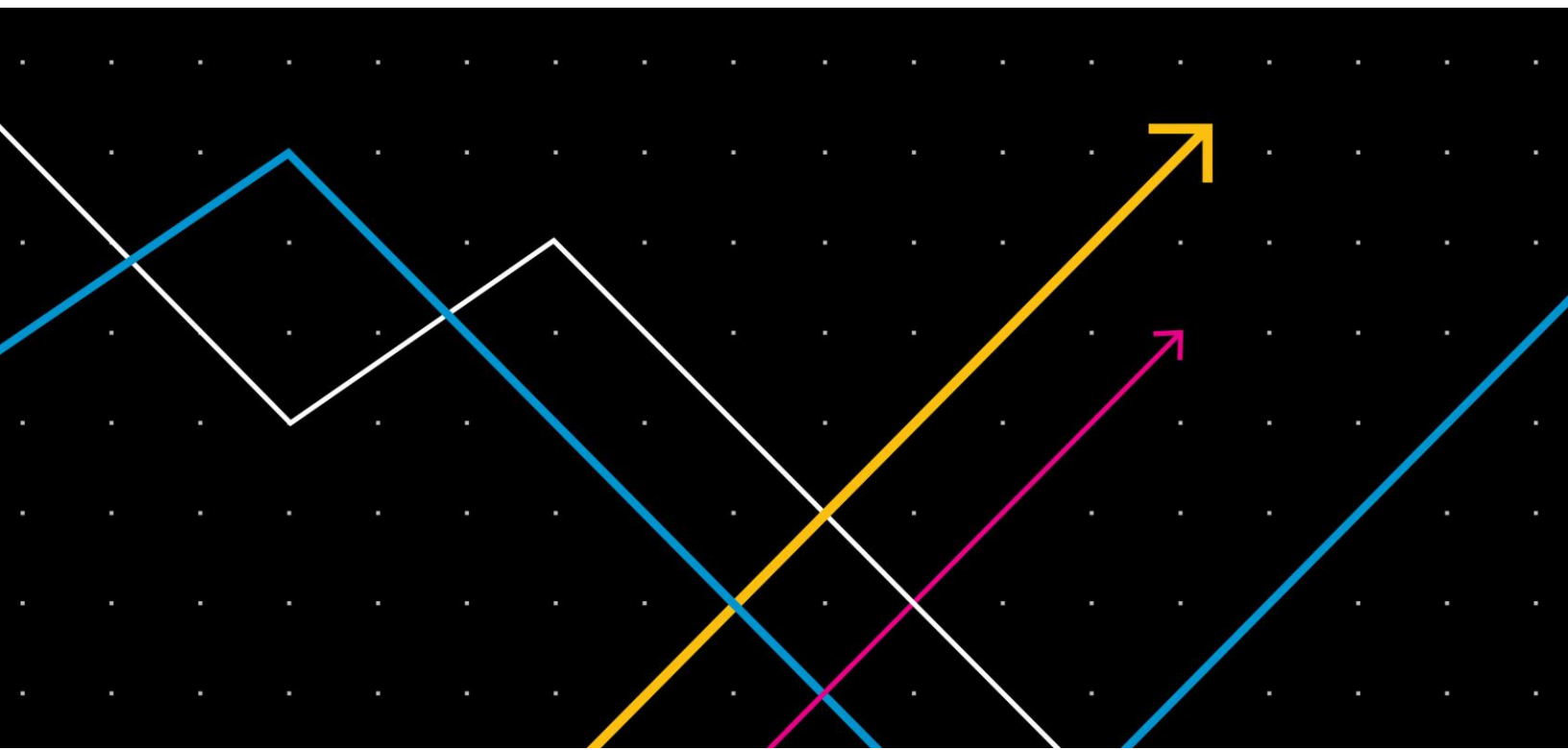




RESEARCH REPORT

Evaluation of Montgomery County's Two-Year Guaranteed Income Pilot

Findings from the Building Our Opportunity and Strength Today Pilot Program

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Executive Summary

This report on the Montgomery County Building Our Opportunity and Strength Today (MoCo BOOST) Guaranteed Income Pilot provides a comprehensive evaluation of its implementation and effectiveness. The MoCo BOOST Guaranteed Income Pilot, launched by the Montgomery County Department of Health and Human Services in summer 2022, provided unconditional cash assistance of \$800 a month for 24 months to 300 low-income households divided into two cohorts: the main cohort (200 families with children) and the Services to End and Prevent Homelessness (SEPH) cohort (100 individuals engaged in homelessness prevention services). The pilot aimed to reduce poverty-driven hardships, enhance financial stability, and empower participants to improve their economic circumstances through a mixed-methods evaluation involving surveys, administrative data, and interviews. Some important context for MoCo BOOST is that it targeted county residents who experience long-standing economic insecurity, largely driven by systemic inequalities and exacerbated by the COVID-19 pandemic.

The research team used a mixed-methods approach, which included surveys, administrative data, and interviews to assess participant outcomes and experiences. Although the findings highlight meaningful trends, readers should note that many observed changes—particularly within the smaller SEPH cohort—are not statistically significant because of limited sample sizes. Statistical significance testing helps determine whether observed differences are likely due to real effects or chance; a lack of significance does not imply that findings are unimportant, only that there is insufficient evidence to confidently rule out random variation. As such, these results should be interpreted with caution and viewed as suggestive rather than conclusive.

Key Implementation Findings

The implementation of MoCo BOOST demonstrated several important features that contributed to participant engagement and program delivery:

- Recruitment was intentional and multilingual, including letters in English, Spanish, and French, phone follow-ups, and in-person registration with transportation support.
- Participants expressed high satisfaction with enrollment processes, payment options, and coaching services, with coaches providing personalized, culturally and linguistically appropriate support.

- The transition from options like ACH transfers to an online virtual wallet caused some frustration because of access difficulties and fees.
- The Montgomery County Department of Health and Human Services secured waivers from the state of Maryland for many benefits to prevent loss of eligibility, though some federal program waivers were not obtained, requiring careful counseling for participants.
- Community-based organizations played a vital role in supplementing cash assistance with additional social supports and resources.

Key Outcome Findings

MoCo BOOST yielded improvements across multiple domains for main cohort participants compared with their comparison group, although the boosts were typically short-lived and largely dissipated by program end. Though the program reduced basic hardships, such as food insecurity, for the SEPH cohort, data suggests that many key outcomes—with perhaps the exception of labor market effort—were negative (however, see cautions about statistical significance above).

- A majority of participants allocated funds toward essential needs such as housing (56 percent) and food (50 percent) supporting basic household stability.
- Although the main cohort initially experienced large improvements in housing stability—including reduced eviction risk and improved housing quality—these gains subsided somewhat after the end of the program. The SEPH cohort faced persistent housing instability.
- Main cohort participants experienced better physical health and mental health outcomes, reporting less anxiety and worry than comparison group members at 18 months.
- Food security was consistently higher among the main cohort, with fewer experiencing shortages or skipping meals.
- Debt was reduced for a greater share of main cohort participants than for the comparison group, though savings and future financial worry showed little change.
- Income volatility for the main cohort was substantially calmed.
- Employment outcomes were mixed: the main cohort experienced a very modest increase in labor force participation but an aggregate decline in employment by 24 months. At the individual level across combined cohorts, net reductions in employment effort were offset almost 1:1 by net gains.

- Participants across the main and SEPH cohorts reported an increased sense of dignity and control over their lives, highlighting the empowerment effects of receiving guaranteed income.

Key Recommendations

Policymakers and practitioners should treat findings from this report with caution because of the sample size in the SEPH cohort and scope limitations that prevented the Urban research team from collecting baseline data. However, the results the MoCo BOOST pilot produced do merit further testing, especially for the impact of small innovations like lump sum payments and targeting places or special populations.

Recommendations for Policy

Our recommendations for county policymakers are as follows:

- Offer a one-time lump sum exit bonus tied to coaching and milestone achievement to help participants pursue asset-building goals.
- Build in the time and funds for the evaluation contractor to launch evaluation efforts early enough to inform study design and capture all baseline data; fund for sufficient sample sizes to surface insights for key sub-populations.
- Pilot targeted programs in underserved areas of Montgomery County where investment lags and residents face compounded barriers.
- Allocate resources for the full “cash plus” model, recognizing the administrative and human service support necessary for success.

Recommendations for Practice

Our recommendations for county staff and service-providing partners are as follows:

- Begin exit planning early, preparing participants to sustain progress once guaranteed income ends.
- Provide financial education, including budgeting, credit-building, and small business training.

- Strengthen and differentiate the coaching model by training staff in evidence-based, participant-centered approaches.

Recommendations for Research

Our recommendations for county staff and research partners are as follows:

- Develop an in-depth outreach strategy to keep hard-to-reach populations engaged in responding to requests for data collection, especially from comparison groups with low response rates such as the SEPH cohort comparison group.
- Test pilot models that pair cash with targeted supports for groups like survivors of domestic violence.
- Create a theory of change and logic model with participants and partners to clarify goals and explore how cash support might further both economic security and mobility.

Introduction

In recent years, direct cash transfers have received growing national attention as a strategy to address economic insecurity, particularly in the wake of the COVID-19 pandemic. As of today, more than 150 guaranteed income pilots are operating across 35 states, serving approximately 59,000 participants.¹

In December 2021, Maryland's Montgomery County Council approved funding for the Montgomery County Building Our Opportunity and Strength Today (MoCo BOOST) Guaranteed Income Pilot, intended to alleviate poverty, enhance financial stability, and empower residents to improve their economic circumstances. The Montgomery County Department of Health and Human Services (DHHS) launched the program in summer 2022, enrolling 300 households to receive \$800 monthly for 24 months.

Participants were divided into two cohorts: the main cohort and the Services to End and Prevent Homelessness (SEPH) cohort. The main cohort consisted of 200 DHHS clients who had received or applied for benefits since 2020 and had at least one child under 18 in the household. The SEPH Cohort included 100 SEPH clients who had been unhoused but had exited a county shelter, of whom 65 were single adults and 35 were individuals living with family. For evaluation purposes, comparison groups for the main cohort and SEPH cohorts were created from individuals who met eligibility criteria but were not selected to participate in the MoCo BOOST pilot. This report documents findings on the implementation and effectiveness of the pilot from an evaluation conducted by the Urban Institute.

Research Questions and Data Sources

The Urban Institute, in collaboration with Montgomery County DHHS, used a mixed-methods approach that combined both qualitative and quantitative measures to investigate the following research questions:

- How did the payments affect any income volatility/fluctuations that participating households face?
- What impact did receipt of the MoCo BOOST payment have on participants' ability to retain and/or access public services (i.e., job training, educational or legal information, medical services, transportation services, child care or social welfare benefits)?
- Did participants experience any unintended consequences from participating in the program?

- Are participant households better-off as a result of participation per the following indicators: housing stability, emotional well-being, financial well-being, mental health, academic achievement, employment, somatic health, change in lifestyle and overall quality of life?
- Did participants have any changes in their family/individual conditions?
- Did receipt of the MoCo BOOST Guaranteed Income benefit allow recipients who are unemployed or underemployed greater opportunity to increase their earning potential?

Additionally, the study evaluated the opportunities and challenges of using unrestricted cash payments to promote positive outcomes for MoCo BOOST pilot participants. Specifically, it focused on:

- Whether outcomes close disparities between marginalized groups and other segments of the population.
- Best practices and policies for strategically applying guaranteed income as a means of producing equitable and beneficial results of users of public assistance programs.

Surveys

Participants in this study were asked to complete three surveys: a county-administered baseline survey conducted at registration, a survey at the 18-month mark, and a survey at the 24-month mark. The 18- and 24-month surveys were designed by the Urban Institute and administered by DHHS in April 2024 and November 2024, respectively. The 18-month survey yielded a 60 percent response rate, with 180 of 300 MoCo BOOST participants responding. The 24-month survey yielded a 50 percent response rate, with 148 responses. The surveys covered demographics, labor, education, income, debt, housing stability, food security, and mental health.

The 18- and 24-month surveys were administered to participants in the MoCo BOOST pilot, including those in the main cohort and SEPH cohort². A main cohort comparison group was formed from those who were eligible and applied to the MoCo BOOST pilot but were not randomly selected to participate. Survey data from the main cohort comparison group was captured at 18 and 24 months; however, the county administered baseline survey was not offered to the main cohort comparison group. In consultation with DHHS, the decision was made not to administer the survey to the SEPH comparison group. In the experience of DHHS, and consistent with research surrounding surveying unhoused people (Dennis 1991; Robinson 2017), SEPH comparison group clients constitute a difficult-to-survey population. Instead, DHHS and the county provided administrative data (taken from the Homeless Management Information System) about SEPH cohort members and the SEPH comparison

group. These data enabled the comparative analysis of return to homelessness and length of stay in a county shelter but were insufficient to conduct the direct comparisons incorporated throughout the rest of the report. For that reason, most of the comparative data in this report focuses on findings related to the main cohort and its comparison group.

Statistically significant changes over time are indicated with an asterisk (*). Because of participant attrition in the 18- and 24-month surveys, some analyses are based on small sample sizes ($N < 10$) and should be interpreted with caution.

Administrative Data

To provide a more comprehensive understanding of the characteristics of pilot participants and the impact of the MoCo BOOST pilot, the Urban Institute requested administrative data from Montgomery County DHHS. These data included information from the Homeless Management Information System (HMIS) and the Montgomery County Guaranteed Income Client Dataset (GICD), which together offer valuable insights into participants' demographic characteristics, service utilization, and housing status.

HOMELESS MANAGEMENT INFORMATION SYSTEM

HMIS is a local information system that collects client-level data along with information on housing and services provided to individuals and families at risk of or experiencing homelessness. Because of the transience of the unhoused population, it was unfeasible to survey the comparison group to the SEPH cohort enrolled in the MoCo BOOST pilot. To address this gap, the research team used County HMIS data. To ensure confidentiality and security, these data were transmitted in encrypted files in a deidentified form, using eight-digit unique identifiers generated specifically for the evaluation.

MONTGOMERY COUNTY GUARANTEED INCOME CLIENT DATASET

The GICD contains anonymized data from client applications for both the main cohort and the main cohort's comparison group, as well as data from Montgomery County's Enterprise Integrated Case Management System and the MoCo BOOST pilot initial survey. For the main cohort, there are 289 client entries included in the dataset, as 11 participants did not consent to share their information. At registration, some clients also provided insufficient identifying information on their baseline surveys, preventing their records from being matched. As a result, entries without survey data may reflect noncompletion or inadequate matching information. The comparison group dataset includes 166 client entries.

American Community Survey

The US Census Bureau American Community Survey (ACS) is a national demographic, social, economic, and housing survey for the US population. The research team drew on ACS 2021 and ACS 2023 data in its demographic data analysis.

Interviews and Focus Group

The research team conducted 12 interviews with MoCo BOOST pilot participants: 3 interviews were conducted in February of 2024, while the pilot was still in progress, and 9 interviews were conducted in January 2025, after the pilot had ended. The team also interviewed key stakeholders including partner organization staff members, DHHS staff members, members of the Montgomery County Collaboration Council for Children, Youth, and Families (collaboration council), and Montgomery County councilmembers and their representatives. Additionally, the research team conducted a small focus group with three pilot participants from the SEPH cohort.

PILOT PARTICIPANTS

Participant interviews aimed to assess how the pilot affected participants' lives, focusing on their background, financial situation, and experiences with the pilot. Topics included living arrangements, household composition, income sources, use of MoCo BOOST payments, and any changes in financial stability or well-being. The interviews also covered enrollment, onboarding, payment processes, and interactions with guaranteed income coaches. Interviews were offered in English and Spanish to ensure accessibility for all participants. The goal was to understand the pilot's effects on housing stability, financial security, and personal well-being, while gathering feedback for future improvements.

KEY STAKEHOLDERS

Interviews with key stakeholders focused on gathering insights into their roles in the planning and implementation of the MoCo BOOST pilot. Key areas of discussion included the organization's involvement in pilot design, recruitment, enrollment, cash disbursement, and benefits counseling. Staff were asked about their goals for the pilot, challenges faced, and successes achieved, particularly in reaching and supporting the target population. Additionally, the protocol explored how the guaranteed income interacted with other public benefits, and how benefits counseling affected participants' decisions.

Study Limitations

This study's limitations include issues with the baseline survey, potential nonresponse bias, and the inability to survey a comparison group for the SEPH cohort.

Baseline Survey

Because of the timing of MoCo BOOST's launch, county staff developed and administered an ad hoc baseline survey before securing an evaluation contractor. Without the benefit of internal or external subject matter expert review, the baseline survey had several major shortcomings:

- The survey lacked data-quality safeguards like value validation, so users could not enter values that were off the scales.
- Multiple numerical scales and rankings lacked definitions of items on the scale (e.g., on a 1–5 scale, it was unclear whether 1 indicated 'most' or 'least').
- Scales that had rankings did not enforce rank order, so incomprehensible gaps appeared (e.g., a rank 2 without a rank 1).
- Closed-ended responses excluded major categories, forcing respondents to skip them (e.g., excluding 'homeowner' from the list of living situation options).

As a result, much of the baseline survey data lacked clear interpretation or required additional validation to ensure reliability. To address some of these gaps, the 18-month survey issued by the Urban team included retrospective questions; however, response rates were limited, and participants had to rely on recall, which may have introduced bias. These limitations significantly constrained pre- to postpilot analyses. Nonetheless, county staff did establish comparison groups to support valid assessment of participant progress, though survey data at baseline was not captured for the main cohort comparison group and no survey data was collected from the SEPH comparison group.

Nonresponse Bias

Low response rates to the 18- and 24-month surveys among the SEPH cohort and the limited scope of the interviews across both cohorts may mean the findings are not generalizable to MoCo BOOST as a whole. Participation in the surveys and interviews was completely voluntary, and nearly half of MoCo BOOST recipients did not respond at all. The reasons for the level of nonresponse are unknown, but if respondents and nonrespondents differ by some circumstance or characteristic, the findings in this

report may disproportionately reflect an experience that is not typical of the group overall. This is called nonresponse bias. Although the research team assigned weights to the surveys to compensate for this limitation (see Appendix A), survey findings for SEPH participants in particular and findings from analyses with small numbers of respondents should be interpreted with caution.

SEPH Cohort Comparison

Unlike the main cohort, SEPH did not have a comparison group that could be interviewed or surveyed because of the transient nature of the population, which made it difficult to find participants, and the time constraints of the study. The inability to survey the SEPH comparison group prevented the research team from getting quantitative and qualitative findings that would help isolate the impact of the monthly \$800 payment versus other factors that may be at play among this sub-population. As a result, the research team used county HMIS data to compare housing stability outcomes across the SEPH treatment and comparison groups.

The MoCo BOOST Context

MoCo BOOST was launched to test the effects of unconditional financial support for county residents who experience long-standing economic insecurity, largely driven by systemic inequalities and exacerbated by the COVID-19 pandemic. This section describes the economic and social context into which MoCo BOOST was launched, providing some of the background necessary for interpreting the pilot's goals, successes, and challenges.

Montgomery County's Income and Affordability Challenges

Montgomery County, Maryland, is one of the nation's wealthiest counties, shaped by its proximity to Washington, DC, and the presence of institutions like the National Institutes of Health and the US Food and Drug Administration. The county also has a reputation for good schools, well-run public services, and extensive outdoor spaces. Yet this prosperity masks deep hardships and growing inequality. Although the county boasts a median household income of \$128,733, the bottom 20 percent of earners make on average just \$24,313, compared with \$338,784 for the top 20 percent.³

Although the percentage of people who live below the poverty line is comparatively low in Montgomery County—7 percent versus 13.6 percent for all counties in the US—the county's exceptionally high cost of living leaves many working-class households living paycheck to paycheck and struggling to afford basic necessities. The cost of living is about 40 percent higher than the national average, with housing costs being more than 70 percent above the national average.⁴ A family of four would need over \$120,000 annually just to cover basic expenses like rent, food, health care, and transportation—without saving for college or retirement.⁵

Racial and Ethnic Disparities in Montgomery County

The twin burdens of low income and high expenses are carried disproportionately by Black and Hispanic/Latine households in Montgomery County. Since the majority of people served by MoCo BOOST are Black and Hispanic/Latine, this section provides important background information on the historical and systemic barriers to opportunities and resources that have created and continue to re-create disparate racial and ethnic inequities.

Even before the COVID-19 pandemic, median household income in Montgomery County for Black residents was around half (53 percent) of median household income for white residents. The gap for Latino households (55 percent) is similar.⁶ Women are especially burdened. Latinas in Montgomery County earn just 36 cents for every dollar earned by non-Hispanic white men, leading to an estimated lifetime loss of around \$3 million because of pay disparities (Mehta et al. 2024). Black children in Montgomery County face a poverty rate more than six times higher than that of white children. These disparities are also evident in homeownership rates, educational attainment, and access to health care.⁷ The COVID-19 pandemic led to widespread economic disruptions, including unprecedented unemployment rates, which, again, fell disproportionately on Black and Hispanic/Latine households (Montgomery County 2023).

Seventeen percent of Montgomery County residents face severe housing problems, including overcrowding, high rent burdens, or a lack of kitchen or plumbing facilities.⁸ In 2021, 45 percent of white and 38 percent of Asian renting households were considered cost-burdened, meaning they spent more than 30 percent of their income on housing. This contrasts with 63 percent of Hispanic/Latine and 57 percent of Black renting households facing similar burdens.⁹ The county's planning department has identified "multiple converging factors, including market forces, policy decisions, declining federal housing resources, stagnant income growth, the increased cost of development, the diminishing availability of land, and demographic shifts,"¹⁰ which all affect the county's ability to build enough housing for the expected 20 percent rise in residents that the county expects within the next 25 years.¹¹

Income and affordability challenges often limit where Black and Latine residents can live. According to a recent Montgomery Planning Board analysis (the Community Equity Index), the neighborhoods with the greatest concentration of vulnerable residents are also the least likely to benefit from new development or investment—a pattern that locks in disadvantage over time. The analysis identifies multiple census tracts—particularly in East County and the I-270 corridor—where high housing costs coincide with low access to transit, health care, and economic opportunity. The residents of these areas are disproportionately Hispanic/Latine, Black, and immigrants¹²

Understanding Disparities Experienced by Black Residents

The legacy of housing discrimination—including redlining, racially restrictive covenants, and exclusionary zoning—has laid much of the foundation underlying disparities affecting Black residents of Montgomery County. Generations of Black families were denied the opportunity to access employment and accumulate housing wealth in high-growth areas of the county,¹³ denying them many of the

resources and opportunities that would allow them to keep up with the high cost of living in Montgomery County today. Employment discrimination, including exclusion from labor unions and unequal access to quality education, has also played a large role in limiting economic opportunities for Black communities.

Before the 20th century, Black households were on a very different trajectory. Montgomery County was largely rural, with one in three residents identifying as Black (McGuckian 1992). Following emancipation on November 1, 1864, freed Black residents formed kinship communities, such as Big Woods, Mt. Ephraim, Sandy Spring, and Haiti, where they lived, worked, and built economic foundations (McGuckian 1992). Black families who sought affordable land pooled resources and leveraged the skills of formerly enslaved craftsmen to build prosperous communities. By 1890, these communities had established multistory homes, churches, and schools, marking the beginning of generational development (McGuckian 1992).

In the early 20th century, Montgomery County saw an influx of white, middle-class residents, accompanied by the introduction of racially restrictive covenants. Adopted by real estate developers, private property owners, and neighborhood associations, racially restrictive covenants were legally binding agreements that prohibited any transfer of property—be it sale, rent, lease, or even occupation—to prospective Black residents. This regime restricted Black people from entire swathes of new and affordable suburban development, boxed Black residents into a limited pool of land and housing options, and established patterns of residential segregation that still appear in the county in places like Bethesda today.

Although the Supreme Court ruled in 1948 that these covenants violated the 14th Amendment, segregation continued through informal social practices. These policies and practices were not abolished via legislation until the passage of the Fair Housing Act in 1968 (Montgomery Planning 2022a). However, even after the passage of the Fair Housing Act of 1968 and the Community Reinvestment Act of 1977, unfair development patterns and other discriminatory practices continued for decades, including unfair banking and lending practices and unequal public investment in schools, parks, and other public facilities in communities of color (Montgomery Planning 2022b).

Per the general plan for the physical development of Montgomery County, “the legacy of such discriminatory policies and the exclusionary zoning and other land use controls led to neighborhoods defined by income, race, and housing types. As a result of these practices and other societal factors, a significant quality of life gap exists for various racial and ethnic groups in the county” (Montgomery Planning 2022b).

Understanding Disparities Experienced by Immigrants

Immigrants in Montgomery County experience higher rates of economic insecurity, housing instability, and unequal access to services than white residents despite their large contributions to the county's economy.

Today, more than 33 percent of Montgomery County's population is foreign-born, and nearly half of residents speak a language other than English at home.¹⁴ Since the late 20th century, large numbers of immigrants from Central America, particularly El Salvador, as well as Ethiopia, China, India, and the Philippines, have settled in the county. This has been shaped largely by global events (e.g., the Salvadoran Civil War) and American employers' demand for inexpensive and/or skilled labor in the technology, health care, construction, and service sectors.¹⁵

Policy choices at the national level have erected systemic barriers that limit economic security and access to essential services for immigrants. Noncitizens, especially undocumented individuals, are excluded from many public services and employment opportunities and often face multiple barriers to accessing mainstream financial services, such as bank accounts and lines of credit. Although immigrants constitute over 21 percent of Maryland's labor force and are more likely to participate in the workforce than US-born residents, many are concentrated in low-wage sectors such as construction, food service, and caregiving, which often lack job stability and benefits. Even those with advanced degrees and professional experience encounter challenges because their foreign credentials are not recognized and they face barriers to securing professional licenses, especially in the fields of health care, science, technology, and engineering.¹⁶

The social conditions MoCo BOOST sought to address arise largely from the systemic failures discussed above. Participants—drawn largely from Black and Latino communities—face persistent barriers related to the affordability of basic needs like housing, child care, and health care; needs that cash assistance can help alleviate in the short term. By providing unconditional cash assistance to low-income households, the pilot recognizes that poverty in Montgomery County is not simply a lack of income, but the result of significant structural barriers and limited upward mobility.

Implementation Findings

MoCo BOOST Structure and Key Partners

MoCo BOOST was administered by the Montgomery County Department of Health and Human Services (DHHS). DHHS is an integrated human services agency that includes the following divisions: Children, Youth, and Family Services, which supports families through income supports, early childhood and youth development programs; Public Health Services, which oversees disease prevention, health promotion, and clinical services; and Services to End and Prevent Homeless. The MoCo BOOST pilot lived under Children, Youth, and Family Services because they manage programs that provide cash directly to families. Most of the participant-level costs—including payments, administration of payment disbursement, and the coaches—as well as the evaluation were covered by funds appropriated for MoCo BOOST, but those funds did not cover the vast majority of administrative costs to operate the program. Permanent DHHS staff assumed significant new work, in addition to their existing workloads, to start up and manage MoCo BOOST, as well as coordinate with internal and external partners for ongoing operations. This means that DHHS absorbed much of the true cost of MoCo BOOST.

“I also think at the inception level there may have been a disconnect between political lawmakers and the agency in charge of implementation. If we were at the table from the beginning, we could have avoided many operational challenges and met the initial timeline goals.”

—DHHS Management Staff

Participant selection criteria were overseen by a governance body composed of Montgomery County DHHS staff, representatives from partner organizations, and county councilmembers. This group made key decisions about pilot design and implementation, including prioritizing DHHS client households that included a child under age 6, one wage-earning parent, or a family member age 65 or older.

Getting the MoCo BOOST program up and running required a significant investment of time and effort from at least eight DHHS staff. One key DHHS team member estimated that MoCo BOOST accounted for approximately 80 percent of their time during the preparation, start-up, and participant selection phase (February–April 2022). During the main enrollment period (May–October 2022), their time was almost entirely dedicated to the program. Even after the program transitioned into regular operations, it continued to require about one-third of their time until a dedicated administrative staff person was brought on board. This highlights the substantial staffing demands involved in launching and managing a guaranteed income initiative.

The pilot had multiple partners playing different roles. The Meyer Foundation and the Greater Washington Community Foundation offered private philanthropic funding to cover participant payments. UpTogether had the role of disbursing the cash to participants. The collaboration council played the role of core nonprofit community-based partner—in this case that meant ensuring that Montgomery County community members understood the nature of the pilot, and that participants had a positive consumer-centered experience, including periodic convenings to meet with and provide feedback to program managers and evaluators.

Participant Eligibility, Recruitment, and Enrollment

Between April and October 2022, county staff selected and enrolled 300 DHHS clients who met the basic criteria for enrollment as set by the governance body, in one of three cohorts:

- **Main cohort:** 200 DHHS clients who had applied for or received DHHS benefits (e.g., a child care subsidy, a COVID emergency income support, or a state benefit like Medicaid or the Supplemental Nutrition Program) since 2020 and whose records had at least one child under 18 in their household.
- **SEPH individual:** 65 single individuals involved in Services to End and Prevent Homelessness (SEPH) who had exited a county shelter.
- **SEPH family:** 35 individuals living with a spouse, parent, or child(ren) involved in SEPH who had exited a county shelter.

To be eligible, all participants regardless of cohort had to be Montgomery County residents age 18 or older. Individuals enrolled in the main cohort also had to come from households that met at least one of the four priority conditions listed below:

- At least one household member is age 6 or under.
- At least one household member is age 65 or older, and at least one household member is under age 18.
- The household was eligible for Emergency Assistance Relief Payment COVID-19 relief funds.
- The household was headed by a single adult.

To recruit the 200 individuals for the main cohort, DHHS drew a random sample of 1,066 adults from the county's Enterprise Integrated Case Management System. These individuals met the pilot's threshold criteria and at least one priority criterion. The sample was confirmed to be statistically representative of the broader pool of over 37,000 eligible clients. In April 2022, DHHS mailed and emailed invitations to all 1,066 eligible individuals in English, Spanish, and French. The letters also had quick response (QR) codes residents could use to apply for the program using their phones. Residents were also able to access information on the program through the county's MC311 information hotline, and at high traffic local service centers like the Takoma East Silver Spring Community Action Center. By June 2022, 401 applications were received, and 200 individuals were randomly selected from this pool. The comparison group was made up of 166 individuals who were eligible but not selected for MoCo BOOST. For a detailed breakdown of the survey participant and comparison groups, please see the Survey section (table 1).

For the homeless continuum cohort, the SEPH team used multiple random samples of clients who had exited county shelters and were at least 18 years old. From April to October 2022, MoCo BOOST pilot staff contacted potential participants using phone, email, and postal mail. Respondents were invited to complete an online application, and submitted applications were screened for completeness and validity. The full SEPH clientele pool was composed of 420 individuals. Of that group, 73 percent either opted out of data sharing or had an expired release of information. Therefore, comparisons between the SEPH cohort and the SEPH clientele pool, from which they were drawn, should be taken with caution because the research team had access to only 112 (27 percent) of the records from the SEPH clientele pool.

Participant Characteristics at Enrollment

The research team used county administrative data to compile participant characteristics at enrollment.

Participant Locations

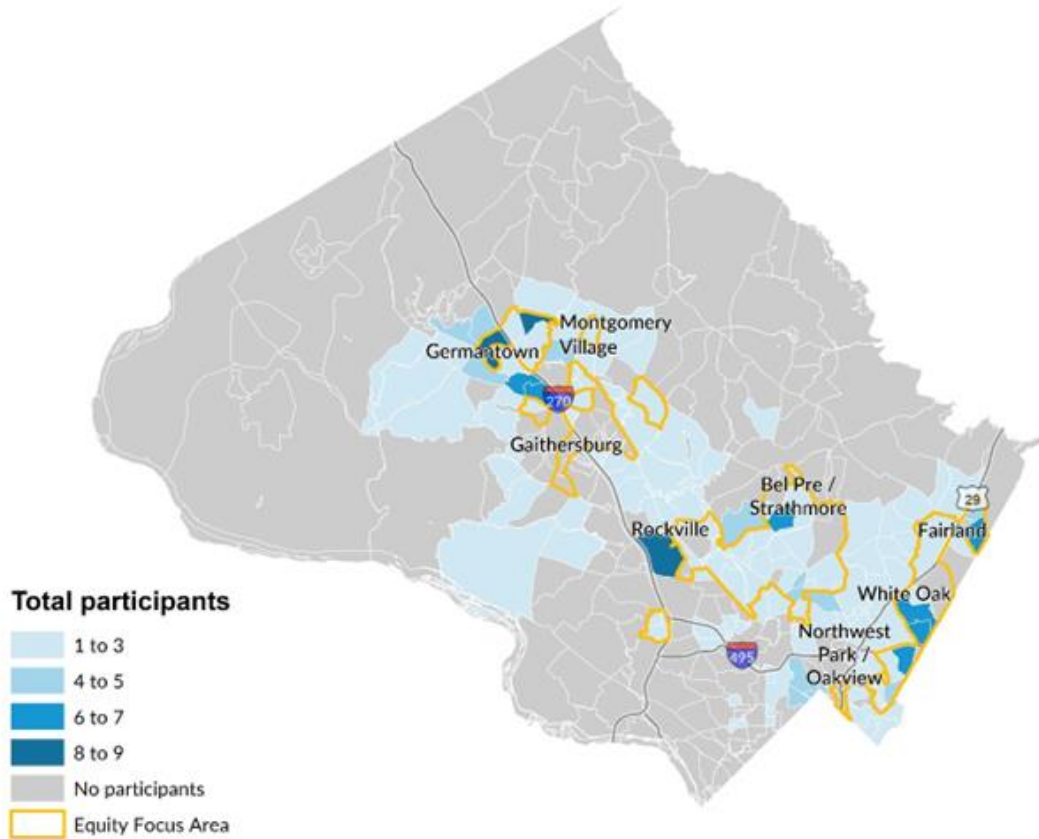
At enrollment, MoCo BOOST participants resided primarily along the I-270 corridor, with concentrations in the communities of Germantown and Montgomery Village and parts of Rockville and Gaithersburg (figure 1). The 34.7-mile highway is the county's principal north-south connector, with the surrounding corridor home to a large portion of the county's residential and office space. In addition, there is a secondary concentration of pilot participants in the communities of White Oak/Hillandale and Fairland, both located along Route 29 corridor.

These areas have considerable overlap with the county's Equity Focus Areas, which are areas that the Montgomery County Planning Department has identified as having inequitable access to resources. The department identified these areas using an index of household income, race and ethnicity, and English proficiency. According to Montgomery Planning, these areas are also characterized by "high concentrations of lower-income people of color, who may also speak English less than very well." Montgomery Planning notes that "[equity focus] areas are primarily found along the I-270 Corridor, the Route 29 Corridor, and the eastern portion of 'Down County,'" the planning area covering the portion of Montgomery County south of I-495.¹⁷

FIGURE 1

MoCo BOOST Participant Locations

Includes overlap with Equity Focus Areas



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Source: Authors' analysis of participant enrollment form data.

Notes: Equity Focus Areas are based on 2010 census tract boundaries, while participant locations are based on 2020 census tract boundaries (in white). Although largely similar, the two geographies do not perfectly overlap. In addition, we have grouped contiguous Equity Focus Areas together to improve the readability of the map.

Participant Demographics

DHHS clients overall, the pool from which MoCo BOOST participants were drawn, are far more likely to be Black or Hispanic/Latine (of any race) than are Montgomery County residents overall and, conversely, far less likely to be white or Asian. This stems from a basic inequity: namely, that the share of Black and Hispanic/Latine residents in need of DHHS services reflects the disproportionately greater share of Black and Hispanic/Latine people in the county who experience poverty or have low incomes, largely because of systemically driven disparities, as described above. Likewise, DHHS clients are much

more likely to be female than the overall population of the county because of gender inequities, such as the disproportionate share of responsibility for unpaid child rearing that falls on women.

The demographics of MoCo BOOST participants in the main cohort are somewhat aligned with the pool of DHHS clients overall (table 1). There are two notable discrepancies. First, women represent a larger share of the MoCo BOOST main cohort (90.6 percent) than they do of DHHS clientele overall (78 percent). This is likely because the additional priority conditions set for the main cohort emphasized single-parent households, which are disproportionately headed by women. Second, Black residents are overrepresented in the main cohort (46.9 percent) relative to their share of the DHHS clientele overall (28.9 percent). This is partially because Black invitees were more likely to apply to MoCo BOOST than were invitees of other races: for example, 34.5 percent of invitees were Black, and 44.9 percent of submitted applications came from Black invitees. Conversely, 49.7 percent of invitees were Hispanic/Latine (of any race), but only 44.7 percent of submitted applications came from Hispanic/Latine residents. Without data from invitees who declined to apply, we cannot definitively explain this variation in application rates. However, research suggests that Hispanic/Latine households with low-income often use public assistance at a lower rate than other demographic groups because of barriers like limited English proficiency, less familiarity with government programs and how to navigate them, residency and citizenship status eligibility requirements, and fear of deportation or other immigration-related concerns (Alvira-Hammond and Gennetian 2015).

TABLE 1
Race, Ethnicity, and Gender of Main Cohort Participants
Percentage of participants or residents

	Main cohort participants	DHHS clientele pool for main cohort	Montgomery County residents
Black/African American	46.9	28.9	17.1
White	3.6	8.4	40.3
Hispanic/Latine, any race	44.3	50.9	18.7
Asian	1.6	3.1	14.3
Other/multiracial	2.6	3.9	9.4
Female	90.6	78	53.6
Male	9.4	22	46.4

Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset and 2021 American Community Survey data.

Notes: N = 192 for main cohort participants; N = 37,347 for the DHHS client pool from which they were drawn. DHHS = Montgomery County Department of Health and Human Services.

Much like the pool of DHHS clients overall from which the main cohort was drawn, the demographics of the SEPH clientele diverge considerably from those of the county overall (table 2).

Reflecting the demographics of housing insecurity in Montgomery County, individuals served by SEPH are more likely than the general population to be Black and less likely to be white or Asian. Within the sample of SEPH clients drawn to receive MoCo BOOST cash, there are notable differences between the SEPH individual and SEPH family cohorts. Individuals in the SEPH family cohort are overwhelmingly likely to be female, compared with the disproportionately male SEPH individual cohort. In terms of racial and ethnic composition, Hispanic/Latine residents in the SEPH family cohort are underrepresented relative to the county's population overall and may be underrepresented compared with their share of SEPH clientele. However, since this analysis lacks data on race and ethnicity for 73 percent of the SEPH clientele pool, this finding should be taken with caution.

TABLE 2

Race, Ethnicity, and Gender of SEPH Cohort Participants

Percentage of participants or residents

	SEPH family participants	SEPH individual participants	SEPH clientele pool	Montgomery County residents
Black/African American	76.5	63.5	67.0	17.1
White	11.8	6.3	7.1	40.3
Hispanic/Latine, any race	5.9	17.5	19.6	18.7
Asian	2.9	4.8	4.5	14.3
Other/multiracial	2.9	7.9	1.8	9.4
Female	91.2	25.4	61.4	53.6
Male	8.8	74.6	38.6	46.4

Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset and 2021 American Community Survey data.

Notes: N = 34 for SEPH family participants; N = 63 for SEPH individual participants in MoCo BOOST. The full SEPH clientele pool was composed of 420 individuals. Of that group, 73 percent either opted out of data sharing or had an expired release of information. Therefore, comparisons between the SEPH cohort and the SEPH clientele pool, from which they were drawn, should be taken with caution, since the research team had access to only 112 (27 percent) of the records from the SEPH clientele pool. SEPH = Services to Prevent Homelessness.

Household Size

MoCo BOOST participants are more likely than county residents overall to live in larger households. Nearly 79 percent of main cohort participants (table 3) and 77 percent of SEPH family cohort participants (table 4) live in a household of three or more people, compared with 45.8 percent of households countywide. Additionally, MoCo BOOST participants were nearly twice as likely to live in a five-or-more-person household (19.7 percent compared with 11.4 percent).

TABLE 3

Household Sizes of Main Cohort Participants*Percentage of participants or residents*

	Main cohort participants	DHHS clientele pool for main cohort	Montgomery County residents
1 person	2.1	-	26.0
2 people	19.3	24.6	28.5
3 people	27.1	27.4	17.0
4 people	24.0	23.8	17.4
5+ people	27.6	24.2	11.4

Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset and 2021 American Community Survey data.

Notes: N = 192 for main cohort participants; N = 37,347 for the main cohort universe. DHHS = Montgomery County Department of Health and Human Services.

TABLE 4

Household Sizes of SEPH Cohort Participants*Percentage of participants or residents*

	SEPH family participants	SEPH individual participants	SEPH clientele pool	Montgomery County
1 person	8.8	84.1	41.9	26.0
2 people	14.7	12.7	18.2	28.5
3 people	32.4	3.2	22.1	17.0
4 people	32.4	-	5.1	17.4
5+ people	11.8	-	12.8	11.4

Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset and 2021 American Community Survey data.

Notes: N = 34 for SEPH family participants; N = 63 for SEPH individual participants in MoCo Boost. The full SEPH clientele pool was composed of 420 individuals. Of that group, 73 percent either opted out of data sharing or had an expired release of information. Therefore, comparisons between the SEPH cohort and the SEPH clientele pool, from which they were drawn, should be taken with caution, since the research team had access to only 112 (27 percent) of the records from the SEPH clientele pool. SEPH = Services to End and Prevent Homelessness.

Income and Employment of MoCo BOOST Participants

At baseline, MoCo BOOST participants had substantially lower incomes than Montgomery County residents overall (table 5). For example, well over half of SEPH participants (approximately 70 percent) reported earning less than \$18,000 annually, compared with only 4 percent of Montgomery County residents reporting incomes below \$10,000, and 1.6 percent earning between \$10,000 and \$14,999. At the higher end, while over 86 percent of county residents reported earning more than \$35,000, no SEPH participants and only a small share of main cohort participants (7.49 percent) reported incomes above \$36,000 (figure 2). These differences underscore the economic vulnerability of MoCo BOOST participants compared with the broader county population.

TABLE 5

Annual Income of MoCo BOOST Participants at Baseline

Annual income groups GICD	Main cohort participants	SEPH cohort participants	Annual income groups ACS	Montgomery County residents
\$0	13.37%	20.83%		
Less than \$12,000	14.97%	32.29%	Less than \$10,000	4%
\$12,001-\$18,000	20.86%	19.79%	\$10,000 to \$14,999	1.6%
\$18,001-\$24,000	24.06%	17.71%	\$15,000 to \$24,999	4%
\$24,001-\$30,000	10.15%	6.25%		
\$30,001-\$36,000	9.09%	3.12%	\$25,000 to \$34,999	4.3%
More than \$36,001	7.49%	0%	More than \$35,000	86.1%

Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset and 2021 American Community Survey data. Main cohort: N=187; SEPH cohort: N=96.

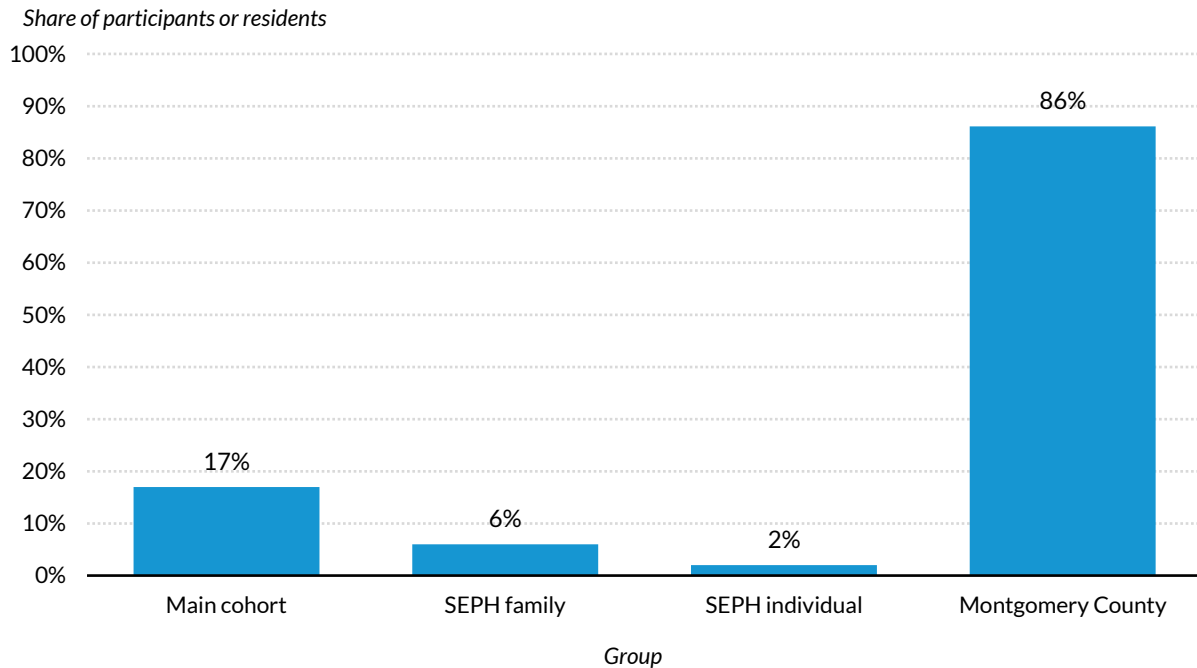
Notes: The Montgomery County Department of Health and Human Services-administered baseline survey (GICD) used different income groups than the American Community Survey, so direct comparison is unavailable. For ease of comparison, estimates of monthly income from the GICD were multiplied by 12 to produce estimates of annual income, which are reported in American Community Survey data. Direct comparisons between MoCo BOOST cohorts and Montgomery County residents overall are difficult because the American Community Survey reports annual income in intervals of \$5,000 (e.g., \$20,000–\$24,999), while the county's baseline survey used monthly intervals of \$500 (e.g. \$1,001–\$1,500), which represents an annual income interval of \$6,000. SEPH = Services to End and Prevent Homelessness. ACS = American Community Survey. GICD = Guaranteed Income Client Dataset.

Before the pilot, MoCo BOOST participants were slightly more likely to be participating in the labor force, either working or looking for work, than Montgomery County residents overall (figure 3).¹⁸ However, their average incomes at baseline were substantially lower and they were much more likely to be unemployed than residents of Montgomery County overall. Across the main and SEPH cohorts, the labor force participation rate of MoCo BOOST participants—the fraction of working-age adults who are employed or looking for work—was 91 percent, slightly higher than the countywide figure of 85 percent (figure 3). However, the unemployment rate for MoCo BOOST participants—the share of working-age adults who are not employed and looking for work—was 21.5 percent, more than seven times higher than the county's unemployment rate overall (2.8 percent) at the time the initial participant survey was administered.

FIGURE 2

Percentage of Participants or Residents Earning More Than \$35,000 Per Year at Baseline

MoCo BOOST participants compared with Montgomery County residents overall



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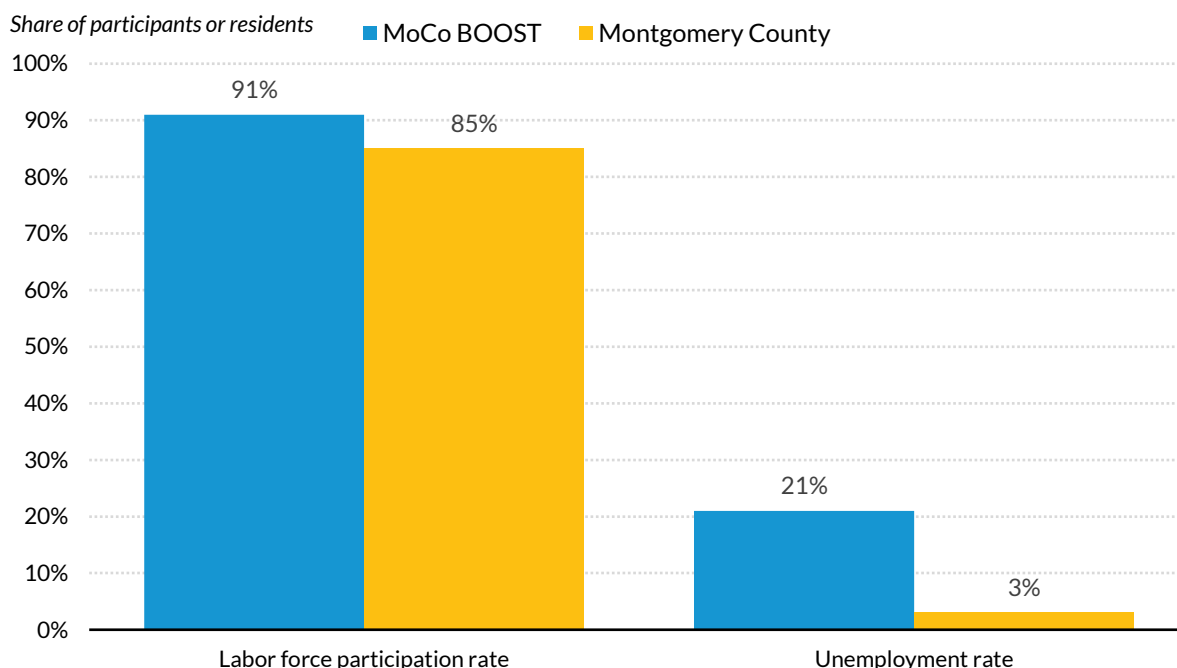
Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset (GICD) and 2021 American Community Survey data.

Notes: For ease of comparison, estimates of *monthly* income from the GICD were multiplied by 12 to produce estimates of *annual* income, which are reported in American Community Survey (ACS) data. Direct comparisons between MoCo BOOST cohorts and Montgomery County residents overall are difficult because ACS reports annual income in intervals of \$5,000 (e.g., \$20,000–\$24,999), while the county's baseline survey used monthly intervals of \$500 (e.g., \$1,001–\$1,500), which represents an annual income interval of \$6,000. SEPH = Services to End and Prevent Homelessness.

FIGURE 3

Labor Force Participation and Unemployment Rates at Baseline

MoCo BOOST participants vs. Montgomery County residents overall



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Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset, St. Louis Federal Reserve Bank economic data, and "Labor Force Participation Rate by Sex, State and County" data from the Women's Bureau at the US Department of Labor.

Notes: Labor force participation rate includes only people ages 20 to 64. A MoCo BOOST participant was considered "in the labor force" if they were between the ages of 20 and 64 and did not indicate that they were either "not employed and not looking for work" or "not employed but receiving SSI/SSDI or other stable income source." Participants who marked only "not employed" were included in the labor force calculation.

Services and Activities for MoCo BOOST Participants

MoCo BOOST is among the handful of intentional "cash plus" pilots that have been launched in the United States since 2017. The term "cash plus" refers to initiatives that combine cash with one or more types of complementary support (Roelen et al. 2017). Recognizing that \$800 per month for two years would not be enough to cover the extensive financial shortfalls faced by people with very low income living in a place as expensive as Montgomery County, the council members who initiated MoCo BOOST chose DHHS to administer the program and, in turn, the DHHS staff who led the pilot chose to pair participants with coaches (contractual workers) and other supports from partners like the collaboration council. This section details the array of activities and noncash supports experienced by MoCo BOOST

participants. Participants indicated positive experiences across the pilot satisfaction metrics, including recruitment and enrollment, receiving the monthly payment, and experiences with guaranteed income coaches. Several participants indicated the strongest aspect of the program was the reliable and high-quality care provided by guaranteed income coaches, highlighting the crucial support coaches provided participants throughout the program.

Recruitment and Enrollment

DHHS invited eligible clients to apply to MoCo BOOST through coordinated outreach, which included letters, emails, and extensive follow-up to allay concerns. Several participants described feelings of wariness and disbelief when they initially heard about the pilot. These participants also told the research team that consistent outreach from county staff members was instrumental to their decision to apply.

“We did a lot to try to make sure that everyone knew what the process was. So, we would send emails a week ahead. We had called the day before. We’d send another email the day before. We make sure that you’re still gonna be able to come right. And they would say, yes. So, we were doing a lot of strategic just follow up and hand-holding to make sure that they [participated] when they were selected, we really wanted them to come. We really wanted them to be part of the pilot.”

—DHHS staff member

Pilot participants indicated positive experiences with the enrollment process, with about 74 percent of the main cohort and approximately 96 percent of the SEPH cohorts expressing satisfaction with the process in the 18-month and 24-month surveys (table 6).

“I received a letter saying I qualified for MoCo BOOST and I thought it was for a scam. And then [a DHHS employee] called me, they told me it was legit. I did not believe it [at first].”

—Single mother, main cohort MoCo BOOST participant

Orientation and Case Setup

DHHS clients who were eligible to participate in MoCo BOOST attended an in-person orientation session, where they verified their identity and Montgomery County residency, met pilot staff, and got in-person counseling on how MoCo BOOST could impact their benefits. Clients were not formally enrolled in MoCo BOOST until they completed these basic steps during orientation. Some clients declined to be enrolled after benefits counseling because they were concerned that their existing county benefits (e.g., housing supports) might be affected by participation in the pilot.

Once enrolled, participants also paired with a coach, registered for payment through the UpTogether cash disbursement platform, and completed (if they wished to) an initial survey to capture baseline characteristics. Pilot staff created case records in the Enterprise Integrated Case Management System for each participant, documenting demographic details, application materials, case notes, and payment disbursement details, such as the UpTogether code assigned to them for their funds and their disbursement start and end dates. To make the orientation and enrollment process more accessible, transportation was provided to and from the event for those who needed it. Participant interviewees said the enrollment process was “clear and helpful,” “smooth,” and “extremely easy.”

“What they said would happen happened.”

—Lifelong female Montgomery County resident and main cohort MoCo BOOST participant

Payment Options and Online Payment Platform

DHHS engaged UpTogether to disburse the funds to participants. Per the organization’s website, UpTogether is a “systems change” organization that seeks to change government and philanthropic systems so that these systems invest directly in people by providing unconditional and unrestricted cash to communities.¹⁹ At the beginning of the pilot, UpTogether offered monthly automated clearing house (ACH) transfers directly into participant bank accounts and debit cards for unbanked participants. About halfway through the pilot, UpTogether standardized their payment system requiring that all participants receive cash via an online “virtual wallet.” Although approximately 73 percent of main cohort and about 93 percent of the SEPH cohort participants reported satisfaction with the payment options (table 6), several interviewees indicated frustration with UpTogether’s switch to

the virtual wallet system, saying it made accessing the funds harder and came with unforeseen transfer fees that cut into their payments.

TABLE 6

Share of Participants Who Were “Satisfied” or Very Satisfied” with Various Aspects of Pilot Implementation

Includes enrollment, payment process, and coaches

Pilot satisfaction metrics	Main cohort	SEPH cohort
Recruitment and enrollment	74.28%	96.30%
Set up and receiving of monthly payment	72.86%	92.59%
Guaranteed income coaches	72.86%	76.17%

Source: Authors’ analysis of the 18-month and 24-month outcomes surveys.

Notes: Recruitment and enrollment: N = 140 (main cohort), N = 54 (SEPH cohort); receiving monthly payment: N = 140, N = 54; satisfaction with GI coach: N=140, N=53. The analysis for the pilot satisfaction questions includes respondents who selected “very satisfied” or “satisfied.” SEPH = Services to End and Prevent Homelessness.

Assigned Coaches

Four contractors were selected to serve as “guaranteed income coaches” for the duration of the pilot. Each MoCo BOOST participant was assigned a coach, with whom they could discuss their goals for the money and from whom they could receive referrals for other noncash supports as necessary. Since three of the four coaches were bilingual, the coaches were assigned based on how well their language skills aligned with the language spoken by the participants they coached. Two of the coaches were able to coach Spanish-speaking participants, while one coach was able to coach Amharic-speaking participants. The coaches initially had a caseload of 75 people each and they called participants quarterly to check-in and troubleshoot any issues participants might be experiencing in general or with pilot implementation.

Satisfaction with the coaching component of the pilot was very high, with approximately 73 percent of main cohort participants and approximately 76 percent of SEPH cohort participants reporting positive experiences (table 6). Open-ended survey responses to the question, “What is best about the MoCo BOOST program” included many entries like “constant communication from coaches”; “the guaranteed income coach was great, extremely helpful and on top of everything regarding my case and any questions I had”; “they always checked in with us”; and “the MoCo BOOST pilot has been great with keeping in contact and checking up.”

“There is a positive to the customer experience when they know there’s someone they can reach out to when they’re in a program or a pilot, right? It’s not a case manager and [they are] not gonna hold your hand. But it’s nice to know that ‘Oh, if this happened, I can call a person, and they can help me navigate certain things.’ That I wouldn’t trade at all.”

—MoCo BOOST program staff member

Participation in Other County Services

Many MoCo BOOST participants were enrolled in one or more county services, such as the Supplemental Nutrition Assistance Program and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), housing vouchers and transitional rent support, and early childhood and child care programs. Most of the participants the research team interviewed spoke of the housing supports, including vouchers, they receive from the county as a critical lifeline for keeping their households off the streets and their family members in school or at work.

DHHS staff were mindful of the importance of Montgomery County’s relatively generous safety net (compared with other counties across the country) to enrolled individuals and families. Thus, county officials were thorough about ensuring that income from the pilot was not counted as part of an individual’s income, so that participants would remain eligible for supports that are crucial to their household well-being and ability to participate in the workforce. DHHS was able to secure waivers for Maryland-run programs such as the Supplementary Nutrition Assistance Program, Temporary Cash Assistance Program, Temporary Disability Assistance Program, state medical assistance, all programs through the Office of Home Energy Programs, and the Child Care Scholarship Program. At the start of the pilot, when DHHS was still acquiring waivers for social safety net programs, the guaranteed income coaches used the Atlanta Federal Reserve’s Guaranteed Income Dashboard to see how the cash benefits would affect their eligibility for other programs.²⁰

Like many cash pilots launched in recent years, county officials were unable to obtain waivers from federal programs like Supplemental Security Income (SSI) and HUD’s housing assistance programs.²¹ Participants were advised to weigh these waiver gaps in their decisions to participate in MoCo BOOST. As the waivers were not automatically applied across all public benefit programs, participants were advised to carry copies of their waiver letters when attending redetermination or recertification appointments for any benefits they received.

The fear and threat of benefit loss was a notable concern throughout the course of the pilot. Although some degree of benefit loss was not uncommon, it was generally unrelated to the receipt of MoCo BOOST funds. MoCo BOOST participants often assumed that benefit reductions, particularly after recertification, were caused by their MoCo BOOST income. In fact, the reductions were almost always from the temporary increases in benefits during the COVID emergency being scaled back once the emergency authorizations expired.

Still, in a few cases, the threat of benefit loss affected clients' decisions to participate in MoCo BOOST. Most notably, a main cohort participant withdrew after eight months in the program because of the impending loss of a HUD-issued housing voucher, which would have forced the client's family of five to pay market rent. In this case, the monthly MoCo BOOST payment was equal to the housing voucher, so staying in MoCo BOOST would have been a net-zero benefit in the short term and a negative in only about a year's time, when the 24 months of payments ended. In another case, a prospective client withdrew from the MoCo BOOST eligibility pool, fearing that the \$800 monthly payment would jeopardize the \$2,000 of monthly benefits they reported. In another instance, a main cohort participant complained that they were not aware that a landlord could count the benefit "as salary." She stated that the landlord did so and raised her monthly rent from \$1,600 to \$2,500. She considered this a major step backward in her financial well-being. Interview data are unclear on whether or not she brought this issue to her coach, since a county official might have been able to clarify that the cash was not salary, but a gift. It appears that no such communications took place, however.

Support from Community-Based Organizations

The collaboration council held multiple events for pilot participants throughout the pilot period to allow MoCo BOOST participants to share their experiences. In addition, the council also offered participants access to a host of programs they facilitate, such as care for children with intensive needs and children of first-time parents, out-of-school-time programs for middle school and high school aged youth, and a drop-in center for youth and young adults ages 16 to 24 who have stopped attending school and need to acquire jobs and new skills.

The coaches also reported pointing participants to community-based services such as Catholic Charities Centers in Silver Spring and near Wheaton, which provide individuals and families with food, housing and shelter, job training and employment services, child care, and physical or mental health care.²² Coaches also showed participants how to use sites like findhelp.org to find their closest local

food pantry or other nearby social services, housing services, health services, and educational or work services provided by local organizations.²³

Participant Outcomes

This section of the report describes how participants used their cash and how MoCo BOOST payments affected outcomes like food security, mental health, debt, employment, and ongoing income.

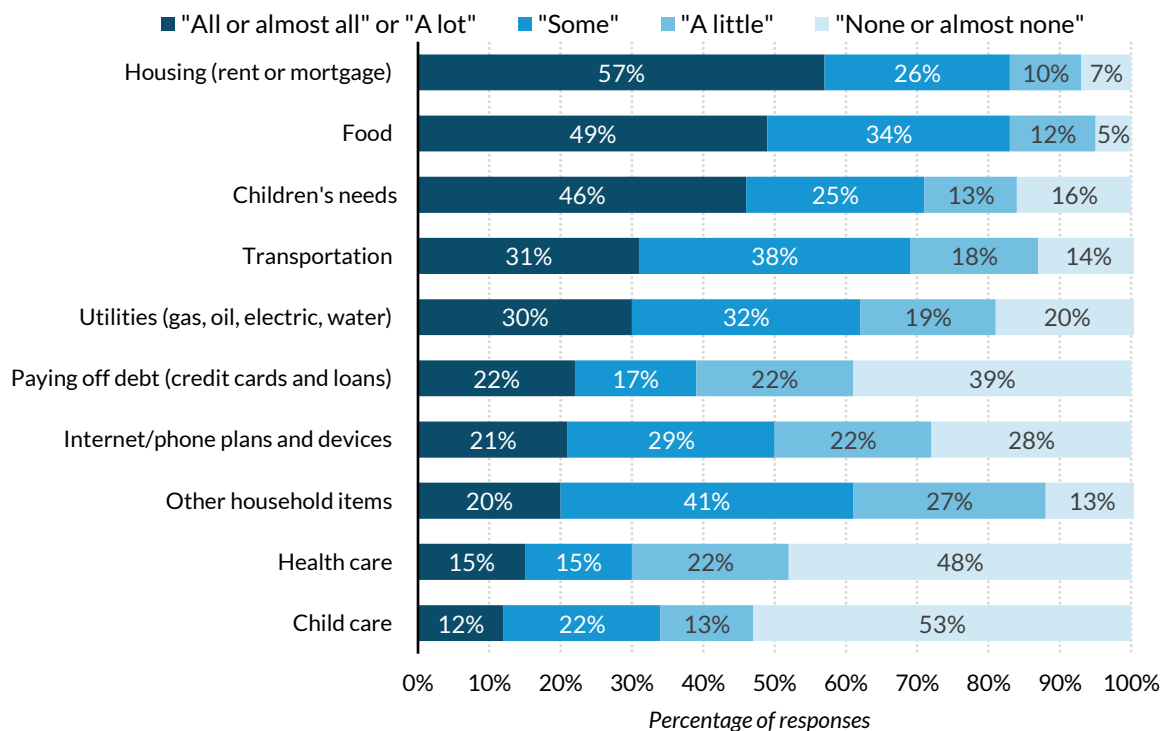
Use of UpTogether Cash Payments

The MoCo BOOST pilot consistently supported participants in meeting their essential needs over time, with food and housing being the primary spending priorities throughout the two years. In the 18-month survey, 56 percent of participants reported that “all or almost all” or “a lot” of their MoCo BOOST payments were directed toward housing, while 50 percent allocated similar portions to food, and 48 percent spent on children’s needs (figure 4). These patterns continued in the 24-month survey, where nearly all participants (95 percent) reported spending at least a portion of their cash payments on food (figure 5). Additionally, 58 percent of households indicated they used either most or all their funds on housing-related expenses, including rent or mortgage payments, with over 90 percent of participants dedicating at least a portion of their payments to housing. Other notable expenses included children’s needs and transportation, with 89 percent of participants allocating their cash for both these purposes.

FIGURE 4

Breakdown of MoCo BOOST Payment Spending at 18 Months

Responses to the question “How much, if any, of your MoCo BOOST cash payment have you spent on the following?—[Category]” at 18 Months?



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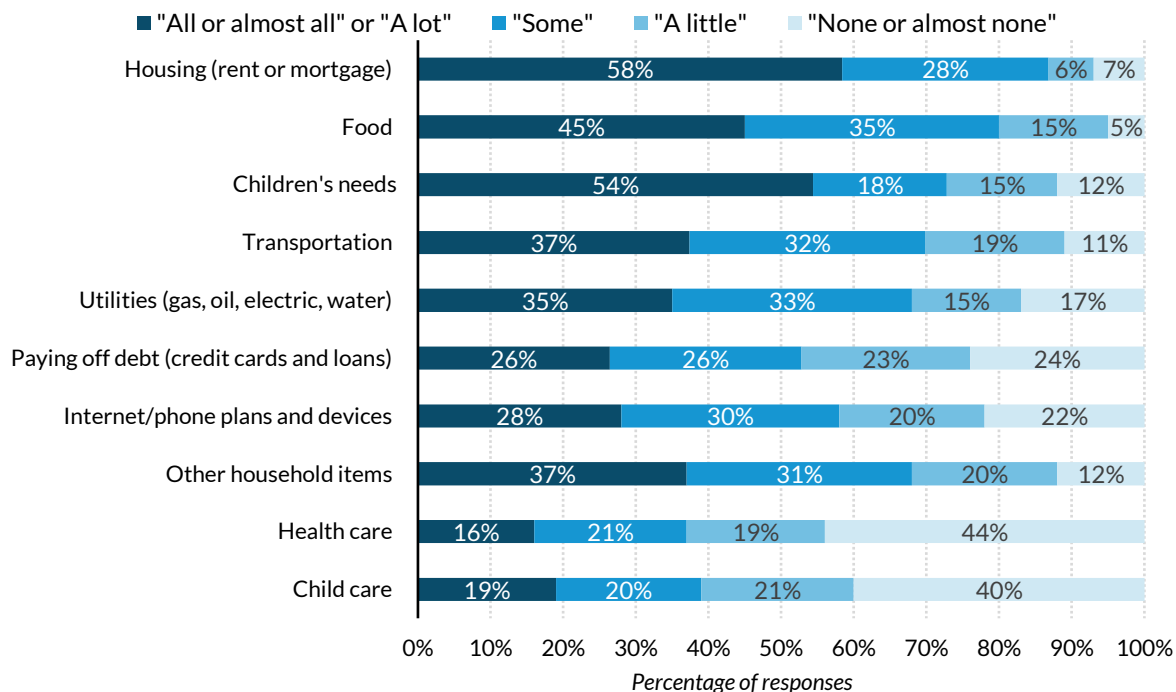
Source: Authors' analysis of the 18-month outcomes survey.

Notes: N = 168. Respondents were given the option to write in other uses of the cash. Write-in responses included “purchase a car,” “help my parents,” “pay for college courses,” “cover lawyer fees,” and “contribute to a homeownership down payment.”

FIGURE 5

Breakdown of MoCo BOOST Payment Spending at 24 Months

Responses to the question “How much, if any, of your MoCo BOOST cash payment have you spent on the following - [Category]” at 24 months?



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Source: Authors' analysis of the 24-month outcome survey.

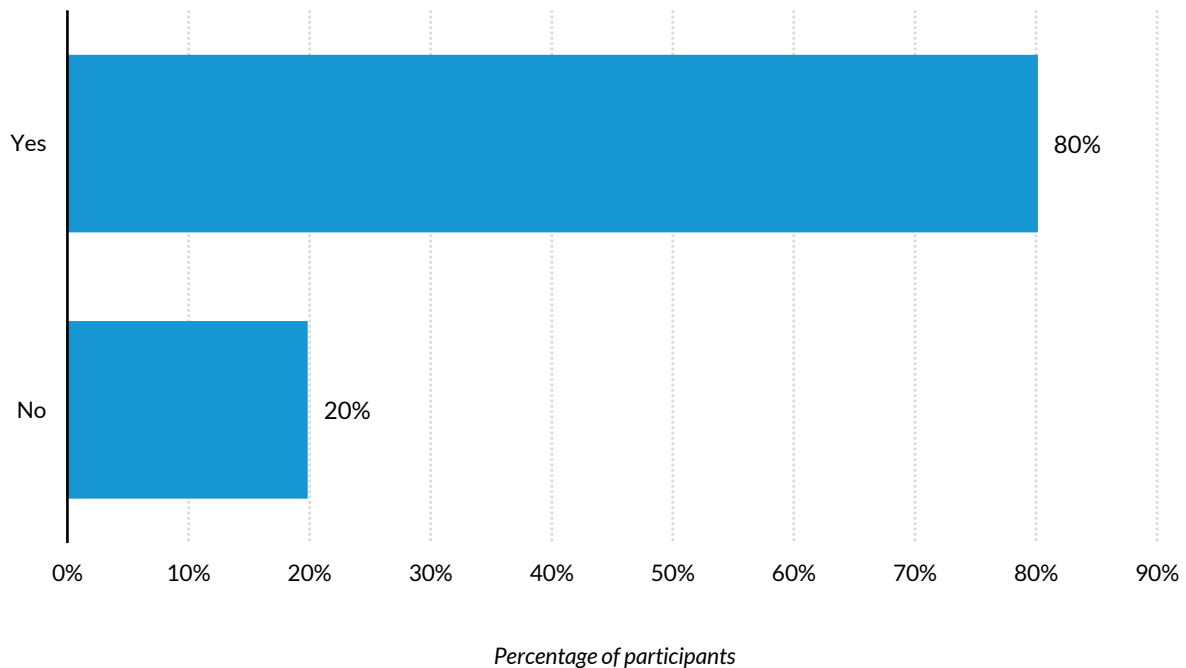
Notes: N=124. Respondents were given the option to write in other uses of the cash. Write in responses included, “medications,” “car maintenance,” “activities with the kids,” and “tuition.”

When asked if the additional \$800 per month from MoCo BOOST allowed them to pursue new goals, 80 percent of participants answered “yes,” suggesting that the financial support helped them set and work toward new personal or professional objectives. The additional income enabled participants to pursue a range of important personal and family goals (figure 6).

FIGURE 6

MoCo BOOST Participant Goals

Responses to the question “Has having the additional \$800 per month from MoCo BOOST allowed you to pursue any new goals?” at 24 months



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Source: Authors' analysis of the 24-month outcomes survey.

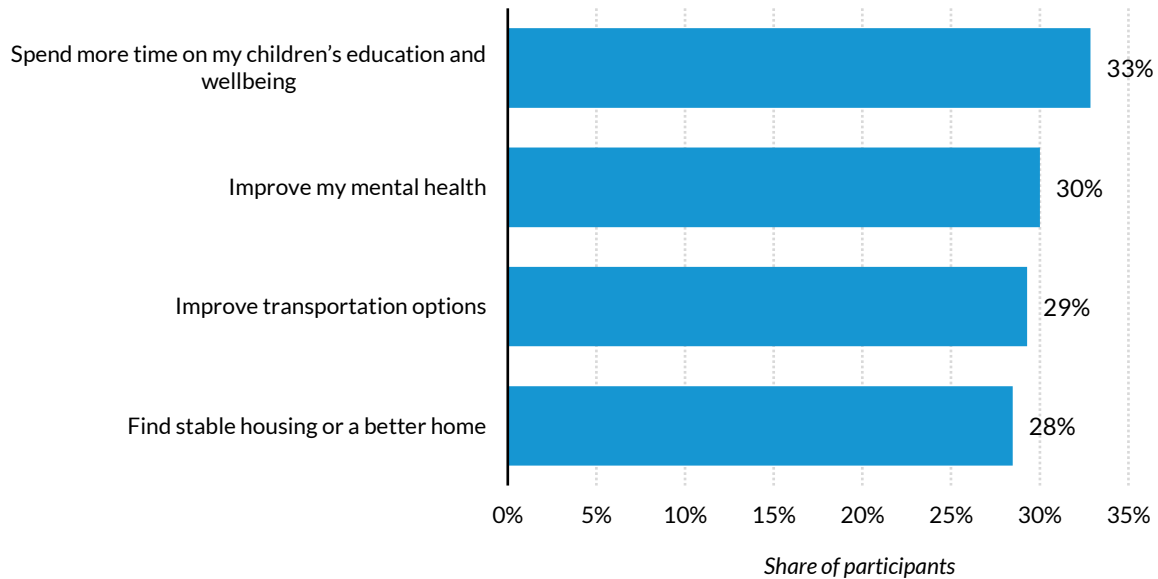
Note: N=136.

Specifically, 32.86 percent of participants reported setting goals to spend more time on their children's education and well-being. Additionally, nearly 30 percent of participants indicated that the funds helped them make progress toward improving their mental health, improving transportation options (including getting a vehicle and getting a driver's license), and securing stable or better housing (figure 7). However, 20 percent of participants stated that the additional funds did not allow them to pursue new goals, indicating that other barriers may still limit their ability to achieve these aspirations. Overall, the majority of participants found MoCo BOOST's financial assistance to be a valuable resource for pursuing important life goals.

FIGURE 7

MoCo BOOST Participants' Progress on Goals

Responses to the question "Please select what activities or goals you have been able to work on because of the \$800 in GBI you receive per month" at 24 months



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Source: Authors' analysis of the 24-month outcomes survey.

Notes: Spend more time on my children's education and well-being: N=140; Improve my mental health: N=140; Improve transportation options: N=140; Find stable housing: N=140.

Housing Status and Stability

Over the course of the pilot, MoCo BOOST participants experienced greater improvements in housing stability compared with members of the main cohort comparison group. At 18 months, 73 percent of main cohort participants reported that their housing had improved, compared with 21 percent of the main cohort comparison group—a statistically significant difference of 52 percentage points (table 7). By the 24 month survey (end of program) the gap between the main cohort and its comparison group had closed to 14 percent (table 8). A similar, but less dramatic, closing of a positive gap between the participant and comparison groups occurred for risk of eviction from 18 to 24 months. However, rent burden continued to get slightly better for participants between the two survey intervals.

TABLE 7

Main Cohort Housing Stability at 18 Months*Main cohort compared with its comparison group*

Housing stability metric	Main cohort at 18 months	Main cohort comparison group at 18 months	Main cohort to comparison group percentage difference ^a
Housing status improved	72.65%	20.75%	Better by 51.90%*
High risk of eviction	2.54%	11.76%	Better by 9.22%*
More than 30 percent of income goes toward housing	87.93%	90.2%	Better by 2.27%*

Source: Authors' analysis of the 18-month outcomes survey.

Notes: Increase in housing stability: N = 117 (main cohort), N = 53 (comparison group); High risk of eviction: N = 118, N=51; More than 30 percent of income goes toward rent: N = 116, N=51. The housing metric "housing status improved" reflects the change in survey takers' housing since before the inception of the pilot. Respondents housing status improved if they selected "the quality of my housing got better" or "my housing got more stable." The metric "More than 30 percent of income goes toward housing" includes spending on rent and mortgages.

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial.

(*) denotes a significant difference at the p=0.05 probability level (D=51.9, D=9.2, D=2.3).

TABLE 8

Main Cohort Housing Stability at 24 Months*Main cohort compared with its comparison group*

Housing stability metric	Main cohort at 24 months	Main cohort comparison group at 24 months	Main cohort to comparison group percentage difference ^a
Housing status improved	32.97%	19.05%	Better by 13.92%*
High risk of eviction	5.94%	9.52%	Better by 3.58%*
More than 30 percent of income goes toward housing	75.24%	80.96%	Better by 5.72%*
Paid last month's rent or mortgage on time	48.51%	48.84%	Similar 0.33%

Source: Authors' analysis of the 24-month outcomes survey.

Notes: Increase in housing stability: N = 91 (main cohort), N = 42 (comparison group); High risk of eviction: N = 101, N = 42; More than 30 percent of income goes toward rent: N = 101, N = 39; Paid last month's rent or mortgage on time: N = 101, N = 39. The housing metric "housing status improved" reflects the change in survey takers' housing from the 18 month survey to the 24 month survey. Respondents housing status improved if they selected "the quality of my housing got better" or "my housing got more stable." The metric "More than 30 percent of income goes toward housing" includes spending on rent and mortgages. Changes in this metric from baseline cannot be reported since the initial survey did not include housing stability questions.

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial.

. (*) denotes a significant difference at the p=0.05 probability level (D=3., D=5.7, D=0.3, D=13.9)

The apparent decline in housing stability for main cohort participants from 18 to 24 months (with the exception of rent burden) is hard to explain, but may reflect the timing of the 24-month survey, which was taken by most participants three months after receipt of the last payment. Questions about housing on the 24-month survey were retrospective—asking for each participant's recall and experience of housing status during the final month of payment, which had been three months earlier. Improvements in participant experience of anxiety and weaker overall mental health also declined by the 24-month survey, though not quite as dramatically (see table 12, below). This leaves open the possibility that some participants may have had difficulty separating current worry over housing status from their recall of housing status three months prior. Given this possibility, the 18-month survey results may be more reliable since all participants were still actively receiving their payment at that time.

Main cohort participants were also less likely to be at high risk of eviction, with statistically significant differences at both 18 months (2.54 percent vs. 11.76 percent) and 24 months (5.94 percent vs. 9.52 percent) (tables 7 and 8). Rent burden—defined as spending more than 30 percent of income on rent, mortgage, and other housing costs, as defined by the US Department of Housing and Urban Development²⁴—was slightly lower for the main cohort at both time points, with significant differences of 2.27 percentage points at 18 months and 5.72 at 24 months. Roughly 48 percent of both the

participant and comparison groups reported paying last month’s rent or mortgage on time at 24 months (table 7).

As noted in tables 7–9, differences marked with an asterisk (*) are statistically significant. However, readers should interpret the data with caution because of small sample sizes—particularly in the SEPH cohort—which limit the ability to detect more nuanced effects.

Housing stability worsened for the SEPH cohort between the 18- and 24-month marks. The proportion of the SEPH cohort at high risk of eviction increased significantly from 26.67 percent to 43.59 percent—a 16.92 percent increase (table 9). Similarly, the share of rent-burdened participants increased significantly from 79.55 percent to 85.95 percent between 18 and 24 months. However, because the comparison group for the SEPH cohort could not be surveyed, this table shows only changes over time for participants. Without comparison group data, we cannot know if smaller, greater, or similar changes occurred for DHHS SEPH clients who were not receiving MoCo BOOST payments.

TABLE 9
SEPH Cohort Housing Stability from 18 Months to 24 Months
Measurements at 18 and 24 months for MoCo BOOST participants only

Housing stability metrics	SEPH cohort at 18 months	SEPH cohort at 24 months	Percentage difference between 18 and 24 months ^a
Housing status improved	61.37%	18.92%	Worse by 42.25%*
High risk of eviction	26.67%	43.59%	Worse by 16.9%*
More than 30 percent of income goes toward housing	79.55%	85.95%	Worse by 6.41%*

Source: Authors’ analysis of the difference between the 18-month and 24-month outcomes surveys for the SEPH cohort.
Notes: Housing status improved: N=44 (18 months survey), N=37 (24 month survey); High risk of eviction: N = 45, N=39; More than 30 percent of income goes toward rent: N = 44, N=39. The comparison group for the SEPH cohort could not be surveyed, so this table only shows changes for participants. Without comparison group data, we cannot know if smaller, greater, or similar changes occurred for DHHS SEPH clients who were not receiving MoCo BOOST payments. Respondents housing status improved if they selected “the quality of my housing got better” or “my housing got more stable.” Changes in this metric from baseline cannot be reported since the initial survey did not include housing stability questions.
^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial.
(*) denotes a significant difference at the p=0.05 probability level (D=42.3, D=19.3, D=6.5).

Return to Homeless Services: Stability Trends

Participants in the SEPH cohort consistently experienced higher rates of return to homelessness compared with the SEPH comparison group. As of May 8, 2024, 26.7 percent of participants returned to homelessness, compared with only 9 percent in the SEPH comparison group. Similarly, as of December

31, 2024, 27 percent of participants returned, compared with 13 percent of the SEPH comparison group (table 10). This analysis relies on administrative data to measure outcomes for SEPH cohort participants and their matched SEPH comparison group on two key indicators: return to homelessness and length of stay in the shelter system.

TABLE 10
SEPH Cohort Housing Stability at 18 Months and Program End

	SEPH cohort	SEPH comparison group	SEPH cohort update	SEPH comparison group update
Return to homelessness rate	26.7%	9%	27%	13%
Length of stay	121.4 days	57.3 days	130 days	50.1 days

Source: Authors’ analysis of selected Montgomery County Homeless Management Information System (HMIS) data taken from May 8, 2024, and December 31, 2024.

Note: The SEPH comparison group is a set of SEPH clients who (1) met the eligibility criteria for participation in MoCo BOOST but were not selected and (2) had a touchpoint with SEPH between the beginning of MoCo BOOST and May 8, 2024. A participant was considered to have returned to homelessness if they had a shelter, transitional housing, or Safe Haven Project entry during the data period or if they had contact with a street outreach team. The data that informs the return to homelessness indicator measures whether individuals reentered SEPH’s continuum of care via programs like Street Outreach, which serves people who are living on the street or in places not meant for habitation or reentered a county shelter or transitional housing. Sample sizes vary across groups and years: SEPH cohort (N=45), SEPH comparison group (N=100), SEPH cohort 2025 (N=100), SEPH comparison group 2025 (N=100). Length of stay calculations exclude individuals still in shelter at the time of data collection, resulting in smaller subsamples for each group: SEPH cohort (N=7), SEPH comparison group (N=8), SEPH cohort 2025 (N=18), SEPH comparison group 2025 (N=10).

Although these descriptive figures suggest higher return rates among SEPH participants, the evidence is mixed. None of the observed differences between groups reached statistical significance at the 0.05 level, meaning we cannot rule out chance as a possible explanation for the SEPH cohort’s higher rates of return to homelessness. However, the analysis was sufficiently powered, and sample size was not a limiting factor in detecting potential effects. Nevertheless, the consistency in SEPH participant return rates year-over-year—holding at just above one in four—may still indicate policy relevance. These findings may point to a mismatch between low-touch services like MoCo BOOST’s unconditional cash transfers and the interconnected, persistent underlying barriers to housing stability that unhoused people in Montgomery County often face, such as mental and physical health challenges, unstable employment, low incomes, and records of eviction.

Length of Stay: Duration and Depth of Engagement

A key differentiator between groups is the length of stay in shelter services. SEPH participants stayed in shelters longer than their comparison counterparts. As of May 8, 2024, participants had an average stay of 121.4 days, more than double the 57.3 days observed in the SEPH comparison group. This pattern persisted through December 31, 2024, with participants' average stay increasing slightly to 130 days, compared with 50.1 days among the SEPH comparison group.

Although descriptive data show clear differences in average lengths of stay, the sample sizes were too small to detect statistical significance. Still, the pattern of longer stays among SEPH participants may be meaningful. In particular, the combination of longer stays and high return rates may reflect substantial barriers to housing—such as serious health conditions, limited mobility, or lack of income—rather than signaling program effectiveness. These challenges can make it especially difficult for participants to transition out of shelter and secure stable housing, even with financial support.

Individual and Household Wellness

This section presents outcomes related to changes in individual physical and mental health, as well as changes in household food security.

Overall Wellness and Somatic Health

Participants in the main cohort consistently reported better physical health outcomes than those in the main cohort comparison group. At 18-months, 55.83 percent of main cohort participants rated their physical health as “very good” or “good,” compared with 33.33 percent of the main cohort comparison group (table 11). Although this difference was not statistically significant, it suggests early signs of perceived improvements in health among participants.

TABLE 11

Main Cohort Pilot Participant Somatic Health at 18 and 24 Months

Somatic health metric	Main cohort at 18 months	Comparison group at 18 months	Difference between participant and comparison groups at 18 months ^a	Main cohort at 24 months	Comparison group at 24 months	Difference between participant and comparison groups at 24 months ^a
In good health	55.83%	33.33%	Better by 22.50%	47.83%	38.09%	Better by 9.74 %*

Source: Authors' analysis of the 18-month and 24-month outcomes surveys.

Notes: In good health: N=120, N=54, N=92, N=42. (*) denotes a significant difference at the p=0.05 probability level (D=22.5, D=9.74). The somatic health metric "in good health" refers to survey respondents who selected that their health over the past three months was "very good" or "good."

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial.

By 24 months, 47.83 percent of main cohort participants reported being in "very good" or "good" health, compared with 38.09 percent of the main cohort comparison group—a statistically significant difference of 9.74 percent. Although the size of the gap narrowed over time, this sustained difference suggests the pilot may have supported improved physical health outcomes for participants over its course.

At both the 18- and 24-month intervals, participants in the main cohort reported significantly better mental health outcomes than those in the main cohort comparison group (table 12). At 18 months, only 9.24 percent of participants in the main cohort reported feeling anxious "more than half of days" or "nearly every day," compared with 26.42 percent in the main cohort comparison group—a statistically significant difference of 17.17 percentage points. Similarly, 14.41 percent of the main cohort reported they were not able to stop worrying, compared with 22.64 percent in the main cohort comparison group, and 7.56 percent expressed concern about their children's mental health, compared with 15.09 percent in the main cohort comparison group. Additionally, 6.67 percent of the main cohort reported struggling with their mental health, compared with 19.23 percent in the main cohort comparison group. Although these differences were statistically significant, it is important to interpret them with caution because of large standard errors in the main cohort comparison group estimates, as indicated in the appendix on weighting methodology.

TABLE 12

Main Cohort Pilot Participant Mental Health at 18 and 24 Months

Mental health metrics	Main cohort at 18 months	Comparison group at 18 months	Difference between participant and comparison groups at 18 months ^a	Main cohort at 24 months	Comparison group at 24 months	Difference between participant and comparison groups at 24 months ^a
Felt anxious	9.24%	26.42%	Better by 17.17%*	25.00%	24.39%	No difference
Not able to stop worrying	14.41%	22.64%	Better by 8.23%*	16.30%	35.9%	Better by 19.6%*
Felt worried about children's mental health	7.56%	15.09%	Better by 7.53%*	10.99%	14.28%	Better by 3.29%*
Struggling with mental health	6.67%	19.23%	Better by 12.56%*	18.48%	28.57%	Better by 10.09%*

Source: Authors' analysis of the 18-month and 24 month outcomes surveys.

Notes: Felt anxious: N = 119 (main cohort), N = 53 (comparison group); Unable to stop worrying: N = 118, N = 53; Felt worried for children's mental health: N = 119, N = 53; Quality of life: N = 120, N = 52; Struggling with mental health: N = 124, N = 56. 24-month survey: N=92 and N=42; N=92 and N=41; N=91 and N=39; N=100 and N=42.

The mental health metrics "Felt anxious," "Not able to stop worrying," and "Felt worried for children's mental health" include respondents who indicated they felt this way "more than half of days" or "nearly every day." "Quality of life increased" includes respondents who indicated their quality of life got "better" or "much better." "Struggling with mental health" includes respondents who indicated that their mental health was "very poor" or "poor."

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial.

(*) denotes a significant difference at the p=0.05 probability level (18-month surveys: D=17.2, D=8.2, D=17.5, D=12.6), 24-month surveys: D=0.61, 19.6, 3.3, 10.0).

Although reported mental health challenges increased in both groups by the 24-month mark, participants in the main cohort continued to report better outcomes across most measures. Although the percentage of participants feeling anxious was similar between groups (25.00 percent in the main cohort and 24.39 percent in the main cohort comparison group), notable differences remained in other areas. The share of participants who had difficulty stopping worry was 16.30 percent, compared with 35.90 percent in the main cohort comparison group—a statistically significant difference of 19.60 percentage points. Likewise, concern about children's mental health (10.99 percent compared with 14.28 percent) and self-reported struggles with mental health (18.48 percent compared with 28.57 percent) remained lower among participants, with both differences statistically significant. These differences remained statistically significant yet should again be interpreted with caution given the relatively high variance in the main cohort comparison group responses. Overall, the findings suggest potential mental health benefits associated with participation in the program, though additional investigation is warranted to better understand the stability and reliability of these differences.

Food Security

Participants in the main cohort consistently reported fewer food insecurity challenges than those in the main cohort comparison group at both the 18- and 24-month marks, although gaps between the two groups narrowed over time (table 13). At 18 months, only 15.13 percent of main cohort respondents indicated that their food did not last and they lacked money to buy more, compared with 35.85 percent of the main cohort comparison group—a statistically significant difference of 20.72 percentage points. Similarly, 13.45 percent of the main cohort reported being unable to afford balanced meals, compared with 28.30 percent of the main cohort comparison group. Additionally, fewer main cohort participants reported cutting meal sizes or skipping meals because of affordability (32.20 percent, compared with 44.23 percent in the main cohort comparison group).

TABLE 13

Main Cohort Pilot Participant Food Security at 18 and 24 Months

Share of respondents who selected “often true” or “yes”

	Main cohort at 18 months	Comparison group at 18 months	18 month percentage difference	Main cohort at 24 months	Comparison group at 24 months	24 month percentage difference ^a
Food did not last, and there was not money to buy more	15.13%	35.85%	Better by 20.72%*	33.33%	38.10%	Better by 4.77%*
Could not afford to eat balanced meals	13.45%	28.30%	Better by 14.86%*	25.81%	40.48%	Better by 14.67%*
Cut meal sizes or skipped meals because unable to afford more food	32.20%	44.23%	Better by 12.03%*	46.24%	53.66	Better by 7.42%*

Source: Authors’ analysis of the 18-month and 24 month outcomes surveys.

Notes: “Food did not last” and “Could not afford to eat balanced meals”: N = 119 (main cohort), N = 53 (comparison group); “Cut meal sizes”: N = 118, N = 52. 24 month survey: N=93 and N=42; N=93 and N=42; and N=42The analysis for the food security questions includes respondents who selected “often true” or “yes.”

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial.

. (*) denotes a significant difference at the p=0.05 probability level (18-month surveys: D=20.7, D=14.9, D=12.0), 24-month surveys: D=4.8, 14.7, 7.4).

By 24 months, food insecurity increased among participants in both groups. The share of main cohort participants who reported food not lasting rose to 33.33 percent, narrowing the gap with the main cohort comparison group, which remained relatively stable at 38.10 percent. The percentage of participants unable to afford balanced meals also increased in the main cohort (25.81 percent) but remained lower than the main cohort comparison group (40.48 percent). A similar trend was observed in the proportion of participants who cut meal sizes or skipped meals, which rose to 46.24 percent in the main cohort and 53.66 percent in the main cohort comparison group.

Although the difference between groups diminished over time, the main cohort continued to report statistically significant advantages across all food security measures. These findings suggest that participants receiving monthly cash payments may have experienced some protection against worsening food insecurity. However, given increases in hardship over time and variability in the main cohort comparison group estimates, these results should be interpreted with caution.

Participant Financial Well-Being

This section summarizes outcomes related to participants' economic circumstances, with a focus on changes in debt, savings, and the ability to meet basic needs at the beginning of the MoCo BOOST Pilot compared with the 24-month mark.

Participants in the main cohort were more likely than their counterparts in the main cohort comparison group to report a reduction in debt (table 14). At 24 months, 32.88 percent of main cohort participants indicated that they had less debt than before, compared with just 10.26 percent of the main cohort comparison group—a statistically significant difference of 22.62 percentage points. Despite this improvement, 41 percent of main cohort members reported that their debt had increased over the same period, though this remained lower than the 59 percent reported by the main cohort comparison group.

TABLE 14
Main Cohort Pilot Participant Financial Well-Being Metrics at 24 Months

Financial well-being metrics	Main cohort at 24 months	Comparison group at 24 months	Difference between main cohort and comparisons group at 24 months ^a
Less debt now	32.88%	10.26%	Better by 22.62%*
More savings now	15.38%	14.29%	Better by 1.09%
Constant worry about financial future	79.79%	78.57%	Worse by 1.22%
Can afford basic needs	80.85%	68.18%	Better by 12.67%*

Source: Authors' analysis of the 24-month outcomes survey.

Notes: Less debt now: N = 73 (main cohort), N = 39 (comparison group) More savings now: N=13, N=7; Can afford basic needs, N=94, N=44; Frequent worry: N=80, N=38 The metric "Can afford basic needs" includes those who selected "I can always afford all the basic needs I and/or my family need" and "I can sometimes afford all the basic needs I and/or my family need." The metric "Frequent worry about financial future" includes those who selected "I am always worried" and "I worry a lot."

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial.

(*) denotes a significant difference at the p=0.05 probability level (D=22.6, 1.1, 1.2, 12.7).

In terms of meeting basic needs, 80.85 percent of the main cohort said they could always or sometimes afford basic necessities, compared with 68.18 percent of the main cohort comparison group. This difference of 12.67 percentage points was also statistically significant, suggesting a potential buffering effect of the monthly cash payments.

However, there was little to no difference between the groups in other indicators of financial well-being. Only 15.38 percent of main cohort participants and 14.29 percent of the main cohort comparison group reported having more savings than before, and the share of participants who expressed frequent worry about their financial future was similarly high across both groups (79.79 percent and 78.57 percent, respectively).

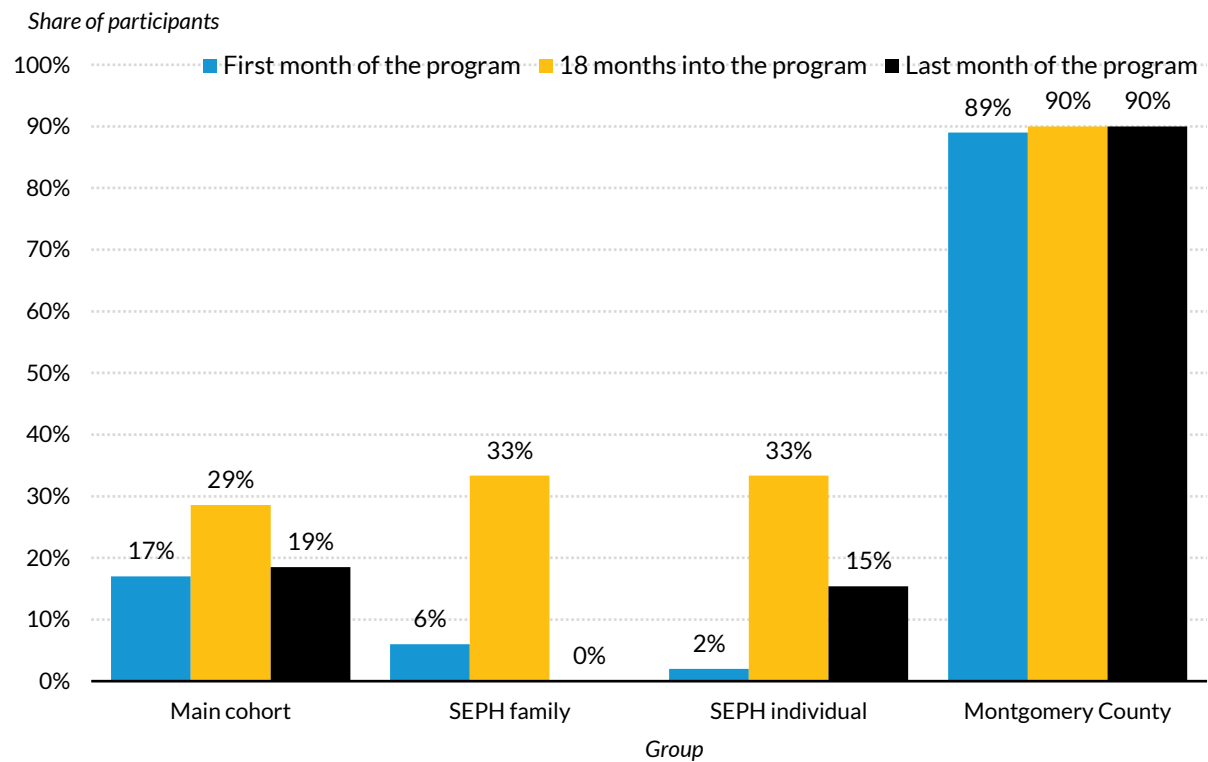
Overall, these findings point to some improvements in financial well-being among main cohort participants—particularly around debt reduction and ability to afford basic needs—though high levels of financial stress remained common across both groups. Given the relatively small sample sizes for some measures, results should be interpreted with caution.

Changes in Earned Income

To measure aggregate improvement in annual earned income, the research team established a benchmark of \$35,000 per year, which is just over 30 percent of annual median income for larger families in Montgomery County. Although this benchmark is still low income, it represents a realistic expectation for the kind of progress individuals and families who start out with very low income and who face multiple barriers to economic advancement might be expected to make within the two-year duration of the pilot. Figure 8 shows the percentage of participants in each cohort, as well as Montgomery County residents, who earn more than \$35,000 per year. The findings in figure 8 draw from a small sample size: the 18-month survey had a main cohort sample size of 28, SEPH family sample size of 3, and SEPH individual sample size of 6. The 24-month survey had a main cohort sample size of 54, SEPH family sample size of 10, and SEPH individual sample size of 13. Because of the small sample size, these findings should be interpreted with caution; they are suggestive rather than conclusive. There is a large degree of uncertainty that these data represent the participant population.

FIGURE 8

Share of Participants Earning More Than \$35,000 Per Year



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Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset (GICD) initial survey, 18 month outcomes survey (main cohort: N=28, SEPH family: N=3, SEPH individual: N=6), 24 month outcomes survey and 2021 (main cohort: N=54, SEPH family: N=10, SEPH individual: N=13) and 2023 American Community Survey data.

Notes: Because of the small sample size, these findings should be interpreted with caution, they are suggestive rather than conclusive. For ease of comparison, estimates of monthly income from the GICD were multiplied by 12 to produce estimates of annual income, which are reported in American Community Survey (ACS) data. Direct comparisons between MoCo BOOST cohorts and Montgomery County residents overall are difficult because ACS reports annual income in intervals of \$5,000 (e.g., \$20,000–\$24,999), while the county's baseline survey used monthly intervals of \$500 (e.g. \$1,001–\$1,500), which represents an annual income interval of \$6,000. The ACS Montgomery Comparison for the last month of the program is data from 2023, the most recent published ACS data at the time of writing. The MoCo BOOST pilot program concluded in 2024, the ACS does not provide a direct comparison. SEPH = Services to End and Prevent Homelessness.

At the 18-month point, a growing share of MoCo BOOST participants reported personal annual earnings at or above this \$35,000 benchmark (table 15). In the main cohort, 28.57 percent of participants had reached this threshold. Among SEPH participants, the share was slightly higher at 33.33 percent, while 44.44 percent of the comparison group reported incomes of \$35,000 or more. Despite differences in sample sizes, this pattern suggests that a notable proportion of participants across all groups were making progress in the labor market. At the same time, over half of participants

in the main and SEPH cohorts remained below the \$30,000 mark, underscoring the continued economic precarity facing many families in the pilot.

TABLE 15

Paid Work Annual Income of MoCo BOOST Participants at 18 Months

Answer to the question “What is your personal annual income from paid work (gross pay)?”

Annual income group	18 months main cohort	18 months SEPH cohort	18 month comparison group
Less than \$10,000	10.71%	0.00%	8.00%
\$10,000 to \$14,999	14.29%	22.22%	12.00%
\$15,000 to \$19,999	7.14%	22.22%	12.00%
\$20,000 to \$24,999	7.14%	0.00%	0.00%
\$25,000 to \$29,999	21.43%	0.00%	8.00%
\$30,000 to \$34,999	3.57%	22.22%	16.00%
\$35,000 or more	28.57%	33.33%	44.44%

Source: Authors’ analysis of the 18-month outcomes survey.

Notes: Main cohort 18 months: N=28; SEPH cohort 18 months: N=9; Comparison group 18 months: N=25. SEPH = Services to End and Prevent Homelessness.

By the 24-month survey, the distribution of earned income had shifted (table 16). In the main cohort, the proportion of participants earning \$35,000 or more decreased to 20.37 percent. The SEPH cohort saw a steeper decline, with only 8.7 percent of participants meeting or exceeding the benchmark. In contrast, 26.67 percent of the comparison group reported income above \$35,000 at this point. Additionally, a larger share of main cohort participants (16.67 percent) reported annual incomes between \$30,000 and \$34,999 compared with participants in the SEPH (13.04 percent) and comparison (6.67 percent) groups. These trends suggest that while some participants sustained or improved their earned income over the full course of the pilot, others may have experienced instability in employment, more reduced hours, or shifts in caregiving or family responsibilities that affected their ability to maintain higher earnings.

TABLE 16

Paid Work Annual Income of MoCo BOOST Participants at 24 Months*Answer to the question “What is your personal annual income from paid work (gross pay)?”*

Annual income group	24 months main cohort	24 months SEPH cohort	24 months main cohort comparison group	Montgomery County
Less than \$10,000	16.67%	21.75%	40.00%	4.1%
\$10,000 to \$14,999	20.37%	26.09%	20.00%	1.7%
\$15,000 to \$24,999	18.52%	26.09%	0.00%	2.8%
\$25,000 to \$34,999	24.08%	17.39	13.34	2.9%
\$35,000 or more	20.37%	8.7%	26.67%	88.5%

Source: Authors’ analysis of the 24-month outcomes survey and American Community Survey 2023 data.**Notes:** Main cohort 24 months: N=54; SEPH cohort 24 months: N=23, Comparison group 24 months: N=15. The American Community Survey data is reported at the household level and includes annual income and benefits. SEPH = Services to End and Prevent Homelessness.

When total income from all sources is considered—including public benefits and other income streams—the picture becomes more nuanced (table 17). At 18 months, 23.64 percent of participants in the main cohort reported total annual incomes of \$35,000 or more, which closely mirrors the comparison group (23.08 percent). The SEPH cohort, however, showed markedly lower levels, with only 8.89 percent of participants reaching the \$35,000 benchmark. Participants in both the main and comparison groups were more likely to report midrange total incomes—between \$15,000 and \$34,999—than SEPH participants, who remained concentrated in the lowest income brackets.

TABLE 17

Total Annual Income of MoCo BOOST Participants at 18 Months*Answer to the question “What is your current TOTAL annual income from all your sources of income?”*

Annual income group	18 months main cohort	18 months SEPH cohort	18 months comparison group
Less than \$10,000	11.82%	26.67%	19.23%
\$10,000 to \$14,999	17.27%	22.22%	13.46%
\$15,000 to \$19,999	18.18%	13.33%	11.54%
\$20,000 to \$24,999	9.09%	11.11%	13.46%
\$25,000 to \$29,999	10.91%	8.89%	7.69%
\$30,000 to \$34,999	9.09%	8.89%	11.54%
\$35,000 or more	23.64%	8.89%	23.08%

Source: Authors’ analysis of 18 month surveys.**Notes:** Main cohort 18 months: N=110; SEPH cohort 18 months: N=45; Comparison group 18 months: N=52. SEPH = Services to End and Prevent Homelessness.

At 24 months, gains in total income appeared to slow or plateau for many participants (table 18). The proportion of main cohort participants reporting total income of \$35,000 or more fell to 18.68 percent. In the SEPH cohort, just 8.11 percent of participants reported total incomes at or above the benchmark, while 29.27 percent of the comparison group exceeded this level. A large portion of SEPH participants (32.43 percent) reported total annual income below \$10,000, which was more than double the rate among main cohort participants (28.57 percent) and substantially higher than the comparison group (24.39 percent). These findings point to persistent barriers to income stability among those with the most significant needs, particularly SEPH participants who may have been more likely to experience housing instability or interrupted access to employment and services.

TABLE 18

Total Annual Income of MoCo BOOST Participants at 24 Months

Answer to the question “What is your current TOTAL annual income from all your sources of income?”

Annual income group	24 months main cohort	24 months SEPH group	24 month comparison group	ACS annual income groups	Montgomery County
Less than \$10,000	28.57%	32.43%	24.39%	Less than \$10,000	4.1%
\$10,000 to \$14,999	10.99%	21.62%	9.76%	\$10,000 to \$14,999	1.7%
\$15,000 to \$19,999	9.89%	21.62%	9.76%	\$15,000 to \$24,999	2.8%
\$20,000 to \$24,999	10.99%	8.11%	14.63%		
\$25,000 to \$29,999	5.49%	0.00%	4.88%	\$25,000 to \$34,999	2.9%
\$30,000 to \$34,999	12.09%	8.11%	7.32%		
\$35,000 or more	18.68%	8.11%	29.27%	More than \$35,000	88.5%

Source: Authors’ analysis of 24-month survey and American Community Survey 2023 data.

Notes: Main cohort 24 months: N=91; SEPH cohort 24 months: N=37; Comparison group 24 months: N=41. The ACS data is reported at the household level and includes annual income and benefits. SEPH = Services to End and Prevent Homelessness. ACS = American Community Survey.

Employment

Participants’ employment outcomes throughout the pilot are mixed. At the aggregate level, the main cohort appears to have somewhat negative outcomes for employment effort, while the SEPH groups has somewhat positive employment effort outcomes. However, when analyzed at the more precise individual levels, most of these gains and losses cancel each other out to suggest that the guaranteed income had little overall effect on employment outcomes across both groups.

Because of attrition and limited sample sizes in the 24-month survey, employment outcomes should be interpreted with caution. Survey takers are not necessarily representative of the pool of MoCo BOOST participants as a whole, thus trends represented in the data may not be generalizable to the participant population. Additionally, the lack of baseline comparison group data makes it challenging to interpret trends between the participant and comparison groups.

The labor force participation rate, or the share of participants who are employed or unemployed and looking for work, increased from the baseline to the 24 month survey (91 percent to 98 percent in the labor force). A larger unemployment rate at the end of the pilot contributes to the increased labor force participation rate. More participants may be looking for work as the pilot funds come to a close.

By the end of the pilot, participants in the main cohort experienced negative net changes in employment effort outcomes. Between baseline and 24 months, the main cohort saw a 4.15 percentage point decrease in employment and a 6.78 percentage point increase in unemployment (table 19). These changes were statistically significant at the $p = 0.05$ level.

Employment among the main cohort peaked at 18 months, with 79.1 percent employed, before falling to 71.1 percent by the end of the pilot at 24 months (table 19, figure 9). In contrast, the comparison group maintained consistently higher employment rates—88.7 percent at 18 months (table 20) and 90 percent at 24 months (table 21). These differences were statistically significant, with the comparison group showing a 9.55 percentage point advantage at 18 months and a 5.31 percentage point advantage at 24 months.

TABLE 19
Main Cohort Employment Status from Baseline to 24 Months

Employment status	Main cohort at baseline	Main cohort at 18 months	Main cohort at 24 months	Difference between baseline and 24 months ^a
Employed	75.26%	79.13%	71.11%	-4.15%*
Unemployed	19.89%	16.52%	26.67%	+6.78%*
Not in the labor force	4.84%	4.35%	2.22%	-2.62%*

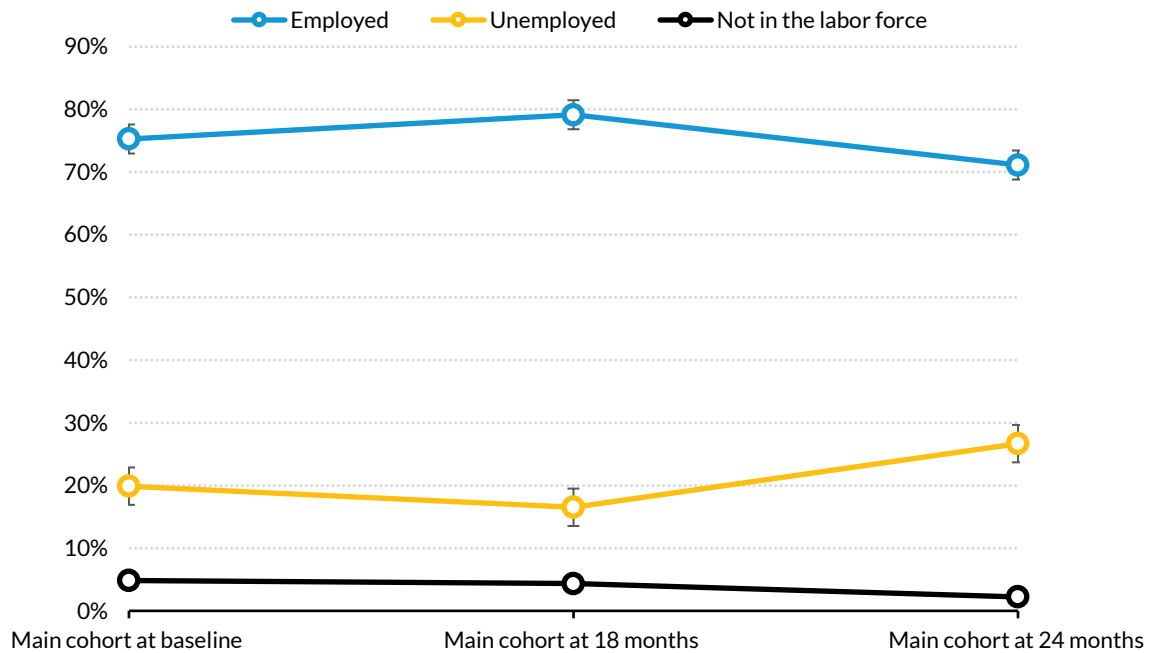
Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset, 18 month surveys, and 24 month surveys.

Notes: Main cohort at baseline: N=186; main cohort at 18 months N=115, main cohort at 24 months: N=90. (*) denotes a significant difference at the $p=0.05$ probability level ($D=4.2, 6.8, 2.6$). "Employed" encompasses those employed full-time, part-time and self-employed full-time and part-time, seasonal workers, and those employed "under the table." Unemployed encompasses those not employed and looking for work. Not in the labor force includes respondents who are not employed and not looking for work.

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial

FIGURE 9

Change in Employment Status of Main Cohort Participants



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Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset, 18 month, and 24 month datasets. Main cohort at baseline: N=186; main cohort at 18 months N=115; main cohort at 24 months: N=90.

Notes: "Employed" encompasses those employed full-time, part-time and self-employed full-time and part-time, seasonal workers, and those employed "under the table." Unemployed encompasses those not employed and looking for work. Not in the labor force includes respondents who are not employed and not looking for work. Changes in employment are not statistically significant.

TABLE 20

Main Cohort Employment Status at 18 Months

Employment status	Main cohort at 18 months	Comparison group at 18 months	Difference between main cohort and comparison group ^a
Employed	79.13%	88.68%	9.55%*
Unemployed	16.52%	9.43%	7.09%*
Not in the labor force	4.35%	1.89%	2.46%*

Source: Authors' analysis of 18 month surveys

Notes: Main cohort at 18 months N=115; N=38; comparison group at 18 months. (*) denotes a significant difference at the p=0.05 probability level (D=9.6, 7.1, 2.5). Changes in employment are not statistically significant at the p=0.05 level. "Employed" encompasses those employed full-time, part-time and self-employed full-time and part-time, seasonal workers, and those employed "under the table." Unemployed encompasses those not employed and looking for work. Not in the labor force includes respondents who are not employed and not looking for work. The comparison group was constructed to be comparable to the participant main cohort; it is not comparable to the SEPH cohort.

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial

TABLE 21

Main Cohort Employment Status at 24 Months

Employment status	Main cohort at 24 months	Comparison group at 24 months	Difference between main cohort and comparison group ^a
Employed	71.11%	90%	18.89%*
Unemployed	26.67%	6.67%	20.00%*
Not in the labor force	2.22%	3.33%	1.11%

Source: Authors' analysis of 24 month surveys.

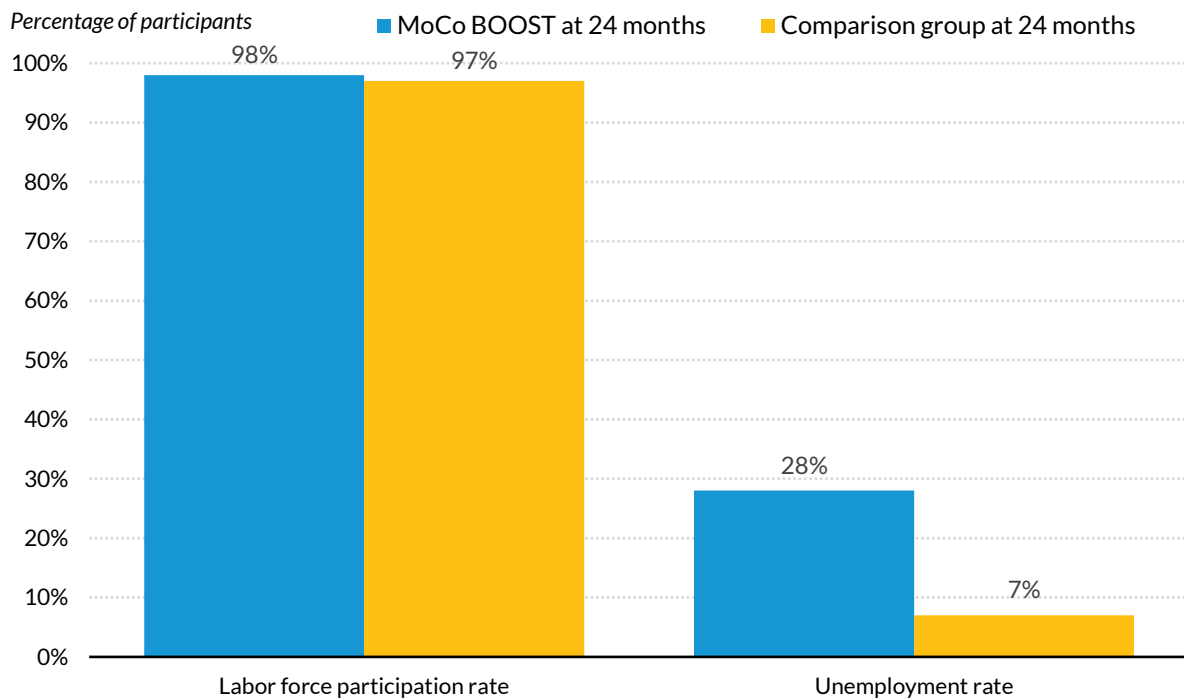
Notes: Main cohort at 24 months: N=90; Comparison group at 24 months: N=30. (*) denotes a significant difference at the p=0.05 probability level (D=18.9, 20). "Employed" encompasses those employed full-time, part-time and self-employed full-time and part-time, seasonal workers, and those employed "under the table." Unemployed encompasses those not employed and looking for work. Not in the labor force includes respondents who are not employed and not looking for work. The comparison group was constructed to be comparable to the participant main cohort; it is not comparable to the SEPH cohort.

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial

Rates of unemployment also diverged between groups. At 24 months, 26.7 percent of the main cohort were unemployed, compared with just 6.7 percent in the comparison group (figure 10). Similarly, at 18 months, the main cohort had a 7.1 percentage point higher unemployment rate than the comparison group (table 20). Because the size of these differences are surprising, previous cautions about the reliability of the data should be reviewed, especially the lack of baseline data on the comparison group. Without this half of the baseline data, it is impossible to know if a large gap between the main cohort program and comparison groups existed at the time of program launch in spite of the county's best efforts to randomly assign eligible clients to each group.

FIGURE 10

Labor Force Participation Rate and Unemployment Rate at 24 Months



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Source: Authors' analysis of 24 month survey.

Notes: MoCo BOOST labor force participation rate, unemployment rate (N=124, 120); Comparison group labor force participation rate, unemployment rate (N=39, 30). Participants are considered "in the labor force" if they were "employed" or "unemployed and looking for work." Those outside of the labor force include those who are "not employed and not looking for work" or "not employed but receiving SSI/SSDI or other stable income source."

To the extent these gaps are suggestive of some program-related differences between the two groups, these may reflect various factors beyond labor market conditions. Some participants reported choosing to use their MoCo BOOST income to reduce work hours or pause employment to focus on caregiving responsibilities, participate in education or job training programs, or manage personal or family health issues. These choices may have been made possible by the financial flexibility provided through the pilot and are in keeping with the county's goal to empower residents to improve their economic circumstances in that they consistently reflected head of household efforts to build a foundation for future economic success for either children or adults in the household.

“It was a big help for me as a single mom. During the MoCo BOOST program, I would work eight hours and come home and see her do her homework and take her to the park. When I used to work two shifts, sometimes for two or three days I didn’t see her, I would come home at 11 and she would be asleep.”

—Single mother of one, main cohort participant

The SEPH cohort experienced a general increase in employment and a decline in labor force nonparticipation over the course of the MoCo BOOST pilot. Employment rose from 53.2 percent at baseline to 57.9 percent at 18 months, and to 66.7 percent at 24 months (table 22, figure 11). Although these gains were not statistically significant, they suggest a steady upward trend in employment for this cohort.

TABLE 22

SEPH Cohort Employment Status at Baseline, 18 Months, and 24 Months

Employment status	SEPH cohort at baseline	SEPH cohort at 18 months	SEPH cohort at 24 months
Employed	53.19%	57.89%	66.67%
Unemployed	29.79%	36.84%	33.33%
Not in the labor force	17.02%	5.26 %	0%

Source: Authors’ analysis of MoCo BOOST Guaranteed Income Client Dataset, 18 month survey, and 24 month survey.

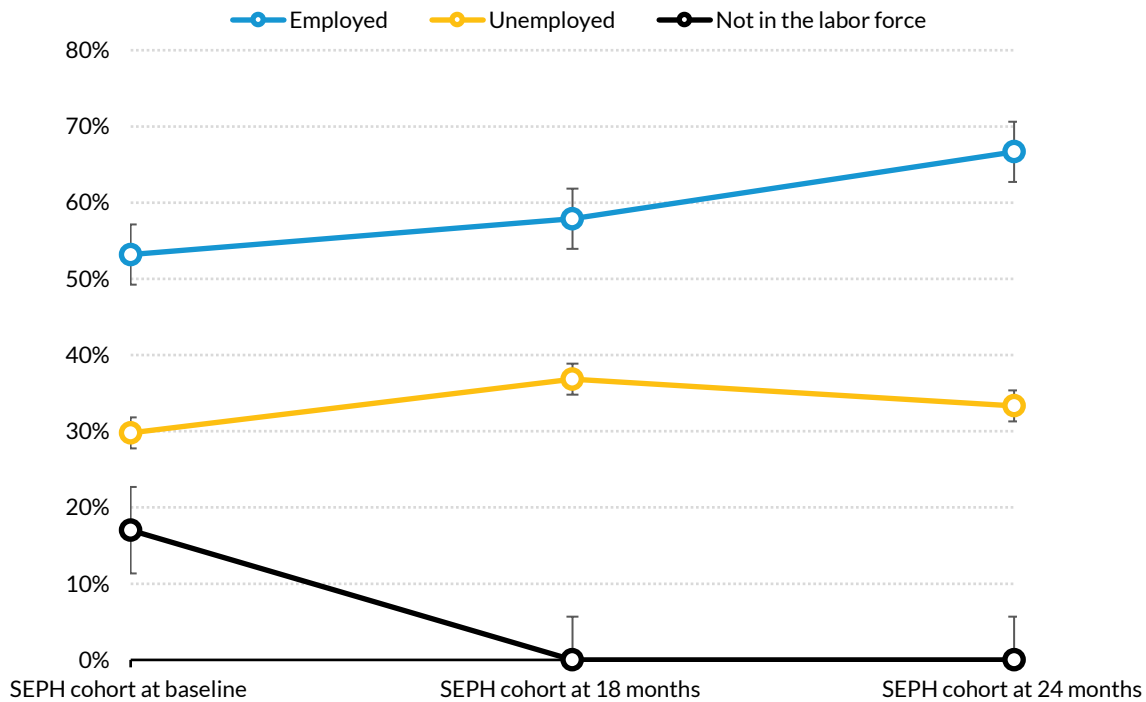
Notes: SEPH cohort at baseline: N=94; SEPH cohort at 18 months: N=38; SEPH cohort at 24 months: N=30. “Employed” encompasses those employed full-time, part-time and self-employed full-time and part-time, seasonal workers, and those employed “under the table.” Unemployed encompasses those not employed and looking for work. Not in the labor force includes respondents who are not employed and not looking for work. Changes in employment are not statistically significant.

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial. SEPH = Services to End and Prevent Homelessness.

Unemployment in the SEPH cohort increased initially, from 29.8 percent at baseline to 36.8 percent at 18 months, before declining slightly to 33.3 percent at 24 months. This indicates some fluctuation in job-seeking activity, potentially reflecting instability in the job market or changing personal circumstances among participants. However, as noted, data from the SEPH cohort must be approached with caution due to sample attrition.

FIGURE 11

Change in Employment Status of SEPH Cohort Participants



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Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset, 18 month, and 24 month datasets.

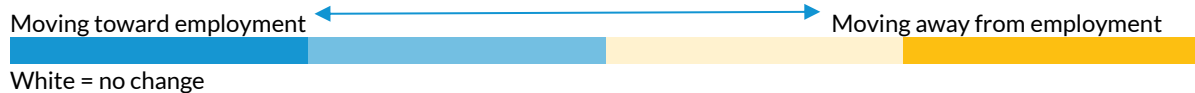
Notes: SEPH cohort at baseline: N=94; SEPH cohort at 18 months: N=38; SEPH cohort at 24 months: N=30. "Employed" encompasses those employed full-time, part-time and self-employed full-time and part-time, seasonal workers, and those employed "under the table." Unemployed encompasses those not employed and looking for work. Not in the labor force includes respondents who are not employed and not looking for work. Changes in employment are not statistically significant. SEPH = Services to End and Prevent Homelessness.

Figure 12 captures individual-level change in employment status of main cohort participants from the start to the end of the program. There was a net decrease in employment status at 24 months. At the individual level, the majority of participants did not experience a change in employment status from the first to last month of the program. We found that 83.1 percent of participants who were employed at baseline were employed at the end of the pilot (figure 12). There was shifting employment status in both directions, with 13 survey-takers going from employed at baseline to unemployed at 24 months, and 12 survey takers moving in the opposite direction, from unemployed at baseline to employed at 24 months.

FIGURE 12

Individual-Level Changes in Employment Status from Baseline to 24 Months

	Employed at 24 months	Unemployed at 24 months	Out of the labor force at 24 months
Employed at baseline (N=82)	69 (83.1%)	12 (41.38%)	1 (25%)
Unemployed at baseline (N=32)	13 (15.66%)	16 (55.17%)	3 (75%)
Out of the labor force at baseline (N=2)	1 (1.2%)	1 (3.45%)	0 (0%)



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Source: Authors' analysis of MoCo BOOST Guaranteed Income Client Dataset and 24 month datasets, N=116.

Notes: Includes both the main cohort and SEPH cohort. There is a low response rate and attrition (N=4) from those out of the workforce. Zero percent of those out of the workforce at enrollment reported being out of the workforce at 24-months, though there is a small sample size for this group; 3.5 percent of those unemployed at enrollment reported being out of the workforce at 24-months; 1.2 percent of those employed at enrollment reported being out of the workforce at 24-months. "Employed" encompasses those employed full-time, part-time and self-employed full-time and part-time, seasonal workers, and those employed "under the table." Unemployed encompasses those not employed and looking for work. Not in the labor force includes respondents who are not employed and not looking for work.

"I wasn't thinking of college at first, but having the \$800 plus work made me comfortable, it motivated me to go to college to higher my education and get a better job to keep that comfortability. It was a huge motivator for me to go to school and keep living comfortably."

—Mother of four, main cohort participant

MoCo BOOST payments appear to have calmed a substantial amount of income volatility for participants. Substantial portions of the MoCo BOOST main cohort participant group and their comparison group experienced increases in earned income during the first 18 months of the program with 16.3 percent of the main cohort and 29.8 percent of the main cohort comparison group reporting an increase (table 22). This pattern continued with 5.8 percent of the main cohort and 11.1 percent of its comparison group reporting increases in earned income between 18 months and the 24 months of the program. Although this finding looks negative for main cohort participants, it is offset by inverse results related to decreases in earned income: a smaller share of MoCo BOOST participants saw their earned income decline. By 24 months, only 24.6 percent of the main cohort experienced decreases to their earned income compared with 33.3 percent of the main cohort comparison group (table 23).

Consistent with the fluctuations reported above, the majority of main cohort participants also reported no change in income from paid work. This share rose from 65.1 percent at 18 months (table 23) to 69.6 percent at 24 months (table 24). In contrast, income stability was notably lower in the main cohort comparison group across both time points.

TABLE 23

Change in Income from Paid Work From Baseline to 18 Months

Answer to the question “Has your gross income from paid work changed since you enrolled in MoCo BOOST and began receiving the \$800 GBI payment?”

	Main cohort at 18 months	Main cohort comparison group at 18 months	Difference between main cohort and comparison group ^a
Income from paid work increased	16.28%	29.79%	13.51%*
Income from paid work decreased	18.60%	25.53%	6.93%*
Income remained the same	65.12%	44.68%	20.44%*

Source: Authors’ analysis of MoCo BOOST Guaranteed Income Client Dataset and 18 month dataset.

Notes: Main cohort at 18 months : N=86; comparison group at 18 months: N=47; SEPH cohort at 18 months: N=26 “Income increased” and “Income decreased” includes survey takers who indicated a change in their income from paid work at the 18-month survey and 24-month survey.

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences were beneficial

. (*) denotes a significant difference at the p=0.05 probability level (D=13.5, 6.9, 20.4).

TABLE 24

Change in Income from Paid Work at 24 Months

Answer to the question “Has your gross income from paid work changed in the past six months (between 18 and 24 months of the pilot program)?”

	Main cohort at 24 months	Main cohort comparison group at 24 months	Difference between main cohort and comparison group ^a
Income from paid work increased	5.80%	11.11%	5.31%*
Income from paid work decreased	24.64%	33.33%	8.69%*
Income remained the same	69.57%	55.55%	14.02%*

Source: Authors’ analysis of MoCo BOOST Guaranteed Income Client Dataset, 18 month, and 24 month datasets.

Notes: Main cohort at 24 months: N=69; comparison group at 24 months: N=36, SEPH cohort at 24 months: N=26. “Income increased” and “Income decreased” includes survey takers who indicated a change in their income from paid work at the 18-month survey and 24-month survey.

^a This column reports the absolute value of the percentage difference between the main cohort and its comparison group to more clearly indicate differences.

(*) denotes a significant difference at the p=0.05 probability level (D=5.3, 8.7, 14.0)

Although there is no comparison group, data on the SEPH cohort is suggestive of a great deal of volatility, most of it negative. At the 18-month mark, only 10.5 percent of the SEPH cohort reported increased income. Between 18 and 24 months, 15.4 percent of the SEPH cohort reported an increase in earned income. Income stability was notably lower for the SEPH cohort, with less than half the sample (42 percent) reporting no change in earned income at 24 months, with an equal share (42 percent) reporting a decrease.

Overall, these findings suggest that MoCo BOOST had a significant effect on calming income volatility for participants in the main cohort. This is important because people with low earned income often experience significant income volatility because of a combination of unstable employment, fluctuating work hours, variable pay structures, limited access to benefits, and unpredictable access to public assistance—all of which undermine both short-term stability and long-term economic mobility. Many low-wage workers are concentrated in industries like food service, retail, caregiving, and gig economy work, where hours can change weekly, shifts are often assigned with little notice, and earnings are tied to demand or performance rather than fixed salaries (Smith et al. 2017; Golden 2015). Income volatility is directly linked to higher levels of financial stress, lower savings, and increased use of high-interest debt like payday loans, which deepen financial precarity (Morduch and Schneider 2017).

Perceived Agency and Dignity

Participants spoke frequently and enthusiastically about the sense of agency and dignity that MoCo BOOST cash payments provided. Agency refers to participants' ability to make choices and take action in their lives—particularly regarding finances—without external control. Dignity refers to feeling respected, valued, and capable, rather than being treated as a passive recipient of aid.

For some, increased financial control directly translated into greater personal safety. A single mother from the SEPH family cohort shared how the payments gave her a new level of independence and helped protect her from an abusive partner.

“The cash assistance was super helpful. [Before MoCo BOOST], most of the time money was getting held over [my] head [by the abusive father of my child]. Most of that time I was in a shelter, and I didn’t know what to do. If I tried to reach out to him to help with something

small [for our child], that's enough reason for him to show up at my house. The MoCo BOOST was like the income of a second parent."

—Single mother, member of the SEPH family cohort

Others reflected on how financial stability allowed them to invest in their physical and mental health. A male participant in the SEPH individual cohort described how the funds helped boost his morale and encouraged him to care for his well-being.

"I lost the weight I needed to lose. I had a physical, and my doctor said, 'you know you have to do something about that weight.' So, I would go out and be active. It was the morale. I could go walk around the park like anyone else with a little cash in my pocket. Maybe you walk around the park a couple of times and think I can go get myself a Gatorade."

—Male, member of the SEPH individual cohort

Participants also spoke about how the program helped restore a sense of dignity. When programs are designed to affirm people's worth and capacity to make decisions, they can reduce stigma and promote self-respect. One woman from the main cohort described how MoCo BOOST enabled her to feel confident and fully part of her community.

"You can put your chest up and walk around like everybody else. You know, take yourself out to lunch, birthday dinner for this person, or whatever have you. And you could still feel good about yourself as far as being a bright citizen of the rest of the world."

—Female, main cohort member

Across these stories, the common thread is not just financial relief—it is the restoration of control, confidence, and dignity. Participants felt empowered to make choices that reflected their values and needs, contributing to a broader sense of belonging and self-worth.

Recommendations

The previous sections of this report evaluate each outcome of the Montgomery County BOOST (Building Our Opportunities and Strengthening Tomorrow) Guaranteed Income Pilot. This section provides overall recommendations based on outcomes. First, we assess the effectiveness of the pilot in achieving its stated objectives. Second, we examine lessons learned across policy, practice, and research for implementing guaranteed income programs as a strategy to produce equitable and beneficial results for recipients of public assistance.

Did MoCo BOOST Achieve Its Purpose?

The Montgomery County Council launched the MoCo BOOST Guaranteed Income Pilot “to help alleviate poverty, provide a form of financial stability and give residents the ability to make their own choices to improve their economic position” (Montgomery County Council 2021). With respect to those goals, this evaluation finds that MoCo BOOST shows some early signs of promise, but the evidence is mixed. The main cohort, in particular, showed a wide range of statistically significant gains during the study period. However, much of the evidence, particularly with regard to poverty alleviation, points to short-lived boosts that diminished as the program came to an end. Moreover, some data suggest that MoCo BOOST’s light-touch, unrestricted cash model may not be effective for individuals who came from SEPH’s service population. Although this study lacks sufficient evidence to make conclusive findings, the results point to worsening outcomes on many measures for people who were previously unhoused.

Poverty Alleviation

MoCo BOOST reduced poverty-driven hardships for a substantial number of participants. For example, large portions of each cohort allocated funds toward basic needs such as housing (56 percent) and food (50 percent). Individual physical and mental health outcomes, as well as food security outcomes,

improved for the main cohort. Housing quality and stability also improved substantially for the main cohort, but the gains diminished by the end of the two years. SEPH participants experienced setbacks on several housing-related outcomes, including higher rates of return to shelter. All SEPH housing findings should be treated with caution, however, because establishing their validity, much less interpreting the reasons for them, is challenging for a number of methodological reasons.²⁵

Financial Stability

By simply issuing the payments, MoCo BOOST had a modest, but still notable, effect on closing the income disparity gap between its largely Black and Hispanic/Latine participants and other, mostly white, residents of Montgomery County.

Effects on key indicators of financial well-being were mixed for both cohorts. For example, thirty-three (33) percent of the main cohort reported a reduction in debt over the course of the pilot compared with only 10 percent of the comparison group. However, the pilot did not have a substantial impact on participant savings or worry about future financial stability.

With respect to employment and its potential to shore up financial stability provided that wages are sufficient, work effort went down slightly for the main cohort. Though this is not a positive result, qualitative data suggest that the decline in labor market effort was sometimes because of greater participant emphasis on caregiving responsibilities and job training activities, which might promote future economic mobility for children who may experience more parental supervision and for adults who improve the quality of their jobs. SEPH participants showed an overall uptick in employment effort—however, like the SEPH housing stability findings, this result is at most merely suggestive since it was not statistically significant and cannot be weighed against data from a comparison group.

Analysis of data at the individual level reveals a more precise story about shifts in employment status. Data from the 116 participants (main cohort and SEPH combined) who responded to both the baseline and 24 month survey show that 15 participants improved their employment status (e.g., moved from “out of the labor market” to “unemployed” or “unemployed” to “employed”) over the course of the pilot, which is an almost one-to-one swap with the 16 individuals whose work effort decreased (e.g., moved from “employed” to “unemployed” or “out of the labor market”). The remaining 85 individuals across both cohorts did not change employment status.

One of the most notable financial well-being findings in the study is the calming effect MoCo BOOST payments appear to have had on the income volatility of participants from the main cohort. The importance of this finding—especially in a high-cost, high-disparity jurisdiction like Montgomery County—is underscored by national data showing that nearly half of low-income households report income that varies from month to month, compared with 19 percent of higher-income households (Board of Governors of the Federal Reserve System 2020). Many scholars recognize that income volatility is a hidden driver of poverty and inequality in the US economy—and one that too often goes unaddressed by traditional policy solutions that focus only on annual income or employment status. As Jonathan Morduch and Rachel Schneider point out in *The Financial Diaries* (2017), many working families experience “poverty in the midst of plenty”—meaning they earn enough over the year to live above the poverty line but cycle through periods of scarcity that feel like crisis.

Autonomy Over Choices for Improved Economic Position

Eighty percent of participants reported the additional \$800 per month allowed them to pursue new goals. Qualitative data further reveal that participants exercised a wide range of financial choices, from starting small businesses to pursuing further education. In addition, some participants chose to use their guaranteed income to establish more work-life balance by shifting out-of-home labor in the marketplace to in-home labor aimed at meeting the needs of children. Especially considering that the vast majority of MoCo BOOST participants were working at program launch and continued to work throughout the pilot, policymakers should take care to weigh the value of parental effort to the American economy, and to the future well-being and economic mobility of children, alongside the work-effort findings from this study. Importantly, participants frequently reported feeling a greater sense of dignity and autonomy, echoing the pilot program’s emphasis on personal empowerment.

Strategic Policy Insights and Best Practices

Findings from MoCo BOOST highlight the importance of viewing cash assistance not merely as a financial transaction but as an important “cash plus” service—one that empowers recipients to address their own challenges, in a dignified and equitable partnership with paid helpers like coaches, while achieving the more stable foothold they need to remain in an expensive and high-opportunity place like Montgomery County.

Key Successes

The key successes for MoCo BOOST are as follows:

- **Human-centered support:** Participants who engaged with guaranteed income coaches reported higher satisfaction and greater progress. Regular communication and personalized support appear to have contributed significantly to successful outcomes.
- **Holistic integration:** Integrating guaranteed income with an array of other services, especially housing supports, improved the pilot's effectiveness. This aligns with research from similar pilots (e.g., Stockton SEED) that also showed improved outcomes when guaranteed income was combined with supportive services (West et al. 2021).
- **Policy design for benefits compatibility:** It is essential to ensure that guaranteed income does not jeopardize recipients' eligibility for other safety-net programs. The rent increase experienced by a pilot participant after enrollment was the unfortunate exception for this pilot. Overall, however, county staff diligence and thoroughness in securing waivers for state benefits reduced the risk of losing eligibility for all but this one participant, promoting broader participation and trust in the program.

Strategic Innovations

Participants, program leaders, and the research team contributed to the following list of recommended enhancements for the next iteration MoCo BOOST.

LESSONS FOR POLICY

- Offer a one-time lump sum exit bonus to participants who work with a coach to complete a MoCo BOOST exit plan and achieve small, pre-exit milestones that enhance the likelihood of reaching a larger, goal-oriented outcome tied to the bonus. Research suggests that lump sum payments can often be more effective than incremental disbursements in helping individuals overcome critical barriers and in facilitating progress toward asset-building goals, such as launching a small business or securing stable housing (Morduch and Schneider 2017; Andrews et al. 2021; Ratcliffe et al. 2016; Babcock et al. 2012). This insight was borne out by data from interviews and open-ended survey responses showing that some participants were pursuing such goals and highly motivated to maximize results using the cash.

- Consider funding small-scale pilots aimed at particular places or population groups in Montgomery County. Per the MoCo BOOST Context section above and according to a recent Montgomery Planning Board analysis (the Community Equity Index), the neighborhoods with the greatest concentration of vulnerable residents are also the least likely to benefit from new development or investment—a pattern that locks in disadvantage over time. The analysis identifies multiple census tracts—particularly in East County and the I-270 corridor—where high housing costs coincide with low access to transit, health care, and economic opportunity. These areas are disproportionately populated by immigrants and people of color, especially Black and Hispanic/Latino residents.²⁶ See the Lessons for Research section below for the rationale underlying focus on target population groups.
- Build in the time and funds to launch timely evaluation efforts. Research teams should be contracted early on when a new program model is being tested so that they can help to inform the study design and capture all baseline data. The delay in launching the MoCo BOOST evaluation resulted in multiple methodological challenges, some of which the Urban team was unable to adjust for.
- Recognize and fund the “cash plus” and administrative dimensions of conducting a cash plus program. Montgomery County officials provided exemplary support and services (well beyond what most other pilots have done) to program participants at every phase of the pilot. The hidden costs of these efforts are modest against the scale of funding for the cash payments themselves, but large when weighed against the stress of unanticipated internal costs on the operations of a well-run human services department. Also, the return on investment in other county-provided services and supports may be increased by the reduced income volatility that guaranteed income appears to provide to participants with children who are not at imminent risk of homelessness.

LESSONS FOR PRACTICE

- Prepare for the end from the beginning. Several program participants recommended that continuous transition planning which focuses participants on thinking through how to replace the \$800 once the program ends could be helpful. One survey taker wrote: “Information about being proactive should be provided throughout the two years of receiving the \$800 a month. The program should provide resources for help before the program ends so people aren’t left scrambling.”

- Provide financial education. Other participants suggested concrete financial wellness resources such as workshops or coaching focused on long-term financial planning, budgeting, credit building, and small business launch and management.
- Offer multiple transfer options. Several survey respondents and interviewees said that they much preferred the more flexible way cash was distributed during the first year of the pilot, especially the provision of ACH transfers and fee-free debit cards.
- Formalize and enhance the coaching component. There is an enormous difference between coaching and case management. Case management is generally a hands-on service for stabilizing participants who are in crisis or need help navigating complex systems. Case managers often do “for” clients rather than “with” them. Coaching focuses on eliciting a client’s goals and agency, making it an ideal complement to guaranteed income. County case managers who receive training in evidence-based coaching models like motivational interviewing could take the already effective coaching component of MoCo BOOST to a new level (Bischof et al. 2021).

LESSONS FOR RESEARCH

- Build in more funds for incentives and factor in time to build relationships for the purpose of improving data collection from comparison groups. Poor response rates often limit the findings of evaluations of social and economic policy experiments such as MoCo BOOST because these populations tend to be oversurveyed, digitally marginalized, and time burdened by important competing priorities. The remedy is to provide funding dedicated to maintaining contact with program applicants after their initial assignment to the comparison group. Very short monthly pulse surveys via text that stagger questions on key measures and offer cash incentives for completion could help reduce attrition from both the treatment and comparison samples (Griffin, Semborski, and Berger Gonzalez 2024).
- Develop samples sizes and creative multifactor study designs, including strong qualitative components, capable of surfacing best practices for subpopulations such as single parents, elders, and youth immigrants.
- Test a range of new pilot designs that explicitly target key populations for enhanced and paired services. Findings from other direct cash pilots show that targeting small population groups can provide good outcomes for resolving the particular challenges and barriers faced by small subsets of participants in social services programs. This can be a cost-effective way to deploy “cash plus” services when resources are limited. See the Perceived Agency and Dignity section

for an example of a mother experiencing domestic violence from a former partner and how the cash helped, which demonstrates how meaningful cash can be for those with unique challenges.

- Use community engaged methods to work with program participants and other stakeholders (e.g., partners like the collaboration council) to build a detailed logic model for the program that begins with a clear statement of specific goals and the theory of change for how direct cash can help recipients of local services achieve their goals for economic security and/or mobility.

Conclusion

The MoCo BOOSTpilot demonstrated that guaranteed income can reduce hardships, enhance personal agency, and narrow social disparities for families and individuals that are already stably housed. To maximize impact, future implementation and impact studies should target specific sub-populations and/or geographies, as well as prioritize holistic support, ongoing coaching, financial education, and policy frameworks that are customized to meet the target group's specific needs and protect their access to other critical benefits. In places with strong supporting service structures, such as Montgomery County, guaranteed income has the potential to improve silent drivers of poverty like high stress and income volatility, as well as to empower individuals to define and pursue their own version of economic success. However, much still needs to be learned before direct cash transfer programs can be brought to scale.

Appendix A. Survey Methodology

Weighting Process

There are two respondent survey weights; a survey weight that should be used when analyzing the treatment respondents who completed the survey (“weight”); and a survey weight for comparing responses from the control group to the treatment group (“weight_match”).

The survey weight variable called “weight” reduces potential nonresponse bias by adjusting the treatment sample so that the respondents and nonrespondents end up with the same characteristics that we have information on for the full population. The weights specifically included:

- **A cohort adjustment** because the SEPH cohort respondents had a lower response rate.
- **A race adjustment** because of higher response rates among Black versus non-Black respondents in the SEPH cohort only.
- **An Ethnicity adjustment** done separately for the SEPH and Main cohort respondents (the SEPH cohort had a higher response rate among Hispanic/Latine respondents and the Main cohort had lower response rate among Hispanic/Latine respondents).
- **A household size adjustment** done for the combined SEPH and Main cohorts. Given the concern about differences in how the question was asked on the baseline survey, this adjustment only weighted up households with two or fewer people and weighted down households with more than two people.

The survey weight variable called “weight_match” adjusts the control group sample to better align with the treatment sample. So, when comparing the control group with the treatment group, difference can be less attributed to differences between the two populations. However, the SEPH control sample had a low response rate and there were not enough completed control SEPH cases to align this population with the treatment group. The control group is matched to align with the main cohort participant group. This matching weight specifically did the following:

- **Aligned employment status** Q16 (control) Q24 (treatment)
- **Aligned job status** Q17 (control) Q25 (treatment)

- **Aligned income** Q32 (control) Q44 (treatment)
- **Aligned rent/ownership status** Q44 (control) Q55 (treatment)

Survey weights affect variance estimates and thus affect tests of significance and confidence intervals. Variance estimates derived from standard statistical software packages that assume simple random sampling are generally too low, which can lead to overstated significance levels and overly narrow confidence intervals. The impact of the survey weight on variance estimates is measured by the design effect and is explained next.

Design Effects

Statistical adjustments following data collection are required because of a disproportionate participation rate of sampled families. The post-data collection adjustments require analysis procedures that adjust the standard errors that we would have obtained had we used a simple random sample that involved no adjustments. Therefore, when using survey weights, variance estimation requires estimating the survey design effect associated with the weighted estimate. The term “design effect” is used to describe the variance of the weighted sample estimate relative to the variance of an estimate that assumes a simple random sample.

In a wide range of situations, the adjusted standard error of a statistic should be calculated by multiplying the usual formula by the design effect (deft). Thus, the formula for computing the 95 percent confidence interval around a percentage is:

$$\hat{p} \pm \left(deft \times 1.96 \sqrt{\frac{\hat{p}(1 - \hat{p})}{n}} \right)$$

Where $\hat{p}$ is the sample estimate and n is the unweighted number of sample cases in the group being considered.

To get a more accurate estimate of the standard errors associated with a weighted estimate, one would multiply the unweighted standard error by the appropriate deft value. The deft value for the nonresponse treatment group “weight” is 1.06 and the deft value for the control group matching weight is 1.03. For example, suppose one was using the weight on a measure from the treatment group survey that had an unweighted standard error of .021. The weighted estimate would not change; however, the standard error of the estimate would be .022 (.021 × 1.06).

Notes

- ¹ Work-Guaranteed Income-It's More Than a Check, it's the Freedom Everyone Deserves," Economic Security Project, Accessed May 9, 2025, [Guaranteed Income - Economic Security Project](#)
- ² For a detailed breakdown of eligibility criteria for the main cohort and SEPH cohort, see the Participant Eligibility, Recruitment, and Enrollment section in this report.
- ³ "Household Income in Montgomery County, Maryland," Statistical Atlas, accessed April 25, 2025.
- ⁴ "QuickFacts -Montgomery County, Maryland", US Census Bureau, accessed May 14, 2025, <https://www.census.gov/quickfacts/fact/table/montgomerycountymaryland/PST045224>
- ⁵ "Family Budget Calculator," Economic Policy Institute, accessed May 14, 2025, <https://www.epi.org/resources/budget/>
- ⁶ "Racial Equity Profile Update Montgomery County," Jupiter Independent Research Group, accessed May 14, 2025, <https://www.montgomerycountymd.gov/ORE/Resources/Files/JUPITERRACIALEQUITYPROFILE.pdf>.
- ⁷ "Vision: A More Equitable and Inclusive Montgomery County," Montgomery County Office of Racial Equity and Social Justice, accessed April 25, 2025.
- ⁸ "Community Explorer," Montgomery County CountyStat, Montgomery County Office of Management and Budget, accessed May 14, 2025, <https://www.montgomerycountymd.gov/countystat/explorer.html>
- ⁹ "Community Explorer," Montgomery County CountyStat.
- ¹⁰ "Missing Middle Housing in Montgomery County," Montgomery County Planning Department, accessed April 25, 2025, <https://montgomeryplanning.org/planning/housing/attainable-housing-strategies-initiative/missing-middle-housing/>
- ¹¹ "Attainable Housing Strategies Initiative," Montgomery County Planning Department, Accessed April 25, 2025, <https://montgomeryplanning.org/planning/housing/attainable-housing-strategies-initiative/>
- ¹² "Community Equity Index Analysis and Explorer," Montgomery Planning, accessed May 14, 2025, <https://montgomeryplanning.org/planning/equity-agenda-for-planning/community-equity-index-analysis/>.
- ¹³ "Attainable Housing Strategies - HEAT #1 Meeting," Montgomery Planning, accessed May 14, 2025, <https://montgomeryplanning.org/wp-content/uploads/2021/04/HEAT-Meeting-1.pdf>
- ¹⁴ "Community Explorer", Montgomery County CountyStat.
- ¹⁵ "The Immigrant Experience in Montgomery County, Maryland," Montgomery History, January 30, 2023, <https://sites.google.com/view/immigrantexperiencemontgomery/home#h.g5bb5qyn63l9>.
- ¹⁶ "Maryland 2023 State of the Economy," Comptroller of Maryland, accessed May 14, 2025, <https://www.marylandcomptroller.gov/content/dam/mdcomp/md/reports/comptroller/SOTE.pdf>.
- ¹⁷ "The Equity Focus Areas Analysis," Montgomery Planning, accessed May 14, 2025, <https://montgomeryplanning.org/planning/equity-agenda-for-planning/the-equity-focus-areas-analysis/>.
- ¹⁸ To be classified as unemployed by the US Department of Labor, a person must meet all three of the following criteria: not working (even part-time or temporarily); available for work, meaning they are able and willing to take a job; and actively looking for work recently (e.g., submitting applications, contacting employers). People who are not working but not actively seeking employment (such as discouraged workers or retirees) are not counted as unemployed; they are considered out of the labor force.

- ¹⁹ "Systems Change: Changing Systems so Everyone Can Thrive," UpTogether, accessed May 14, 2025, <https://www.uptogether.org/systemschange/>.
- ²⁰ "Guaranteed Income (GI) Dashboard: Visualizing Public Benefits Loss for Participants in GI Pilot Programs," Federal Reserve Bank of Atlanta, accessed May 14, 2025, <https://www.atlantafed.org/community-development/publications/partners-update/2021/10/21/guaranteed-income-dashboard-visualizing-public-benefits-loss-for-participants-in-gi-pilot-program>.
- ²¹ In late 2023, HUD issued guidance explaining flexibilities that public housing authorities and rental property owners have when determining how guaranteed income payments will impact a family's income eligibility for HUD-assisted housing and how much those families will pay in rent. See "Frequently Asked Questions," US Department of Housing and Human Services, accessed June 18, 2025, <https://www.huduser.gov/portal/portal/sites/default/files/pdf/FAQ-HUD-Assisted-Housing-and-Guaranteed-Income-Program-Payments-923.pdf>
- ²² "Catholic Charities Center," Catholic Charities Archdiocese of Washington, accessed April 25, 2025, <https://www.catholiccharitiesdc.org/program/catholic-charities-center/>.
- ²³ "Social Services in Rockville, MD 20847," search result, findhelp.org, accessed April 25, 2025, https://www.findhelp.org/search_results/20847.
- ²⁴ "Nearly Half of Renter Households Are Cost-Burdened, Proportions Differ by Race", US Census Bureau, September 12, 2024, [https://www.census.gov/newsroom/press-releases/2024/renter-households-cost-burdened-race.html#:~:text=Households percent20are percent20considered percent20cost percent2Dburdened,and percent20Urban percent20Development percent20\(HUD](https://www.census.gov/newsroom/press-releases/2024/renter-households-cost-burdened-race.html#:~:text=Households percent20are percent20considered percent20cost percent2Dburdened,and percent20Urban percent20Development percent20(HUD)
- ²⁵ First, the small sample size limits the generalizability of the data, making it difficult to draw firm conclusions. Second, the lack of survey comparison data for the SEPH cohort restricts our ability to fully contextualize their outcomes or ensure there were not sample discrepancies at the point of assignment into program and comparison groups. Third, the design of the SEPH cohort itself may have played a role: eligibility criteria were relatively broad, including individuals with varying levels of housing instability and behavior health needs. This stands in contrast with other studies of guaranteed income and homelessness that focused on more narrowly defined populations. Finally, there may be response bias, as interview and survey participation among SEPH participants was limited and potentially skewed toward individuals who were more stable or engaged.
- ²⁶ "Community Equity Index Analysis and Explorer," Montgomery Planning.

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