Policy Brief
CENTER FOR POVERTY & INEQUALITY RESEARCH

Volume 13, Number 8
May 2025

Recent Guaranteed-Income Pilots Offer Lessons for Program Design and Implementation

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In recent years, cash-assistance programs have been piloted across the United States, typically as Guaranteed Income (GI). In a recent study, we explored how these programs are being designed and evaluated. Reviewing 105 programs covering over 40,000 beneficiaries, we compared eligibility criteria, funding sources, distribution amounts, program administration, pilot duration, and evaluation measures. We found that just over half of the programs used income-based qualifications. Most (84 percent) had some form of place-based eligibility criteria defined by residence. The plurality of programs (28) were based in California, with 16 operating at the county level—presenting unique opportunities for coordinating GI with existing county-level poverty alleviation services. We also found that while the development of pilot programs often uses community-development framing, funding and evaluation measures tend to be more aligned with either economic or public-health intervention outcomes. Making sense of findings across evaluations will require researchers to carefully weigh results and local context.

Key Facts

We reviewed and compared 105 current and recent guaranteed-income (GI) pilot programs across the United States.

Programs vary widely in design, eligibility criteria, funding, duration, administration, evaluation and more. Sensemaking of program outcomes across such variation will present challenges—especially in the coming year as findings from many of the first pilot programs are published.

With the plurality of programs based in California, policymakers interested in poverty alleviation can gain valuable insights from existing GI pilot programs, both in terms of implementation and impact.

Background

Policy interventions designed to address poverty, GI pilots provide participants with a guaranteed cash amount at fixed intervals over a designated period. They operate on the premise that income security, even temporary, benefits recipients and their communities. For example, receiving GI has been associated with reduced family stress and improved mental health.[1] GI can create opportunities for individuals to invest in their personal capital while increasing access to health promoting goods such as food, insurance, medical care. It can also improve housing conditions by keeping people housed when they would otherwise miss a rental payment, or by funding a move to a different neighborhood with more or better amenities.[2,3]

In the US, GI differs from federal assistance programs like Supplemental Security Income and the Special Supplemental Nutrition Program in that there can be fewer barriers to qualification (e.g. no monthly or quarterly benefit reassessments). GI programs provide unrestricted cash as opposed to stamps, coupons, or reimbursements. They tend to operate over shorter, defined periods of time (e.g. one to two years). These factors mean that GI pilots are under significant pressure to deliver positive results and policy breakthroughs. How they are designed and evaluated will impact the national vision for adopting GI programs into an already complex social welfare landscape. In our study, we sought to understand the decision-makers, funders, and administrators of GI programs, and to gain insights into GI's conceptualization and future role in US policy.

A detailed look at GI programs since 2016

Our analysis included 105 GI programs created in or after 2016. To be included, programs had to provide cash that beneficiaries could spend at their discretion. Of the 151 programs we originally identified, 44 were excluded due to incomplete available data. This finding highlights the need for pilot programs to provide public, transparent information.

Of those 105, 95 had information available on program eligibility and target populations. The majority of those 95 (65.3 percent) focused on individuals regardless of household or family status. Sixty-five of the 95 (68.4 percent) programs included "people-based eligibility criteria", defined by individual, household, or family level demographics. Examples of screening demographics include race/ethnicity, age or age groups (e.g. youth, seniors), languages spoken, and occupation. Several of these programs showed a notable preference for inclusion of historically disadvantaged people as a part of the qualifying criteria. This finding is a backdrop for the lawsuits that some pilot programs face over discriminatory screening practices that would favor vulnerable populations over the general population.

Over half of the 95 programs (53.7 percent) listed income-based eligibility criteria based on the annual income of the individual, household, or family applicant. Fourteen of the 95 (14.7 percent) based qualifications on some threshold of Area Median Income. Thirteen (13.7 percent) used income thresholds. The majority (22 of 95 or 23.2 percent) of income-based criteria were based on meeting a percentage of the federal poverty level. This finding emphasizes the important role of the federal poverty level measurement and census-based regional adjustments.

Sixty of the 95 programs (63.2 percent) had some form of situation-based eligibility criteria defined by life situations, transient events, or previous or current affiliations. Sixteen (16.8 percent) listed living with a dependent as a qualification. Fourteen (14.7 percent) specifically asked for demonstration of economic or other financial hardship due to the COVID-19 pandemic as an explicit part of the application or eligibility requirements. Eight (8.4 percent) focused on formerly incarcerated people or participants explicitly impacted by the carceral system. Seven (7.4 percent) focused on pregnant mothers. Nine (9.5 percent) noted that proof of citizenship was not required. Two (2.1 percent) focused on foster youth and youth transitioning out of foster care. None of the programs explicitly focused on religious affiliations such as churches, synagogues, or mosques. However, three (3.2 percent) were funded and administered by faith-based organizations but did not require participants to be religiously affiliated or join their organization to be considered for eligibility. These findings help show where GI programs are aligned with other poverty alleviation efforts and provide examples of other forms of "people-based eligibility criteria" beyond just household demographics.

1. Gibson, M., W. Hearty, and P. Craig. 2020. "The Public Health Effects of Interventions Similar to Basic Income: A Scoping Review." *The Lancet Public Health* 5 (3): e165–e176.
2. Bridger, E., and D. Nettle. 2022. "Public Perceptions of the Effectiveness of Income Provision on Reducing Psychological Distress." *Journal of Public Mental Health* 21 (3): 586–92.
3. Wilson, N., and S. McDaid. 2021. "The Mental Health Effects of a Universal Basic Income: A Synthesis of the Evidence from Previous Pilots." *Social Science and Medicine* 287: 114374.
4. Rodriguez, S., Kagawa, R., Koundinya, V., Choe, D., Vaitla, B., Volzer, A., and Brinkley, C. 2025. "Guaranteed Income: A Policy Landscape Review of 105 Programs in the United States." *Basic Income Studies*, 20 (1): 93-123. https://doi.org/10.1515/bis-2023-0030

Eighty of 95 (84.2 percent) programs had some form of place-based eligibility criteria defined by a place of residence. Of these, the majority focused on a particular city (44.2 percent), county (15.8 percent), neighborhood (10.5 percent), zip code (8.4 percent), state (3.2 percent), region (2.1 percent), or school district (2.1 percent). This finding helps underscore public interest in place-based benefits of GI policies.

In terms of program design, the majority of programs (84 or 80.8 percent of the 104 with publicly available information about distribution amounts) gave all participants the same fixed amount of cash. Half (50.5 percent) of these provided a fixed cash stipend in the range of $450 to $550. Most (92.3 percent) provided monthly payments. More than a third of programs (36.3 percent) offered funding for one year, with a two-year program the next most common (22.5 percent). The average cohort size was 400 participants with a range from five to 5,000. There was no clear relationship between funding amount and number of participants. While $500 a month is enough to pay rent in some areas of the country, the cost of living is much higher elsewhere—a consideration should policymakers extrapolate generalized findings to model impact in their home jurisdiction.

Some programs had several nonprofits listed as program administrators, each specializing in one task within the GI program. Some programs operated with a steering committee, while others were run through government agencies. Some (28.2 percent) programs that launched successfully were affiliated with Mayors for A Guaranteed Income (MGI). The majority of program administrators were nonprofits, followed by municipal governments. There were a few examples of programs that provided additional support like financial literacy courses administered by program partners like banks or nonprofits. This finding shows that program oversight and administration requires further study and evaluation.

Almost half of the programs were privately funded (51, or 49.5 percent, of 103 with publicly available information about funders) whereas 41 (39.8 percent) received a mix of private and public funding. Only 11 (10.7 percent) were entirely publicly funded. While there was a large cohort of programs that relied on centralized, organized funding tied to standardized program designs and evaluations, the plurality of programs drew from community-based funding sources as well as federal and local public funds. This finding emphasizes the critical role of philanthropy and private donors to supporting GI efforts in the US.

Commonalities and variances between GI programs

The amount of cash, program duration, participant eligibility criteria, and cohort size can all shape GI effectiveness, as can distribution frequency. Cost-of-living variance across states means that program designers must consider whether the amount of GI distribution is enough to exert an impact in each context. California hosts the most GI projects of any state and has the most welcoming policy environment. In contrast, the policy environment in other states is at times antagonistic to GI programing, limiting or altogether preventing GI programs. These findings help orient to where GI is likely to gain traction as a welcome policy approach.

Many GI programs are designed for specific populations, including people experiencing homelessness, those returning to community from prison, foster youth, and those affected by severe weather events. This suggests that GI is being used to fill gaps in the existing social welfare safety net. The "people-based" criteria used for eligibility mentioned above are less traditional than most federal and state welfare programming, indicating that GI programming takes a broader approach to poverty alleviation.

Nesting GI within other welfare supports is practical for program administration and participants—as many programs within city and county governments highlight. However, when GI is treated as countable income, participants may face a "benefits cliff" due to the sudden loss or reduction in other supports. Very few programs were found to guarantee that participation in their GI program would not make them ineligible to receive other traditional welfare.

Finally, we found that private dollars are most frequently used to support GI programs, and that nonprofits are the most frequent program administrators. Currently, GI programs largely operate outside of existing welfare and government structures. Through MGI and the growing number of municipal governments involved in program administration, GI programming could feasibly join other large scale government welfare programs in the future. Indeed, policy change is a major evaluation thrust for many GI programs.

Learn from current and recent GI programs, including their limitations

Policymakers interested in the alleviation of poverty can learn much from the implementation and impact of current and recent GI programs across the US. These programs are typically flexibly designed to address poverty and its consequences for a wide range of populations, often narrowly defined. Examples of these include people returning to community from prison in a specific county, pregnant Black individuals in a city, senior residents living in a gentrifying neighborhood, or those facing housing challenges following an environmental disaster. The wide array of motivations for providing cash assistance to niche populations in need suggests that GI is a desirable solution for a myriad of problems faced by many different vulnerable populations.

We caution that many GI programs, which typically last one to two years, are unlikely to show significant impacts on quantitative measures. Monthly stipends in the range of $450–$500—given to people facing significant financial needs in the context of layered social and economic disadvantage—cannot be expected to cover living expenses, much less basic needs such as food, healthcare, and debt. Even two years of payments may not be enough to achieve the changes needed to sustain the benefits of receiving GI beyond the duration of a given program. Longer-term studies on programs with greater stipends can help identify thresholds of impact—but to achieve those ambitions, major philanthropy or public funding providers will likely first need to see the initial promise from this diverse array of pilot programs.

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About the Center

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