

Pre-Analysis Plan
The Impact of Cash Transfers for Rapid Rehousing Clients

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I. Introduction

More than half a million individuals in the U.S. are homeless at a point in time (HUD, 2022). Rapid Re-Housing (RRH) programs are an increasingly common policy response designed to help people transition from homelessness to stable housing. These programs offer a combination of temporary benefits that typically last between 6 and 24 months, such as housing identification assistance, rental subsidies, and case management. Despite these benefits, 28% of individuals return to homelessness within a year after exiting RRH (Walton et al, 2018). Anecdotal evidence suggests that a primary reason many return to homelessness is they still do not have a sufficiently stable income stream when the rental subsidies expire. We explore one possible way to bridge the gap: offering cash transfers to participants the year after exiting RRH. We quantify the impact of cash transfers through a randomized controlled trial (RCT), randomly offering monthly payments totaling approximately \$13,000-\$16,000 over 12 months. Our target sample is 990 individuals exiting RRH across five counties in the San Francisco Bay area. Using administrative data, we will measure the impact of cash transfers on homelessness, housing stability, financial security and other outcomes one and two years after enrollment.

II. Evaluation Design

Implementation Partner

Our research partner, Abode Services, is a nationally recognized leader in housing and has deep experience with the target population. Abode has already allocated significant resources toward designing and implementing the program, such as through interviews with RRH participants about barriers to economic mobility, equality, and well-being long-term. These learnings are incorporated directly into the design of payments, like a payment covering at least 50 percent of rent costs, larger payments for families, and payments that are larger at the beginning. Abode has a proven track record of collaborating and co-creating with researchers. In 2015, Abode implemented a pay-for-success RCT that examined the impact of permanent supportive housing (Raven, Niedzwiecki, & Kushel, 2020). Consequently, Abode has a deep awareness of the challenges associated with RCTs, including the need for resources, recruiting study participants, obtaining consent, informing participants about lottery outcomes, and managing the data requirements for the study. Abode's body of knowledge is critical to the success of the intervention.

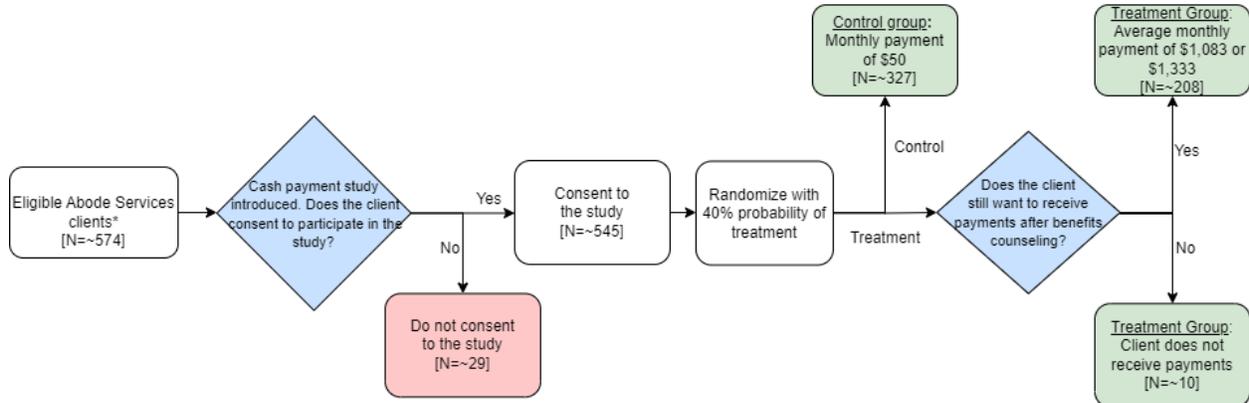
Eligibility

Any head of household successfully exiting Abode Services' RRH programs during the study period who is over 18 and is not already enrolled in another cash transfer pilot program will be eligible.

Enrollment

Beginning in Spring 2024, clients who exit Abode Services' RRH programs will have the option to participate in a cash transfer program. Figure 1 lays out the enrollment process. Because clients meet regularly with their case manager while receiving RRH rent subsidies, the Program and Enrollment Coordinator will work with case managers to set up an enrollment meeting with Abode clients prior to exit from RRH. 2-3 months before RRH exit, case managers will ask their clients if they are interested in participating in a program that provides monthly cash payments of \$50 or more for one year. If the client indicates interest, the case manager will refer them to the Program and Enrollment Coordinator. The Program and Enrollment Coordinator will determine eligibility for the program via a phone screening with the client by verifying that the client is not currently participating in any other cash assistance programs. We implement study enrollment at the end of the period during which clients receive benefits because we do not want the receipt of unconditional transfers to affect the duration of RRH benefits. Cash transfer program participants will also be invited at this time to enroll in the study by signing the Consent form and filling out a baseline survey. While consent is not required to participate in the cash transfer program, participants who consent will be awarded \$100 as a thank you for their participation in research.

Figure 1: Enrollment Process



* Client must be exiting RRH in the next month, not currently enrolled in another cash transfer study, and willing to participate in a cash transfer program

The Program and Enrollment Coordinator will introduce the unconditional cash transfer program and describe how the value of the payments will be determined by a lottery. Potential participants will be asked to consent to receive cash payments of an amount determined by a lottery. Those who consent to participate in the cash payment program will be asked to be part of the study and allow the research team access to their information through a variety of administrative data sources. As an incentive to participate in research, clients consenting to the study will receive an additional \$100 added to their first payment through the program. Individuals can still receive payments even if they do not want to be part of the study and share data (Figure 1, Box B); they will be randomized into the same cash transfer options as those in the study, but will not be part of the

study. This avoids concerns about the offer of payments being viewed as coercion to participate in the study. Those who consent to the study will complete a short intake survey in Qualtrics. Our aim is to enroll 545 households (Figure 1, Box A). We anticipate enrolling individuals until 574 eligible clients have exited RRH in order to enroll 545 households, assuming a 95 percent consent rate for the study. Given that approximately 500-600 clients exit Abode’s RRH program each year, we expect this enrollment process will take approximately one year. The 95 percent consent rate is based on a 90 percent actual consent rate from a study with a similar structure but no enrollment incentive (Bartik et al., 2020). We expect the enrollment incentive to increase the rate of consent. Those participating in the lottery will have a 40 percent chance of being assigned to the treatment group. We will stratify the randomization by household type (single/adults-only vs. family) given that families in the treatment group will receive larger amounts, and we will also stratify by county of residence.

During the client’s meeting with the Program and Enrollment Coordinator, the participant will be informed of their monthly payment amounts (either the full payments, as laid out in Table 1, if in the treatment group, or \$50 per month for one year if in the control group), and the potential impact of the cash transfers on eligibility for federal, state, and local means-tested programs for which a waiver is not available.¹ Participants will be informed that they can opt out of receipt of cash payments or the study at any time. Finally, the Enrollment Coordinator will set up a bank account for the participant, and the participant will receive a debit card to access program funds through the bank account 7-10 business days later. The first payment will be deposited in the bank account the following month after the enrollment meeting.

Intervention

The intervention will provide monthly payments for one year ranging from \$800 to \$2,000, with families receiving the higher amount. These payments are roughly comparable to the average payment made by Abode’s RRH programs (\$1,400) and will on average cover one-half to two-thirds of monthly rent (\$2,100). They are also comparable to other recently launched large-scale cash transfer studies (e.g., Bartik et al., 2020). Motivated by feedback from prior Abode RRH clients, the payments will be larger in the first four months to help with bigger expenses such as car repairs and to provide greater support to individuals at the beginning of their transition out of RRH. Table 1 shows the payment schedule.

Table 1: Cash Transfer Payment Schedule

	Months 1-4	Months 5-12
Singles / Adults Only	\$1,650	\$800
Families with Dependents	\$2,000	\$1,000

¹For many means-tested transfer programs, waivers are available so that the cash payments do not affect the value of their benefits. However, waivers are not typically possible for some programs such as Supplemental Security Income (SSI). Participants will be advised on how the cash transfers will affect eligibility for these programs.

Research Questions

We will study the effect of unconditional cash transfers for those exiting RRH on key outcomes. Our primary research question is: Do unconditional cash transfers reduce returns to homelessness for those exiting RRH? In addition, we will examine two related research questions: 1) Do unconditional cash transfers increase housing stability (as measured by number of moves) for those exiting RRH, and 2) Do unconditional cash transfers improve financial well-being (as measured by indebtedness and other indicators from credit report data).

Power Calculations

We will be powered to detect an 8.87 percentage point (31.6 percent) decrease in the probability of becoming homeless 12 months after exit from RRH, assuming an untreated mean of 28 percent. Given the nature of the intervention, we expect take-up to be very high. One group which may not want to participate in the study is those receiving SSI benefits, because the study transfer payments may compromise their SSI eligibility. Since about 4 percent of Abode's RRH clients receive SSI benefits, we conservatively assume that all SSI recipients in the treatment group will decline to take up the cash transfers (Figure 1 Box E), resulting in a 96 percent take-up rate.

III. Key Data Sources

The following section summarizes the planned primary data sources for this project. Notably, securing access to these data sources is complete, except for one of the five Homeless Management Information System (HMIS) administrators in counties where the study will be conducted. We expect, however, to secure this final data source soon.

A. Homeless Management Information System

We plan to measure the impact of the cash transfers on participants' homelessness status. The Homeless Management Information System (HMIS) collects client-level data from all publicly contracted homeless service providers in the Bay Area. HMIS allows us to observe date-specific service outcomes for both treatment and control group participants, like entry into emergency shelters or transitional housing. HMIS ID, name, SSN, date of birth, and other characteristics will be used to link records together. Abode Services will leverage their existing relationships with county-level HMIS administrators to access this data.

B. Infutor Data Solutions

We plan to use data from Infutor to measure the effect of cash transfers on housing stability. Infutor contains data on address histories of individuals in the United States allowing us to quantify housing stability via address changes. LEO currently holds the Infutor data and regularly receives data updates.

C. Experian

We plan to measure the impact of cash transfers on participants' credit score and use of credit using data from Experian. LEO currently holds the Experian data and regularly receives data updates which we will use to link records in this study with Experian's credit data.

IV. Outcome Domains

Primary Outcome

A. Homelessness

1. Primary Measure: Any use of homelessness services within 12 and 24 months as recorded in HMIS, measured using an indicator variable.
2. Alternative Measures:
 - a) HMIS: use of emergency shelter and/or street outreach

Secondary Outcomes

A. Housing Stability

3. Primary Measure: An indicator for any address move in Infutor within 12 and 24 months.
4. Alternative Measures:
 - a) Infutor: address moves to lower socioeconomic status neighborhoods, former address ending, new address beginning, neighborhood characteristics of most recent address

B. Financial Wellbeing

1. Primary Measure: Change in credit score, measured using an indicator for whether a participant's credit score increased within 12 and 24 months since random assignment as recorded in Experian.
2. Alternative Measures:
 - a) Experian: credit score, credit score decrease, account balance, delinquent accounts, collections, debt, credit inquiries

V. Subgroup Analysis

The research team is interested in determining whether the intervention is more effective for certain subgroups of those who exit RRH. The following are areas of interest for exploratory analysis of subgroups:

A. *Family Status*

1. Family = one or more dependents; single = no dependents

B. *Gender*

1. Female = Self-identified as female; Male = Self-identified as male

C. *Race/Ethnicity*

1. Hispanic = Self-identified as Hispanic or Latino; Other = everyone else

2. White, non-Hispanic = Self-identified as White and Non-Hispanic or Non-Latino; Other = everyone else

VI. Data Analysis

A. Estimates

We will estimate intent-to-treat (ITT) effects by OLS using the following regression:

$$Y_i = \alpha_0 + T_i\beta_0 + X_i\gamma_0 + \epsilon_i$$

Y_i is the outcome. T_i is an intent-to-treat dummy indicating the random assignment of person i . In the case of non-compliance, T_i takes on the value of the original random assignment. The vector X_i includes a set of person-level characteristics collected at baseline, and ϵ_i is an error term. The coefficient on the treatment dummy β_0 will give us the difference in means between the treatment and comparison groups, the estimated impact of the program. The full estimation sample will include about 445 individuals in the treatment group and 445 individuals in the control group.

B. Covariates

We plan to include the following covariates in our regressions:

1. Value of dependent variable at baseline, if applicable
2. Age and age-squared at time of enrollment
3. Gender (1 = female, 0 otherwise)
4. Indicators for randomization strata (family status and county of residence)
5. Set of mutually exclusive variables for race/ethnicity

C. Standard Errors

We will use heteroskedasticity-robust standard errors, clustered at by stratum (i.e. by family status). We also intend to consider complementary alternatives such as adjusting clustered standard errors for finite-sample bias, bootstrapping procedures, and randomization inference.

D. Multiple Hypothesis Testing

The research team has limited their primary outcome to an indicator for homelessness. The other outcomes are considered exploratory. Therefore, we will report classic p-values both for these outcomes and for our exploratory outcomes.

VII. References

Bartik, A., Broockman, D., Miller, S., Rhodes, E., & Vivalt, E. (2020, January). OpenResearch Basic Income Project Proposal.

Raven, MC, Niedzwiecki, MJ, Kushel, M. "A randomized trial of permanent supportive housing for

chronically homeless persons with high use of publicly funded services.” *Health Serv Res.* 2020; 55: 797– 806. <https://doi.org/10.1111/1475-6773.13553>

Walton, D., Wood, M., Rodriguez, J., Khadduri, J., Gubits, D., Dunton, L., and Shinn, M., (2018). “Understanding Rapid Re-housing: Supplemental Analysis of Data from the Family Options Study.” US Department of Housing and Urban Development, Office of Policy Development and Research.

U.S. Housing and Urban Development (HUD, 2022), *2021 AHAR: Part 1 - PIT estimates of homelessness in the U.S.* HUD Exchange.

<https://www.hudexchange.info/resource/6573/2021-ahar-part-1--pit-estimates-of-homelessness-in-the-us/>