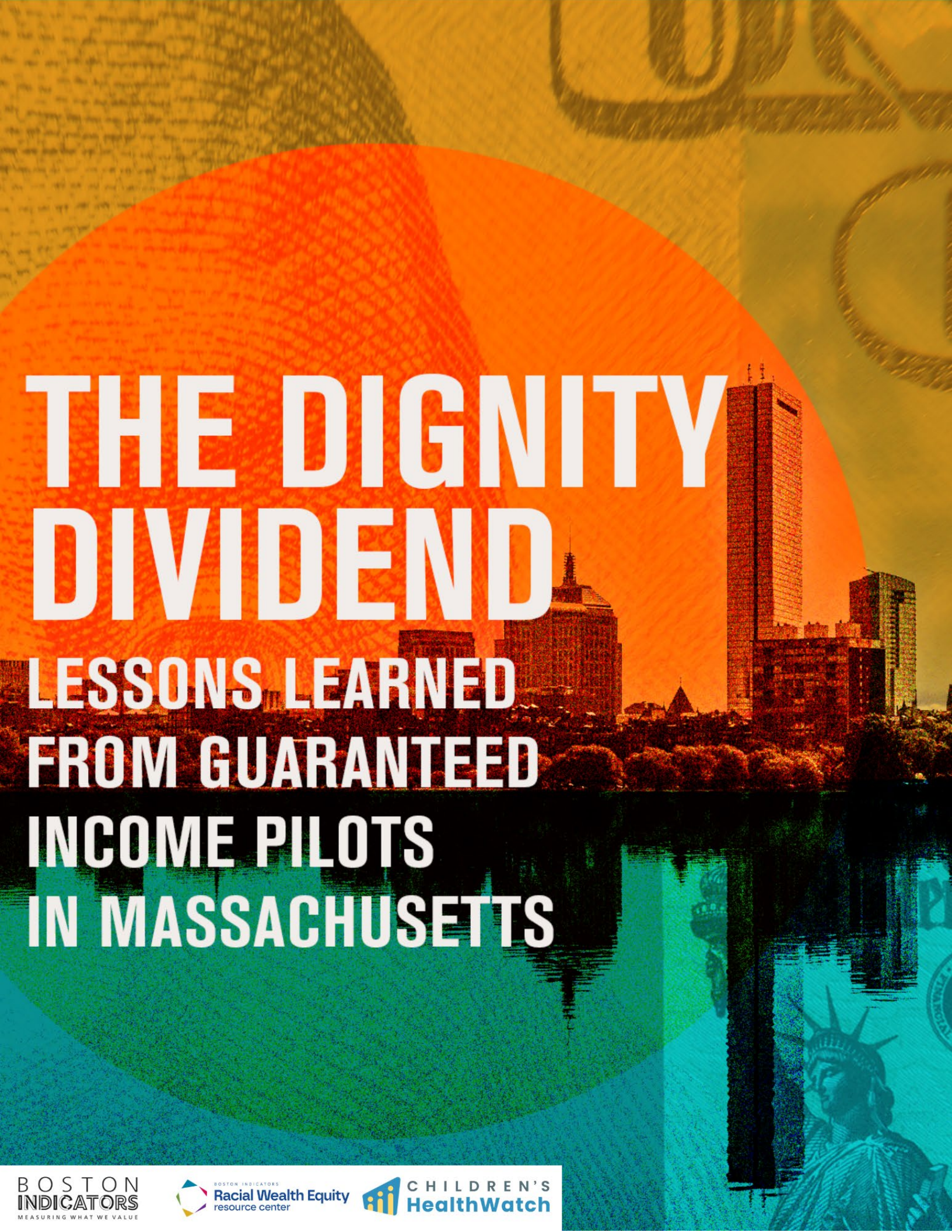

BOSTON INDICATORS
MEASURING WHAT WE VALUE

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Racial Wealth Equity
resource center

CHILDREN'S
HealthWatch

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About Boston Indicators

Boston Indicators is the research center at the Boston Foundation, which works to advance a thriving Greater Boston for *all* residents across *all* neighborhoods. We do this by analyzing key indicators of well-being and by researching promising ideas for making our city more prosperous, equitable and just. To ensure that our work informs active efforts to improve our city, we work in deep partnership with community groups, civic leaders and Boston's civic data community to produce special reports and host public convenings.

About Children's HealthWatch

Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts. Our mission is to achieve health equity for young children and their families by advancing research to transform policy. We do that by first collecting real-time data in urban hospitals across the country on infants and toddlers from families facing economic hardship. We then analyze and share our findings with academics, legislators, and the public.

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Introduction

Massachusetts is among the richest states in the world's richest country. Yet far too many residents struggle to make ends meet. This is partly a result of the high and rising cost of living in our region. But it is also an income problem.

Far too many low and moderate income households, especially households of color, are stretched thin by low wages and soaring costs for housing, child care, health care, and transportation. And not everyone is in the paid labor force; many people work little or not at all, for reasons like disability, old age, education, or family caregiving responsibilities. The COVID-19 pandemic exacerbated these disparities, but it also gave rise to a policy experiment with deep roots in American history: guaranteed income (GI), which provides unrestricted and unconditional recurring cash payments to individuals or families. While related to the idea of universal basic income (UBI), GI is typically targeted to those most in need rather than being provided to everyone.

GI is not a new concept. Different iterations have deep roots in American policy debates, championed by civil rights and economic justice leaders like Johnnie Tillmon, Ruby Duncan, and Dr. Martin Luther King Jr., who envisioned direct cash as a way to support caregiving, reduce poverty, and advance equality and economic justice. It has also drawn interest from the other side of the political spectrum, with President Richard Nixon, for instance, proposing in the 1970s a form of GI called the Family Assistance Plan. Libertarian-leaning economists like Milton Friedman also championed a related concept of the negative income tax as a simpler, more efficient alternative to complex welfare programs.

Over the past decade, GI has built on these historic ideas and moved from theory to practice. Interest gathered steam during the COVID-19 pandemic, with the federal government implementing two large-scale GI-style programs: Economic Impact Payments (or "stimulus checks") and the expanded Child Tax Credit, which provided monthly payments to roughly 90 percent of families with children. These policies were rolled out quickly, enjoying some bipartisan support, and demonstrated the practical benefits of getting flexible cash into people's hands.

Building on that momentum, state and local governments across the country began piloting GI programs, often using federal relief dollars made available through the Coronavirus Aid, Relief, and Economic Security Act (CARES) and the American Rescue Plan Act (ARPA). Since 2020, 24 GI programs have launched in communities across the Commonwealth. Massachusetts does not yet have a permanent GI program at the state level, but policymakers have taken steps in that direction. The state has expanded cash-based policies like the Earned Income Tax Credit (EITC), which supports low-income workers, and implemented a Child and Family Tax Credit (CFTC), which

provides universal support to families with children under age 13 and some older dependents. More recently, state lawmakers have introduced legislation for state-led GI pilots[i] and baby bonds[ii], an asset-building savings account created by the government at birth, to help close the racial wealth gap and promote long-term economic opportunity.

This report takes stock of what we've learned so far from this growing GI ecosystem and places that learning in the context of the broader national research base. We organize the report into four sections:

- State of the Research: We begin with a literature review of the national evidence base on GI. This includes findings from academic evaluations of pilot programs in other states, helping to contextualize the results we're seeing in Massachusetts.
- Catalog and Synthesis of Massachusetts GI Programs: We provide a detailed look at the 24 GI pilots launched across the Commonwealth over the past few years. We describe who was served and how programs were structured.
- Paths Forward on GI: We explore policy interventions that learn from insights on GI implementation to date, ones that range from ambitious to those that are more modest.
- Catalog of Active and Recently Concluded Programs: Finally, we provide program-level detail on every GI initiative we were able to document across Massachusetts.

Throughout the report, we draw on publicly available information and conversations with program administrators to surface what's working, where gaps remain, and how GI can be part of a more equitable economic future. In doing so, we aim to contribute to an ongoing conversation about how best to ensure that every household in Massachusetts has the resources, security, and dignity they need not just to get by, but to thrive.

Over the past several years, leaders in Massachusetts and across the country have launched GI pilot programs to help people meet basic needs, improve health, promote housing stability, strengthen economic security, and more. These programs have been closely tracked by researchers and advocates alike, and there's growing energy behind the idea that unconditional cash could be a valuable addition to the social safety net.

Many of these pilots were explicitly designed to support rigorous evaluation. Some of the strongest studies, including those by OpenResearch[iii] and the Center for Guaranteed Income Research at the University of Pennsylvania, have used randomized control trial (RCT) methods to measure their impact. By randomly assigning participants to treatment and control groups, RCTs give us the best shot at understanding whether changes in outcomes are driven by the program itself, rather than outside factors. Others rely on participant surveys without control groups that offer a point of comparison and often include qualitative research, such as interviews with program participants. This sort of research can uncover nuanced details about program participation that can be missed by purely quantitative research.

While the largest GI studies have taken place outside Massachusetts, strong local efforts have emerged as well, particularly in Chelsea[iv] and Cambridge[v]. The Chelsea Eats program stands out in particular—not only for its solid research design, but for the scale at which it operated, reaching a significant portion of the city's population and providing rare insight into what GI might look like when deployed community-wide.

Still, existing evaluations share some important constraints. First, the programs to date have been time-limited by design, meaning that participants always knew their monthly payments would stop after a defined period. People may spend money quite differently when they know it's temporary versus when they can count on it indefinitely. It's hard to commit to a long-term rental lease, for instance, if you know the cash support will end soon. On top of that, in some programs, monthly payment levels have often been relatively modest. For example, the well-known Compton Pledge[vi] pilot provided cash transfer payments averaging about $500 per month per household. This may sound large at first blush, but it only translates to just over $100 per person, given the program's average household size of 4.4. So, while these aren't insignificant sums, there's a practical limit to how much they can achieve at this scale and when distributed with time limits.

Another analytical challenge is that cash is fundamentally flexible, leading to diffuse uses and benefits. This is a strength of GI, allowing participants to identify and meet their unique needs, often bridging the gap where other benefits may fall short or not exist. But it also makes quantifying total benefits of programs difficult since uses are spread across so many domains. One participant might use the money to catch up on rent, another to buy healthier food, and another to care for a family member or go back to school. These individualized benefits often get averaged out in the data, potentially understating the real value participants derive from having decision-making power over spending the cash they receive.

The COVID-19 context also looms large. Many GI pilots launched during the pandemic or in its immediate aftermath, when economic conditions were anything but normal. On the one hand, the economic need was acute. On the other hand, those same households were often receiving other supports like federal stimulus checks, enhanced unemployment benefits, and expanded food and housing aid. These overlapping interventions, paired with a rapid macroeconomic rebound, make it tricky to isolate the impact of GI alone, and underscore why having a randomized control study design is so essential in evaluating these programs.

Further complicating things is the fact that researchers and advocates have sometimes interpreted the current crop of evaluation findings in disparate ways. Findings around labor force participation, for instance, have been heavily debated. The same data from the OpenResearch Unconditional Cash pilot showing a 2 percent drop in employment has been characterized by some as showing that GI programs have a minimal impact on labor force activity and by others as reason for concern. We'll dig more into the nuances of this specific example later in the report, but that variance in interpretation speaks to a deeper challenge: What counts as a significant change?

Perhaps the most pressing question hanging over these discussions, which needs to be faced head-on, is: where might future funding come from? Most large municipal pilots were made possible by temporary federal relief funds through CARES or ARPA, but those reserves are now gone.

Philanthropic support has helped fill some gaps, yet private funds can't match the scale of government. Part of why public funding flowed during COVID was because the threat was clearly defined and urgent. But in more normal times, the "threat" is persistent poverty, which is harder to rally consensus around. This makes raising public funds for guaranteed income and related programs fraught. Therefore, advocates must grapple with whether to push for higher taxes—always politically difficult, especially with strained budgets and a slowing macroeconomy—or to propose repurposing money from existing programs. In some cases, that latter approach may make sense. The Chelsea Eats program, for instance, was partly funded using money redirected from a traditional food distribution program, though most funding still came from federal COVID relief.

Despite all these complexities, our vantage point is that GI holds considerable promise. We remain optimistic about its potential but also open to the idea that it may not be the right fit in every context or at every scale. Our goal is to be faithful to what the data actually show, while acknowledging the many questions that remain. For deeper dives, we encourage readers to consult other excellent syntheses of the field, including recent work from the University of Chicago[vii], the Jain Family Institute[viii], and the Economic Security Project[ix].

Summaries of Three High-Quality Studies

In this section, we assess what the highest-quality evaluations reveal about the impacts of GI. We focus on experimental studies that meet rigorous standards: random assignment to treatment and control groups, large sample sizes, low attrition rates, and the use of both participant surveys and administrative data to measure outcomes.

For insights drawn from qualitative studies and interviews with program administrators, see our analysis of other Massachusetts GI pilots in the Catalog and Synthesis of Massachusetts GI Programs section of the report.

First, we will summarize cross-cutting insights from the highest-quality national evaluations and two strong local ones:

- The Unconditional Cash Study by Open Research
- Chelsea Eats by the Rappaport Institute at Harvard Kennedy School
- Cambridge RISE by the Center for Guaranteed Income Research at the University of Pennsylvania. (We look just at the first iteration of the program before it was expanded into Rise Up Cambridge. A complete evaluation of the expanded program is not yet available and will not include comparisons of treatment and control groups).

We focus attention on the above studies due to their methodological rigor and relevance for both national and local policy contexts. However, other high quality GI studies that we explored include Baby's First Years[x], which tracks the effects of monthly payments on infant brain development among 1,000 low-income families; the Denver Basic Income Project, which tested multiple cash transfer structures with 807 people experiencing homelessness; the Stockton Economic Empowerment Demonstration (SEED) which provided $500 per month for two years to 125 residents of low-income neighborhoods; and the Compton Pledge, which distributed monthly payments of $300 to $600 to 800 low-income residents, including those often excluded from traditional safety nets.

After summarizing findings from these studies, we will end by summarizing research findings for a few key outcome areas, including housing, food, health, work, and financial stability.

The Unconditional Cash Study by OpenResearch

Easily the largest and highest-quality evaluation of GI conducted in recent years is the Unconditional Cash Study, led by OpenResearch and academic partners, with funding from OpenAI. While there have been other strong experimental GI studies in recent years, none match the OpenResearch study in scale or experimental design.

The OpenResearch study included over 3,000 low-income individuals, with 1,000 receiving $1,000 per month for three years, and 2,000 others receiving only $50 per month. The program also spanned Texas and Illinois, allowing for some comparisons across geography. In addition to the large treatment and control groups, the OpenResearch study ran for three full years (compared to the typical 12–18 months of other GI pilots), and the $1,000 per month stipend was significantly more generous than most programs. Notably, for participants in Illinois, the researchers organized to pass a state law ensuring that GI payments would not be taxed or affect eligibility for other benefits, making it a true net income increase. Negotiating this type of exception was not possible in Texas' political environment.

Beyond its scale, many details of their randomized control trial make it uniquely high quality:

- Blinded Control Design: The control group received $50/month, rather than nothing, and was unaware they were in a control arm, a design that helped maintain engagement among control group members without signaling that they were "missing out" on the real treatment.
- Low Attrition: The study maintained consistently high engagement across the three years, which contrasts starkly with other pilots like BIG:LEAP in Los Angeles, where 65 percent of the treatment group dropped out. This low attrition was likely due to the control group receiving small $50 monthly transfers, which helped keep them engaged, and the study

team conducting extensive outreach and follow-up efforts. While effective, this level of engagement is costly to support at scale.

- Use of Administrative Data: The study went beyond self-reports, incorporating credit reports, health metrics (including blood samples), and long-term tracking to generate a more objective picture of impact.

So, what did the OpenResearch study find? Ultimately, the results from the OpenResearch pilot are nuanced, offering a mix of validation and complication of prevailing narratives about GI. One of the most notable findings was that material hardship declined. The participant pool was very low-income, and the $1,000 monthly stipend represented a nearly 40 percent increase in income—a large infusion relative to typical public assistance programs. Participants overwhelmingly used the income to cover essentials like food, housing, transportation, and utilities. And they reported greater financial stability and reduced anxiety in the early phases of the program. One of the core criticisms of GI is that participants could use the funds on things like alcohol or luxury items, but there was no evidence of this; in fact, spending on alcohol or luxury items was negligible. These results reinforce prior research showing that low-income families are rational spenders when given cash. A smaller but still significant share of participants used the money to pursue new opportunities, such as starting a business or enrolling in a training course, suggesting long-term potential beyond immediate needs.

On the labor market front, the study was one of the first high-quality RCTs to detect a measurable reduction in employment. Participants in the treatment group were 2 percentage points less likely to be employed than those in the control group, worked 1.3 fewer hours per week on average, and saw their earned income decline by about 5 percent. While not nothing, these reductions clearly aren't huge either. Further, these small reductions were concentrated among those under 30, and these participants used some of this extra time to get more education or to increase caretaking of their children. These activities can have important long-term benefits through increased human capital development and through stronger attachment and child development.

Still, for some participants, the time freed up by GI went primarily to leisure, including time spent on social activities, recreation, or simply resting. Implementing GI at scale requires meaningful public investment, and reductions in paid work or caregiving can, on the margin, increase the overall fiscal cost. That said, leisure itself has real value. We heard examples of parents cutting back on physically demanding service jobs or families taking a modest vacation for the first time. These are experiences that improve quality of life, even if they do not show up in economic productivity measures.

On health, researchers observed early improvements in stress reduction and food security, but the effects faded over time. Office-based medical care also slightly increased, with dental visits in the past 12 months increasing the most at five percentage points. Meanwhile, the study found no impact

on sleep and minimal impact on biomarkers like cholesterol and blood pressure. Despite the sizable and sustained transfer—$36,000 over three years—there were no statistically significant long-term gains in physical health or net financial wealth accumulation. This suggests that while GI can help people maintain stability and navigate immediate hardship, we do not yet have evidence that it is sufficient to drive lasting changes in economic mobility or overall physical well-being without additional structural supports.

In short, the OpenResearch study validates key arguments in favor of GI—that people use cash responsibly, that it stabilizes household finances, that it improves well-being in the short run, and increases agency to pursue long-term goals. But it also introduces new complexity into the conversation, showing that even generous monthly payments over three years may have limited effects on physical health and upward mobility, and may carry small impacts on paid work (offset in part by an increase in caregiving work).

Chelsea Eats

While several GI programs in Massachusetts are still being evaluated, two completed studies stand out for the strength of their research design: Chelsea Eats and Cambridge RISE. Both relied on RCTs—the gold standard in impact evaluation—because they allow us to draw clearer conclusions about cause and effect.

Chelsea Eats stands out as the largest and most rigorous guaranteed income evaluation we've seen in Massachusetts to date. The pilot launched at the height of the COVID-19 crisis, when the city of Chelsea—one of the state's most economically vulnerable communities—was hit particularly hard. Roughly 2,200 households, representing about 15 percent of all households in the city, were selected through a lottery to receive monthly cash payments of $200 to $400, depending on family size. These payments were provided over a six-month period beginning in late 2020, with a subset of participants continuing for an additional three months. While the intervention was short-term and the monthly amounts relatively modest, the scale and quality of the evaluation make it a particularly important reference as policymakers consider broader guaranteed income strategies.

The evaluation was led by the Rappaport Institute for Greater Boston at Harvard University and funded by the Shah Foundation in partnership with the City of Chelsea. The evaluation had a low attrition rate, and it paired survey data on outcomes with direct administrative data from sources like the Chelsea Public Schools. The evaluation assessed the causal effects of income on food consumption, financial well-being, and a variety of potential downstream impacts like health and school attendance.

Food insecurity dropped meaningfully among participants, particularly in the early months. Participants also reported spending more on food overall, selecting healthier options and foods that

better matched their cultural preferences. Many expressed greater satisfaction with their diet and experienced less financial stress. Interestingly, treatment group participants increased their use of food distribution sites—possibly because the cash allowed them to make fuller use of staple ingredients or increased trust in public services. Further, it's possible that staple foods (e.g., potatoes and onions) are more valuable when people have cash to supplement them with other ingredients purchased on their own with cash (e.g., meat).

The early gaps between the treatment and control groups on food security measures diminished by the end of the study period, though, suggesting that while short-term cash can alleviate acute hardship, it may not be sufficient to ensure long-term food security—especially in places where baseline need is so high.

Among all the outcomes measured, perhaps the most compelling finding was the sharp drop in emergency department visits—roughly 217 visits per 1,000 people in the treatment group compared to 318 in the control group, a 27 percent reduction. This included fewer visits related to behavioral health and substance use crises, as well as fewer hospital admissions that originated in the ER. Given the high cost of emergency care, this reduction not only points to improved individual well-being but also suggests the potential for meaningful public health system savings.

Importantly, the evaluation of Chelsea Eats found no evidence that cash assistance reduced labor force participation—employment rates and hours worked remained comparable between the treatment and control groups. This finding aligns with many earlier GI pilots and offers a meaningful counterpoint to the more recent results from the OpenResearch study, which detect a small decline in paid employment and work hours, particularly among younger participants and single caregivers who increased time spent with their children. Given its scale, duration, and high-quality experimental design, the OpenResearch study deserves serious consideration in shaping our understanding of GI impacts. But the Chelsea Eats results remind us that labor market effects may not be uniform across programs.

The evaluation also tracked a wide range of other outcomes, including physical and mental health, children's school attendance, and housing stability. There were no statistically significant improvements in self-reported health or education outcomes, although researchers found some suggestive evidence of fewer residential moves and noted a slightly higher pregnancy rate in the treatment group—a pattern that emerged in the data but warrants further exploration. On spending behavior, participants overwhelmingly used the money for basic needs, with no observed increase in spending on things like alcohol, gambling, and other non-essentials, which is consistent with other studies.

Taken together, the results of Chelsea Eats offer a compelling, but nuanced, case for GI. The reductions in food insecurity and emergency department use are clear wins, especially given the

modest size of the payments and the short timeline. But the persistence of high hardship levels in both the treatment and control groups by the study's conclusion points to the scale of unmet need in communities like Chelsea.

Cambridge RISE

The City of Cambridge has emerged as a leader in testing GI, launching multiple efforts in recent years to support low-income families with direct cash assistance. The most recent is the Rise Up Cambridge program, which from June 2023 to February 2025 provided $500 per month to all low-income families with children 21 years old or younger, up to 250 percent of the federal poverty level. This broad eligibility dramatically increased the city's GI efforts: from 130 households under the earlier Cambridge RISE pilot to nearly 2,000 households under Rise Up Cambridge.

While Rise Up Cambridge represents an important step toward scaling GI locally, its research design differs from Cambridge RISE. Cambridge RISE, launched in 2021, was part of the American Guaranteed Income Studies effort led by the Center for Guaranteed Income Research at the University of Pennsylvania. It used a RCT to assess impacts by comparing treatment and control groups. In contrast, as Rise Up Cambridge covered all eligible families and didn't involve a lottery, it is being evaluated through an outcome study led by MDRC that draws on intake data, surveys, interviews, focus groups, and consultation with a community advisory council. This evaluation, with final findings expected in late 2025, will offer insights into implementation and participant experience, and—importantly—uses a longitudinal approach to track changes over time, unlike some GI studies that only assess outcomes at program end.

For these reasons, we focus here on the initial RISE pilot. While the evidence from this program is instructive, it's worth noting that the study had a relatively small sample size and a somewhat high attrition rate (30 percent for the treatment group by the end of the 18 months). The research team used imputation methods to fill in missing data, which helps, but the level of attrition still introduces uncertainty.

With those caveats out of the way, what did the research show? Full-time employment among Cambridge RISE participants increased from 36 percent at baseline to 40 percent after one year. In comparison, the control group saw a slight decline in full-time employment, from 30 percent to 28 percent.

Compared to the control group, recipients of the GI also had higher overall incomes, less income volatility, and were better positioned to handle a $400 emergency expense. They also saw reduced housing cost burdens, more consistent utility payments, and greater food security. These are all signs that even modest, unconditional cash support can meaningfully improve financial stability for low-income families.

As single caregivers, participants described how the GI created time and space for parenting, enabling them to spend more time with their children. In turn, children in cash-assisted families showed better academic outcomes and parents had higher expectations for their children's future. Though other impacts on participants' physical and mental health were mixed, these findings suggest that GI can positively impact the attention and support that parents are able to give to their children.

Research Findings by Domain

Because GI programs are often designed with different goals and populations in mind, the outcomes and the strength of the evidence behind them can vary widely. For instance, Chelsea Eats was structured to address food insecurity, while other programs like Cambridge RISE placed greater emphasis on financial stability and household well-being. We end this literature review section by breaking down the findings by outcome area, highlighting where the evidence is strongest, where it is weakest, and where more study is still needed. In doing this, we also include references to a few other evaluations in the U.S., where instructive. These include Compton Pledge, Baby's First Years, Denver Basic Income Program, and Stockton Economic Empowerment Demonstration (SEED) and the Eastern Band of Cherokee Indians' cash transfer program.

It's also worth noting up front that while there are some encouraging results on secondary measures like health and housing, the absence of consistent, transformative change should not be viewed as a failure of these programs. Given the modest size of the payments and the fixed duration of most pilots, it would be unrealistic to expect many families to secure better housing or reverse the long-term health impacts of sustained poverty.

Labor force participation

Labor force participation is one of the most closely scrutinized outcomes in GI research, driven by concerns that unconditional cash might discourage work. Across several of the most rigorous U.S.-based evaluations, the evidence so far offers a nuanced but largely reassuring picture. While some studies show modest reductions, the best local evaluations of Chelsea Eats and Cambridge RISE showed no meaningful employment reductions, and in the case of Cambridge, a slight increase in full-time work. A recent meta-analysis by the Jain Family Institute, synthesizing the highest-quality GI evaluations to date, found that the expected change in hours worked in response to a typical cash transfer is a decrease of about half an hour per week—a negative effect, but extremely small in magnitude. Taken together, these findings suggest that GI does not broadly undermine labor force participation.

Still, given its scale, three-year duration, and rigorous design, the OpenResearch findings are worth noting as policymakers weigh potential trade-offs. Participants were a small two percentage points

less likely to be employed (or 1.3 hours less work per week) than the control group. Some participants used this time for added leisure, which can have its own intrinsic benefits, and many younger adults used it to get more education and take care of their kids.

Cambridge RISE provides the most optimistic local results. Participants receiving $500 per month for 18 months saw full-time employment rise from 36 percent to 40 percent, while the control group's rate declined by two percentage points. Similarly, Stockton's SEED pilot saw participants move from part-time to full-time work over the first year, with a 12-percentage point increase in full-time employment, compared to only a small increase in the control group.

Spending, savings and debt

There is strong and consistent evidence that GI improves short-term financial stability, helping participants meet basic needs, avoid immediate crises, and reduce financial stress. An important finding across studies is that participants use the funds for essentials like food, housing, and transportation, and many are also able to pay down debt or build modest savings. While the transformational effects on recipients' economic trajectories are rare due to the time-limited intervention and small dollar amounts relative to baseline financial need, the consistent finding that people use the cash for practical, everyday needs should be viewed as strong evidence that these programs are working as designed.

Most GI studies find sizable increases in total household consumption, underscoring the role of cash in helping families meet basic needs. OpenResearch, for example, found that participants increased their monthly spending by approximately $300, a clear sign that GI funds are actively used rather than passively saved. Across most pilots, participants reported using the majority of their payments on necessities, rather than non-essentials or luxury goods. Administrative data from Chelsea Eats showed especially high usage on groceries, household goods, and transportation. Similarly, Cambridge RISE participants used their cash to cover rent, utilities, and food.

Impacts on savings and debt are mixed. In OpenResearch, participants were slightly more likely to report paying down debt and building emergency savings, though these effects were modest in size. Household net worth actually declined by about $1,000, and longer-term assets like retirement savings showed no significant change. Other studies, including Compton Pledge and, found that some participants were able to avoid taking on new debt or pay off small balances, but the overall impact on long-term financial assets or credit outcomes remains unclear. While predictable monthly cash can relieve immediate financial pressure, the amounts may not be large enough to allow for substantial saving or investment—particularly in high-cost regions—underscoring the need for additional structural support.

Participants in Chelsea Eats were also more likely to have cash on hand to cover a $300 emergency expense and reported lower levels of financial stress overall. Cambridge RISE similarly found improvements in participants' financial health, noting that participants were better positioned to handle a $400 emergency expense. OpenResearch added further nuance to this picture, finding that while participants experienced a small but significant increase in financial shocks, they were also less likely to run out of money between paychecks, more likely to handle unexpected expenses independently, and less reliant on support from friends and family to fill budget gaps. Credit scores among participants also increased by an average of six points. Taken together, short-term GI programs have not shown substantial shifts in long-term financial metrics like net worth, but they can enhance immediate financial resilience. It's also worth noting that many of these evaluations were quite recent, and it is possible that long-term benefits could materialize but just haven't been seen yet.

Education and entrepreneurship

Findings from several pilots suggest that GI may open limited but meaningful opportunities for participants to invest in education and career-building, particularly among younger adults. In OpenResearch, participants were more likely to report engaging in job training or entrepreneurial activity, with many noting that the monthly cash allowed them to take financial risks, reduce hours at low-wage jobs, or pay for course fees and startup expenses. The study also found increases in entrepreneurial orientation and intention—meaning more participants expressed interest in starting a business—even though this did not translate into measurable increases in actual business creation during the study period. This gap may reflect the simple reality that launching a business takes time, and most GI pilots were limited in duration.

At the same time, more formal education outcomes show less movement. Drawing on a combination of survey and administrative data, OpenResearch found no statistically significant changes in high school or GED completion, postsecondary enrollment, or informal education overall. However, they did observe larger effects among participants under the age of 30, who may be more likely to invest in education when given additional financial flexibility. While education prior to college hasn't been a primary focus of most GI pilots, Cambridge RISE research found modest improvements in children's academic outcomes and increases in parents' expectations for their children's education. In contrast, Chelsea Eats showed no impact on school attendance, suggesting that changes in household attitudes or resources may not easily translate into shifts in formal educational engagement. While GI may not dramatically shift formal education attainment in the short term, the evidence suggests that it can support children and young adults in improving educational outcomes and human capital development.

Health and mental health

A growing body of evidence suggests that GI programs can influence certain aspects of health, even when they aren't designed primarily as a health intervention. A scoping review by Nishimura et al.[xi] examining health outcomes in GI studies in the U.S. and Canada found evidence that GI can positively impact individual health outcomes, but further research is needed to understand the effect across a broader range of health outcomes. Some programs have shown promising results on specific outcomes like emergency room use and early child development, while others have found little to no measurable impact on mental health or health care utilization.

The most positive health-related finding in our scan of the research comes from Chelsea Eats, which used administrative health data to show a 27 percent relative decrease in emergency room visits among participants, with even steeper declines in behavioral health-related visits (62 percent), substance-use-related emergencies (87 percent), and hospitalizations (42 percent). These findings stand in contrast to those from Baby's First Years, which found no significant impact on emergency room usage or overall health care utilization, likely due to the deeply entrenched barriers low-income families face when navigating the health system. OpenResearch[xii] even found a slight increase in ER visits, based on self-reported survey data, and no measurable changes in general healthcare use. Another striking health-related finding comes from Baby's First Years, in which researchers observed differences in infants' brain activity associated with higher cognitive development among children whose families received larger cash transfers. This is a potentially transformative result, underscoring the developmental power of stable income in a child's earliest months that can allow for more time with caregivers.

Several new GI pilots focused on health outcomes have recently begun in Massachusetts. These are primarily focused on improving birth outcomes, child development, and disease management/prevention, all of which have major implications for long-term health and educational costs.

Mental health outcomes have been less consistent across studies. Despite the common assumption that reduced financial stress would translate to improved well-being, Chelsea Eats, OpenResearch, Cambridge RISE, Compton Pledge, and Baby's First Years tended to find modest impacts on stress, depression, or self-reported mental health, but that these faded over time. Still, there is promising suggestive evidence from other studies. The Eastern Band of Cherokee Indians' long-running cash transfer program, for example, found long-term improvements in mental health and reductions in psychiatric disorders among children. Similarly, the SEED program found self-reported reductions in stress, anxiety, and depression among participants, confirmed by validated measures. Sleep outcomes remain inconclusive as well, with no effect observed in Baby's First Years or OpenResearch, although the Compton Pledge did detect a statistically significant increase in sleep duration.

Qualitative research on cash transfers highlights how their flexible, unconditional nature can foster a strong sense of dignity and personal agency. One participant in the Open Research[xiii] program, for instance, shared: "I feel more in control of my destiny. Because of not only the additional income, but the consistency of the income, it allowed me to plan, to forecast, to dream, to achieve things that I thought I wouldn't be able to achieve because I couldn't see beyond them financially."

Housing

Housing stability is a critical measure of household well-being, but it has not been a central focus of most GI evaluations to date. The limited evidence we do have suggests that while GI may not be sufficient to meaningfully shift long-term housing outcomes—especially in high-cost regions—it can help households manage short-term housing-related expenses and avoid immediate crises.

Perhaps the leading GI pilot aimed at increasing housing stability was the Denver Basic Income Project, which randomly assigned homeless adults to receive either about $1,000 a month (in two payment structures) or $50 a month (i.e. the control group). After ten months, episodes of homelessness fell across all groups. Homelessness declines were a bit larger for the $1,000 treatment groups, but not at a statistically significant level. Because people often cycle in and out of homelessness in temporary spells, a short-run cash infusion may be too brief to spur lasting housing stability. So, unsurprisingly, many used the money for immediate needs such as food rather than long-term leases or security deposits.

Meanwhile, in the OpenResearch study, participants reported feeling better able to pay rent and cover utilities. The study also found increases in residential mobility, which the authors interpret as a positive sign that families had more freedom to move to preferred neighborhoods. Survey data from Cambridge RISE showed reduced housing cost burden in the treatment group, while self-reported data from SEED indicated that participants were more likely to be stably housed and less likely to miss rent payments compared to the control group. Participants in the Compton Pledge also reported being better able to pay rent and facing a lower likelihood of eviction.

Still, the scale and duration of most GI pilots may not be enough to move more entrenched housing outcomes, such as preventing eviction or reducing homelessness. In Chelsea Eats, for instance, there were no statistically significant changes in housing stability or rent burden. And while several programs asked about housing stress or cost burden, few linked the income to changes in eviction filings or long-term affordability. Taken together, the evidence suggests that GI can provide an important buffer against housing-related emergencies, especially for families living on the edge. But addressing chronic housing instability likely requires larger, sustained interventions—particularly in markets where rents far outpace incomes.

Food

Food security is one of the more commonly tracked outcomes in GI pilots, given its close ties to financial stability. Yet evaluation results have been mixed. Chelsea Eats and OpenResearch showed early improvements in food security, but those gains faded by the end of the study period. Baby's First Years found no significant change. These findings suggest that while GI can offer short-term relief, it alone may not be enough to drive sustained food security, especially in high-cost areas or when programs are time-limited.

Still, across all of these same programs, food-related spending increased, suggesting that families prioritize flexible, essential needs when given more financial control. In Chelsea Eats, this may have been reinforced by the program's name, as some participants may have interpreted this branding to suggest that they should be spending the cash on food specifically. And while spending alone didn't always improve food security, several studies found improvements in food quality. Baby's First Years saw greater fresh produce consumption among young children in higher-cash households, while Chelsea Eats and OpenResearch both reported healthier eating patterns and Chelsea Eats participants reported higher satisfaction with meals. These findings suggest that while GI may not always be sufficient to eliminate food insecurity outright, it can empower families to make healthier choices and regain a sense of agency in how they feed themselves and their children.

Beyond Local Pilots: Lessons From Longer-Running Cash Transfer Programs

The evaluations summarized above focus on recent GI pilots, but those experiments share some common constraints, which we mention several times above, including short time horizons, with pilots typically lasting only months or a few years; relatively modest monthly payments, often far below a living wage; and small treatment groups, limiting what we can learn about community-level effects if cash reached more people. Fortunately, research on cash transfer programs in other contexts can help shed some suggestive light on these dynamics. We end this section with some very brief summaries of this broader research, looking at impacts of:

- The Alaska Permanent Fund Dividend: Since 1982, Alaska has provided all residents with an annual, unconditional cash payment funded by oil royalties through the Alaska Permanent Fund. The specific amount varies, but it's been around $2,000 in recent years. Because everyone in the state receives the payment, there's no natural control group to compare outcomes. However, a study by the National Bureau of Economic Research[xiv] used data from the Current Population Survey and constructed a synthetic control to evaluate employment outcomes. They found the cash payment had no effect on overall employment but increased part-time work by 1.8 percentage points. The researchers posit that the cash infusion likely

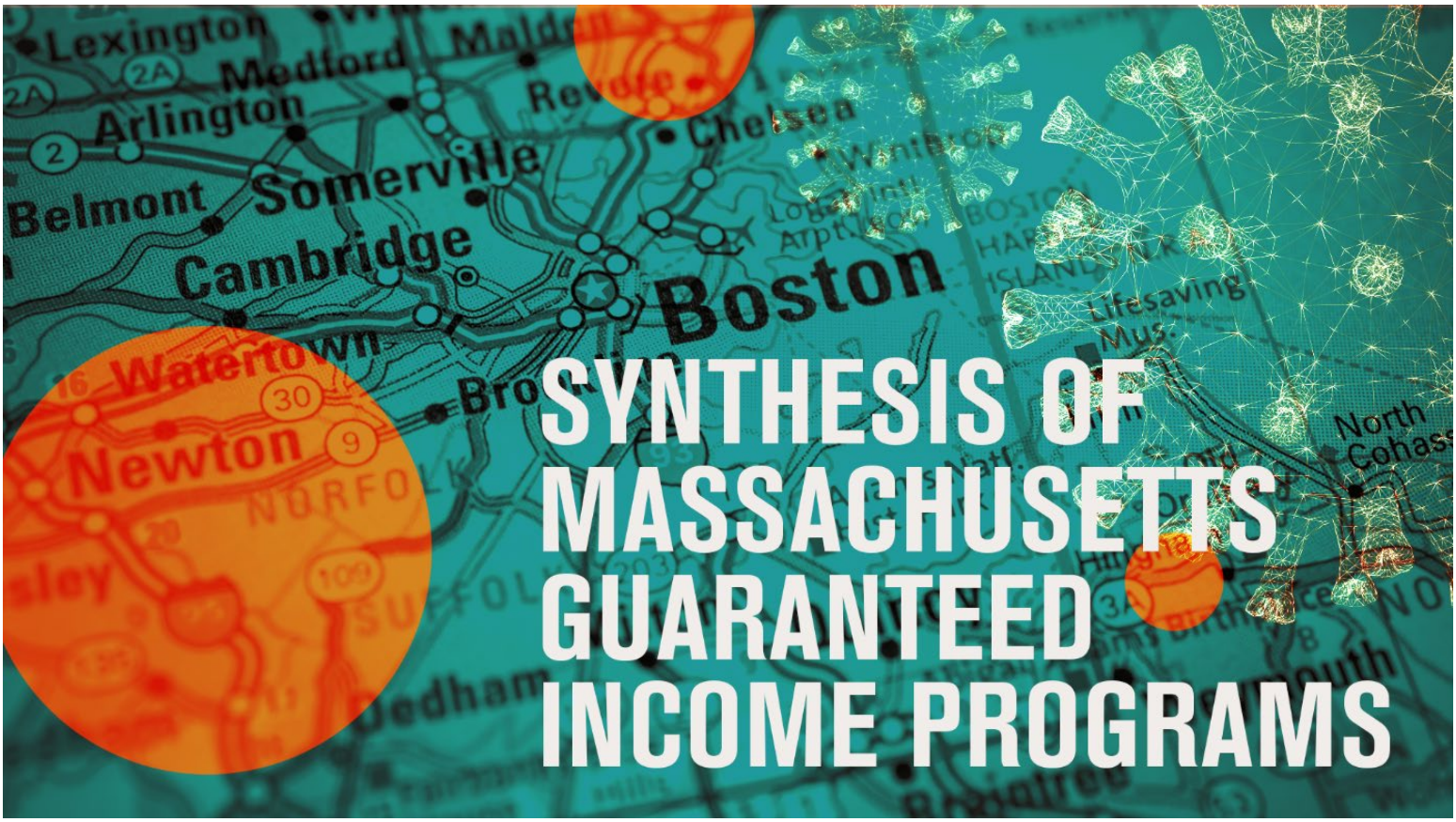
boosted local consumption, stimulating labor demand and mitigating reductions in hours worked.

- Eastern Cherokee Casino Revenue Payments: The Eastern Band of Cherokee Indians in North Carolina created a powerful natural experiment of GI when in 1996 they began distributing casino revenue to adult tribal members, amounting to about $4,000 annually per household. Using data from the Great Smoky Mountains Study of Youth, Akee, et al.[xv] studied the effect of this unconditional and permanent income on children's outcomes by comparing age cohorts. They found that children, especially those in the poorest households, who spent more years receiving these payments were significantly more likely to graduate high school and less likely to commit minor crimes. Cash transfers reduced stress in parents and this reduction enabled more nurturing, engaged, and effective parenting—ultimately contributing to improved behavioral and educational outcomes for their children.

- Unconditional cash transfers in low- and middle-income countries: International GI and cash transfer programs provide valuable insights for U.S.-based policy design. We didn't dig into individual international programs, but a meta-analysis by Crosta et al.[xvi], covering 115 randomized studies of 72 unconditional cash transfer programs in 34 low- and middle-income countries, finds strong positive average effects on ten out of thirteen outcomes, including food consumption, income, and work. The size of impact varies by how the cash is disbursed, with ongoing payments generating more change in consumption, and lump sum payments facilitating more long-term savings. The study also finds that programs targeted or framed toward specific populations, such as women or food security, tend to be more effective. These impacts tend to be especially transformative in lower-income countries, where even modest cash transfers can significantly improve well-being, stimulate local economies, and bypass weak service delivery systems.[xvii]

- COVID-19 Federal Stimulus Payments: Analysis of the COVID-19 pandemic federal stimulus payments[xviii] show these payments boosted household spending, especially among low-liquidity households, who tend to have the greatest need and therefore the strongest propensity to consume. Stimulus payments were disbursed in three rounds ranging from $600 to $1,400, plus more for dependents. Much of that spending went toward essentials like food, rent, mortgage payments, and credit card debt, rather than big-ticket durable goods, reflecting both the practical constraints and heightened financial stress of the pandemic period. Despite concerns about work disincentives, one large-scale survey of U.S. consumers found no broad effect on labor supply, except that about twenty percent of unemployed respondents reporting that the payments motivated more active job searching.

- Expanded Child Tax Credit: A growing body of research on the 2021 expansion of the Child Tax Credit (CTC) shows just how impactful the monthly advance payments were in reducing food hardship and boosting essential spending for families, especially low-income households[xix]. These payments, which increased from a maximum of $2000 to a standard $3000 per child for children aged 6-17 years and $3,600 for children younger than 6 years of age, were delivered in monthly installments rather than annually. This provided a steady source of financial support that helped families stay afloat during economic uncertainty—allowing them to cover core expenses like rent, groceries, and children's needs. Eligibility was also extended for the first time to families with low and no earned income. While some households used the funds to save or pay down debt, many relied on them to meet pressing, everyday costs. The benefits were especially pronounced for low-income families and communities of color.



The second part of this project offers a comprehensive catalog of GI efforts across Massachusetts, combining insights from interviews and secondary research with a listing of key program details. The research team conducted nine in-depth interviews with 17 individuals across 12 organizations, including program leaders, municipal staff, evaluators, and nonprofit administrators. These conversations, paired with review of evaluation reports, program websites, and media coverage shed light on shared themes and several common challenges. Please see topline detail on key program details in the sortable table below. At the end of this report, written program summaries are available that provide some additional information beyond what could fit into the table.

Catalog of Guaranteed Income Programs in Massachusetts

Program (Location)	Pilot Size (# of participants)	Target Population	Duration of Payments/Timeframe	Payment Amount	Funding Source
BAY-CASH (Greater Boston)	60	18–24-year-olds experiencing homelessness	24 months (anticipated launch in fall 2025)	$1,200/month + $3,000 one-time payment	ARPA, philanthropic
Beautiful Seed Fund (Greater Boston)	35	Black community leaders	12 months (2024–2025)	$500/month + $2,000 lump sum at enrollment + two lump sum payments of $1,000 at midpoints	Philanthropic

The Bridge Project (Boston)	TBD	Mothers with low incomes, pregnancy though first 1,000 days of baby's life	36 months (anticipated launch in 2025)	one-time prenatal stipend of $1,125, followed by monthly payments of $750 for the first 15 months, and $375 for the final 21 months	Philanthropic
Bridge to Prosperity (Boston, Worcester, Springfield)	18	People participating in at least one DTA-administered benefit and self-identified as having and being committed to pursuing financial or career goals	24 months (2025–2027)	$300, $500, or $700/month (based on projected benefit cliff), and $10,000 at program completion	ARPA, state, philanthropic
Cambridge RISE (Cambridge)	130	Residents age 18+, below 80% AMI, single caregivers with at least one child under 18	18 months (2021–2022)	$500/month	ARPA, philanthropic
Rise Up Cambridge (Cambridge)	1,900	Households with a child under the age of 21, at or below 250% FPL	18 months (2023–2025)	$500/month	ARPA
Camp Harbor View Pilot, phase 1 (Boston)	50	Participants of Camp Harbor View Summer Camp and the Leadership Academy programs, income below $70,500 and not receiving income-based housing assistance	24 months (2021–2023)	$583/month	Philanthropic
Camp Harbor View Pilot, phase 2 (Boston)	38	Participants of Camp Harbor View's Leadership Academy, below 80% AMI and not receiving income-based housing assistance	28 months (2024–2026)	$652.90/month	Philanthropic
Chelsea Eats (Chelsea)	2,213	Chelsea residents (priority given to families with kids, disabled residents, veterans, 65+, households economically impacted by COVID-19, and households eligible for other forms of federal assistance)	9 months (2020–2021)	$200–$400/month	CARES, ARPA, city, philanthropic
Community Love Fund (Boston)	21	Incarcerated and formerly incarcerated women	12 months (2021–2022)	$500/month	Philanthropic

Family Financial Pilot (Springfield)	132	First time parents enrolled in the Healthy Families MA home visiting program	18+ months (2023–2025)	$100/month during pregnancy + $500/month for 15 months postpartum + payments of $550, $650, and $750 for the last 3 months	ARPA
Family Health Project (Lynn, Roxbury)	30	New mothers and their babies facing poverty	36 months (2017–2020)	$400/month	Philanthropic
GI for Youth / 17/25 Fund for Young Adults (Greater Boston)	56	Young people age 17–25	18 months (2024–2025)	$150/month	Philanthropic
GI for Youth Participating in Workforce Development Programs (Greater Boston)	TBD	Young people age 17–25	At least 12 months (anticipated launch in 2025)	TBD	Philanthropic
Massachusetts Career Ladder Program (Massachusetts)	325	Full-time CNAs or direct care workers in good standing, accepted into an LPN training program at an approved Massachusetts community college	10 months (launch TBD)	$440/week	ARPA, state
Newton Thrive (Newton)	50	50% AMI or below, have children under 18	2 years (2023–2025)	$250/month	ARPA
Pediatric RISE (Massachusetts, New York, New Jersey)	40 (20 receiving intervention, 20 in control group)	Families that are <200% FPL with children under 18 with new cancer diagnosis and planning to receive at least 4 months of cancer-directed therapy at study site	6 months (launching in 2025)	$1,200–2,000/month (delivered biweekly)	Philanthropic
Preterm Infant Care Study (Massachusetts, Georgia)	420	Medicaid-eligible mothers with preterm infants	Duration of infant’s stay in NICU (launch TBD)	$160/week	National Institutes of Health, philanthropic
Resident Opportunity Initiative (Brookline)	60	Brookline Housing Authority tenants	12 months (launching in 2025)	$250/month	ARPA, town
S.T.E.P (Boston)	30 families, rolling enrollment for 30 families in 3rd cohort	Participants of United South End Settlements' early childhood education programs with children age 0 to 5	Cohort 1 & 2: 18 months + 3 months "step down" (2023–2025); Cohort 3: 1 time payment + 23 months (launch TBD)	First 2 cohorts: $850/month with "step down" (reduced) payments of $400, $200, and $50 in final 3 months; 3rd cohort: one-time $1,000 first month then $500/month	Philanthropic

Somerville Guaranteed Basic Income Pilot Program (Somerville)	200	People experiencing housing insecurity or homelessness who receive services at Somerville Family Learning Collaborative	12 months (2024–2025)	$750/month	ARPA
Trust and Invest Collaborative (Greater Boston)	1,482	SNAP-eligible families with at least one dependent under 18, not participating in other UpTogether pilots or Cambridge RISE	18 months (2021–2022)	$500/month, plus incentives for completing surveys	Philanthropic
Uplift Salem (Salem)	100	People with income at or below 100% FPL	12 months (2024–2025)	$500/month	ARPA
Worcester Community Action Council pilot (Worcester)	52	Families with low incomes	24 months (2023-2025)	$100–$500/month, depending on their level of need assessed by program implementers	ARPA

Acronym key: AMI (Area Media Income), FPL (Federal Poverty Level), ARPA (American Rescue Plan Act, CARES (Coronavirus Aid, Relief, and Economic Security)

One recurring constraint is Massachusetts' Anti-Aid Amendment, a constitutional provision prohibiting public funds from going directly to private individuals. Several municipalities interpret this as limiting their ability to directly fund GI programs. But this barrier has also driven innovation. Public-private partnerships have emerged as a creative workaround with municipalities offering infrastructure and administration, while philanthropic partners fund direct payments. Programs in Cambridge and Somerville navigated these legal challenges through careful structuring of ARPA-funded efforts, showing how local programs can be both legally compliant and deliver cash as a government partner.

Despite a wide range of program models and target populations, common themes emerge. Across the board, participants use cash primarily to cover essentials like food, transportation, and housing. Multiple programs have analyzed thousands of transactions and found that spending is overwhelmingly concentrated on basic needs, not discretionary or vice-related purchases. These findings echo national and international research and help counter misconceptions about misuse.

Participants also describe cash as supportive of dignity and choice. As one administrator put it, GI "restores dignity and choice to people that they should have had from the beginning." Programs serving families report meaningful behavioral changes as well. United South End Settlements saw nightly reading to children among participating parents rise from 7 to 33 percent in just a few months. The Family Health Project emphasizes that a calm, stable parent has ripple effects across the household— "mom happy, baby happy."

Evidence for longer-term economic mobility remains limited given the recent vintage of most programs. However, several programs report participants using payments to address barriers to employment advancement, such as car repairs, child care costs, and debt reduction.

The question of economic mobility versus stabilization represents an ongoing discussion within the field. Some programs have adjusted expectations from "eliminating poverty" to providing stability that enables other positive changes. As one administrator reflected, GI may be better understood as creating conditions for advancement rather than directly producing economic mobility.

Challenges in Building Guaranteed Income Programs

Launching and sustaining GI programs involves a range of practical and political hurdles. Program leaders stress the importance of early community engagement. BAY-CASH, for example, spent two years building relationships with legislators and local partners before its launch, an investment that proved critical for building support and long-term policy viability.

Maintaining trust with participants also requires consistency. One administrator put it plainly: “Promises are never kept to poor people.” Reliable and timely payment delivery is foundational. Delays or missed payments can quickly erode credibility, and rebuilding trust is difficult once lost.

Payment logistics are a common stumbling block. Most programs use prepaid debit cards, but these come with downsides: cards are frequently lost, vendors impose restrictions on how funds can be used, and replacements take time. A few programs have shifted to mailing checks or distributing them in person to avoid these issues.

Technology requirements also pose barriers to success. Some participants lack email access, smartphones, or the digital fluency required to navigate online portals. In Salem’s Uplift program, several selected participants experienced tech-related account access issues.

Protecting participants’ eligibility for public benefits is another critical implementation challenge[xx], but one where Massachusetts has been a national leader. Many programs have worked with state agencies to secure exemptions for means-tested benefits like nutrition assistance, Medicaid, and housing assistance.” Still, housing benefits remained difficult to protect. Some programs have excluded subsidized housing residents entirely to avoid triggering benefit losses. To address this barrier, the U.S. Department of Housing and Urban Development (HUD) issued guidance in September 2023 excluding GI payments under 12 months from income eligibility and rent calculations for certain HUD-assisted housing, including public housing and the housing choice voucher (HCV) programs. This has helped, but longer programs still face limits. GI pilots have also structured payments to fit the Internal Revenue Service definition of a “gift” to exclude the cash from

income calculations for certain benefits. These efforts are essential to studying the impact of GI as additional support and ensuring participants aren't financially worse off.

Finally, geographic equity is a major concern. Most GI programs in Massachusetts are clustered in Greater Boston, where dense networks of social services, funders, and research institutions make program development easier. But that leaves large parts of the state underserved. Programs in Worcester, Salem, and Springfield show that GI can work outside Boston, often through different local partnerships. Still, rural and suburban areas face barriers like transportation costs, limited access to services, and weaker philanthropic infrastructure that make GI support no less urgent.

Program Design Approaches

Each of these local programs made countless decisions regarding target populations, funding sources, payment amounts and duration, and more. Below we walk through the range of program design choices commonly made by Massachusetts programs.

Funding Sources

Massachusetts' GI programs rely on three main funding models: private philanthropy, federal pandemic relief, and public-private partnerships. Each offers distinct benefits and sustainability challenges.

- Private Philanthropy. Programs like the Family Health Project, S.T.E.P, and Camp Harbor View have scaled using private donations, which allow flexibility and innovation. But long-term sustainability is uncertain. Donor fatigue and pressure to show quick, transformative results can limit growth, even as some programs adapt by changing to cohort models, where different groups of people cycle through the program in shorter timeframes rather than longer-term support for one group, to attract ongoing support. As one program administrator noted, donors expect to see transformational outcomes within short timeframes, while many program benefits may not manifest for decades. The United South End Settlements program (S.T.E.P.) redesigned their model partly to address funder desires for scaling, moving from 18-month cycles to continuous cohorts to improve fundraising sustainability.
- Federal Pandemic Relief Funds. Federal relief funds—first through CARES and then ARPA—enabled rapid rollout of pilot programs in cities like Chelsea, Cambridge, and Somerville, reaching hundreds of families. Cambridge's Rise Up program served nearly 1,900 families with $22 million in funding, while Somerville's program provided $750 monthly payments to 200 households. Alongside federal CARES funds and philanthropic contributions, the City of Chelsea also contributed financially to the Chelsea Eats pilot program, which reached 15

percent of the city's population (about 2,200 families) with monthly payments of $200 to $400. These were the only local GI pilots to reach meaningful scale, and they did so only with substantial federal support. With those funds now expired, most programs are facing significant sustainability challenges and uncertain paths forward.

- Public-Private Partnerships. In some instances, blended models combine public administration (i.e., a municipality) with private funds and donations. In other instances, private organizations (i.e., a nonprofit) administer the program while drawing from both public funding and private donations. This funding is often "braided and blended," meaning multiple funding streams are woven together strategically to sustain operations. These approaches show the most promise for lasting impact, but require ongoing cross-sector collaboration, strong political backing, and consistent philanthropic engagement. The Bridge to Prosperity offers one useful example, having utilized federal and state funding alongside private philanthropic support for direct payments and program administration. Similarly, BAY-CASH is advocating for state budget support to match private funding.

Target Populations and Eligibility

GI programs in Massachusetts designed program eligibility requirements in a few different ways, including but not limited to:

- Income-Based Targeting. Most programs set eligibility based on income, typically targeting those below 80 percent of Area Median Income (AMI) or 200–250 percent of the Federal Poverty Level. But several took alternative approaches. Camp Harbor View, for example, focuses on families just above the "benefits cliff"—those earning too much to qualify for public assistance but still facing serious financial strain. As one program administrator observed, these families "don't qualify for things like child care vouchers or benefits from [Department of Transitional Assistance], that are barely making ends meet or having to choose between putting gas in their car or paying their electric bill." In addition to being a group with real financial need, this is also one approach programs can take to avoid the benefits cliff becoming a barrier for participants.

- Program Participation Targeting. Some programs determine eligibility based on enrollment in existing public services, using participation as a proxy for income without requiring new income verification. Other programs (especially direct-service nonprofits) draw from their current clients as a pool of eligible participants. This approach streamlines administration while aligning cash support with broader social goals. The Children's Trust integrated GI into its home visiting program, increasing average enrollment from 15 to 22 months, showing that cash can deepen engagement in supportive services. United South End Settlements links eligibility to its early childhood programs, and Bridge to Prosperity targets workers in specific

industries (i.e., healthcare sector), reinforcing connections between income support and workforce development.

- Experience-Based Targeting. A number of programs serve people undergoing specific challenges rather than using demographic or income approaches. BAY-CASH aims to support young adults experiencing homelessness, while the Family Health Project focuses on first-time mothers. Pediatric RISE supports families with children undergoing cancer treatment, recognizing that acute, temporary crises can cause deep financial instability . These programs tailor support to life circumstances that often fall through the cracks of the traditional safety net.

Supportive Services and Wraparound Supports

Massachusetts GI programs take varied approaches to integrating supportive services while balancing participant autonomy with opportunities for deeper engagement. Most programs either do not include supportive services, or they make it optional, reflecting a core principle of unconditional cash support. Camp Harbor View offers mobility mentoring using the EmPath model, and the Family Health Project provides access to a support team, but both emphasize participant choice. Programs requiring participation in services, like financial coaching, often face resistance and raise concerns about paternalism as well as IRS gift rules.

Some GI programs were built on top of existing support programs, so the new cash is viewed as an add-on, rather than having a GI program's freedom limited by required supportive service components. Early evidence is that participants appreciate this approach. The Children's Trust, for instance, saw increased home visiting participation among new mothers after adding GI, suggesting that cash can strengthen engagement with existing supports. United South End Settlements added cash assistance to its early childhood programs, providing both financial relief and developmental support for families.

Finally, some GI programs offer financial education and/or coaching. Bridge to Prosperity, for instance, partners with organizations such as Women's Money Matters to help participants navigate benefit cliffs and plan for the future. Others offer optional financial literacy support. Uptake tends to be higher when coaching is delivered by trusted in-house staff rather than outside contractors. Program staff emphasize that many participants already manage scarce resources expertly, and coaching is most useful when it expands opportunities rather than re-teaching budgeting basics.

Payment Amounts and Frequency

Most Massachusetts GI programs offer $400–$600 per month, though amounts range from $200 to $2,000. Payment levels are usually shaped by local cost of living and program goals rather than strict formulas. For example, the Family Health Project chose $400/month because "the math was

simpler" compared to other programs using more complex calculations. Other programs like Chelsea Eats provided additional payments depending on the number of dependents present in the household.

Some programs offer hybrid payment models to address both ongoing needs and larger, one-time expenses. BAY-CASH plans to include $1,200 monthly plus a $3,000 lump sum. Bridge to Prosperity adds a $10,000 bonus at program completion. United South End Settlements used a “step-down” design (from $800 to $400, then $200, then $50 over three months), gradually reducing payments to ease participants off the program and mitigate the cliff effect.

Program Duration

Due largely to funding constraints rather than clear evidence of optimal duration, most programs run between 12 and 36 months, with 18 months being common. Fundraising across multiple calendar years is a particular challenge for 18-month programs.

Yet longer-term efforts have shown distinct benefits. Camp Harbor View’s 28-month program supports families with high school students over time, and the Family Health Project’s 36-month model is designed to align with the vulnerable early years of parenting. The Neonatal Intensive Care Unit (NICU) pilot extends even further, offering support for five years.

Selection and Enrollment Processes

Programs use a mix of randomized lotteries and first-come, first-served enrollment. Randomization enables rigorous evaluation but may exclude families with the greatest needs. Most programs use a lottery approach when program demand exceeds available funding. Cambridge RISE and Pediatric RISE used random selection for research purposes, while Rise Up Cambridge opted to serve all eligible families directly.

Community-based recruitment has proven to be most effective. Partnering with trusted organizations helps reach target populations and reduces attrition. The Family Health Project works with Federally Qualified Health Centers for referrals, while United South End Settlements enrolls from within its early childhood programs, ensuring continuity and trust.

Massachusetts is an early leader in GI experimentation, with at least twenty-four programs launched or in development. This innovation has come from a dynamic, yet fragmented, mix of municipal governments, community-based nonprofits, and philanthropic funders. While this decentralized model has spurred creativity, it has also made scaling difficult. Most programs have served only dozens or hundreds of families, not thousands. And nearly all have been temporary.

The next phase of GI experimentation will need to grapple with a set of persistent challenges: temporary funding streams, benefit amounts that are small relative to the local cost of living, and significant geographic and population gaps in coverage. So, we end this report with a few ideas for next steps in the field of GI given the research and interviews that we conducted for this report.

Go big at the state level.

No doubt this is a difficult time to advocate for bold new public investments. Federal COVID relief dollars have largely been spent, national political winds are shifting toward retrenchment of the safety net, and concerns about a slowing economy loom large. Still, if we take the existing GI evidence seriously, one conclusion becomes hard to ignore: big money makes a bigger difference.

The most effective cash transfer programs globally, like the federal stimulus checks during COVID pandemic or child allowances in many European countries, work because of their reach, duration,

simplicity, and scale. A truly transformative GI initiative in Massachusetts would require that same kind of ambition. A state-level approach could take many forms, including:

- Creating a new state GI-style program, covering all people below, say, a certain income threshold;
- Overhauling the Earned Income Tax Credit[xxi] to increase its generosity, cover additional populations like those with no earned income, and reduce phase-out cliffs;
- Significantly scaling up the state Child Tax Credit, providing families with reliable monthly income support.

Make existing programs more "cash-like."

Even if big state action isn't immediately viable, many existing public programs could be redesigned to capture more of the benefits that cash provides. A consistent finding across GI pilots is how highly participants value autonomy and flexibility. In qualitative interviews[xxii], participants describe how unrestricted funds allow them to address wide-ranging needs like fixing a car, affording childcare, or catching up on rent.

The belief that individuals best understand their own unique needs is already shaping program design in Massachusetts. For instance, the Family Financial Pilot, led by the Children's Trust of Massachusetts, built on its longstanding home visiting model by providing $500+ per month in cash to a subset of families. Nationally, enrollment in home visiting programs typically tapers off after 12 months, even though they are designed to last three to five years. In Massachusetts, the average enrollment in Healthy Families is about 15 months, but among pilot participants it's currently around 22 months. That's a meaningful increase, as longer engagement tends to correlate with better outcomes. While a full evaluation is still underway, this early evidence suggests that supplementing existing programs with direct cash support may enhance their effectiveness.

Other programs could incorporate similar features. For instance, food distribution systems could experiment with small cash supplements, such as adding a $20 grocery gift card to the boxes of food staples that they pass out. Surprisingly, the Chelsea Eats evaluation found that people receiving cash assistance were more likely to obtain free food than those who weren't. It's possible that the added cash made food distribution more useful, enabling people to turn basic staples into complete meals. Hybrid models like this could preserve the targeted benefits of in-kind aid while unlocking some of the flexibility and dignity that comes with cash.

Build programs to support uniquely vulnerable populations.

While the U.S. safety net has largely strengthened in recent years, many programs are being targeted for significant reductions under the current federal administration. And regardless of changes that may come soon, many vulnerable populations are either currently ineligible for key programs or face steep enrollment barriers. Nimble, local GI programs can help fill those gaps, especially when supported by flexible private or philanthropic funding. Groups that could particularly benefit include:

- Undocumented immigrants, who are typically excluded from federal and state benefit and cash transfer programs;
- People who have dropped out of the workforce and can become ineligible for programs that have work requirements;
- And people with a history of substance use disorders, who often face both stigma and logistical barriers in accessing aid.

GI can also be targeted to support individuals at key inflection points in their lives, where a modest and steady stream of cash might help avoid long-term hardship. Examples include:

- Young adults aging out of foster care, many of whom face high risks of housing instability, unemployment, and poverty;
- People reentering society after incarceration, who often face steep barriers to employment and housing;
- Individuals experiencing chronic homelessness, as modeled in the BayCASH program, which combines relatively high monthly payments with the option to receive a one-time emergency disbursement—giving people both stability and flexibility at a moment of acute need;
- People/families facing medical crises who may experience work disruptions due to treatment and/or caregiving demands.

These are populations for whom traditional interventions often fall short, and for whom even modest financial support could offer a critical bridge to long-term stability.

Benchmark other programs against cash.

A recent shift in development economics has been the growing use of cash benchmarking, evaluating new programs (e.g. job training, school reform, or health education campaigns) not just against the status quo, but against the simple alternative of giving people money. [xxiii] If a new

program costs as much as, or more than, just giving people money, it should demonstrate better outcomes than cash alone.

This mindset could be applied more widely in U.S. social policy. Most program evaluations today compare a new treatment against a control group that receives nothing. But a more rigorous model would include three arms: 1) the new treatment group; 2) a control group; and 3) a cash benchmark group.

If the new intervention doesn't outperform the cash group, then the rationale for scaling it becomes much weaker. Incorporating cash benchmarking into the evaluation of workforce programs, reentry services, or youth interventions could lead policymakers to choose cash-based supports more often. It would also keep the focus on outcomes that actually improve people's lives, rather than just program delivery.

Final Thoughts

GI in Massachusetts is still young, but it has already generated valuable insights and reflected a remarkable spirit of innovation. What happens next will depend on the choices made by policymakers, funders, and local leaders. Will GI programs continue to fill gaps and support targeted populations, but in a way that remains limited in total scale? Or will we find ways to scale it up, adding to and reshaping the social safety net?

Some of the recommendations here would absolutely require new public investment. Others simply call for shifting how we evaluate and improve existing programs. But each is grounded in the belief that trusting people with resources and giving them the freedom to decide how best to use them works. That core insight lies at the heart of guaranteed income. The question now is how we as a Commonwealth will build on it.

Appendix: Catalog of Active and Recently Concluded Programs

BAY-CASH

BAY-CASH, slated to launch in 2025 will provide $1,200 per month for 24 months to 60 young adults (ages 18–24) experiencing homelessness in Greater Boston. Participants will also be eligible for a one-time $3,000 disbursement during the program to cover large expenses, such as housing deposits or car repairs. Optional support services, including financial coaching and peer navigation, will be available for 30 months, continuing for 6 months after the final payment. Funding includes $236,000

ARPA dollars as well as private philanthropy from the Wagner Foundation and other donors. Program leaders are also working with legislative supporters to secure state funding support through an earmark in the FY2026 state budget, which has yet to be finalized.

The program grew out of more than six years of planning that included focus groups with young adults, partnership with youth on decision-making and advocacy, and coordination among homelessness service providers. The program aims to support participants while also informing broader policy discussions and building legislative support for GI.

Beautiful Seed Fund

The Beautiful Seed Fund, administered by UpTogether, provides $500 per month for 12 months to 35 Black community leaders in Greater Boston, along with three scheduled lump-sum payments: $2,000 upon enrollment and two additional $1,000 installments throughout the year-long program. The program is funded entirely through individual donors and is designed to offer economic stability through flexible cash assistance. This funding model allows for greater flexibility in design, but limits scalability and sustainability compared to government-funded programs.

The Bridge Project

The Bridge Project is expanding its six-state footprint in 2025 to include Massachusetts, and the Boston area in particular. Participants (mothers with low incomes) will receive unconditional cash assistance from pregnancy through the first 1,000 days of their baby's life. The support includes a one-time prenatal stipend of $1,125, followed by monthly payments of $750 for the first 15 months, and $375 for the final 21 months. In partnerships with leaders in philanthropy, the nonprofit has already secured over $5 million in private contributions to support the Bridge Boston launch. Bridge Boston will accept program participant applications in partnership with nonprofit partners across the area.

Bridge to Prosperity

Bridge to Prosperity, which is run by Springfield WORKS and several partners, including UpTogether, operates in Boston, Worcester, and Springfield and is designed to offset "benefit cliff" effects—loss of public benefits due to modest income increases. Eligibility for the program generally includes living in the Greater Springfield, Worcester, and Boston area, participating in at least one DTA-administered benefit program, having financial or career goals, and being committed to working towards those goals. Participants receive monthly payments over 24 months of $300, $500, or $700, based on projections of the resources they are expected to lose as their income rises. At the end of the two-year program, each participant receives a $10,000 bonus.

The program currently serves 18 participants and offers financial and career coaching focused on managing benefit loss and supporting long-term financial and career planning. Participants are connected with employer partners and career mapping resources to help ensure they are on a career path to financial self-sufficiency. Its small initial scale was chosen to study implementation and initial outcomes before expanding. The program was originally conceived as an Earned Income Tax Credit supplement, but final legislative language shifted the program design to direct cash payments. Funding now combines $1 million in state ARPA dollars with additional state funds and private and corporate philanthropy. The evaluation is led by UMass Boston's Center for Social Policy and expansion to roughly 100 families statewide is planned when sufficient funding is secured.

Cambridge RISE

The city of Cambridge's first GI program, Cambridge RISE (Recurring Income for Success and Empowerment), provided $500 per month for 18 months to 130 randomly selected single caregivers with children under 18 whose incomes fell below 80 percent of AMI. The program, which was spearheaded by elected officials and a wide consortium of nonprofit partners, including the Cambridge Economic Opportunity Committee, Just-A-Start, UpTogether, and the Cambridge Housing Authority, ran from 2021 to 2023, secured comprehensive benefit waivers that protected participants' housing and SNAP assistance. Funded by ARPA and a $1.6 million coalition led by the Cambridge Community Foundation, Harvard, and MIT, It was evaluated by the University of Pennsylvania's Center for Guaranteed Income Research. Community pushback over the single-caregiver requirement influenced later Cambridge programs to adopt broader eligibility.

Rise Up Cambridge

The second iteration of Cambridge's GI program, Rise Up Cambridge, which launched in 2023 and disbursed final payments in early 2025, expanded eligibility to any family in Cambridge with children under 21 and incomes up to 250% of the federal poverty level. Prioritizing inclusivity and broad community reach, the program reached nearly 1,900 families—achieving near-universal enrollment among eligible families—and provided each family with $500 per month for 18 months.

Funded with $22 million in ARPA dollars, Rise Up Cambridge is one of the largest municipal GI programs in the country, demonstrating the potential for significant community impact when ample funding is available. To streamline access, the program automatically qualified SNAP participants and used real-time zip code data for targeted outreach. Community engagement included high-profile launch events featuring Representative Ayanna Pressley, widespread signage, and messaging "the program was about everyone," emphasizing the program's universality. The Cambridge Community Foundation and City of Cambridge partnered with MDRC to conduct an evaluation of the program, with a report slated for release in late 2025.

Camp Harbor View Guaranteed Income Pilot

Camp Harbor View's first GI pilot, in partnership with UpTogether, which ran from 2021 to 2023, served 50 families connected to its youth programming, including Camp Harbor View Summer Camp and the Leadership Academy. Families received $583 per month for 24 months. The program targeted households that earned less than $70,500 per adult household member—what the program called the "mighty middle." By focusing above typical housing assistance thresholds, the organization aimed to avoid benefit cliffs and support families just beyond the reach of the traditional safety net. Participants were already connected to Camp Harbor View programming, which helped streamline recruitment and engagement.

The program is one of the largest privately funded GI programs in the U.S.

The evaluation, which was conducted by Pieta Blakely, an independent evaluation consultant, used a treatment and control group design and showed improvements in financial stability and family well-being. Outcomes from the pilot informed the structure of the permanent program.

Camp Harbor View Guaranteed Income Program

The permanent Camp Harbor View Guaranteed Income Program, in partnership with UpTogether, which runs from 2024 to 2026, provides $652.90 per month for 28 months to 38 families participating in the organization's Leadership Academy program. The increased payment amount accounts for inflation, while the four-month extended timeframe is intended to support families through key transitions during high school. Like the pilot, the program is completely philanthropically funded, and is targeted to households earning below 80 percent AMI who were ineligible for most public benefits.

This phase continues to serve families with incomes above safety net thresholds but excludes those in income-based subsidized housing to prevent benefit losses. The program also secured a waiver to protect TANF eligibility. Families are offered optional mobility mentoring using the EmPath model, and regular gatherings, including a Parent Advisory Board, which promotes community connection.

Chelsea Eats

Chelsea Eats launched at the height of the COVID-19 crisis, when the city of Chelsea—one of the state's most economically vulnerable communities—was hit particularly hard. In response to the deep economic impacts, the city leaders organized a large-scale food relief effort to meet urgent needs. But after five months, city leaders made a strategic shift: rather than continuing to distribute boxed groceries, they moved to direct cash assistance so that residents could buy the food and other

essentials they needed most, on their own terms. This transition not only reduced administrative burden but also respected the autonomy and dignity of those receiving support.

Chelsea Eats was one of the largest GI pilots in Massachusetts, providing up to $400 per month, depending on household size, to 2,213 families over nine months from 2020 to 2021. Payment amounts varied by household size: $200 for individuals, $300 for two-person households, and $400 for larger families.

Operating at a city-wide scale reaching 15 percent of Chelsea's total population, the program prioritized Chelsea families with children, seniors, veterans, disabled residents, and those economically impacted by COVID-19. The primary funding came from federal pandemic relief funds—CARES dollars for the first phase and ARPA funding a later phase—along with city funds and contributions from the Shah Family Foundation. Harvard Kennedy School researchers leveraged the program's built-in lottery to study impacts as part of a randomized control trial study.

Community Love Fund

The Community Love Fund provided $500 per month for 12 months to 21 incarcerated and formerly incarcerated women in Boston. Funded through philanthropy, the program was delivered through grassroots community organizations, aiming to demonstrate how GI can serve highly marginalized populations outside institutional channels.

Family Financial Pilot

The Children's Trust of Massachusetts operated the Family Financial Pilot in Springfield from 2023 through 2025, serving 132 first-time parents within their existing Healthy Families home visiting program. The program provided $100 per month during pregnancy and $500 per month for 15 months postpartum, then provided three additional monthly payments of $550, $650, and $750, respectively, for a total of 18+ months. The program was funded by ARPA funding.

Integrated into existing services, the program avoids the need for separate case management and builds on trusted relationships with home visitors. Preliminary evaluation results show that participants remained enrolled in home visiting for 22 months on average—much longer than the statewide average of 15 months. Many participants also continued their involvement even after GI payments ended, suggesting lasting program benefits beyond direct financial support.

Family Health Project

The Family Health Project provided $400 per month for 36 months postpartum to new mothers experiencing poverty in Lynn and Roxbury. Focusing on the birth-to-age-three period—a critical window for maternal and child development—the program recruited participants through Federally Qualified Health Centers.

Two cohorts, totaling 30 participants, have completed the full three-year program. Two subsequent cohorts, again totaling 30 participants, have since launched. New cohorts are being planned as philanthropic funding becomes available. Early qualitative feedback indicates participants experience reduced stress and increased parenting confidence.

GI for Youth/The 17/25 Fund for Young Adults

This Greater Boston initiative facilitated by GMA Foundations through grants to The Haven Project and The Wily Network specifically targets young adults between 17 and 25 years old, serving 56 participants across two cohorts of 28 each. The program recognizes the unique challenges faced by transitional-age youth establishing economic independence while often lacking access to traditional safety net programs. Participants receive a monthly payment of $150 for 18 months. The program is funded philanthropically.

The fund addresses the gap in support for young adults who may no longer qualify for youth services but lack the employment history and experience to access adult programs. By providing guaranteed income during this critical developmental period, the program aims to support successful transitions to economic independence.

GI for Youth Participating in Workforce Development Programs

This Greater Boston program complementary to the GI for Youth/The 17/25 Fund for Young Adults, and similarly facilitated by GMA Foundations serves young adults aged 17 to 25 who are specifically engaged in workforce development training. By providing GI during training periods, the program addresses the common barrier of needing immediate income that often prevents individuals from pursuing skill development opportunities.

The program's focus on workforce development participants represents targeted investment in economic mobility, recognizing that short-term income support during training can produce longer-term employment and earnings benefits. This approach aligns GI with economic development objectives while maintaining unconditional support principles. The effort will officially launch in summer 2025, and more information will be provided as available.

Massachusetts Career Ladder Program

The Massachusetts Career Ladder Program (CLP) is a statewide initiative implemented by Social Finance, in collaboration with the Massachusetts Executive Office of Health and Human Services, supporting 325 Certified Nursing Assistants (CNAs) and other direct care workers pursuing Licensed Practical Nurse (LPN) credentials. Participants receive $440 per week for 10 months. CLP is integrated with workforce development programs and aims to ease financial strain for workers

while they complete training. The program is funded with $6 million in combined federal ARPA and state funding.

Newton Thrive

Newton Thrive serves 50 families with children and incomes at or below 50 percent of AMI. Each family receives $250 per month for two years (2023-2025), along with one-on-one financial coaching. Newton Thrives is administered through EMPath, allowing integration with established economic mobility services. The program is funded with $1.58 million from the city's ARPA allocation.

Pediatric RISE

Pediatric RISE (Resource Intervention to Support Equity), designed and implemented by the Bona Lab at Dana-Farber Cancer Institute, provides cash support to 40 families under 200% federal poverty level with children undergoing cancer treatment in hospitals across Massachusetts, New York, and New Jersey. The study's hypothesis is that reducing family stress and financial strain during intensive medical care will improve parent and child-centered cancer outcomes. Cash support amounts are based on 200% of the federal expanded Child Tax Credit, ranging from $1,200 to $2,000 per month depending on the number of dependents in the family. Cash support is delivered twice per month and lasts for six months. The decision to double the expanded Child Tax Credit amount and implement the intervention for six months was based on the lab's prior research, which found that 20% of pediatric cancer families experienced household material hardship at diagnosis and 30% experienced household material hardship after the initial six months of chemotherapy. Funders include the Children's Cancer Research Fund and the American Cancer Society. The program coordinates with Federal and state benefit agencies to protect eligibility for public benefit programs like Medicaid, HUD-assisted housing, and SNAP.

Preterm Infant Care Study

This randomized controlled trial provides $160 per week to 420 Medicaid-eligible mothers with infants born between 24- and 33-weeks gestation (i.e. pre-term). Participants are recruited from Neonatal Intensive Care Units (NICUs) at UMass Memorial, Boston Medical Center, Baystate Medical Center, and Grady Memorial Hospital in Atlanta. Participants receive payments for the duration of the infant's stay in the NICU. Study participants are divided into two groups. Families in the intervention group receive weekly financial transfers deposited on a prepaid debit card called the "CuddleCard." The CuddleCard is delivered with a message stating that the money is intended to help families spend more time visiting and caring for their baby in the NICU, including activities such as providing breast milk or breastfeeding and engaging in skin-to-skin contact. Families in the control group receive the hospital's standard care and support services without any additional financial assistance. The study compares these two groups to determine whether providing financial

support enables families to spend more quality time with their infants during the NICU stay. Previous research has demonstrated that early parent-infant contact improves developmental outcomes for newborns, yet financial constraints often prevent parents from providing this critical bonding time.

Funded by National Institutes of Health and March of Dimes, the study assesses how cash support affects maternal mental health, caregiving, infant outcomes, and financial factors. Mothers in the intervention group receive funds via prepaid debit cards and messaging that encourages hospital visits and engagement in newborn care. The study received grant support for 5 years.

Resident Opportunity Initiative

Brookline Housing Authority (BHA)'s Resident Opportunity Initiative provides $250 per month for 12 months to 60 BHA tenants participating in the Family Self-Sufficiency coaching and an emergency savings match. It focuses on residents facing economic mobility barriers, including benefit cliffs and limited access to job opportunities. The program is funded with a $450,000 ARPA sub-award from the Town of Brookline. It will launch in 2025.

S.T.E.P.

The S.T.E.P. (Striving Towards Economic Prosperity) program, operated by United South End Settlements (USES), has served two cohorts of 16 families each, with a third cohort in progress. The program requires children to be enrolled in USES programs and targets families at or below 50 percent of AMI.

Families in the first two cohorts received $850 per month for 18 months, with reduced payments of $400, $200, and $50 in the following three months (21 months total) to ease transitions off GI and help participants avoid benefits cliffs. Cohort 1 took place 2023-2025, and cohort 2 took place 2024-2025. For the third cohort, the model is shifting to a one-time $1,000 payment in the first month followed by $500 per month for 23 months (24 months total), with rolling enrollment for 30 families. Cohort 3 will launch in 2025 or 2026, depending on funding.

Early outcomes suggest positive behavioral changes, with USES reporting that within three months of participation, the percentage of parents reading to their children nightly increased from 7 percent to 33 percent.

Somerville Guaranteed Basic Income Pilot Program

The City of Somerville's GI pilot ran from 2024 to 2025 and was designed to deliver cash to high-need families impacted by the COVID economic downturn. The program provided $750 per month for 12 months to 200 households experiencing housing instability or homelessness. Participants were selected through referrals from the Office of Housing Stability and the Somerville Family Learning Collaborative. The program was funded with approximately $2 million in ARPA funds. The program

obtained income waivers to 19 public benefits programs, and offered individualized benefits counseling to participants through a legal assistance organization.

Trust and Invest Collaborative

The Trust and Invest Collaborative, which was implemented in Boston and Cambridge by UpTogether, ran for 18 months (2021-2022) and split 1,482 participants into four groups with some receiving $500/month and others receiving $20/month to serve as a control. Both control and pilot groups were provided with additional cash and incentives for completing surveys. Eligibility requirements for the Trust and Invest Collaborative include being SNAP eligible, having a dependent under 18, and not participating in other UpTogether pilots or Cambridge RISE.

Uplift Salem

Uplift Salem, a partnership between the City of Salem and UpTogether, provides $500 per month for 12 months to 100 residents living at or below the federal poverty level. The city received 400 applications within 24 hours of opening enrollment, signaling high demand. Participants were selected through a lottery. The program launched in 2024 with final payments scheduled for 2025. The program is funded with $600,000 in ARPA dollars and is being evaluated by the North Shore Policy Lab at Salem State University. A comparison group of qualified applicants who were not selected via lottery are participants in the research study. All research participants are being financially compensated for their time.

Worcester Community Action Council Pilot

The Worcester Community Action Council's GI pilot provides $100–$500 per month for 24 months (2023-2025) depending on their level of need assessed by program implementers, to 52 low-income families in Worcester. Incorporating the EmPath Mobility Mentoring coach-based model, the GBI pilot integrates personalized coaching to guide participants in setting and achieving their goals. Funding comes from $250,000 in ARPA dollars.

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