month follow-up survey. These are preliminary findings and should not be used to draw conclusions about overall program impact.

HOUSING

SLEEP LOCATION

Housing stability was explored using a variety of indicators. Participants were asked where they slept in the previous 24 hours with a list of 13 options, including an "other" category. Table 5 describes participant-reported sleep locations at enrollment into DBIP (T1) and at the six-month follow-up (T2). At enrollment, participants across the three payment groups reported similar sleep locations, which suggests balance in the enrollment data. At enrollment, between 19% and 24% of participants in each group reported sleeping at a friend or family member's home and between 21% and 26% reported sleeping in a shelter.

Between the two timepoints, the number of participants staying in an apartment or home that they rent or own increased across the three groups. Additionally, the number of participants who reported sleeping outside decreased in each group, with no participants in Group A reporting sleeping outside at the six-month follow-up.

Table 5

Sleep Location at Enrollment (T1) and 6-month (T2) Survey Collection

Sleep Location, Last 24 Hours	Group A		Group B		Group C		Total	
	T1 n=195 % (n)	T2 n=154 % (n)	T1 n=175 % (n)	T2 n=138 % (n)	T1 n=211 % (n)	T2 n=160 % (n)	T1 n=581 % (n)	T2 n=452 % (n)
A friend or family member's home	24% (47)	28% (43)	22% (38)	18% (25)	19% (40)	22% (35)	22% (125)	23% (103)
A home or apartment that I rent/own	8% (15)	34% (53)	5% (8)	40% (55)	11% (23)	31% (50)	8% (46)	35% (158)
A hotel/motel that I pay for	2% (3)	6% (10)	5% (8)	7% (10)	3% (6)	4% (7)	3% (17)	6% (27)
A hotel/motel with a voucher	11% (21)	5% (7)	7% (12)	4% (6)	6% (13)	4% (6)	8% (46)	4% (19)
An abandoned building	*	*	*	0	*	0	0.1% (4)	0.2% (1)
Other	3% (6)	1% (2)	3% (5)	3% (4)	6% (12)	5% (8)	4% (23)	3% (14)
Outside	6% (12)	0	10% (18)	3% (4)	8% (17)	4% (6)	8% (48)	2% (10)
Safe Outdoor Space	6% (12)	1% (2)	7% (13)	4% (5)	6% (12)	3% (5)	6% (37)	3% (12)
Shelter	22% (43)	11% (18)	26% (45)	10% (14)	21% (44)	9% (15)	23% (132)	10% (47)
Tiny home village	*	0	*	0	1% (3)	*	0.1% (5)	*
Transitional or temporary housing	9% (17)	5% (8)	9% (15)	6% (8)	11% (24)	10% (16)	9% (56)	7% (32)
Vehicle- Safe Parking Lot	4% (7)	2% (3)	3% (5)	4% (5)	1% (3)	*	3% (15)	2% (10)
Vehicle-not Safe Parking Lot	5% (10)	5% (7)	3% (5)	1% (2)	6% (12)	5% (9)	5% (27)	4% (18)

* Cells with counts of 1-2 are not reported to preserve anonymity of participants.

Figures 1 through 3 describe the percentage of participants who reported staying in an apartment or home they rent or own, those who reported sleeping outside, and those who reported sleeping in a shelter at enrollment and at the six-month follow-up.

As Figure 1 describes, all three payment groups show an increase in the percentage of participants staying in their own home or apartment at the six-month follow-up, and the largest changes are seen in Group A and Group B.

Figure 1

Percentage of Participants Staying in a Home/apartment they Rent/own, Enrollment and 6-Month Follow-up

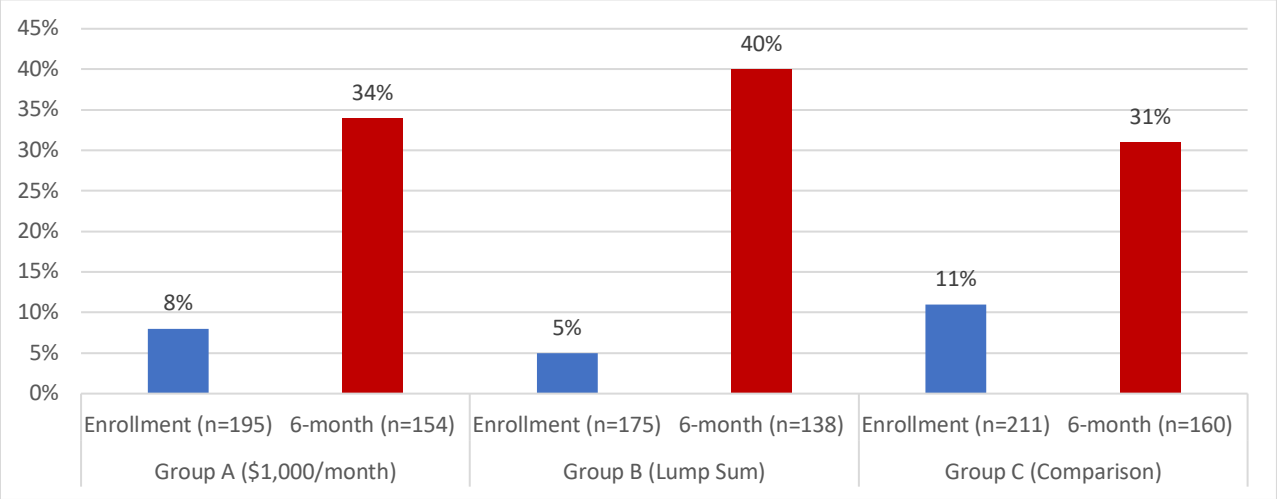


Figure 2 shows decreases in the percentage of participants sleeping outside at the six-month follow-up. While six percent of Group A participants who completed the enrollment survey reported sleeping outside, none of the Group A participants who completed the six-month follow-up survey reported sleeping outside. Fewer participants in Group B and Group C also reported sleeping outside at the six-month follow-up than at enrollment.

Figure 2

Percentage of Participants Staying Outside, Enrollment and 6-month Follow-up

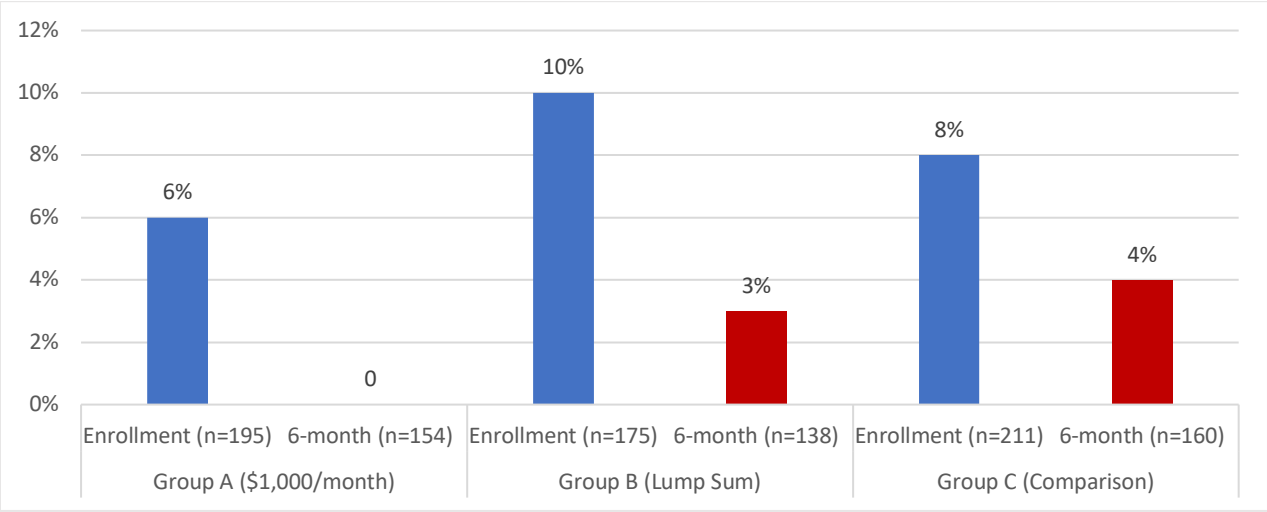
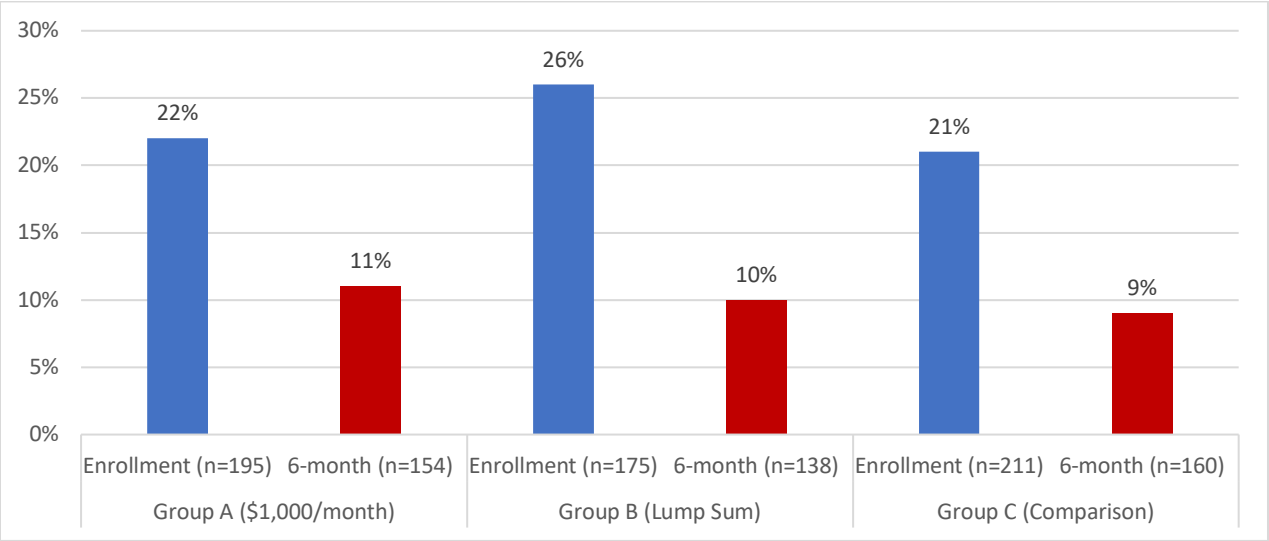


Figure 3 shows decreases in the percentage of participants who reported sleeping at a shelter at the six-month follow-up than at enrollment.

Figure 3

Percentage of Participants Staying in a Shelter, Enrollment and 6-month Follow-up



FEELING SAFE AND WELCOME AT SLEEP LOCATION

Housing stability is a complicated outcome to measure. Of course, sleep location is an important aspect of being stably housed, but a sense of safety and security should also be considered. Participants were asked how safe and welcome they felt at their current sleep location at enrollment and again at the six-month follow-up. Sense of safety and feeling welcome were each asked using a single question with a scale from 1 to 10, where 1 was “not at all safe” or “not welcome at all” and 10 was “completely safe” or “completely welcome.”

At enrollment, 583 participants answered a question about sense of safety and feeling welcome at their sleep location. Table 6 describes the average scale scores at enrollment. While Group C scored higher than Group A and Group B on both scales at enrollment, an analysis of variance (ANOVA) showed no statistically significant difference between the groups, suggesting balance in enrollment data across the groups.

Table 6

Safety and Feeling Welcome at Enrollment

Sense of safety at current sleep location [a]	**M (SD)**
Group A **(n=196)**	6.92 (2.81)
Group B **(n=175)**	6.83 (2.91)
Group C **(n=212)**	7.20 (2.87)
Total **(n=583)**	6.99 (2.86)
Feeling welcome at sleep location [b]	**M (SD)**
Group A **(n=196)**	6.98 (2.87)
Group B **(n=175)**	6.80 (3.03)
Group C **(n=230)**	7.23 (2.98)
Total **(n=583)**	7.01 (2.96)

[a] On a scale of 1 to 10, where 1 is "not at all safe" and 10 is "completely safe"

[b] On a scale of 1 to 10, where 1 is "not welcome at all" and 10 is "completely welcome"

Of the 583 participants who completed the sense of safety and welcome questions at enrollment, 415 answered these questions on the six-month follow-up survey. Table 7 describes paired sample t-tests of the 415 participants with complete data for these two questions. Participants from Group A and Group B both show statistically significant improvement in safety and feeling welcome at the six-month follow-up. Participants from Group C reported feeling less safe and reported little change in feeling welcome at the six-month follow-up.

Table 7

Safety and Feeling Welcome at Sleep Location, Enrollment to 6-month Follow-up

Sense of safety at sleep location, enrollment to 6-month [a]		
	Safety at Enrollment M (SD)	**Safety 6-month M (SD)**
Group A **(n=143)**	7.11 (2.86)	7.64* (2.65)
Group B **(n=124)**	7.19 (2.84)	7.69* (0.24)
Group C **(n=148)**	7.47 (0.22)	7.30 (0.23)
Feeling welcome at sleep location, enrollment to 6-month [b]		
	Welcome at Enrollment M (SD)	**Welcome 6-month M (SD)**
Group A **(n=143)**	7.17 (0.24)	7.74* (2.72)
Group B **(n=124)**	7.00 (0.27)	7.63* (0.24)
Group C **(n=148)**	7.41 (0.23)	7.47 (0.24)

*p<.05

[a] On a scale of 1 to 10, where 1 is "unsafe" and 10 is "completely safe"

[b] On a scale of 1 to 10, where 1 is "no welcome" and 10 is "completely welcome"

Figures 4 and 5 graphically depict the changes that are explained in Table 7. On average, Group A and Group B reported increased sense of safety at their sleep location at the six-month follow-up and Group C reported a slight decrease in sense of safety. Similarly, Group A and Group B reported feeling more welcome at their sleep location and Group C reported little change in feeling welcome at their sleep location at the six-month follow-up.

Figure 4

Change in Sense of Safety at Sleep Location, Enrollment to 6-month Follow-up

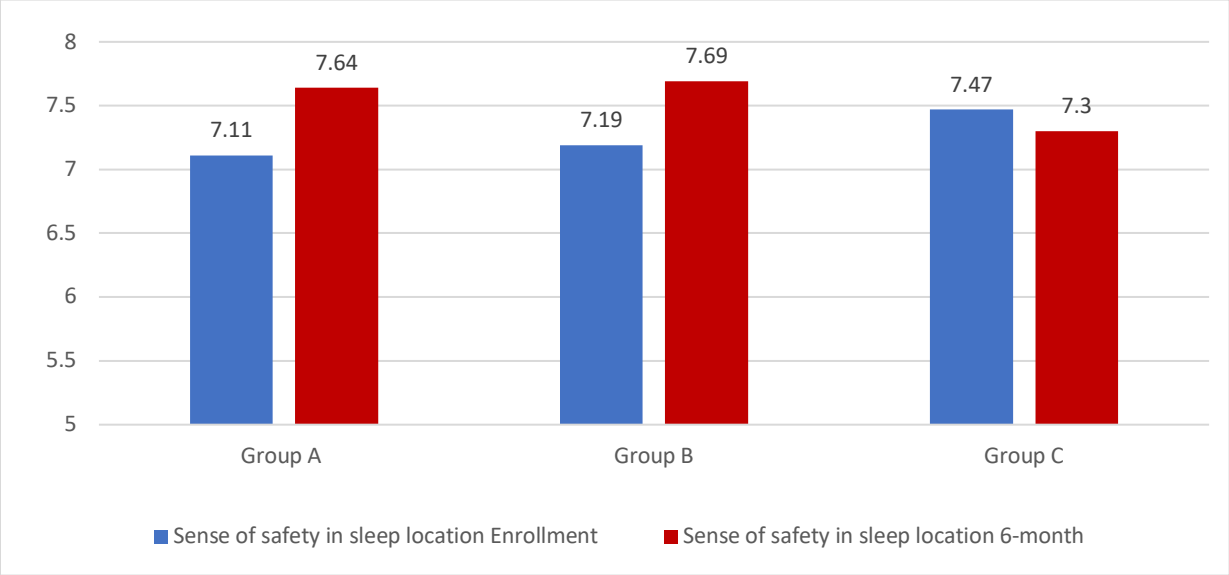
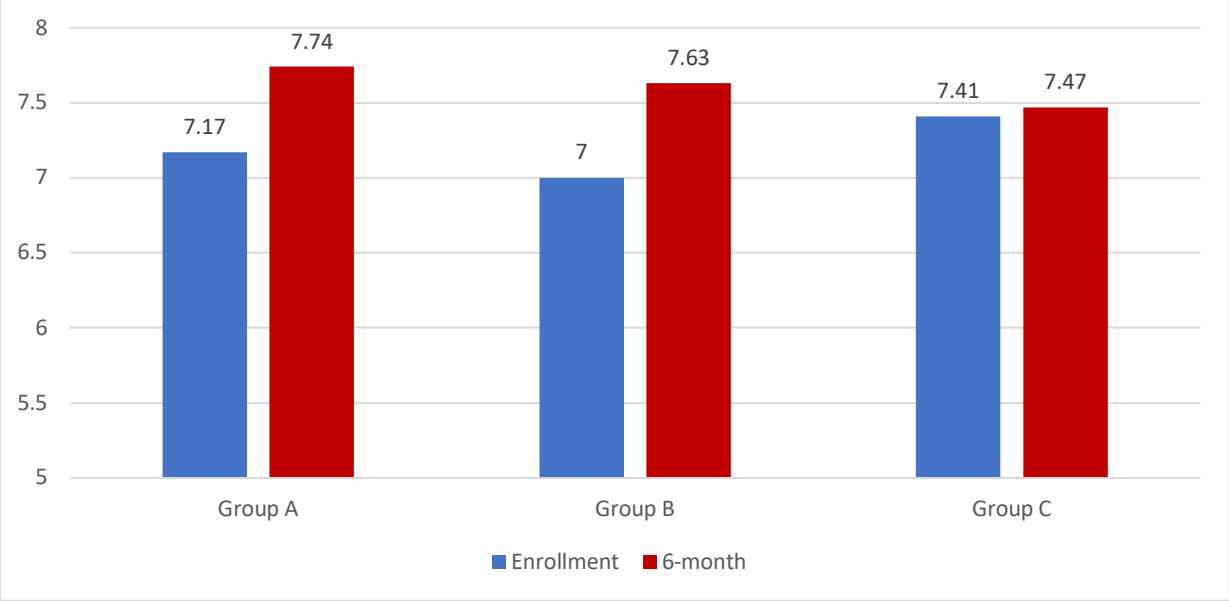


Figure 5

Change in Feeling Welcome at Sleep Location, Enrollment to 6-month Follow-up



NIGHTS UNSHELTERED

Apart from feeling safe and welcome in a sleep location, we also asked participants about the number of nights they spent in an unsheltered location. Unsheltered sleep locations included the following options: an abandoned building, outside, a safe outdoor space, or a vehicle within or outside of a Safe Parking Lot. At enrollment, participants across all three groups, on average, spent 1.68 nights in an unsheltered location [Group A: 1.55(2.57); Group B: 1.66 (2.69); Group C: 1.82 (2.75)], there was no statistically significant difference in reported unsheltered nights across groups at enrollment.

Table 8 describes changes in nights spent unsheltered and confidence of future stability using paired sample t-tests of participants who completed the enrollment survey and the six-month follow-up survey. Participants from all three payment groups show a statistically significant decrease in the number of nights spent unsheltered. Confidence of having a safe and stable sleep location was measured on a scale of 1 to 5, where 1 is "not confident at all" and 5 is "completely confident." All three groups improved in confidence levels, with Group A and Group C showing statistically significant improvement.

Table 8

Number of Nights Spent Unsheltered and Confidence of Future Stability, Enrollment to 6-month Follow-up

Average number of nights unsheltered, enrollment to 6-month follow-up		
	Unsheltered nights, enrollment M (SD)	**Unsheltered nights, 6-month M (SD)**
Group A **(n=141)**	1.38 (2.40)	0.62* (1.70)
Group B **(n=123)**	1.34 (2.50)	0.86* (2.06)
Group C **(n=137)**	1.64 (2.67)	0.97* (2.20)
Confidence in having a stable place in the next month, enrollment to 6-month follow-up [a]		
	Confidence, enrollment M (SD)	**Confidence, 6-month M (SD)**
Group A **(n=132)**	3.17 (1.33)	3.80* (1.34)
Group B **(n=115)**	3.34 (1.33)	3.46 (1.43)
Group C **(n=140)**	3.18 (1.42)	3.44* (1.42)

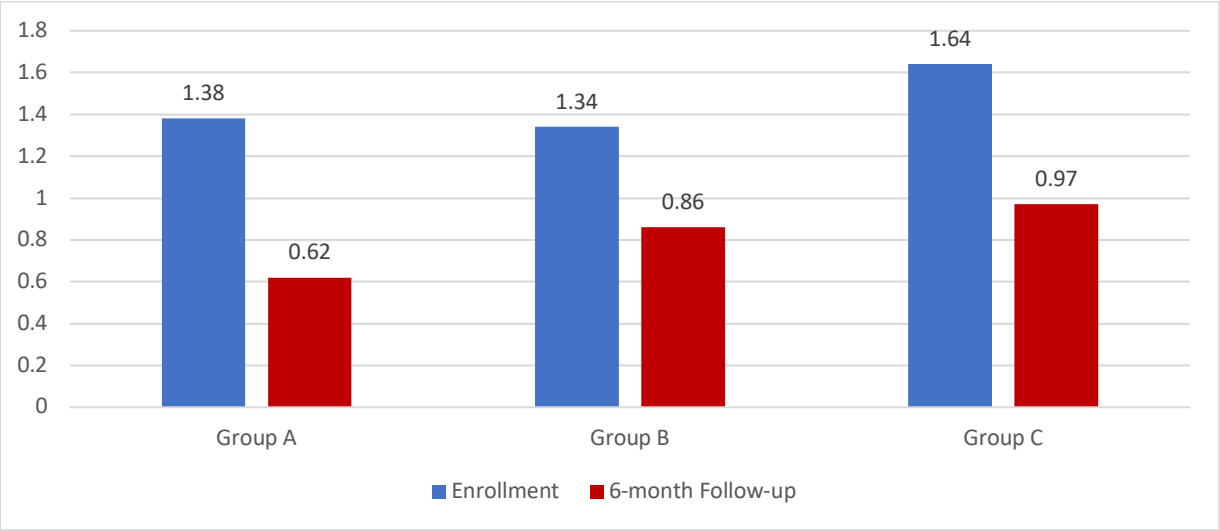
*p<.05

[a] On a scale of 1 to 5, where 1 is "not confident at all," and 5 is "completely confident"

Figure 6 graphically describes the change in the average number of nights that participants spent in an unsheltered location as explained in Table 6.

Figure 6

Average Number of Nights Unsheltered, Enrollment to 6-month Follow-up



Next, we explore the number of nights spent unsheltered ***for people who reported sleeping in an unsheltered sleep location at enrollment*.** At enrollment, Group A participants who reported staying in an unsheltered sleep location spent 4.21 (SD=3.13) nights unsheltered, Group B: 3.77 (SD=3.28) nights, and Group C: 4.82 (SD=2.89) nights. There was no statistically significant difference between these groups at enrollment.

Of participants who reported sleeping in an unsheltered location at enrollment, 83 completed both an enrollment and a six-month follow-up survey. Table 9 describes the change in the average number of nights unsheltered for people staying in an unsheltered location at enrollment. All groups show a statistically significant decrease in the number of unsheltered nights after joining DBIP. Figure 7 is a graphical depiction of these changes.

Table 9

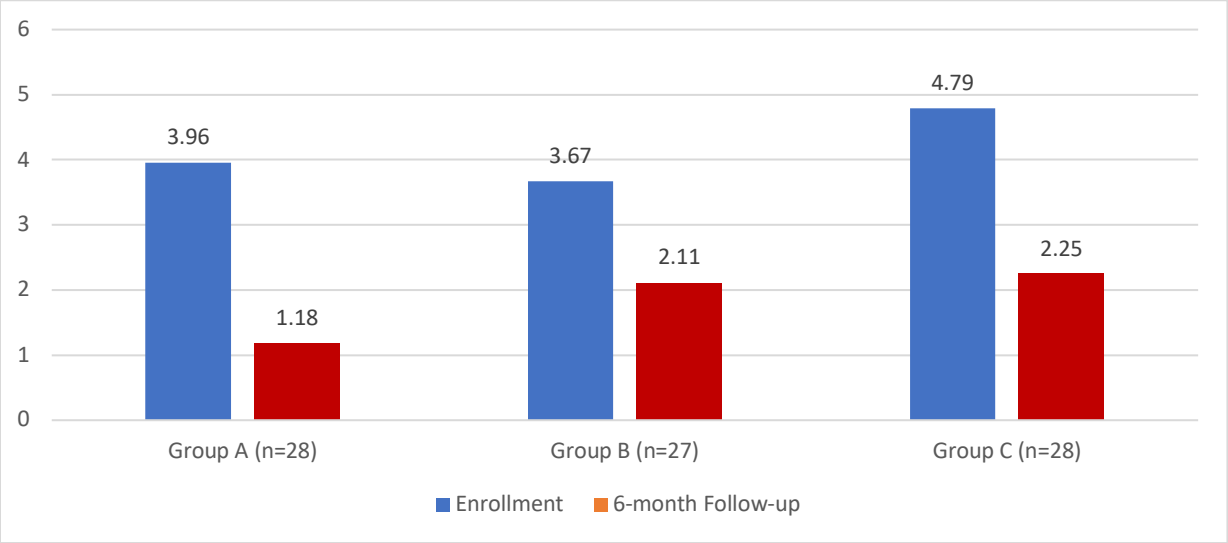
Number of Nights Spent Unsheltered for Participants Unsheltered at Enrollment, Enrollment to 6-month Follow-up

	Enrollment M (SD)	**6-month Follow-up M (SD)**
Group A **(n=28)**	3.96 (3.14)	1.18* (2.07)
Group B **(n=27)**	3.67 (3.32)	2.11* (3.18)
Group C **(n=28)**	4.79 (2.95)	2.25* (3.13)

*p<.05

Figure 7

Average Number of Nights Spent Unsheltered for Participants Unsheltered at Enrollment, Enrollment to 6-month Follow-up



FINANCIAL WELL-BEING

Table 10 describes various aspects of financial well-being. The Consumer Financial Protection Bureau's Financial Well-being Short Scale was used to assess general financial well-being. Participants were asked to rate whether statements such as "I have money left over at the end of the month" felt true or not. The financial well-being scale is measured on a scale from 0 to 4 where 0 is "Not at all" and 4 is "Completely." A lower number indicates poor financial well-being, and a higher number indicates positive financial well-being. There was not a statistically significant difference in financial well-being across participants in Groups A, B and C at enrollment. Additionally, as seen in Table 10, just under half of participants (49%) had a bank account upon entry to the program, and a quarter of participants reported being able to pay all their bills the previous month at enrollment.

Table 10

Financial Well-being at Enrollment

	Group A M (SD); n	**Group B M (SD); n**	**Group C M (SD); n**	**Total M (SD); n**
Financial Well-being	1.54 (0.94); 189	1.71 (0.93); 172	1.54 (1.02); 209	1.59 (0.97); 570
	Group A % (total); n	**Group B % (total); n**	**Group C % (total); n**	**Total % (total); n**
Access to bank account	49% (96); 196	46% (81); 176	51% (108); 211	49% (285); 583
Ability to pay bills	25% (50); 197	19% (34); 175	28% (59); 211	25% (143); 583

Table 11 provides a comparison of aspects of financial well-being from enrollment to the six-month follow-up for participants who completed both the enrollment survey and the six-month follow-up survey. Participants in all three payment groups show statistically significant improvement in financial well-being.

Table 11

Change in Financial Well-being, Enrollment to 6-month Follow-up

	Enrollment M (SD)	6-month Follow-up M (SD)
Group A **(n=135)**	1.44 (0.81)	2.47* (0.89)
Group B **(n=118)**	1.38 (0.74)	2.59* (0.79)
Group C **(n=146)**	1.37 (0.07)	2.58* (0.07)

*p<.05

Figure 8 graphically depicts the changes in financial well-being that are explained in Table 11.

Figure 8

Change in Financial Well-being, Enrollment to 6-month Follow-up

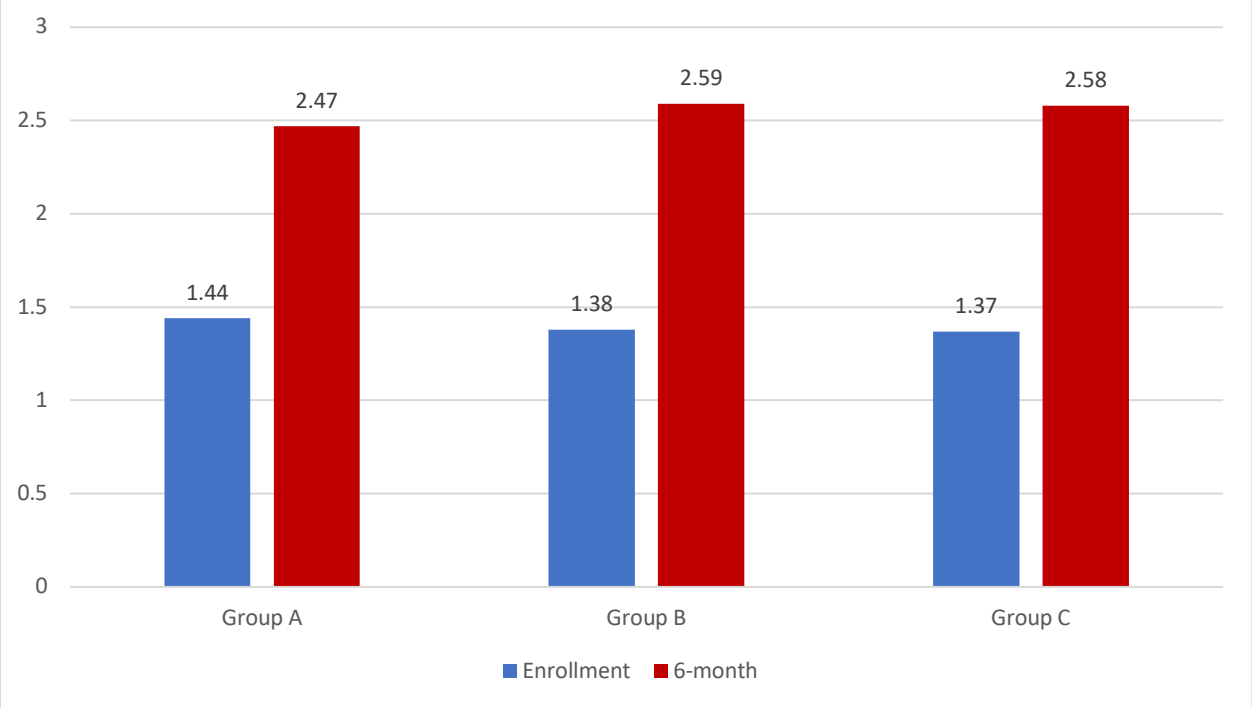


Table 12 shows DBIP participants' sources of income in the six months prior to enrolling in DBIP. In the six months prior to entering DBIP, 29% of participants reported receiving income through paid temporary work. The other most common sources of participant income were money from relatives (27%), part-time work (26%), money from friends (23%), and full-time work (20%). Additionally, participants reported receiving income from being paid under the table (14%) and from being given money by other people (16%). Participants also reported earning income by selling clothes and other possessions (21%), selling blood and plasma (12%), selling self-made items (8%), and collecting cans (7%). Two percent of DBIP participants reported being unemployed at the time of enrollment.

Table 12

Sources of Income 6 months Prior to Enrollment

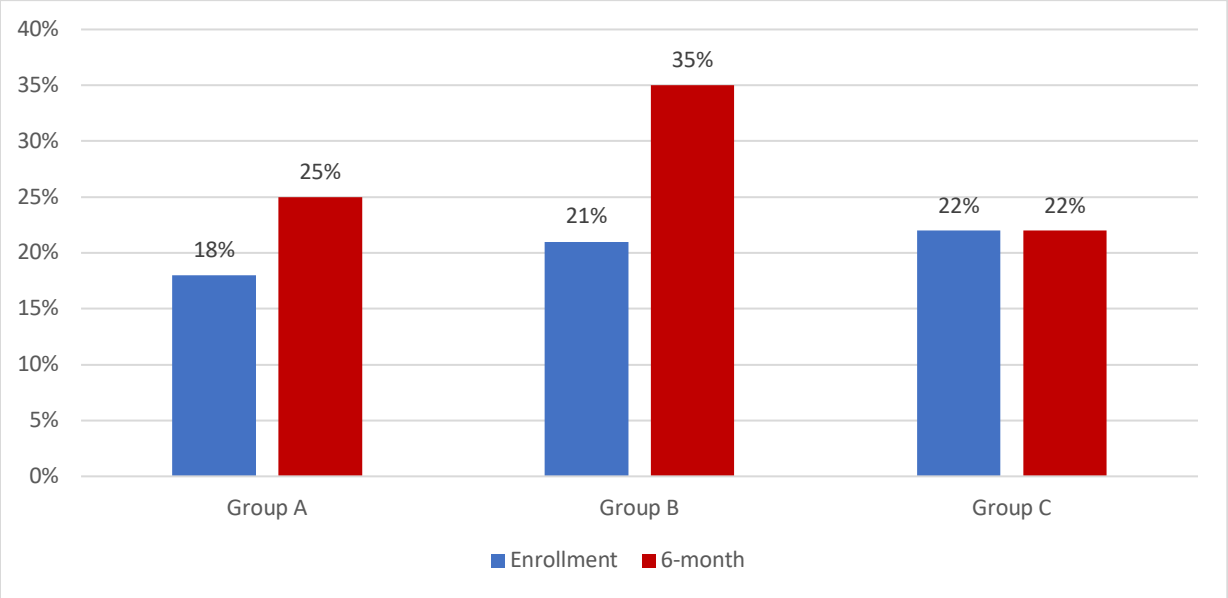
	Group A n=209 % (total)	**Group B n=193 % (total)**	**Group C n=229 % (total);**	**Full Sample n=631 % (total)**
Full-time work	18% (34)	21% (35)	22% (45)	20% (114)
Part-time work	30% (57)	19% (32)	29% (58)	26% (147)
Paid temporary work	24% (45)	31% (53)	31% (63)	29% (161)
Unemployment	2% (4)	*	3% (6)	2% (11)
Paid under the table	14% (26)	14% (23)	14% (28)	14% (77)
Selling self-made items	6% (11)	10% (17)	9% (18)	8% (46)
Money from friends	24% (46)	21% (33)	24% (49)	23% (130)
Money from relatives	26% (50)	26% (44)	28% (58)	27% (152)
People giving you money	13% (25)	18% (31)	15% (31)	16% (87)
Selling clothes or other possessions	18% (35)	20% (34)	22% (45)	20% (114)
Collecting cans or bottles	6% (12)	7% (12)	8% (17)	7% (41)
Selling blood/plasma	13% (24)	11% (18)	13% (26)	12% (68)

* Cells with counts of 1-2 are not reported to preserve anonymity of participants.

Figure 9 shows the percentage of people working full-time at enrollment and at the six-month follow-up. Participants in Group A and Group B show an increase in full-time employment, while Group C showed no change in the percentage of participants working full-time.

Figure 9

Percentage of Participants Working Full-time, Enrollment and 6-month Follow-up



We also assessed cash and non-cash benefits as an aspect of financial well-being. As described in Table 13, the majority of participants reported receiving health or food benefits at enrollment; 78% of the total sample reported having Medicaid benefits and 71% stated they were receiving SNAP. Despite 32% of respondents reporting having children under 18, most did not report receiving any benefits related to children (nine percent reported receiving TANF and six percent received WIC) 13% received SSI and seven percent received SSDI at the time of enrollment.

Table 13

Cash and Non-cash Public Benefits at Enrollment

	Group A n=209 % (total)	Group B n=193 % (total)	Group C n=229 % (total)	Full Sample n=631 % (total)
Medicare	14% (29)	14% (27)	14% (33)	14% (89)
Medicaid	73% (143)	80% (27)	81% (158)	78% (420)
SNAP	67% (125)	74% (122)	72% (142)	71% (389)
TANF	8% (17)	6% (7)	9% (14)	9% (38)
WIC	4% (6)	6% (8)	7% (10)	6% (24)
SSI	14% (21)	9% (12)	15% (23)	13% (56)
SSDI	9% (19)	5% (9)	8% (19)	7% (47)

In addition to sources of income, participants were asked if they use loan alternatives in the month prior to enrolling in DBIP. Table 14 describes loan alternatives such as pawn shops, payday loans, rent-to-own, or title loans. While most participants did not use loan alternatives

at enrollment, 15% of all participants did report using pawn shops in the month prior to entering the program.

Table 14

Use of Loan Alternatives at Enrollment

	Group A n=209 % (total)	Group B n=193 % (total)	Group C n=229 % (total)	Full Sample n=631 % (total)
Pawn Shop	15% (28)	13% (23)	16% (34)	15% (85)
Payday Loan	4% (8)	5% (9)	7% (15)	6% (32)
Used a Rent-to-Own	2% (3)	2% (3)	3% (7)	2% (13)
Used an Auto Title Loan	2% (3)	*	2% (4)	2% (9)

* Cells with counts of 1-2 are not reported to preserve anonymity of participants.

PHYSICAL AND MENTAL HEALTH

MENTAL HEALTH

Participants were asked to rate their mental health on a scale of 0 to 10, where 0 is "Terrible," 1 to 3 is "Poor," 4 to 6 is "Fair," 7 to 9 is "Good," and 10 is "Excellent." As Table 15 describes, on average the full sample of participants reported a mental health score of 6.12.

In addition, participants took the 10-Question Kessler Psychological Distress Scale (Kessler et al., 2002). Participants were asked ten questions rating how often they experience specific feelings related to distress on a scale from 1 to 5, where 1 is "None of the time" and 5 is "All of the time." The ten questions were added together for a composite score of all their answers. Scores could range from 5 to 50, where higher scores indicate higher likelihood of experiencing distress. As Table 15 describes, on average, the full sample of participants reported a distress score of 24.01 which suggests that participants were likely to experience mild mental health symptoms and disorders.

Table 15

Participant-reported Mental Health at Enrollment

	Group A M (SD); n	Group B M (SD); n	Group C M (SD); n	Total M (SD); n
Mental Health [a]	6.16 (2.57); 196	6.23 (2.53); 169	5.99 (2.70); 207	6.12 (2.60); 572
Distress and Anxiety	23.90 (9.57); 188	23.86 (9.32); 169	24.25 (9.82); 198	24.01 (9.57); 555

[a] On a scale of 0 to 10, where 0 is "terrible" and 10 is "excellent"

Of the 555 participants who completed the Distress Scale at enrollment, 407 completed the scale on the six-month follow-up survey. Table 16 describes paired sample t-tests of the participants who completed the enrollment survey and six-month follow-up survey. While participants from none of the groups showed statistically significant changes, on average participants from Group A and Group B both show decreases in distress and participants from Group C show an increase in distress.

Table 16

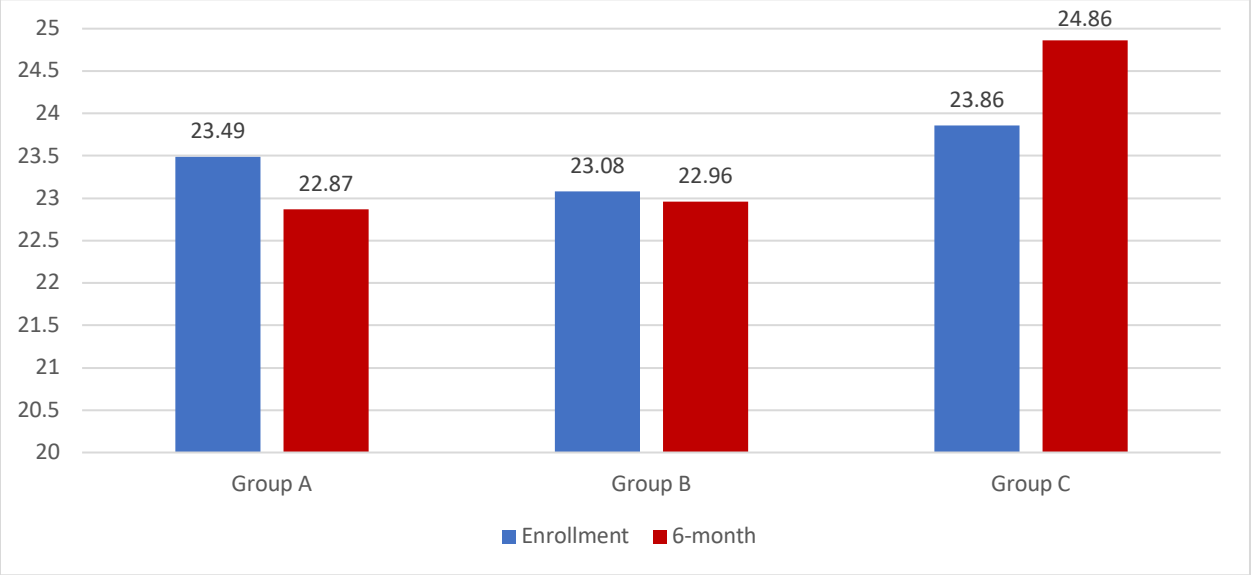
Change in Distress and Anxiety from Enrollment to 6-month Follow-up

	Enrollment M (SD)	6-month Follow-up M (SD)
Group A **(n=139)**	23.49 (9.34)	22.87 (10.44)
Group B **(n=120)**	23.08 (8.75)	22.96 (9.86)
Group C **(n=148)**	23.86 (9.68)	24.86 (10.10)

Figure 10 graphically describes the change to distress and anxiety between enrollment and the six-month follow-up that are explained in Table 10.

Figure 10

Change in Distress and Anxiety from Enrollment to 6-month Follow-up



While participants in Group A and Group B who completed the enrollment and six-month follow-up surveys reported decreased distress and anxiety, Table 17 shows that participants in all three payment groups showed statistically significant declines in overall mental health. Overall mental health was measured on a scale of 1 to 10 where 1 was “poor” mental health and 10 was “excellent” mental health; therefore, lower numbers indicate poorer mental health.

Table 17

Change in Overall Mental Health from Enrollment to 6-month Follow-up

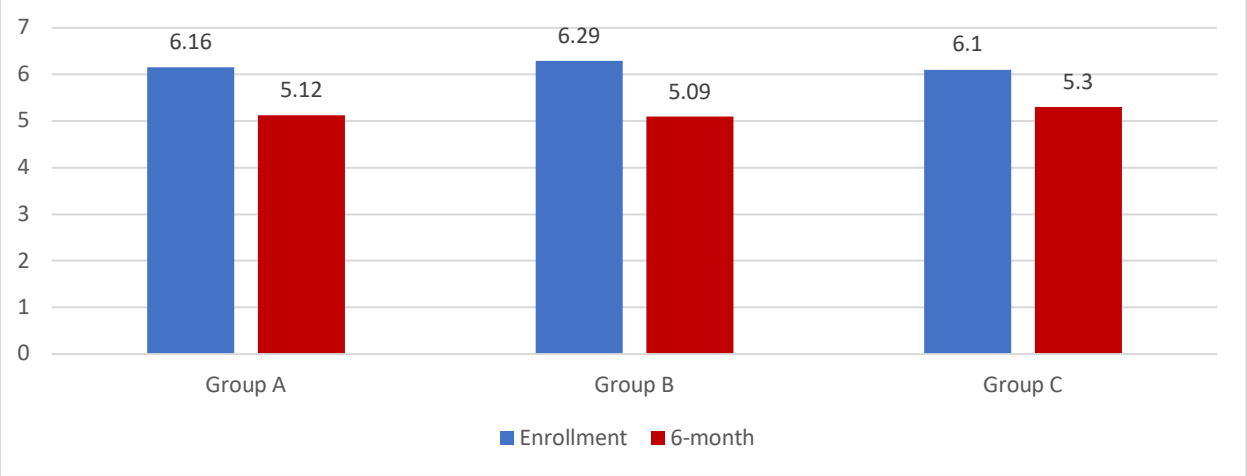
	Enrollment M (SD)	6-month Follow-up M (SD)
Group A **(n=145)**	6.16 (2.70)	5.12* (2.99)
Group B **(n=118)**	6.29 (2.48)	5.09* (2.65)
Group C **(n=151)**	6.10 (2.67)	5.30* (2.83)

*p<.05

Figure 11 graphically describes the changes in overall mental health that are explained in Table 17.

Figure 11

Change in Overall Mental Health from Enrollment to 6-month Follow-up



SENSE OF HOPE

Participants were asked to answer questions on the Snyder Hope/Futures Scale. The Snyder Hope/Futures Scale (Snyder et al., 1991) measures two subscales called "agency" and "pathways." Agency refers to the energy one directs toward meeting their goals toward future orientation, while pathways refer to the planning that one makes to accomplish these goals. These two components can be scored separately, but when scored together create a "hope" score that refers to one's beliefs about one's abilities to move themselves through agency using pathways toward goals, and thus the future. Research suggests that having hope leads to higher outcomes in mental and physical health as well as psychological adjustment (Snyder et al., 1991). Higher scores indicate greater levels of hope. Agency and Pathways both had total potential scores of 32, while the cumulative Hope score has a maximum value of 64.

As described in Table 18, at enrollment, the average participant agency score was 21.16 and the average pathways score was 22.31. The overall average Hope/Future score was 43.50. There is no significant difference in these scores across the three groups at enrollment.

Table 18

Sense of Agency, Planning, and Hope at Enrollment

	Group A M (SD); n	Group B M (SD); n	Group C M (SD); n	Total M (SD); n
Agency	21.39 (6.17); 194	20.91 (6.49); 174	21.15 (6.43); 205	21.16 (6.35); 573
Pathways	22.75 (5.87); 194	21.68 (6.38); 174	22.43 (5.97); 203	22.31 (5.98); 571
Hope/Future Total	44.23 (10.88); 191	42.58 (11.90); 174	43.60 (11.38); 200	43.50 (11.37); 564

Table 19 describes paired sample t-tests for the Snyder Hope/Futures Scale. Of the participants who completed the enrollment and six-month follow-up surveys, the average overall hope score improved slightly for participants in Group A and Group B, while there was a statistically significant decrease in the mean overall hope score for participants in Group C. Looking at agency and pathways separately, participants in Group A had slight increases in mean agency scores and participants in Group B had slight decreases in mean agency scores. Participants in group C, however, had a statistically significant decrease in mean their sense of agency score. While mean agency slightly decreased for Group B participants, Group B participants also reported a statistically significant improvement in mean pathways, or planning, for the future.

Table 19

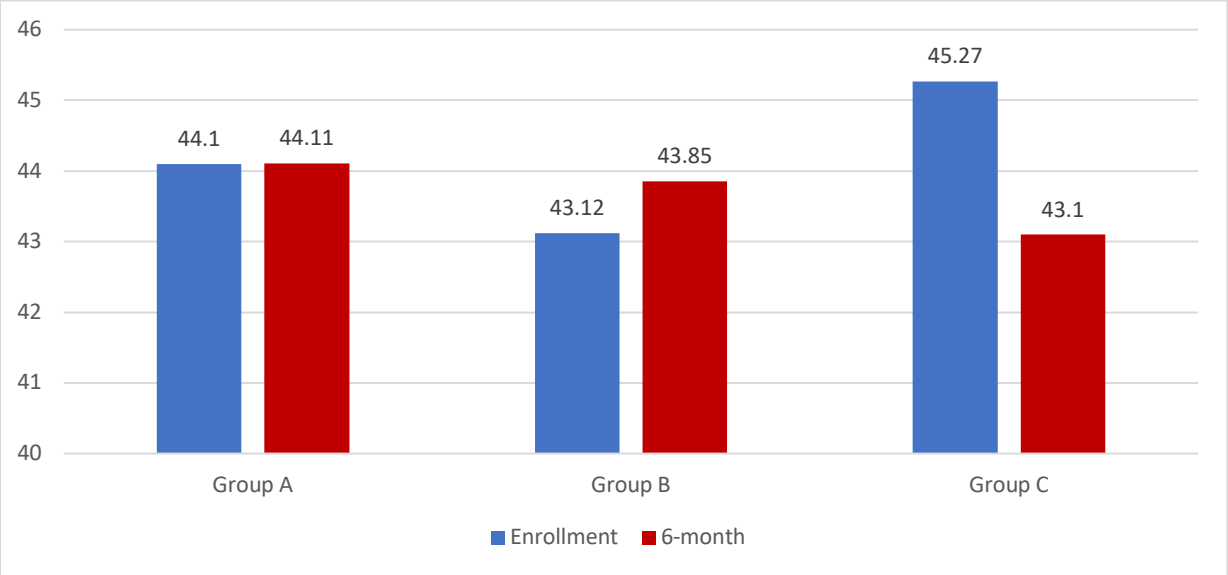
Changes in Agency, Planning, and Hope, Enrollment to 6-month Follow-up

	Agency at Enrollment M (SD)	Agency at 6 months M (SD)
Group A **(n=142)**	21.37 (5.96)	21.45 (6.49)
Group B **(n=120)**	21.24 (6.37)	21.03 (6.15)
Group C **(n=145)**	22.01 (6.08)	20.66* (6.90)
	Pathways at Enrollment M (SD)	**Pathways at 6 months M (SD)**
Group A **(n=141)**	22.75 (5.40)	22.70 (6.08)
Group B **(n=123)**	21.70 (6.68)	22.85* (5.46)
Group C **(n=147)**	23.20 (5.46)	22.39 (6.15)
	Hope at Enrollment M (SD)	**Hope at 6 months M (SD)**
Group A **(n=141)**	44.10 (10.52)	44.11 (11.68)
Group B **(n=120)**	43.12 (11.92)	43.85 (10.72)
Group C **(n=145)**	45.27 (10.61)	43.10* (12.30)

*p<.05

Figure 12 describes just the change in the mean hope score from enrollment to the six-month follow-up.

Figure 12
Change in Hope from Enrollment to the 6-month Follow-up



PHYSICAL HEALTH

Participants were asked to rate their general health and energy using the SF-36 (Ware & Sherbourne, 1992), a commonly used health survey instrument where 100 indicates the highest score and therefore the most positive indications of health, energy, and pain. As described in Table 20, at enrollment participants reported an average health score of 56.77 and an average energy score of 44.11. There is no significant difference in these scores across the three groups at enrollment, suggesting balance in enrollment across the three groups.

Table 20
Participant-reported Health at Enrollment

	Group A M (SD); n	Group B M (SD); n	Group C M (SD); n	Total M (SD); n
Health	54.17 (24.26); 195	59.21 (24.21); 175	57.14 (25.77); 211	56.77 (24.81); 581
Energy	43.10 (20.90); 194	45.14 (23.13); 174	44.23 (23.02); 208	44.11 (22.34); 76

FOOD INSECURITY

Food insecurity was measured using the Household Food Insecurity Access Scale (Coates et al., 2007) where participants were asked if, and how often, they had to skip meals or could not afford food. The scores of the Household Food Insecurity Access Scale were added together to

create a sum score, ranging from 0 (indicating low food insecurity) to 10 (indicated high food insecurity). As described in Table 21, participants reported moderate food insecurity at enrollment. There was no statistically significant difference in food insecurity across the three groups, suggesting balance in enrollment across the three groups.

Table 21

Average Food Insecurity at Enrollment

Group A (n=164) M (SD)	Group B (n=158) M (SD)	Group C (n=181) M (SD)	Total (n=503) M (SD); n
5.87 (2.52)	5.99 (2.31)	6.06 (2.40)	5.97 (2.41)

As Table 22 indicates, on average, participants from all three payment groups who completed both the enrollment survey and the six-month follow-up survey reported decreased food insecurity at the six-month follow-up. Though each group reported decreased food insecurity, paired sample t-tests show no statistically significant difference in the change of food insecurity in each payment group.

Table 22

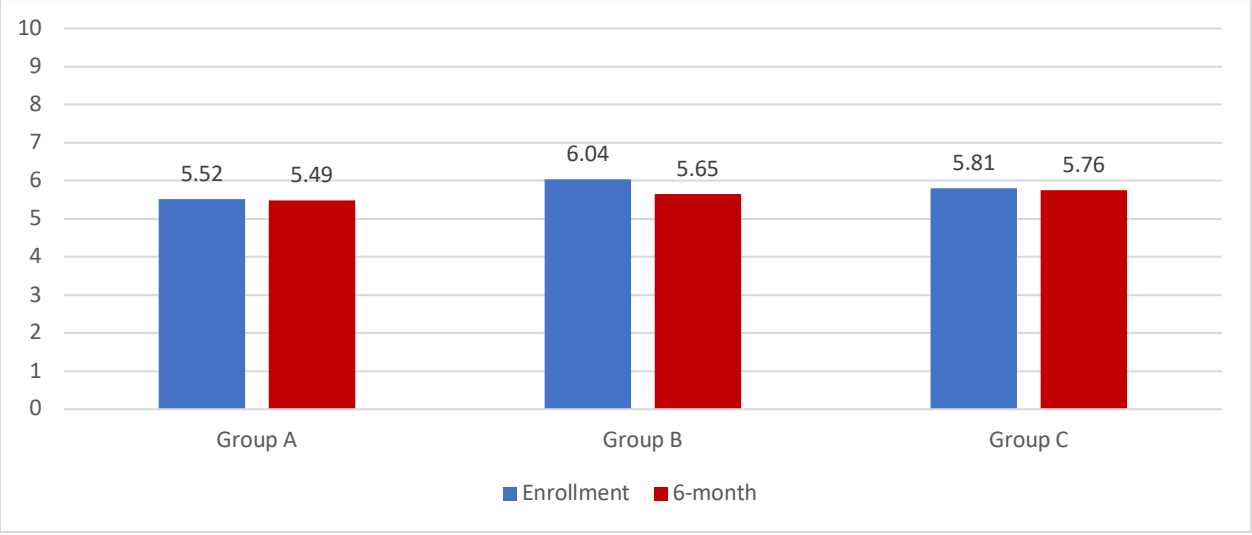
Change in Food Insecurity from Enrollment to 6-month Follow-up

	Enrollment M (SD)	6-month Follow-up M (SD)
Group A **(n=114)**	5.52 (2.59)	5.49 (1.53)
Group B **(n=103)**	6.04 (2.35)	5.65 (1.54)
Group C **(n=123)**	5.81 (2.47)	5.76 (1.50)

Figure 13 graphically describes the change in food insecurity that are explained in Table 22.

Figure 13

Change in Food Insecurity from Enrollment to 6-month Follow-up



SOCIAL NETWORKS

SOCIAL SERVICE USE

At both enrollment and the six-month follow-up survey, participants were asked how often they accessed services from their service provider in the previous six months. Table 23 describes the average number of times participants in each group reported accessing services at their DBIP partner agency in the six months prior to enrolling in DBIP. Of note, although participants from Group C reported accessing services less frequently than Group A participants or Group B participants, an analysis of variance (ANOVA) shows no statistically significant difference among the groups, suggesting balance across the three groups at enrollment.

Table 23

Average Frequency of Service Use at DBIP Partner Agency, 6 Months Prior to DBIP

	M (SD)
Group A **(n=183)**	8.09 (25.88)
Group B **(n=151)**	7.76 (21.91)
Group C **(n=183)**	4.24 (14.93)
Total **(n=508)**	6.61 (21.30)

Table 24 describes paired sample t-tests for participants who completed the enrollment and six-month follow-up surveys. On average, Groups A and B decreased their frequency of service use while Group C increased their frequency of service use; however, none of these changes were statistically significant. Figure 14 graphically describes the change in the average frequency of service use that is described in Table 25.

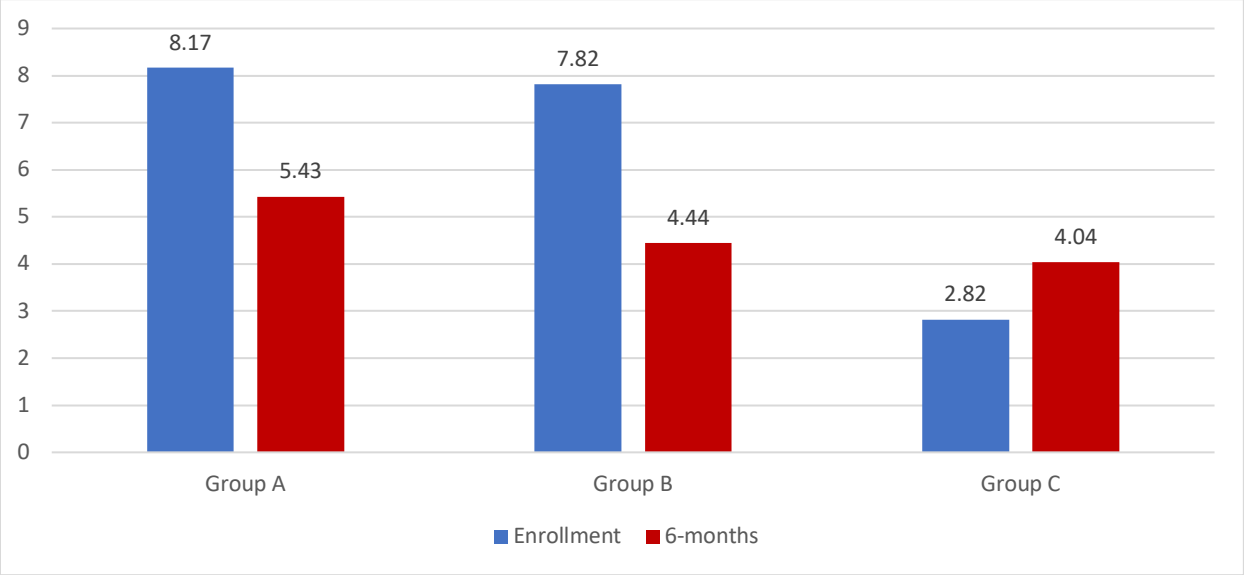
Table 24

Change in Frequency of Service Use, Enrollment to 6-month

	Service Use, Enrollment M (SD)	**Services Use, 6-month M (SD)**
Group A **(n=121)**	8.17 (25.77)	5.43 (18.30)
Group B **(n=106)**	7.82 (22.73)	4.44 (11.37)
Group C **(n=126)**	2.82 (5.65)	4.04 (9.47)

Figure 14

Change in Frequency of Service Use, Enrollment to 6-month Follow-up



TRANSPORTATION SECURITY

Transportation security was measured using an adapted version of the Transportation Security Standardized Measure (Murphy et al., 2021). Questions were asked on a scale of 1 to 3 where 1 indicates low transportation security and a 3 indicates high transportation security. Table 25 describes participants' transportation security at enrollment. There was no statistically significant difference in transportation security across the three groups at enrollment, suggesting balance in enrollment data across the three groups.

Table 25

Average Transportation Security at Enrollment

	M (SD)
Group A **(n=186)**	1.94 (0.62)
Group B **(n=167)**	1.82 (0.58)
Group C **(n=203)**	1.95 (0.64)
Total **(n=556)**	1.91 (0.62)

Table 26 describes changes in transportation security for participants who completed enrollment surveys and the six-month follow-up surveys. Paired sample t-tests of each payment group show increased transportation security for Group A and Group B and decreased transportation security for Group C.

Table 26

Change in Transportation Security, Enrollment to 6-month Follow-up

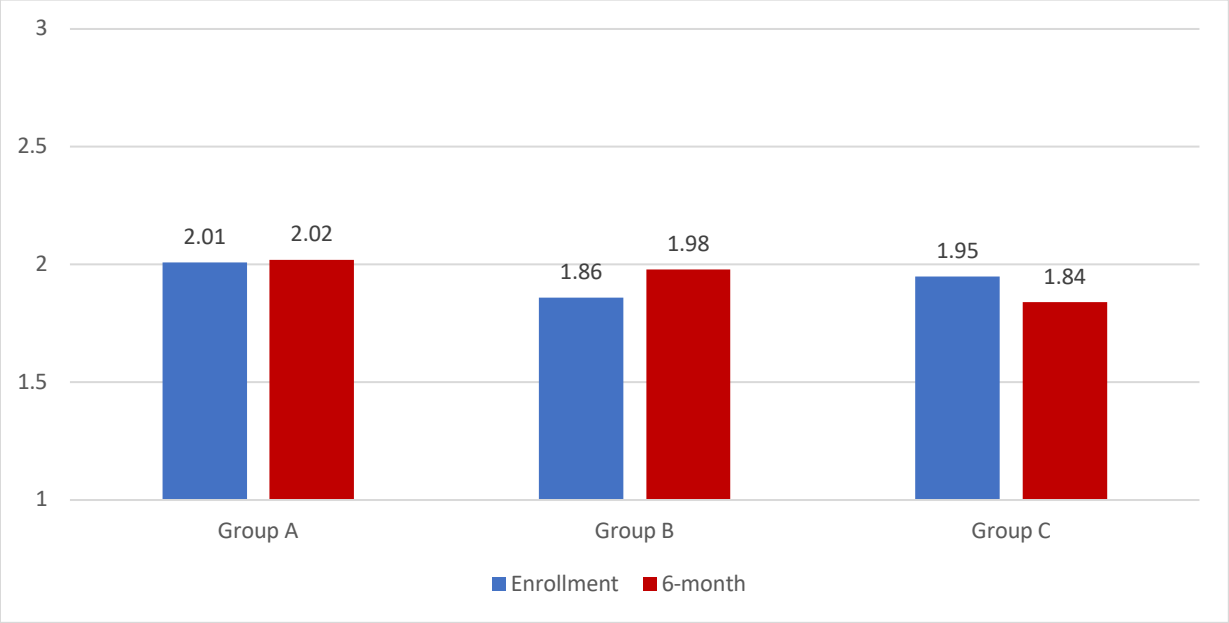
	Transportation, Enrollment M (SD)	Transportation, 6-month M (SD)
Group A **(n=134)**	2.01 (0.65)	2.02 (0.63)
Group B **(n=113)**	1.86 (0.60)	1.98 (0.64)
Group C **(n=144)**	1.95 (0.63)	1.84* (0.64)

*p<.05

Figure 15 graphically describes the change in transportation security that is explained in Table 27.

Figure 15

Change in Transportation Security, Enrollment to 6-month Follow-up



PUBLIC HEALTH AND SAFETY INTERACTIONS

Participants were asked to self-report the number of times in the previous six months that they interacted with various public services, including ER visits, hospital visits, ambulance use, the number of times to jail and the number of nights spent in a jail, the number of nights spent at a shelter, and the number of nights spent at an alcohol or substance use treatment center. Table 27 describes participant responses at enrollment. There was no statistically significant difference in interactions with public services over the six months prior to DBIP enrollment for participants across the three payment groups, suggesting balance at enrollment.

Table 27

Average Interactions with Public Health and Safety Services Six Months Prior to DBIP

	Group A Mean (SD); n	Group B Mean (SD); n	Group C Mean (SD); n	Full Sample Mean (SD); n
ER Visits	1.92 (7.39); 191	2.22 (6.62); 171	1.26 (2.30); 212	1.76 (5.76); 574
Hospital Visits	2.82 (12.16); 192	1.89 (5.43); 173	1.50 (5.38); 212	2.06 (8.29); 577
Ambulance rides	1.54 (10.20); 189	0.64 (2.55); 171	0.95 (5.60); 211	1.05 (6.93); 571
Times in Jail	0.15 (0.55); 190	0.22 (0.82); 173	0.23 (1.76); 212	0.20 (1.20); 575
Nights in Jail	2.67 (18.98); 190	2.31 (13.49); 173	3.62 (24.36); 210	2.91 (19.77); 573
Nights at Shelter	42.34 (64.77); 187	45.11 (64.32); 171	39.33, (62.57); 212	42.05 (63.75); 570
Nights at Center	1.25 (12.51); 190	5.26 (31.65); 173	1.30 (10.09); 212	2.46 (19.81); 575

Tables 28, 29, and 30 describe the change in the average use of public health and safety services for participants who completed both the enrollment survey and the six-month follow-up survey. Each table represents a payment group. Group A is described in Table 28. As can be seen, Group A participants had lower service interactions for every category other than the number of times to jail.

Table 28

Group A Average Number of Service Interactions from Enrollment to 6-month Follow-up

	Group A Enrollment M (SD)	Group A 6-month Follow-up Mean (SD)
Visits to an ER **(n=139)**	2.11 (8.60)	0.91 (2.38)
Number of nights in a hospital **(n=139)**	2.84 (13.35)	0.81 (3.24)
Ambulance rides **(n=137)**	1.88 (11.96)	0.32 (1.07)
Times to jail **(n=136)**	0.11 (0.48)	0.28 (1.65)
Number of nights in jail **(n=138)**	2.13 (16.18)	0.36 (1.60)
Nights in a shelter **(n=135)**	40.51 (63.00)	34.20 (72.80)
Nights in a substance use treatment center **(n=138)**	1.25 (13.62)	0.42 (2.94)

Table 29 describes Group B participants' reported service interactions. On average, participants in Group B reported fewer interactions with each service following enrollment in DBIP. In fact, there was a statistically significant decrease in the number of visits to an ER from enrollment to the six-month follow-up.

Table 29

Group B Average Number of Service Interactions from Enrollment to 6-month Follow-up

	Group B Enrollment M (SD)	**Group B 6-month Follow-up M (SD)**
Visits to an ER **(n=117)**	1.94 (6.84)	0.79* (1.60)
Number of nights in a hospital **(n=118)**	1.76 (4.73)	1.05 (4.27)
Ambulance rides **(n=116)**	0.48 (1.21)	0.34 (1.11)
Times to jail **(n=119)**	0.18 (0.79)	0.08 (0.31)
Number of nights in jail **(n=119)**	1.71 (11.50)	0.53 (4.63)
Nights in a shelter **(n=117)**	38.53 (63.75)	36.33 (65.88)
Nights in a substance use treatment center **(n=117)**	5.89 (34.70)	2.75 (18.44)

*p<.05

Table 30 describes Group C participants reported service interactions. On average, Group C participants report an increase in three of the public health and safety services: the number of nights in a hospital, the number of ambulance rides, and the number of nights in a substance use treatment center.

Table 30

Group C Average Number of Service Interactions from Enrollment to 6-month Follow-up

	Group C Enrollment M (SD)	**Group C 6-month Follow-up M (SD)**
Visits to an ER **(n=152)**	1.24 (2.22)	0.95 (2.45)
Number of nights in a hospital **(n=152)**	1.28 (4.47)	1.34 (5.55)
Ambulance rides **(n=152)**	0.60 (2.12)	0.76 (4.48)
Times to jail **(n=152)**	0.11 (0.42)	0.08 (0.34)
Number of nights in jail **(n=150)**	4.45 (28.56)	1.33 (9.06)
Nights in a shelter **(n=151)**	44.68 (67.83)	33.31 (100.61)
Nights in a substance use treatment center **(n=152)**	1.76 (11.88)	2.15 (16.41)

DISCUSSION

The Denver Basic Income Project (DBIP) is an innovative approach to homelessness that addresses lack of income as a driving force of poverty and homelessness. The primary purpose of this interim report is to understand DBIP participant baseline characteristics and ensure that randomization resulted in a balance of characteristics across payment groups. Findings from enrollment surveys show no significant differences for participant characteristics across payment groups at enrollment.

At the time of this report, participants have completed enrollment surveys and six-month follow-up surveys. This report contains some preliminary analysis to understand changes in participant outcomes from enrollment to the six-month follow-up. That said, DBIP provides 12 months of cash transfers, so we do not draw program conclusions based on these preliminary analyses. While paired samples t-tests allowed us to explore changes within the three payment groups from enrollment to the six-month follow-up, the full 12-month DBIP data will allow us to understand and compare differences between the three payment groups more completely.

Preliminary analyses in this interim report do show some six-month participant changes that we will further test after the conclusion of the 12-month project. Of these six-month participant changes there are some interesting findings. Not only did all three payment groups report an increase in independent housing, but participants from Group A and Group B, on average, reported feeling safer and more welcome in their sleep location at the six-month follow-up. In fact, the changes in sense of safety and feeling welcome for participants from Group A and Group B were statistically significant, suggesting this may be an important outcome to follow as the project progresses. Additionally, participants from all three payment groups reported decreases in sleeping in outside locations and no participants in Group A reported sleeping outside at the six-month follow-up. Participants who were staying in an unsheltered location at the time of enrollment also reported a decrease in the number of nights they spent unsheltered.

We assessed financial health using the Consumer Financial Protection Bureau's Financial Well-being Short Scale. All three payment groups showed statistically significant improvement in financial well-being at the six-month follow-up. Also of interest, more participants in Group A and Group B reported having full-time work at the six-month follow-up than they did at enrollment, while the number of participants in Group C working full-time did not change.

Preliminary findings related to psychological health at the six-month follow-up are mixed. Participants from Group A and Group B, on average, reported decreases in distress and anxiety at the six-month follow-up. We also report on an overall measure of mental health. Results show that, on average, participants in all three payment groups reported a statistically significant decline in overall mental health at the six-month follow-up, highlighting a tension between anxiety and overall mental health. Additionally, participants from Group A and Group B, on average, reported slight increases in sense of hope at the six-month follow-up and

participants in Group C, on average, reported a statistically significant decrease in sense of hope. So, participants in the higher payment groups improved in anxiety and hope, and declined in overall mental health, and participants in Group C reported declines in anxiety, hope, and overall mental health.

Service use, both social services and public health and safety services, are important outcomes for DBIP. At the six-month follow-up, participants in Group A and Group B, on average, reported a decrease in accessing services from their DBIP partner agency (meaning the agency they enrolled in DBIP through), while participants in Group C, on average, reported an increase in accessing these services. The six-month follow-up data also reveals some differences in the use of public health and safety services. For example, participants in Group B, on average, reported a decrease in all of the listed public health and safety services, in fact a statistically significant decrease in the number of times they went to an Emergency Room. Participants in Group A, on average, reported a decrease in all public health and safety services except the number of times they went to jail. Participants in Group C, on average, reported increases in three of the listed public health and safety services.

LIMITATIONS

As with all research and evaluations, the evaluation of DBIP is not without limitations. First and foremost, the data analyzed for this report follows participants for six months and the full DBIP program is designed for 12 months. Final results will be available after participants complete 12 months in DBIP.

Important points about the research design should be highlighted. DBIP was not designed as a masked study. This means that participants in the study knew which payment group they were assigned to at research enrollment. The choice to inform participants of their payment group prior to research enrollment was made for a number of reasons, one of which was for initiating research and program enrollment during a single participant touch point (rather than having an initial research touch point, and then a second program enrollment touch point)—as touch points can be a challenge when working with people experiencing homelessness. As an unmasked study, participants responses at enrollment to the research may have been impacted by their knowledge of the DBIP program. For example, participants may have been more hopeful at enrollment than would be typical due to their understanding that they were going to begin a guaranteed income program. The unmasked research design should be considered when interpreting results.

Additionally, this study uses an active comparison group rather than a control group. A control group typically receives “treatment as usual,” meaning they would not receive any monthly stipend from DBIP. However, due to ethical and research engagement concerns, the DBIP program and research design team decided to employ an active comparison group, hypothesizing that $50 a month would be enough money to incentivize and compensate participants to engage in DBIP, but a significantly smaller sum of money than that given to participants in Groups A and B such that the research design would still be able to capture the impact of different cash payments for outcomes of concern.

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