Fighting Poverty One Family at a Time: Experimental Evidence from an Intervention with Holistic, Individualized, Wrap-Around Services

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Abstract

Current approaches to fighting poverty tend to address the symptoms rather than the causes of poverty and hence are limited in their ability to provide permanent solutions. This paper examines the effect of a holistic, individualized wrap around service intervention called Padua on outcomes for low-income families. The intervention includes a detailed assessment, an individualized service plan, intensive case management administered by a two-person team with small caseloads, and temporary financial assistance used to overcome obstacles to self-sufficiency and incentivize behavior. We evaluate the intervention through a randomized controlled trial. We recruited participants who were seeking assistance from a local social service provider. The control group received the services that they requested when they contacted the provider. Results indicate that two-years after enrollment the intervention leads to substantial increases in both work and earnings, although the effect on earnings is statistically insignificant. The customized nature of the services that Padua provides suggests that effects for the full sample might mask heterogeneity in program impacts. We find large and statistically significant improvements in earnings and employment for those not employed at baseline and those who are stably housed at baseline. For the latter group we also find a large and statistically significant decline in receipt of government benefits.

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I. Introduction

The Federal government directs the bulk of its spending on anti-poverty efforts to social safety net programs such as SNAP, WIC, TANF, Medicaid, HUD Housing Choice Vouchers, Supplemental Security Income and Disability Insurance. Together, these programs accounted for $670 billion in federal spending in Fiscal Year 2017 alone.[1] Two defining characteristics of these programs are that they tend to treat the symptoms of poverty rather than the root causes and they tend to be unidimensional.[2] These programs typically help families cope with presenting needs, such as insufficient resources for food and shelter or lack of access to quality healthcare, rather than to address the underlying reasons that families face these challenges in the first place, such as low human capital or physical, social, or emotional barriers to self-sufficiency.

The unidimensional aspect of the programs means that any one program may be limited in its ability to lift families out of poverty, because not everyone experiences the same root causes of poverty. A subsidized housing program, for example, may not impact earnings much for a person who needs employment training in order to maintain a steady income. For many, there are multiple causes of poverty and hence attacking a single etiology may have limited success or require that the family weave together a long list of programs for them to change their current economic footing.

Consider the following hypothetical, but all too familiar example. A single mother of three young children lives in a Southern city. Her oldest was born during her senior year of high school and the mother quit school without a degree. Her sole source of income is TANF. She can potentially work but she only has access to an unreliable automobile and like many Southern cities, she lives in a neighborhood underserved by the public transportation system. In order for this mother to be able to work her way out of poverty, she must acquire more marketable skills, secure reliable transportation, and find affordable childcare. This mother's problem becomes more complicated if she has limited English proficiency, if she has a medical disability, must care for an infirmed parent or child with high medical needs, etc. Although the collection of programs above may be able to lead this family out of poverty, the fragmented nature of the programs means that the mother will need to navigate a complex benefit system and juggle a mix of programs and eligibility requirements while trying to improve her family's situation. While this hypothetical is meant to be illustrative, it also has substantial empirical backing. In the National Survey of America's Families, Loprest and Zedlewski (2006) identified eight barriers to work among current welfare recipients: low skill, lack of

[1] FY2017 spending on SNAP, WIC, TANF, Medicaid, HUD Housing Choice Vouchers, Supplemental Security Income and Disability Insurance as reported by the U.S. Department of Agriculture (2019), Social Security Administration (2017), Office of Family Assistance (2017), Centers for Medicare and Medicaid Services (2019) and the Center on Budget and Policy Priorities (2019).

[2] The program may have spillover benefits that improves outcomes in other areas. For example, receiving Medicaid not only smooths consumption when medical shocks occur but it may also allow a person to treat a condition that hampers work. Despite these additional benefits, in general, these antipoverty efforts tend to have a single focus.

transportation, poor mental or physical health, low work experience, presence of a young child, a child on SSI, and language barriers. Only 20 percent had no barriers to work, while 29 percent had one barrier, 29 percent had two, and 22 percent had three or more. In a survey of long-term welfare recipients, Taylor and Barusch (2004) found 57 percent had two to four barriers to work and 23 percent have five to eight.

A person interested in charting a course out of poverty for their family faces many challenges along the way. Mullainathan and Shafir (2013) argue individuals in poor financial situation have reduced bandwidth to deal with some longer-term issues than others. Someone worried about how to feed their family this evening or where they will be living next week are not in a position to think about longer-term investments that need to be made to move them on a path to self-sufficiency. Experimental work by Mani et al. (2013) demonstrates that poverty impedes cognitive function, especially in dealing with more complicated financial problems, indicating that decision-making during this time may be impaired as well. Even after a well thought-out plan is devised, there are many obstacles to success. The poor and near-poor are often one setback away from crisis and deep hardship. Barr and Blank (2011) note that "low-income families lack access to many of the basic financial services middle-class families take for granted and are particularly susceptible to financial emergencies, unemployment, loss of a home, and uninsured medical problems." Bertrand et al. (2004) describe this aspect of poverty in terms of having "narrow margins for error."

The unidimensional nature and one-size-fits-all approach of social safety net programs have spurred interest in alternative approaches from both policymakers and service providers. Both the House Budget Committee and the Obama Administration put forth plans in 2014 to reconsider the way we fight poverty in America, and think tanks have called for bipartisan support for innovative approaches to anti-poverty programs and rigorous evaluation to demonstrate effectiveness (Kling, 2014; Kearney and Harris, 2014). Private foundations are increasingly supportive of a more comprehensive approach to addressing poverty,[3] and service providers have seen from their own experiences that the current social safety net system is not a solution for many families (Snyder, 2010).

In this paper, we examine the effect of a new social service delivery model intended to reduce poverty. This intervention, Padua, was designed and implemented by Catholic Charities Fort Worth and is explicitly constructed to help families recognize and overcome the unique assortment of barriers they face and permanently lift themselves out of poverty.[4] This holistic, individualized wrap-around intervention

[3] For example, the Annie E. Casey Foundation has a Center for Working Families that is premised on the idea that a job is not enough; this initiative, which operates in 26 states, connects "low-income individuals to public benefits, tax credits and job training, while also providing financial coaching and education to help families budget for household needs and plan for the future" (Annie E. Casey Foundation, 2015).

[4] The formal name of the program is the Padua™ Pilot. For brevity, we refer to the program throughout the paper as simply Padua.

admittedly requires substantial time and resources. Initially, the family completes a detailed assessment that identifies a family's strengths, goals and any obstacles they face. The family then works with their case management team to devise a service plan that maps out the family's journey to success. The service plan recognizes that families face multiple and interrelated obstacles to financial security and is meant to be a tool that helps families prioritize and then methodically tackle issues and achieve goals. The plan is individualized to the particular client and holistic in that it considers many different aspects of the client's life. A two-person case management team supports clients with services and referrals needed to make progress on the service plan. The services provided encompass a variety of interventions from job training to housing assistance to immigration assistance to budgeting and financial literacy to coaching for overall well-being. Where case management teams cannot provide assistance directly, they coordinate access to outside programs and services. To provide sufficient time to work with clients, case management teams carry atypically small caseloads. Finally, clients have access to flexible financial assistance to help reduce liquidity issues that threaten their success. Despite the intuitive appeal of holistic, individualized wrap-around services, it does have limitations. Given the small caseloads, extensive service plans, and financial assistance, Padua is an expensive intervention and must alter outcomes greatly in order to be cost effective.

Many of the components of Padua have been used in other contexts. For example, service plans and case management have been used for patients with severe mental illness (Dieterich et al., 2011; Burns et al., 2007), assisting the chronically homeless (Nelson, Aubry, and Lafrance, 2007; Goering et al., 2011; de Vet et al., 2013), for prisoner reentry (Wohl et al., 2011; McDonald and Arlinghaus, 2014; Cook et al., 2015), as an alternative to jail for the mentally ill (Loveland and Boyle, 2007), for children with severe emotional disorders (Bruns et al., 2015), for difficult to house families (Popkin et al., 2008), in poverty-to-work programs (Riccio, 2010), and in treating people with alcohol dependency (Thornquist et al., 2002). Still more interventions have paired financial assistance with case management such as interventions that help people move to better neighborhoods (Katz, Kling and Liebman, 2001; Ludwig et al., 2013; Bergman et al., 2019), succeed in community college (Evans et at., 2017; Weiss et al., 2019), or secure permanent supportive housing (Gulcur et al., 2003; Tsemberis et al., 2004; Aubry et al., 2015; Stergiopoulos et al., 2015; Basu et al., 2012; Rosenheck et al., 2003). In all these examples, the services provided are very specific (e.g., medical, housing or educational) and hence not wrap-around, and do not directly target labor market outcomes.

Padua is similar in concept to a few interventions such as Building Nebraska Families (Meckstroth et al., 2008), New Hope Program in Milwaukee (Duncan et al., 2008; Miller et al., 2008), Year Up (Fein and Hamadyk, 2018), and the Enhanced Transitional Jobs Demonstration (Barden et al., 2018). As we outline below, all of these programs rely to some degree on intensive case management and all are designed to improve employment prospects. Padua differs from them in that it relies on a case management team that

focuses on a broader set of outcomes, provides more intensive services, and works with clients over longer periods of time, in some cases 3–5 years.

To determine the impact of this intervention, we implemented a randomized controlled trial evaluation that enrolled 427 participants over the course of two years from spring 2015 through fall 2016. Outcomes for study participants were then collected through one- and two-year, in-person, follow-up surveys. Our results indicate that Padua leads to improved labor market outcomes. We see substantial increases in both work and earnings, although the effect on earnings is not precisely estimated. The intervention increased full-time employment by 25 percent, and this sizable effect is evident two years after initial enrollment. We also find that the intervention leads to improved self-reported health. There is less encouraging evidence for the effect of the intervention on outcomes such as savings and borrowing or, for the full sample, on receipt of government benefits.

Given the customized nature of the services that Padua provides, the program is likely to have very different effects for different subgroups. Consequently, program effects, or the lack thereof, for the full sample might mask important effects for subgroups. For example, for participants who, at enrollment, faced acute challenges, such as homelessness or a health shock, case managers prioritized services that addressed those specific challenges. For these participants, the intervention is not designed to improve labor market outcomes in the short run. Rather, the goal of the program for such groups is to stabilize their circumstances first, before working on moving to self-sufficiency.

Analyses of subgroups indicate that the intervention is particularly effective at improving labor market outcomes for two groups. For those that are not working at baseline, the program raises employment and earnings substantially. For this group, the program is estimated to increase the probability of working full time by 67 percent, the chance of working by 26 percent and monthly earnings by 46 percent. All of these results are statistically significant. In contrast, the program was less successful after two years at moving earnings for those already working. Our reading of the situation is that those working are experiencing low earnings because they have low job skills and the intervention is less likely to alter human capital and hence earnings in a two-year period.

A second group whose labor market outcomes benefit tremendously from the program are those that are stably housed at the time of entrance into the program. As we document below, given the nature of our recruitment process, families enter the program in very precarious financial situations. That said, some families are in more stable environments than others. Given the nature of the intervention, an unstably housed family such as those experiencing homelessness or living doubled-up, must first work on stabilizing their housing situation before they can focus on job skills or improving employment prospects. In contrast, those under-employed but living in a relatively safe neighborhood in a suitable house or apartment can begin to work on improving labor market outcomes right away. For those in an unstable housing situation,

after two years we see no statistically significant change in earnings but a massive 64 percent increase in housing stability. Conversely, those stably housed at assignment experience a 34 percent increase in earnings, which is a staggering change, and a 19 percent reduction in receipt of government support.

II. The Intervention

Padua is a holistic, individualized, wrap-around service program designed by Catholic Charities Fort Worth (CCFW), a large urban service provider that, as of 2019, serves more than 50,000 unduplicated clients annually.[5] Padua targets those who, with assistance, currently have the potential to be self-sufficient. As a result, the program focuses on families that have at least one working age adult who is able and willing to work. The program is not designed to serve those with severe mental illness, substance abuse problems, or other disabilities that would prevent them from working or make it likely that they would need permanent public assistance. The program is designed to promote self-sufficiency by focusing on key goals, referred to as "out-of-poverty benchmarks" by CCFW, including: (1) achieving a living wage appropriate for their family size, (2) reducing participation in transfer programs, (3) decreasing debt and (4) individualized targeted savings goals. Despite these common goals, the program recognizes that all families have different sets of strengths and challenges. As a result, each client's short- and medium-term goals are individualized and tailored to their particular situation.

Padua has five key features:

1. Detailed Assessment. Immediately following enrollment, case managers engage in a lengthy and detailed assessment designed to uncover not only the participant's goals but their skills and barriers to success, what the program calls "assets". Case managers used a set of standardized tools to collect and record information about participants' assets across twelve domains: Education and skills, emotional well-being, faith, finances, health, hope, language and communication, legal obstacles, physical well-being, relationships, social skills and support skills. Information on each asset was recorded in a 'self-sufficiency matrix' that allowed case managers to assign each asset a number on a five-point scale from 1 ("In Crisis") to 5 ("Thriving").[6] See Appendix A for the self-sufficiency matrix. The assessment entailed five to seven 60-90 minute in-person meetings including home visits and various skills inventories. Case managers aimed to complete the assessment within 45 days of commencing services. Case managers approached

[5] The description of Padua provided in this section is based on information provided by CCFW as well as from a 2017 report by Marci Ybarra, Professor at the University of Chicago, titled "Padua Year 1 Treatment Model".
[6] The values of the scale were as follows: 1 – "In Crisis"; 2 – "Vulnerable"; 3- "Stable"; 4 – "Safe"; 5 – "Thriving".

topics in the same order with each new client. Case management teams were trained to use a narrative approach to engage clients in conversation during the assessment, rather than asking a series of questions.

2. Service Plan. Based on this assessment, case management teams begin working with participants to develop a clear and supported plan for obtaining self-sufficiency for each client. Padua was designed as a 'strengths-based' intervention that emphasizes the client's role in determining their own path, so the service planning process is purposely collaborative and driven by the client's strengths and preferences. This collaborative and client-led process is meant to produce a service plan in which the client is highly invested.

Case management teams worked with their clients to set strength-based goals. Each goal was then broken down into a series of action steps that a client could take towards achieving that goal. Clients were encouraged to complete an action step at least once every three weeks. The composition of client goals was very diverse. For example, families that enter Padua with unstable or unsafe housing may choose to prioritize improving their housing situation first, while others might focus on improving job skills or finding quality and affordable child care that would allow them to work more hours.

Clients were encouraged to choose goals that would help them make progress against the benchmarks that CCFW established for each asset. Service plans were frequently revisited and revised as clients achieved their goals and set new ones. Though certainly not a rule, clients tended to set short-term goals first, to focus on immediate needs and areas that had been judged "in crisis." Building stability in these areas sets the stage for clients to accomplish longer-term education and career goals.

3. Case Management Teams and Small Caseloads. Each Padua participant is assigned to a two-person case management team, composed of a case manager and a case worker, that implements the customized service plan and works closely with the client throughout their path towards self-sufficiency. Case managers are required to have a master's degree, while case workers must have a bachelor's degree. Case managers and case workers always work in tandem and share the same set of clients. A program manager oversees the intervention and provides support to all case management teams. Case management teams receive extensive training not only when they are hired but throughout their tenure at CCFW.

The detailed assessment and the case management are time-consuming activities that necessitate small caseloads. Caseloads typically range from 18–24 clients per team, considerably lower than that of the typical program that offers case management services. Half of the teams are bilingual and can serve Spanish speaking clients.

Given the detailed nature of the assessment and the likely scenario that they will have to discuss some of the most intimate details of a client's life, the program can only work if there is a high degree of trust between the client and the case management teams. This trust can be disrupted by turnover rates among social workers. The team model promotes long-term client engagement, because when one of the team

members leaves the position, the relationship is not completely severed. This is an important feature of an intervention that relies heavily on the relationship between client and case management team.

4. Case Management. The case management team works closely with the client to work through their service plan. The case management component of this intervention is considerably more intensive than other similarly-named programs and is designed to be a 'strengths-based' approach that empowers clients to take an active role in service planning. The case management team works to build trust with their clients so that the client feels comfortable seeking advice on personal issues that affect progress towards their goals. Case management activities include personal coaching and mentoring, provision of CCFW services, referrals to a broad network of external services, and regular evaluation of progress.

After the assessment and initial service planning period, clients meet at least bi-weekly with their case management team and are expected to have reciprocal weekly contact with their team. Meetings involve reviewing action steps, setting new goals and discussing emergent issues in the clients' lives. Clients also begin receiving financial coaching clients are encouraged to pay off credit card debt or payday loans and/or start a saving plan. As clients have potentially experienced a number of shocks to their finances, health, work and family life, etc., a key component of case management is preparing clients both mentally and emotionally for the tasks ahead. The case management teams often talk about a two-stage process for many families where teams try to stabilize the household first before they begin the process of acquiring skills or looking for work. For example, for families experiencing homelessness or living doubled up, case management teams prioritize acquisition of stable housing. This is similar in spirit to housing first strategies[7] for the homeless where that the model is predicated on the belief that people need basic necessities such as food and shelter before they can begin to address other more global problems. As clients are at very different emotional and mental stages when they enter the program, the speed of progress will also vary considerably across families.

The regular engagement in problem-solving, goal-setting and actively re-evaluating and comparing multiple priorities and goals is designed to improve executive function, confidence and decision-making abilities. For instance, clients are prompted to regularly revisit their service plan by considering a series of questions with their case management teams: What do I need to accomplish by my next session? How does that move me toward my big picture? What do I need to make it happen? What might get in my way? What do I need to do to avoid those barriers? Why is now the right time for this change?

The case management team is supported by additional resources from within CCFW to provide solutions in the areas of employment, education, transportation, and housing. Resource specialists in each

[7] Descriptions of the housing first model can be found at the web pages of the National Alliance to End Homelessness (https://endhomelessness.org/resource/housing-first/) and HUD (https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf).

area provide the case management team with contacts and the resources for clients to work on their goals in that area. For instance, an employment specialist helps clients connect with specific jobs or provide mock interviewing and resume writing assistance. Education specialists help identify scholarship funding and help plan out logistics related to the application process. Finally, transportation and housing specialists may work in tandem to ensure clients can get to interviews and jobs on time.

Case management teams are also coached on using standardized tools for session content to help guide service planning, including workbooks that focus on financial coaching and keeping client conversations focused on solutions, empowerment and client-led planning. They received regular in-house training sessions on mental health, legal issues, trauma-informed client engagement and cognitive behavioral therapy, among other topics.

5. Flexible Financial Resources: Financial assistance is made available on a case-by-case basis to address potential obstacles that, if left unaddressed, may derail a client's path out of poverty. Financial assistance can be used to fix a family's only car, pay for a security deposit on a new apartment in a safer neighborhood, or pay for the first month of day-care service. In many cases, case management teams use financial assistance as an incentive. For example, case managers might match savings for a new car, pay for the third month of day care if a client keeps a job for two months, or cover the security deposit for an apartment conditional on "paying the money back" monthly into a personal savings account.

How Padua Operates in Practice

To illustrate how Padua works, CCFW provided us with a number of detailed vignettes of actual interactions between the case management team and the clients. While these stories are based on actual case manager/client interactions, we have changed names and slightly altered details to protect the identity of the clients. The first two examples demonstrate how Padua promotes success in the labor market. J was working in law enforcement, but a workplace injury placed him on workers' compensation for two years. His benefits were expiring and his rehabilitation was unsuccessful at getting him to the point where he could return to his previous occupation. Working with his case management team, they identified commercial driving as an occupation J would both enjoy and could work in with his injuries. While he worked part time as a security guard, J enrolled in a six-week training course to obtain a commercial driver's license. The Texas Workforce Commission funded his schooling and Padua provided assistance for J to help him financially while he was in school and searching for work. J is now working full-time as a commercial driver in a job that frequently offers over-time hours.

When K first joined Padua, she was a stay-at-home mom and her undocumented husband worked as a cook in area restaurants. They struggled to make ends meet as her husband was poorly paid. K's goal was to work to help the family financially, but she did not have a college degree and her earning potential was

limited. K had started at a local community college but never graduated and used up all the education subsidies available to her so she could not afford school. Her previous experience in college generated a lack of confidence that stood in the way of her acquiring more skill. Her case management team worked with her extensively to get her to a point where she was ready for training and employment. During that time, the case management team at times provided financial assistance to help with rent and expenses, always with a plan in place as to how these expenses were to be paid the next month. An education specialist working for CCFW helped K enroll in a medical assistant program and prepared K to apply. The case management team arranged for a local charity to pay for K's tuition, and Padua paid for school supplies. K graduated with a medical assistant's degree and is working in a job she finds rewarding. The household's earnings now place them well above the poverty line for their family.

For many, the goal is to obtain a more stable housing situation. When M first enrolled in Padua, his son had just had a health crisis that required emergency surgery that devastated the family financially. Because of these expenses, they could not pay their rent and were evicted. They found a temporary residence with family but this was a 90-minute commute from M's job. M was stressed, overwhelmed, frustrated, and near hopeless. The case management team helped M create a budget to save resources to settle his outstanding debts. Using these savings and some financial assistance from Padua, a CCFW Housing Specialist helped M though the process of having his landlord dismiss his previous eviction. This allowed M to obtain a lease on an apartment much closer to his work and stabilize his housing situation. M now has a lease in his name and the case management team continues to work with M on his family's budget. In Appendix B we share two additional vignettes that demonstrate other unique aspects of how Padua works.

These stories have some common elements. First, the case management teams take the client's goals as given and strive to devise a plan that supports these goals while building strategies for addressing the key barriers. Second, the families in Padua face many challenges that are complicated and often need to be solved in a sequenced order. For example, case managers will work to get homeless individuals and families stably housed before focusing on improving labor market outcomes. Third, the situations are very diverse so the solutions are equally diverse. Finally, the case management teams frequently use the financial assistance component as a way of incentivizing behavior.

III. Comparison to Similar Interventions

There have been a small set of interventions that contain many of the elements of Padua. We discuss four such programs that, like Padua, were designed to move individuals from no or low-wage employment into living-wage employment and were evaluated by an RCT. Appendix C documents program characteristics and experimental impacts of these programs to facilitate a comparison with Padua.

The first two programs were anti-poverty programs targeted to low-income workers. Building Nebraska Families (BNF) (Meckstroth et al., 2008) was a welfare-to-work program that provided individualized education, life skills and service coordination to hard-to-employ TANF recipients. The program was home-based with small caseloads of 12 to 18 clients per caseworker. Clients met their case workers two to three times a month for eight months. Unlike Padua, the BNF case managers were characterized more as educators than coaches or mentors. Also, BNF did not provide flexible temporary financial assistance. The New Hope Program in Milwaukee (Duncan et al., 2008; Miller et al., 2008) provided a large earnings supplement to participants working more than 30 hours per week. While there was some individual-level coaching and counseling, this was not a focus of the program. In contrast to the one-on-one service delivery of Padua, many sessions were in small groups, and 25 percent of the time was spent processing benefits. The New Hope Program had substantially larger caseloads (75 clients, as compared to 18 to 24 for Padua), and it did not offer flexible temporary financial assistance to address negative economic shocks that might have prevented full-time employment.

More recent workforce programs have enhanced traditional job training or subsidized employment interventions with case management and flexible financial assistance. First, Year Up partners with local community college partners to provide intense professional and technical skills training to youth with high school diplomas (Fein and Hamadyk, 2018). In lieu of flexible financial assistance, students receive a substantial weekly stipend making the program relatively expensive (about $28,000 per student during the year). Additionally, the program targets a much narrower population than Padua, restricting the program to a young population (aged 18–24) that have been selected for high levels of motivation and their ability to manage life's challenges. Finally, the Enhanced Transitional Jobs Demonstration evaluated a set of subsidized employment programs that also provided some set of case management, supportive services, and flexible financial assistance (Barden et al., 2018). The enhanced services participants received varied by program site, and not all participants received access to an individual case manager that provided consistent mentoring or flexible financial assistance. Importantly, the target population was more narrowly defined than Padua – recently released prisoners or non-custodial parents with an outstanding child support payment.

IV. The Experimental Evaluation

We implemented a randomized controlled trial (RCT) evaluation to measure the impact of Padua on short- and intermediate-term outcomes measured 12 and 24 months after enrollment into the study. We recruited participants from CCFW clients who contacted the agency's central intake system seeking either emergency financial assistance for rent or utilities (82 percent of participants), immigration services (15

percent) or other programs (3 percent).[8] CCFW intake staff were trained to flag clients who met the initial eligibility criteria for Padua:

- Individual is between 18 and 55 years of age;
- Total family income is not sufficient to meet needs[9]
- Individual resides in Tarrant County, TX; and
- Individual's family includes at least one working-age adult who is willing and able to work.

These eligibility criteria were designed to target those who were most likely to benefit from the unique nature of this intervention—disadvantaged families and individuals with some capacity to work.

If, during the intake process, CCFW determined that a client met these eligibility criteria, the intake staff briefly described the program to the client and informed them that the program was being run as part of a study. They also explained that because of limited funds, enrollment would be based on a lottery, and asked whether they wanted to learn more about the program. The contact information for interested clients was forwarded to Padua staff, who contacted potential clients to discuss the program and study in more detail. Interested clients scheduled an intake interview, which typically occurred within a few days. At this follow-up interview, a CCFW program manager confirmed eligibility, reviewed the study and the intervention in detail with the client, and invited them to complete a 60-minute baseline survey. Clients who agreed to participate in the study and complete a baseline survey were then brought to a private office where they connected via phone with an interviewer from the University of Wisconsin Survey Center (UWSC), which has extensive experience conducting survey interviews such as these over the phone. Clients were consented to participate in the study and then administered the survey. The survey instrument included questions related to the demographic characteristics of the respondent and their family, income, assets, debts, employment, spending, participation in government programs, physical and emotional health, and social systems and relationships.[10] Clients were provided a $25 cash incentive for completing the baseline survey. CCFW scheduled enrollment sessions during specific weeks each month. At the conclusion of each enrollment week, the research team randomly assigned those clients who consented and completed the baseline survey to either the treatment group or the control group (see Appendix D for additional details).

Caseworkers invited those in the treatment group to begin the process of enrolling in Padua by attending an initial meeting with a case manager. CCFW provided control group participants with the services for which they came into the agency and thus, they had access to the standard services provided

[8] See Appendix Table 2 for more details.
[9] CCFW based its income eligibility cutoff on the living wage for Tarrant County as defined by MIT's Living Wage Calculator for 2015. This cutoff is roughly 185 percent of the Federal poverty line.
[10] The research team designed the survey in consultation with the UWSC. We modeled the survey after well-tested questions in large surveys including the Current Population Survey, the Panel Study of Income Dynamics, the Detroit Area Household Financial Services survey, the Women's Employment Study, and the Behavioral Risk Factor Surveillance System.

by the agency. Twenty-one of the control group clients ended up receiving financial assistance from CCFW's other programming (an average of $445 per client). Thirteen of the control group clients enrolled in another case management program at CCFW, although only four actively participated in the program. The experiment is therefore measuring the impact of this holistic, individualized wrap-around intervention relative to the usual care a client seeking assistant from a social service agency might receive.

CCFW enrolled clients into the study over the course of two years, with the first cohort enrolled from March 2015 to October 2015, and the second cohort enrolled from March 2016 to October 2016.[11] The consort diagram in Figure 1 lays out the process of how clients enrolled in the study. Approximately 11,000 individuals contacted CCFW seeking assistance during enrollment periods. Of these, about 1,517 satisfied an initial screening defined by income, age, interest and zip code. These clients were then screened on all eligibility criteria, resulting in 1,072 eligible clients. Of the 1,072 eligible, 40 percent agreed to participate in the study and of this group, we randomized 193 participants into the treatment group and 234 into the control group for a total of 427 participants.[12]

To measure the impact of the intervention on key outcomes, the UWSC conducted follow-up, in-person surveys 12 and 24 months after enrollment.[13,14] These follow-up surveys were identical to the baseline surveys, except for minor edits.[15] As a modest incentive, those that responded to the survey received $75 in cash. Response rates for the follow-up surveys were high, with 82 and 81 percent of the participants responding to the 12- and 24-month follow-up surveys, respectively, while 74 percent of participants responded to both follow-ups. Response rates did not vary in a statistically significant way across treatment; 82% of the control group and 81% of the treatment group responded to the 24-month survey; 81% and 84%, respectively, responded to the 12-month survey.

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[11] It is worth noting that this program was rolled out in the context of a fairly strong local economy. During the period of enrollment, unemployment rates in Tarrant County ranged from 3.7–4.6 percent. To understand generalizability, it would be important to test the effectiveness of this program in other macroeconomic contexts.

[12] Randomization occurred in weekly batches to ensure a steady flow of new Padua participants. To account for anticipated higher attrition for the follow-up surveys for the control group, the probability of assignment to the control group was roughly 25 percent greater than the probability of assignment to the treatment group. If there were more than two Spanish-speaking clients in a batch, we stratified randomization by preferred language (English or Spanish). See Appendix D for more details.

[13] The UWSC completes thousands of interviews each year, often using long, complex survey instruments. They have achieved consistently high response rates across all types of survey methodologies and populations. The staff have extensive experience with Computer-Assisted Personal Interviewing (CAPI) drawing from a staff of over 30-60 CAPI interviewers trained rigorously, especially in how to conduct CAPI with populations that are challenging to locate.

[14] In an extension of this project, we plan to measure additional outcomes by linking study participants to administrative data on government program participation, earnings and employment from UI records, and financial information from credit report data.

[15] Questions about static traits (e.g. race) were removed from follow-up surveys. Additionally, per the request of the provider, a series of questions on hope were added to the follow-up surveys.

Table 1 reports the baseline characteristics for the 346 study participants who responded to the 24-month survey. In the first two columns, we report means for the control and treatment groups, respectively, while in the next two columns, we report the difference in these means and the p-values on the test of the hypothesis that these means are equal, respectively. In the final three columns of the table, we use data from the 2012-2016 5-year American Community Survey (Ruggles et al., 2019) to calculate similar means for adults likely eligible for the experiment from Tarrant County, the state of Texas, and the nation as a whole.[16]

Three things are of note from Table 1. First, our random assignment process achieved balance. For all characteristics, we fail to reject the hypothesis that the means are equal for the treatment and control groups. A joint F-test also indicates balance (Prob > F = 0.789). We find comparable evidence of balance for the full baseline sample that does not condition on responding to the second follow-up survey (see Appendix Table 1).[17] Importantly, differences in response rates to the 24-month survey between the treatment and control groups are small (0.4 percentage points) which is not a statistically significant difference.[18]

Second, participants were recruited to Padua when some shock to their family required them to seek assistance from a social service provider. As such, the participants were facing poor economic circumstances. As shown in Table 1, only 40 percent of the sample was employed at baseline, family income placed them at about 62 percent of the federal poverty line, about 60 percent reported having their utilities shut off or having received a disconnection notice in the past 12 months, and over 20 percent reported a recent medical hardship.[19] Appendix Table 4 provides further evidence of the multifaceted challenges facing Padua participants at program enrollment, though the table only provides information for those enrolled in the treatment group. With one exception, fewer than 10 percent of the

[16] This sample includes adults living in households under 180% of the federal poverty level who have at least one able-bodied adult aged 18-55 in the household, where we define able-bodied as someone who is working, looking for work, available for work, or in school. To select a respondent from each household similar to the Padua participants, we selected one able-bodied respondent within the eligible age range, prioritizing female heads of household or their spouses, then male heads or their spouse, and finally the oldest respondent.

[17] Appendix Table 2 presents average baseline characteristics of Padua applicants by referral source. Of note, applicants who were recruited through immigration services were less educated, more likely to be Hispanic, and less likely to receive government benefits. Results presented in section VI are qualitatively unchanged when further controlling for referral source (results not reported).

[18] The differences are also not statistically significant once we control for observed characteristics. Appendix Table 3 shows estimates from regressions of an indicator of non-response to the 12- and 24-month surveys on the listed baseline controls, as well as their interaction with a treatment group indicator. Column 3 shows that respondents were older, more educated, more likely to be female, more likely to receive SNAP, and were less likely to have experienced a medical hardship—though many of these differences are not statistically significant. However, we fail to reject the null hypothesis that non-response rates given characteristics are not different between the treatment and control groups (Prob > F = 0.689).

[19] The fraction who have had their utilities disconnected, or that have received a notice of disconnection, is high for our study sample because many study participants initially contacted CCFW for utility bill assistance.

program participants scored as "Thriving" on any of the components of the Self-Sufficiency matrix at program entry. More than 50% of the sample scored as "In-Crisis" or "Vulnerable" on multiple components, including more than 90% on the financial component.

Third, comparisons of our study sample to a broader population (the final three columns of Table 1) indicate that our main study sample appears to be worse off financially than a broader set of households likely eligible for the program. Compared to these other households in Tarrant County, Texas and the U.S., our sample is slightly less educated, older, less likely to be employed, has lower monthly earnings, is more likely to be a single mother, and is substantially less likely to be white, non-Hispanic. A key difference between our sample and the broader samples from the ACS is that our sample was drawn from a group of individuals and families that had recently received a negative economic shock—most had come to CCFW seeking emergency financial assistance.

In Section II, we explained the program model and shared some specific vignettes to show how Padua works in practice. Table 2 provides some descriptive statistics for the services received by the 193 clients assigned to the treatment group in our study. Of these participants, 91 percent participated in Padua to some degree—meaning they had at least one meeting with a case management team. Clients that took up the program spent an average of 16.9 months in the program over the first 24 months of follow-up. Sixty percent of clients were still engaged in the program after 12 months and 40 percent after 24 months (Figure 2).

In the bottom half of Table 2, we report the quartiles of program use in the first 24 months among those that took up services. The median client received 46 hours of case management with the first and third quartiles roughly 25 hours below and above this number, respectively. These hours were spent on a mix of in-person and telephone conversations with clients with the median client having 62 of these interactions. The time series of these interactions declines considerably during their time in the program. In Figure 3, we report the average number of in-person/phone meetings by month for those still engaged in the program. This starts at 7 in the first month, declines to 4 by six months, and 3 by 12 months. Despite this decline, the average contacts/month is still over 2 after 30 months.

In Figure 4, we show what the case managers report as the share of time they spent on particular activities. Case managers spend one-ninth of their time on the initial assessment. The largest category (35 percent) is the coordination of services such as arranging for job training, housing, immigration services, etc. The next largest category is routine meetings where clients check in with their case management team and update them on what they have been working on since the last meeting.

In Table 2 we also report some descriptive information about clients' receipt of cash assistance, which varied widely. While the median total amount of cash assistance received by Padua participants was $2,100 over the first 24 months, only 85 percent of clients ever received cash assistance. The average cash

assistance allocation was about $225, but allocations of up to $5,000 were made as well. Note that this financial assistance is considerably more generous than the financial assistance made available through the standard CCFW programs, which were available to the control group, such as one-time rent or utility assistance on the order of $600 or less. The number of times each client received cash assistance also varied widely; 50 percent of clients received 10 or fewer allocations; while 25 percent of clients received 22 or more allocations over the first 24 months. In Figure 5, we report the distribution of cash assistance dollars by category. By far the largest group is for rental assistance (37 percent), which includes security deposits for a new lease. Transportation (14 percent) is the second largest category. The shares of funds directed to household items, education, utilities, and childcare were all in the single digits.

Not surprisingly, the number of cash assistance allocations was highest in the first few months of enrollment in the program and tapered off over time. For instance, over the clients' first five months in the program, CCFW was making on average 2.2 allocations per client each month, but this dropped to 1.6 allocations per client each month in the 19 to 24 months after enrollment.

V. Methods

For our primary analyses, we estimate the differences in outcomes between treatment and control group participants using a standard intent-to-treat (ITT) model that controls for baseline covariates. Given the balance across groups in baseline characteristics, including these controls is primarily to reduce residual variance and improve precision. The standard regression model we estimate is of the form:

$$(1) \qquad y_{ij} = \beta_0 + T_i\beta_1 + x_i\beta_2 + y_{i0}\beta_3 + \varepsilon_i$$

where y_{ij} is an outcome for participant i at either the 12-month (j=1) or 24-month (j=2) follow-up. The parameter of interest is β_1 which is the coefficient on the dummy variable T that equals 1 if the respondent is in the treatment group and zero otherwise. We have two sets of baseline controls. The first is the vector x_i that represents a set of observable characteristics collected during the baseline survey including the age, race, gender, educational attainment, marital status, employment status and earnings of the respondent, as well as family level characteristics such as household size. In addition, x_i includes interview characteristics such as a cohort indicator, interview month, and the number of months between the baseline interview and the follow-up interview.[20] In most cases, we also include

[20] Although we aimed to schedule follow-up interviews at 12 and 24 months after baseline, due to scheduling challenges (such as interviewer or interviewee availability, difficulty tracking down respondent, etc.) some follow-up interviews did not occur at precisely these intervals. However, more than 92 percent of 12-month follow-up interviews

the value of the outcome measured at baseline, indicated by the variable y_{i0}.[21][22] We estimate equation (1) for outcomes at two different points in time: 12 months and 24 months after baseline.

We designed the consent and enrollment process for this RCT to yield high take-up rates, screening potential clients on their willingness to participate. In fact, about 91 percent of those in the treatment group who were offered services actually completed the initial assessment and received some services. Given this high take-up rate, our analyses focus on ITT estimates, but one can obtain the estimated impact of Padua for those who actually received services (treatment on the treated) by dividing the ITT by the take-up rate.

Outcomes

As Padua was designed to promote self-sufficiency through work, we initially emphasize labor market outcomes such as employment and earnings. Given the holistic nature of the intervention, Padua also hoped to help clients increase savings, limit debt and reduce dependence on government programs. As a result, we also examine outcomes along these dimensions. We also look at outcomes that indicate housing stability, because the case management team often focused on improving housing situations prior to working on improving labor market outcomes. Finally, we look at outcomes related to spending and health as additional indicators of overall well-being.[23]

To summarize the program impact for similar sets of outcomes, we estimate the average standardized treatment effect for each of six domains: labor market, housing, government support, debt and savings, spending, and health. Specifically, we estimate

$$(2) \qquad \hat{\tau} = \frac{1}{K}\sum_{k \in K} \frac{\widehat{\beta_1^k}}{\widehat{\sigma_k}}$$

occurred within 10-14 months after baseline, and 92 percent of 24-month follow-up interviews occurred within 22-26 months after baseline.

[21] Some outcomes are measured as a change in value from a prior period—for example, an indicator for whether total assets increase—and therefore do not have a baseline value.

[22] Additionally, we have estimated models where controls are sequentially added to check for sensitivity of estimates to the addition of different covariates. Estimates are stable across different specifications.

[23] Prior to the launch of the study, we specified that we would examine outcomes across five domains: family income, employment, reliance on government programs, self-reported health, and measures of self-efficacy. During the first year of data collection, we expanded this analysis to specify specific outcomes within each of those domains and added domains that aligned with the program's goals (debt and savings, housing stability, budgeting and spending). We present results in our main tables for key outcomes, but we report results for any other outcome that had been mentioned at early stages of the study in Appendix Tables 11 and 12. In Appendix Table 13 we also report the standardized treatment effect across all outcomes within a domain from both the main tables and the appendix tables.

where $\widehat{\beta_1^k}$ is the ITT estimate for outcome k and $\widehat{\sigma_k}$ is the standard deviation of outcome k in the control group. For each outcome, we sign the ITT estimate such that a positive estimate indicates an improvement. To allow error terms on the coefficients to be correlated, we follow Finkelstein et al. (2012) and stack data across all K outcomes within the domain, estimating a single regression clustered at the individual level. We report standard errors and p-values of the test of the null hypothesis that $\tau = 0$.

VI. Results

a. Labor Market Outcomes

Labor market results at the 24-month follow-up for different measures of success are reported in Table 3. Results from the 12-month survey are reported in Appendix Table 5. The first six outcomes are: a dummy for whether the survey respondent is currently employed; the respondent's monthly earnings (zero for non-workers); a dummy for whether the respondent is employed full time, defined as 35 or more hours of work/week; hours worked per week; the household's income as a percent of the poverty line; and a dummy for whether the respondent can legally work in the US. In the final row, we report the average standardized treatment effect. For each regression, we report the ITT estimate from equation (1) and its standard error, the p-value on the null hypothesis that the coefficient is zero, and the control group mean. We report some additional labor market outcomes in Appendix Table 12.[24]

We report the regression-adjusted ITT results from equation (1) for the full sample in the first column of Table 3. The signs of the estimated effects for all these outcomes indicate improved labor market outcomes (e.g. increased labor market participation, increased labor supply, and higher earnings), although many of these estimates are not statistically significant at conventional levels. Those in the treatment group were 6.1 percentage points (9.7 percent) more likely to be working 24 months after application (p-value = 0.220). The fraction working full-time increased by 10.5 percentage points, which is a 25 percent increase over the control group mean, and the result has a p-value of 0.043.[25] The increase in the likelihood of working was associated with a sizable increase in monthly earnings of $200 (18 percent), but this estimate has a p-value of 0.114. Treatment effect estimates suggest that Padua leads to a 9 percent increase in household income as a percentage of the poverty line, although this estimate is imprecise (p-value = 0.321). Taking this estimate at face value, the increase in family income is somewhat smaller than the increase in respondent earnings, which may in part be due to a decline in receipt of government benefits as we discuss

[24] Examining the effect of Padua on many outcomes could lead to multiple hypothesis testing concerns. For this reason, we report p-values so the reader can calculate their preferred adjusted p-value for testing these multiple hypotheses.

[25] Our measure of full-time employment includes hours worked across many jobs. This effect appears to be driven by an increased likelihood of having one main job with more than 35 hours of work per week, as opposed to working more than 35 hours across multiple part-time jobs. The effect on an indicator of full-time work in one's main job is similar in magnitude as our main measure.

below.[26] Finally, Padua participants were more likely to have legal authorization to work. One referral source for the program was participants seeking immigration services, and by the 24-month follow-up survey, treatment group members were 3 percentage points more likely to be legally allowed to work in the U.S. (p-value = 0.045). This result suggests that one mechanism by which Padua leads to increased work is by addressing legal barriers.[27] In the final row, we report a summary of these outcomes that shows Padua participants increased their labor market outcomes by 0.15 standard deviations (p-value = 0.041).

The positive impact of Padua on employment is occurring alongside an increasing trend in employment for the control group, which is expected. Enrollees to the experiment entered Padua because some shock forced them to seek assistance from a social service provider. This context—where prior to enrollment study participants experienced a shock that perhaps led to a temporary decline in wages and employment—is a classic "Ashenfelter dip" (Ashenfelter, 1978).[28] Figure 6 plots full-time employment rates for the treatment and control groups over the three survey waves. Full-time employment nearly doubled for the control group in the year after enrollment (from about 20 percent to about 40 percent), which is to be expected to some degree given the way study participants were recruited. While the figure highlights that many individuals are able to improve their labor market outcomes on their own or with the help of other services available to this population, Padua had an effect over and beyond this pattern and the effect persisted over two years. We find a very similar pattern when we examine earnings.

The magnitudes of the effects on full-time work and earnings are large relative to other interventions designed to promote work. For example, a study of National Jobs Corps, a vocationally-focused education and training program for disadvantaged youths, found modest impacts on earnings in the short run and no persistent differences in earnings in the long run (Schochet et al., 2008). Our findings are comparable to the effects on full-time employment experienced by BNF participants (23 percent; Meckstroth et al., 2008) and ETJD participants (17.5 percent; Barden et al., 2018). Additionally, the effect on earnings is comparable to what Marcotte et al. (2005) and Jepsen et al. (2014) found for returns to two-plus years of community college education or completing a community college degree.

[26] In separate analyses, we find no evidence that Padua leads to a decline in labor supply for adults in the household other than the respondent.

[27] However, immigration services cannot explain the majority of the effect given that 84 percent of the 24-month respondents were legally authorized to work at baseline. When we split the sample by baseline legal status, the labor market effects are not precise for either subgroup. To explore this further, we also estimated the effect of Padua for the subsample of Hispanic respondents (about 30 percent of the sample), a group that is more likely to have immigrated. The effect of Padua on labor market outcomes for this subsample was typically larger but less precisely estimated.

[28] The data on employment for all respondents to the baseline survey supports the idea that many have experienced recent detachment from the labor market. Of respondents not working at baseline, 77 percent reported having worked in the previous 12 months. Also, income for respondents at baseline is about a quarter of their income in the previous calendar year.

B. Who Benefits Most from Padua?

Lifting families out of poverty involves addressing a multitude of barriers faced by individuals as they work to find and maintain stable employment. Importantly, different types of individuals face different barriers to exiting poverty and Padua is designed to develop individualized plans to address these barriers and move towards self-sufficiency. In this section, we consider whether Padua had a different effect on different types of participants. Understanding the heterogeneity in program impacts is important for a few reasons. First, the program is expensive and time consuming so improving a benefit-to-cost ratio may require directing the program to particular types of clients using easily measurable attributes. Second, currently clients can continue to receive Padua services until they have reached their goals for self-sufficiency. In fact, many clients remain in the program for more than two years. However, some clients may advance toward their goals more rapidly than others. Identifying what cases may take longer or shorter will help social services agencies better plan enrollment and more efficiently operate the program. Third, the program is broad in terms of both client backgrounds and program services, making it more difficult for some agencies to replicate. Reducing the focus of the program in terms of clients or services offered might allow more agencies to adopt the intervention.

To examine heterogeneity in program impacts, we separate the study sample into subgroups based on baseline characteristics to estimate the within-group ITT effect of Padua. For each subgroup, we report results on the same set of outcomes as for the main effects, focusing on the 24-month results. We perform three such exercises and we selected subgroups because individuals within the subgroup may face a unique set of barriers, relative to the rest of the sample. These particular groups were identified through unstructured interviews we had with program case managers describing anecdotally the different ways certain groups of participants were interacting with and benefitting from the program.[29]

An important component of Padua is helping clients find a pathway to stable employment. A minority of the study applicants enrolled in the program were employed at baseline. It is reasonable to expect that the program may have different impacts for those who were already employed at baseline as compared to those who were not. On the one hand, if Padua is particularly effective at helping clients secure employment, then the program may have more limited impact for those seeking to increase the intensive margin of work. On the other hand, we might have expected those who already have employment to progress more quickly on some of the other program goals.

[29] We split the sample by employment status at baseline (either actual or propensity for employment) to follow the approach taken by other studies of interventions designed to improve labor market outcomes. We also examine outcomes separately by housing stability at baseline, because this was a factor our provider partner highlighted as important for success of the intervention. Prior to the launch of the study, we did not specify examining these sub-samples of the population. We discuss concerns about multiple comparisons in Section VI. D.

In columns 2 and 3 of Table 3, we report the ITT results for those not working and working at baseline, respectively. There is a stark difference in labor market outcomes between those two groups. Comparing control group means (presented in the 4th row for each outcome), those that enter the experiment unemployed are less likely to be employed (50 vs. 82 percent) at the 24 month follow-up, have lower monthly earnings ($918 vs. $1489) and are half as likely to be employed full-time (29 vs. 63 percent). Thus, there is more room for Padua to have an impact among those unemployed at baseline. Indeed, that is what we find. Among those not employed at baseline, the treatment group is 13 percentage points more likely to be employed (a 26 percent increase but a p-value = 0.059), earn 46 percent more each month (p-value = 0.026), are 67 percent more likely to be employed full-time (p-value = 0.004), and work 39 percent more hours per week (p-value = 0.022). The standardized treatment effect for this group is 0.24 (p-value = 0.017). We find a slight decline in work, earnings, full-time work, and hours among those originally employed at baseline, but all of these results have p-values in excess of 0.45.

As an alternative method to identify heterogeneous responses along potential employability, we use the endogenous stratification procedure outlined in Abadie et al. (2018). Specifically, we use half the control group to estimate a logit model to predict employment at the 24-month survey.[30] We then use these coefficients to generate predicted employment for the second half of the control group and the entire treatment sample and break these into two groups: those above and below median probability of work. Using Equation 1, we estimate ITT effects for each stratum. We repeat the sample split 100 times and report the average of the ITT and the averages of the control group means for these groups. We calculate standard errors by repeating the procedure over 1,000 bootstrap samples. We report the results in columns 4 and 5 in Table 3.

This exercise generates results very similar to those from splitting the sample based on pre-treatment employment, namely, that the positive labor market effects seen in the full sample are concentrated among those less likely to be employed in the absence of Padua. Among those with low predicted propensity to work, we find a 32 percent increase in earnings (p-value = 0.058), a 56 percent increase in full time work (p-value = 0.002), and a 25 percent increase in hours worked per week (p-value = 0.058). The standardized treatment effect for this group is 0.217 (p-value = 0.035). We find positive, modest, and statistically insignificant effects on work for those with the highest predicted propensity to work. The standardized treatment effect in this group is one-half the size of that for the lower propensity group and the p-value is 0.214.

[30] We predict employment at the 24-month survey using the following characteristics collected at baseline: age, race/ethnicity, educational attainment, mother's and father's educational attainment, gender, marital status, status as a single mother, household size, health, ability to speak English, personal view's index, citizenship status, household size, presence of children in household, full-time employment, receipt of SSI, receipt of unemployment insurance, currently paying childcare, car ownership, and housing stability.

As discussed in the vignettes earlier, Padua clients were at various levels of duress in their life at baseline, and the case management team would customize the service plan to each client's level of duress. For example, one measure of duress is whether clients were unstably housed when they entered the program. Unstable housing can be a substantial barrier to self-sufficiency. If an individual is worried about where they will sleep at night, they are less able to focus on other goals. Thus, the goal of the case management team was to address the issue of unstable housing before they began helping the client find employment or improve other financial outcomes. In contrast, someone that entered Padua in a more stable housing situation began working on these other domains at once.

The results in Table 3 support this narrative. In the final two columns, we split the sample by their housing stability at baseline. We define someone as stably housed if they reported owning or renting their own place at baseline. The unstably housed group includes those who responded that they were paying some of the rent, living rent free with relatives or friends, experiencing homelessness or living in another non-leased situation.[31] The results show stark differences in labor market outcomes by baseline housing status. Among the unstably housed at baseline, there is little positive effect of Padua on labor market outcomes. Except for the outcome on legal work, the sign of the ITT estimates are negative, but all have p-values in excess of 0.23. In contrast, there are large labor market benefits for those stably housed at baseline. Employment is up 13.5 percent (p-value = 0.105), earnings are up 34 percent (p-value = 0.005), and full-time work is up 37 percent (p-value = 0.005). While Padua does little to improve labor market outcomes for the unstably housed at baseline, as we show below, Padua leads to a large improvement in housing stability for this group.

C. Results for other outcomes

As an intervention, Padua primarily focused on improving labor market outcomes for their clients. At the same time, the intervention was holistic and worked on many dimensions of a family's financial, social, emotional, and physical well-being. In the next five subsections, we examine results for housing, participation in government transfer programs, spending, debt and savings, and health, as these were all

[31] We classify those that respond "paying some of the rent" as unstably housed because this group is likely to include those who are living with relatives and friends because they cannot afford living independently. Although it is possible that those who receive rent subsidies could also respond that they are "paying some of the rent", in actuality this was not the case--95 percent of respondents who reported receiving housing assistance also responded that they were renting their own place, and were therefore classified as stably housed. While this measures imperfectly captures whether an applicant has unstable housing, we verify the measure by comparing the housing assets of Padua participants from their baseline assessment. Twenty-seven percent of those categorized as unstably housed report lacking safe housing or being at risk of losing their housing versus 9 percent among the stably housed group. The unstably housed group is also more likely (11 percentage points) to be living in a temporary or unaffordable housing situation.

outcome domains that the program was designed to address. We present a separate table in each of these domains and the structure of these tables is identical to that in Table 3.

C1. Housing

In Table 4, we report 24-month results for five housing-related outcomes (whether a person owns or rents, whether they live in public housing, whether their utilities were threatened or were disconnected in the past 6 months, whether they rated any neighborhood problems as a "medium problem" or greater, and whether they rated two or more problems as medium or greater) and the standardized treatment effects for these same outcomes. The two dummy variables concerning neighborhood problems were constructed using respondent answers to a series of survey questions about neighborhood quality. Respondents were asked to rate how much of a problem there was in their neighborhood with each of the following items: vandalism, teens creating a nuisance, police non-response, prostitution, sexual assault, drug dealing and use, mugging and gang violence. Respondents rated each issue as either "Not a problem at all;" "A small problem;" "A medium-size problem;" "A large problem;" or "A huge problem." The structure of the table is identical to that of Table 3 in that we report results for the full sample in column 1, the results by baseline employment status in columns 2 and 3, results by 24-month employment propensity in columns 4 and 5, and results by baseline housing stability in the final two columns. Similar results from the 12-month follow-up are reported in Appendix Table 6.

These results show that Padua clients are 6.9 percentage points (9 percent) more likely to be stably housed at the 24-month follow-up, although this estimate is not statistically significant (p-value = 0.104).[32] The results also provide suggestive evidence that Padua clients are living in better neighborhoods. At the two-year follow-up, they are between 5 and 7 percentage points less likely to be living in neighborhoods with any or two or more "medium" or greater neighborhood problems, respectively, though these latter two estimates are not individually statistically significant. The last row of column 1 indicates that Padua leads to about a tenth of a standard deviation improvement in housing outcomes (p-value of 0.049). There is no consistent pattern in the results when we break the sample by baseline employment or the employment propensity. In the standardized treatment effects at the bottom of the table, most estimates are about a tenth of a standard deviation with estimates generating p-values of between 0.030 and 0.249.

When we look at housing outcomes by housing status at baseline (columns 6 and 7), we see positive and statistically significant results for the unstably housed group and little to no impact on the stably housed group, which is again consistent with how the case management team prioritized services based on the

[32] We also examined homelessness as an outcome (see Appendix Table 11). While the point estimates suggest a reduction in homelessness for the full sample and across the various splits, the homelessness incidence rates are very low and the result is highly sensitive to small changes in the sample.

clients' situation at enrollment. The estimates indicate no effect on housing stability for those who were stably housed at baseline, but for those who were not stably housed, the fraction in a lease or ownership arrangement at follow-up increased by 34 percentage points (p-value = 0.008), which is 64 percent more than the control-group mean. These results show that Padua does a tremendous job of moving people from unstable housing situations into stable housing situations. The estimate for the standardized treatment effect for those unstably housed at baseline is positive but not statistically significant and similar in magnitude to the estimate for those who are stably housed at baseline. However, this estimate for the standardized treatment effect is very sensitive to including the effect on utilities disconnection. Padua doubles the likelihood that utilities are disconnected for those unstably housed, which may be due to the fact that many in this group are moving into more independent living situations and therefore are more exposed to having utilities shut off. In fact, when we re-estimate the standardized treatment effect for this group excluding the outcome for utilities being disconnected the estimate is 0.26 standard deviations with a p-value of 0.06.

C2. Participation in Government Transfer Programs

The primary goal of Padua was to move clients to self-sufficiency. An important component of this goal was reduced dependence on public programs that are designed to meet basic needs such as SNAP, TANF, Medicaid, and WIC. To see if this goal is being met, in Table 5 we examine the effect of Padua on the use of government transfer programs. Similar results at the 12-month follow-up are reported in Appendix Table 7. At 24 months, 62 percent of control group participants are receiving some form of government transfers with the largest program being the Supplemental Nutrition Assistance Program (SNAP) with a 51 percent participation rate for the control group. Conversely, TANF participation is virtually non-existent in this population; less than 2 percent receive this form of cash assistance.[33]

For the full sample, there is suggestive evidence that Padua reduces government program participation. We see a 9 percent reduction in participation of any program, but this estimate is not statistically significant (p-value = 0.231). The treatment group is 6.5 percentage points less likely to receive WIC benefits (p-value = 0.044), but there is not a clear pattern for the effect of Padua across other programs.

The results do not reveal noticeable differences across subgroups when separated by baseline employment or employment propensity at 24 months. However, we again find statistically significant results when splitting the sample by housing status at baseline. The results indicate an increase in government benefit use among the unstably housed (column 6). For this population, participation rates in SNAP and TANF increase by 19 percentage points (p-value = 0.124) and 12 percentage points (p-value =

[33] This low share is representative of the study setting. Among a set of likely eligible households in the ACS (Table 1), only 2 percent of households in Tarrant County or Texas report receiving welfare income in the past 12 months.

0.057), respectively.[34] In the standardized treatment effect, there is a 0.11 standard deviation decline (more reliant on support) in this domain for those unstably housed at baseline. These results suggest that case managers helped certain clients obtain housing stability by connecting them with public benefits.

For those who are stably housed at baseline, by contrast, Padua leads to a sharp reduction in use of government programs. For this group, those assigned to treatment are 10.2 percentage points less likely to receive any government benefits (p-value = 0.068). Across all the programs, the point estimates are negative, suggesting less receipt of government support, and the standardized treatment effect indicates more than a tenth of a standard deviation improvement (i.e. reduced support) and this estimate is statistically significant (p-value = 0.016).

C.3 Spending

One of the goals of Padua is to help clients improve their budgeting in order to promote greater financial stability. In Table 6, we present results for monthly rent expenditure, monthly spending on childcare, the use of a budget, and total non-housing spending. Similar results from the 12-month follow-up are reported in Appendix Table 8.

These results show that Padua had a large and sustained impact on budgeting behavior. It increased the likelihood that participants were using a budget 24 months after enrollment by 14 percentage points (24 percent, p-value = 0.004). This effect is similar for those with low and high estimated employment propensity, but very large for those that did not work at baseline (38 percent, p-value <0.001) and for those that were unstably housed at baseline (54 percent, p-value = 0.003).

We also find that the treatment group spends more on childcare (46 percent) and monthly rent (14 percent), though neither result is statistically significant. The increase in childcare spending is consistent with the treatment group being more likely to work full-time, which likely requires greater need for childcare among parents. The increase in rent spending is supported by anecdotal evidence from the Padua team, as well as experimental evidence discussed above, that Padua has increased the likelihood that participants own or rent their living unit. For that outcome, we saw in Table 4 the largest effect for the group that was unstably housed at baseline. So it is not surprising that the effect on rent spending (101 percent, p-value = 0.004) is also most noticeable for this group.

C4. Debt and Savings

[34] For the unstably housed, Padua also leads to increased support from family (Appendix Table 11). There is an 18 percentage point increase in people receiving financial support from family members (p-value = 0.092), nearly double the control group mean of 15 percent.

Padua also emphasized debt reduction and increased savings as goals for participants. In Table 7, we report the impact of Padua on savings and debt outcomes from the 24-month survey. Similar results from the 12-month follow-up are reported in Appendix Table 9.

The study sample has some connection to both the formal banking industry and subprime credit market. Roughly two-thirds of study participants have a checking or savings account, and about 15 percent have borrowed using a payday loan in the last year. In the full sample, we find no differences in the use of these financial products between the treatment and control groups after two years. In contrast, we do see large, statistically significant decreases in the likelihood of rolling over a payday loan for the more disadvantaged subsamples, with 5–15 percentage point declines for those not employed, unlikely to work, and unstably housed. In general, the evidence on the effect of Padua on savings and debt is mixed. We do see some evidence of increased savings in the full sample ($4,900, p-value = 0.106), as well as the more advantaged subgroups. However, further analysis suggests these differences in mean assets are largely driven by a few outliers.[35] Finally, we find the treatment group is 36 percent more likely to have a retirement account (p-value = 0.189), which is consistent with an increase in full-time employment that may come with additional benefits.

We also see greater non-mortgage debt for the treatment group. Whereas, the treatment group has less non-mortgage debt at 12-month survey (18 percent, Appendix Table 9), by the 24-month follow-up the difference becomes positive, large (33 percent), and statistically significant (p-value = 0.025). A component of the program was to address any human capital deficiencies, potentially through community college enrollment. It could be that Padua participants are taking on more debt in order to invest in human capital, which could lead to further gains in earnings in the future. We do find a statistically significant increase in student debt. A decomposition of the debt category suggests that the increase in overall debt is driven by changes in student and medical/legal debt. There is no evidence of an increase in credit card debt. An alternative explanation is that this difference is due to measurement error. In particular, this measurement error could be different across the treatment and control group due to Padua's focus on budgeting with clients. In year two of the program, case managers began pulling credit reports for its clients to help them better understand their financial situation. Thus, Padua clients had greater information about their outstanding liabilities. This may have led the treatment group to report more debt. While the timing of when case managers started pulling credit reports lines up with the estimates of the effect of Padua on non-mortgage debt (i.e. the treatment group reports more debt after year two), we cannot directly test the effect

[35] To explore the sensitivity of estimates to outliers, we re-estimated treatment effects dropping those respondents who had values of total assets above various thresholds. Dropping the 3 observations above the 99th percentile reduces the point estimate to $574 (p-value = 0.32). Lower thresholds (e.g., the 98th and 97th percentiles) further attenuate the point estimate. Similarly, the estimate from an inverse hyperbolic sine transformation suggests an increase in assets (roughly 17 percent), though it is imprecisely estimated (p-value = 0.64).

of pulling credit reports on reported debt with the survey data.[36] To further explore the effect of Padua on financial stability, in a follow-up study we plan to link study participants to administrative credit bureau data to have a better measured and more complete view of an individual's debt burden.

C5. Health

Finally, we explore the effect of Padua at the 24-month follow-up on health (Table 8), while the results at the 12-month mark are reported in the Appendix Table 10. In the baseline and follow-up surveys, we asked participants to rate their health on a five-point scale from poor to excellent. At 24 months, we constructed an indicator for whether their health had improved or stayed "Excellent" since baseline. We find this effect is positive and large for the full sample and for all subgroups but the effect is statistically significant for those in better economics circumstances at baseline: those employed, with a higher propensity to work, and stably housed. Treatment group members are 14.7 percentage points (53 percent) more likely to report improved health from baseline (p-value = 0.004). The evidence for other outcomes does not indicate that the improvement in self-reported health is due to greater access to or use of health care; we find no large differences in self-reported medical insurance coverage, ER visits, or doctor visits in the preceding 12 months. There is suggestive evidence that the treatment group was less likely to experience a medical hardship at the time of the 24-month survey (21 percent), but this estimate is not precise (p-value = 0.223).

D. Multiple Comparisons

Our main analyses present estimates of Padua treatment effects across a number of outcomes and across multiple subgroups. While we summarize our findings across multiple outcomes within our six domains by presenting standardized treatment effects, one might be concerned that the number of comparisons made across subgroups might generate a set of statistically significant results by pure chance.

To overcome this concern, we follow Chetty et al. (2016) and conduct parametric joint F tests and a permutation exercise that adjust for over-rejection rates that occur when analyzing multiple subgroups. In contrast to their approach, we focus our analysis on the summary findings provided by the standardized treatment effects for each domain. In Table 9, columns 1 and 2, we present p-values from F tests of the null hypothesis that the domain-level standardized treatment effect is zero for both subgroups when dividing the sample by baseline employment status (column 1) and by baseline housing status (column 2). Each row

[36] We also examined whether this result is sensitive to how we treat outliers. For example, we tried restricting from the sample those in the top 1, 2, and 3% of the distribution of nonmortgage debt; we estimated median regressions; and we estimated models with an inverse hyperbolic sine transformation of nonmortgage debt. For all of these alternative approaches, the estimated treatment effect was qualitatively similar to that reported in Table 7 (still positive although not always significant).

represents a different domain, where we re-estimate the domain's standardized treatment effect within subgroup using a fully interacted model and test whether the standardized treatment effects for each subgroup are jointly equal to zero.

Using this parametric approach, the conclusions highlighted above remain qualitatively unchanged. In Section VI.B, we found larger treatment effects for labor market outcomes among those not employed at baseline and those stably housed at baseline (Table 3). Using the joint F test, we are still able to reject the null hypothesis of no subgroup-specific treatment effects for the labor domain when looking at subgroups based on baseline employment status (p-value = 0.061) and baseline housing status (p-value = 0.011). We also highlighted that Padua caused the stably housed to reduce reliance on government programs (Table 5). Similarly, we are still able to reject the null hypothesis of no effect on government support for both housing subgroups (p-value = 0.030).

As an alternative to the parametric F tests, we conduct randomization-based inference that relies on permuting treatment assignment and estimating a set of placebo effects. We generate 10,000 placebo treatment assignments by re-assigning treatment status within randomization blocks (see Appendix D). For each placebo assignment, we estimate the standardized treatment effect on each domain for each of our four subgroups (not employed, employed, unstably housed, and stably housed). Using the traditional p-values reported in Tables 3 through 8 as critical values, we calculate the share of placebo samples where at least one subgroup had a p-value below the corresponding actual p-value.[37] Thus, the adjusted p-values estimate the likelihood one would find through random chance an effect of at least the statistical significance we find across any of the four subgroups. While the p-values from the nonparametric test are larger, they still indicate that the significant treatment effects we find on labor market outcomes for the not employed (p-value = 0.072) and stably housed (p-value = 0.014), and on government support outcomes for the stably housed (p-value = 0.055), are not likely the artifact of multiple comparison tests.

VII. Conclusion

Federal programs designed to fight poverty typically address the symptoms of poverty rather than the underlying causes, and those that aim to have a permanent effect on poverty often only address a single feature of what is often a multifaceted problem. In this paper, we examine the impact of a holistic, individualized wrap around service intervention, Padua, that is explicitly designed to address the specific and unique combination of barriers that are preventing individuals or families from being self-sufficient. This intervention includes a detailed assessment, an individualized service plan, wrap-around case

[37] In contrast to the parametric tests above, this approach tests a sharp null hypothesis that the treatment effect for each individual is zero. Under this null hypothesis, the potential outcome under treatment or control can be inferred from the observed outcome. Therefore, the distribution of p-values from the placebo samples provides the exact distribution of those values under the null hypothesis (Athey and Imbens, 2017).

management administered by a two-person case management team with very small caseloads, and temporary financial assistance that is available on a case-by-case basis to address potential obstacles to self-sufficiency and incentivize behavior.

Through an RCT, we evaluate the impact of this intervention on labor market and other key outcomes. Our results indicate that Padua leads to improved labor market outcomes. We see substantial increases in both work and earnings, although the effect on earnings is not precisely estimated. The intervention increased full-time employment by 25 percent, and this sizable effect is evident two years after initial enrollment. We also find that the intervention leads to improved self-reported health. For the full sample, there is less encouraging evidence for the effect of the intervention on outcomes such as savings and borrowing or reduced dependence on government benefits.

Given the customized nature of the services that Padua provides, the program is likely to have very different effects for different subgroups. Consequently, program effects, or the lack there of, for the full sample might mask important effects for subgroups. For example, for participants who, at enrollment, faced acute challenges, such as homelessness or a health shock, case managers prioritized services that addressed those specific challenges. For these participants, the intervention is not designed to improve labor market outcomes in the short run. Rather, the goal of the program for such groups is to stabilize their circumstances first, before working on moving to self-sufficiency.

Our results for study subgroups support this narrative. The most obvious case is when we split the sample by housing stability at baseline. For both groups Padua is leading to noticeable improvements in outcomes, but the outcomes that improve differ. For those who are stably housed, Padua leads to large and significant increases in earnings and employment and reductions in receipt of government programs. For those not stably housed at baseline, there is little evidence that Padua results in improved labor market outcomes, but the treatment group is much more likely to be stably housed two years after enrollment, more likely to receive government support, and less likely to have rolled over a payday loan.

We also examine program impacts separately by employment status, or propensity to be employed two years later, at baseline. The improvement in labor market outcomes is strongest for those who are not employed or who have a low propensity to be employed at baseline.

Padua's employment effects are larger than other interventions that are explicitly designed to promote work. But Padua, due to the more comprehensive and sustained nature of this intervention, is also relatively expensive. Including the costs of the case management team, the program managers, the financial assistance and other operating costs, Padua's price tag approaches $11,000 per case per year (in 2016 dollars).[38] Despite this high cost, it is comparable to that for another intensive case management

[38] The cost estimate includes monthly expenses for program years 2015–2018 provided by CCFW that include salary and wages, fringe and payroll taxes, professional fees (i.e. training), operating costs, an occupancy and use allowance,

intervention, Building Nebraska Families, which cost on average $9,400 (in 2016 dollars) for an individual receiving the average of 8 months of service. If one were to take our point estimates for the effects on earnings at 12 and 24 months and assume the effect at 24 months persists, the earnings gains alone would cover the cost of Padua in 8 years. For those individuals who experienced larger gains in employment, those not employed at baseline or those who enter with stable housing, the payback period is roughly 4.5 years.

These estimates, however, may overstate the pay-back period as it does not allow for other potential cost savings from Padua. For example, it assumes no cost savings from reduced reliance on government programs. For the full sample, we estimate a 10 percent reduction in participation in any government program after 24 months, but this effect is not statistically significant (p-value = 0.221). Due to the design of the intervention, it would not be surprising if this effect grew over time. Case managers often work with clients early on to gain access to resources, such as government programs, that may help them build stability in the short run. Padua then works with these clients to move towards stable employment at a sufficient wage. Indeed, the participants who entered the program with more housing stability experienced more than a tenth of a standard deviation improvement (i.e. reduced reliance on government programs) and this estimate is statistically significant (p-value = 0.016). Ultimately, the improved labor market outcomes are designed to reduce participation in government programs. In a follow-up phase to this study we plan to link study participants to administrative data on program participation and benefit amounts for SNAP and TANF. These data should provide a more complete picture of the net benefits of this program.

indirect costs, and financial assistance received within 24 months of program start. In determining cost per participant-year, we allocate monthly program costs to study participants receiving service prior to the 24-month follow-up. This approach removes the cost of serving Padua clients who enrolled in 2018 that were not a part of the study. Total cost per participant is roughly $18,400, of which approximately $2,000 is the cost of financial assistance. The average Padua client is served for 20 months, so the average cost per participant per year is $11,000 ~ ($18,400 / 20 months) * (12 months / year).

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Figure 1: Recruitment for Padua

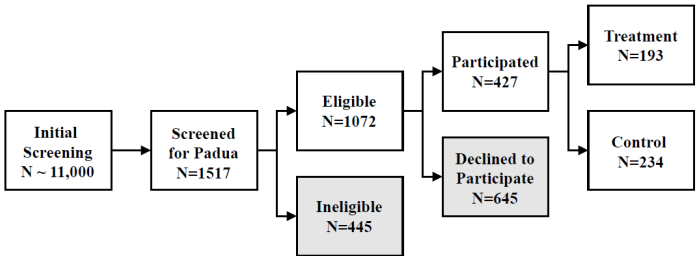
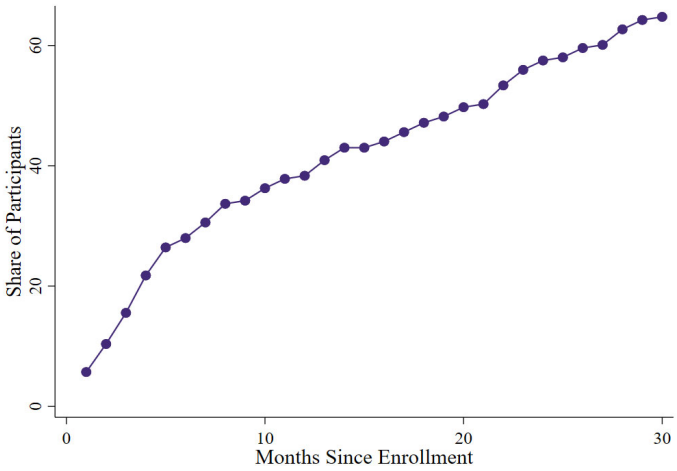
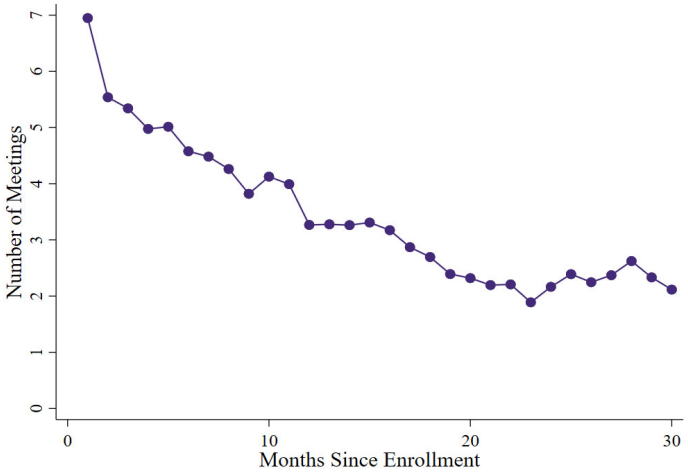


Figure 2: Cumulative Share of Participants That Exited Program,
by Months Since Enrollment



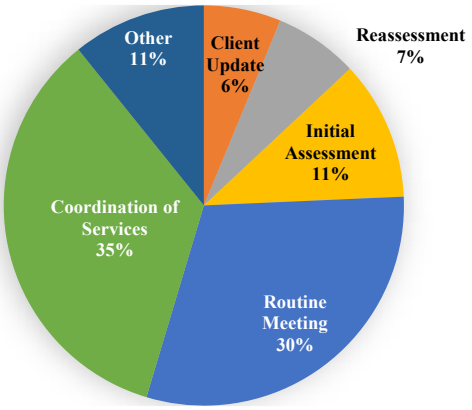
Notes : Data are from program case notes for the 176 participants that were assigned to the treatment group and took up services. An exit is defined as the first month after which the participant received no further services from the program. Exits typically occurred for one of the following reasons: Client met programmatic benchmarks and graduated from Padua; Client chose to exit program; Client inactivity or Client moved out of Tarrant County and became ineligible.

Figure 3: Number of In-Person/Phone Meetings,
by Months Since Enrollment for Active Clients



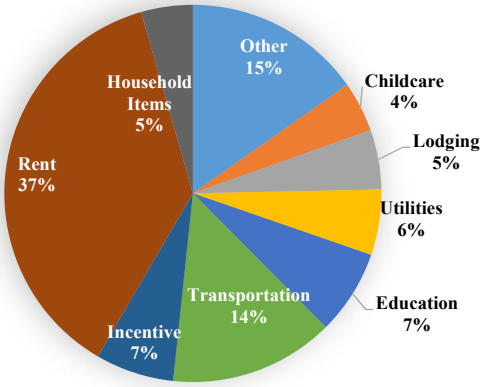
Notes: Data are from the program case notes. The number of meetings for each month are calculated only for clients active during that month.

Figure 4: Share of Case Management Time Spent On Various Activities, First 24 Months



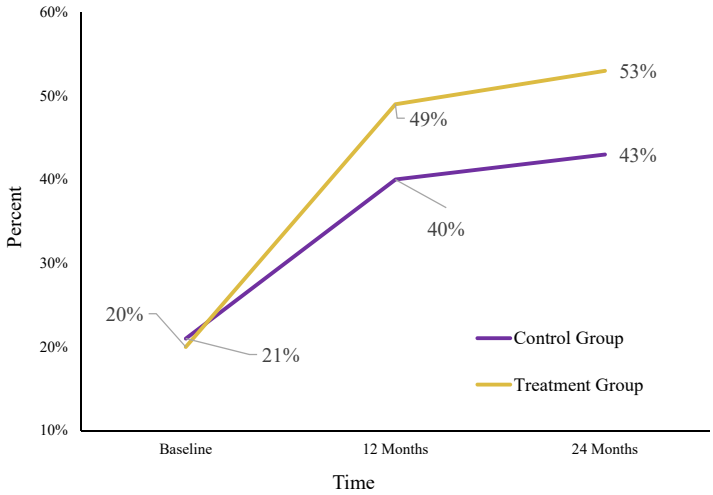
Notes: Out of total time spent on case management activities in the first 24 months post-enrollment, as documented in program case notes.

Figure 5: Use of Cash Assistance - First 24 Months



Notes: Data are from program case notes. Percentages reflect the share of cash assistance allocated to each category during the first 24 months of enrollment.

Figure 6: Percent Working Full-Time By Treatment Status Over Time



Notes: Data are from baseline and follow-up surveys. The estimates reflect the share of participants that are working more than 35 hours per week by treatment status. Sample changes in each period to reflect number of respondents to each survey. Sample includes 427 respondents at baseline; 351 at 12-month follow-up and 346 at 24-month follow-up.

Table 1: Baseline Characteristics - Clients Who Responded to 24-Month Follow-up

	Study Sample				ACS		
	Control	Treatment	Difference in Means	P-value of Difference In Means Test	Tarrant County	Texas	USA
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Less than High School Education	0.274	0.321	0.047	0.343	0.218	0.240	0.236
High School Degree or GED	0.284	0.199	-0.085	0.066	0.283	0.296	0.295
Some College	0.247	0.282	0.035	0.467	0.305	0.285	0.287
College Degree	0.195	0.199	0.004	0.926	0.194	0.179	0.182
Black	0.500	0.449	-0.051	0.343	0.176	0.197	0.198
White	0.163	0.135	-0.029	0.461	0.379	0.335	0.343
Hispanic	0.263	0.340	0.077	0.122	0.350	0.379	0.369
Other/Multiple Races or Ethnicities	0.074	0.077	0.003	0.910	0.095	0.089	0.091
Age	37.2	37.3	0.134	0.882	33.7	34.0	33.8
Currently Employed	0.400	0.410	0.010	0.847	0.599	0.616	0.619
Female	0.847	0.853	0.005	0.893	0.730	0.751	0.732
Married	0.226	0.250	0.024	0.607	0.299	0.314	0.301
Household Size	3.895	4.045	0.150	0.455	3.17	3.33	3.34
Receives SNAP Benefits	0.626	0.679	0.053	0.303	0.291	0.308	0.302
Respondent Monthly Earnings	562.5	539.3	-23.3	0.788	$713	$768	$767
Took Baseline Survey in English	0.789	0.801	0.012	0.787			
Experienced a Medical Hardship	0.216	0.205	-0.011	0.810			
Houseold is Currently Experiencing Homelessness	0.058	0.058	0.000	0.994			
Utilities Disconnected/Received Notice of Disconnect in Past Year	0.571	0.635	0.063	0.234			
Percentage of Povety Line	62.0%	62.4%	0.4%	0.952	88.3%	94.0%	93.8%
Single Mother	0.563	0.564	0.001	0.986	0.226	0.261	0.250
N	190	156			6,663	105,844	1,292,295
Prob > F				0.789			

Notes: Data are from the baseline surveys for all participants that responded to the 24-month follow-up survey. ACS data are from the 2012–2016 5-year American Community Survey downloaded from IPUMS (Ruggles et al. 2019), and include households that have heads between the ages of 18 and 55, have at least one adult worker, and have household income below 180 percent FPL.

Table 2: Intervention Description

Percent of Clients That Took Up Program	91%		
Average Months in Program (Over 1st 24 Months)	16.9		
Percent of Clients That Received Any Cash Assistance	85%		
Average Cash Assistance Amount Per Allocation	$225		
	Percentile		
Average Per Client, First 24 Months in Program:	25th	50th	75th
Total Cash Assistance Per Participant	$457	$2,120	$4,730
Total In-Kind Assistance Per Participant	$0	$147	$635
Total Number of Cash Assistance Allocations	4	10	22
Total Hours of Case Management Time	23.6	45.7	76.4
Total Hours of Phone or Face to Face Time with Case Manager	16.4	30.1	57.1
Total Number of Phone or In-Person Meetings	32.5	62	95.5
Total Number of Electronic Communications	1	10.5	20.5
Total Number of Two-way Communications	33	70.5	102

Notes: Data are from program records from the service provider. Averages and totals are for those who took up the program.

Table 3: ITT Estimates of the Effect of the Padua Program on Labor Market Outcomes, 24-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Currently Employed	0.061	0.131	-0.051	0.072	0.060	-0.060	0.095
	(0.049)	(0.069)	(0.073)	(0.068)	(0.059)	(0.134)	(0.054)
	[0.220]	[0.059]	[0.481]	[0.290]	[0.311]	[0.656]	[0.082]
	{0.626}	{0.500}	{0.816}	{0.574}	{0.678}	{0.565}	{0.646}
Respondent Monthly Earnings	$208	$421	-$4.57	$301	$160	-$362	$387
	(131)	(188)	(184)	(158)	(177)	(378)	(137)
	[0.114]	[0.026]	[0.980]	[0.058]	[0.367]	[0.343]	[0.005]
	{1,149}	{918}	{1,489}	{942}	{1,348}	{1,186}	{1,137}
Employed Full Time	0.105	0.193	-0.022	0.184	0.041	-0.164	0.163
	(0.052)	(0.066)	(0.088)	(0.061)	(0.068)	(0.126)	(0.058)
	[0.043]	[0.004]	[0.807]	[0.002]	[0.542]	[0.200]	[0.006]
	{0.426}	{0.289}	{0.632}	{0.329}	{0.524}	{0.391}	{0.438}
Hours Worked Per Week- All Jobs	3.86	6.86	-0.94	5.09	3.07	-2.75	4.99
	(2.24)	(2.96)	(3.64)	(2.69)	(2.96)	(6.27)	(2.45)
	[0.086]	[0.022]	[0.796]	[0.058]	[0.300]	[0.662]	[0.043]
	{23.29}	{17.69}	{31.70}	{20.35}	{26.43}	{20.74}	{24.11}
Percentage of Povety Line	0.100	0.102	0.111	0.111	0.131	-0.031	0.221
	(0.100)	(0.136)	(0.161)	(0.118)	(0.141)	(0.283)	(0.109)
	[0.321]	[0.455]	[0.491]	[0.345]	[0.353]	[0.913]	[0.043]
	{1.143}	{1.105}	{1.200}	{1.043}	{1.234}	{1.191}	{1.127}
Can Legally Work in U.S.	0.033	0.001	0.072	0.019	0.042	0.054	0.029
	(0.017)	(0.019)	(0.031)	(0.024)	(0.019)	(0.026)	(0.021)
	[0.045]	[0.949]	[0.022]	[0.421]	[0.031]	[0.043]	[0.157]
	{0.856}	{0.893}	{0.803}	{0.849}	{0.868}	{0.870}	{0.852}
Standardized Treatment Effect	0.149	0.240	0.018	0.217	0.129	-0.112	0.247
	(0.073)	(0.099)	(0.130)	(0.103)	(0.104)	(0.175)	(0.082)
	[0.041]	[0.017]	[0.893]	[0.035]	[0.214]	[0.524]	[0.003]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	346	206	140	125	125	81	265

Notes: Column 1 reports estimates for the full sample of respondents to the 24-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Table 4: ITT Estimates of the Effect of the Padua Program on Housing Outcomes, 24-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Owns or Rents	0.065	0.100	0.016	0.080	0.063	0.337	0.003
	(0.042)	(0.057)	(0.072)	(0.057)	(0.050)	(0.117)	(0.045)
	[0.123]	[0.080]	[0.821]	[0.165]	[0.206]	[0.006]	[0.946]
	{0.763}	{0.737}	{0.803}	{0.728}	{0.793}	{0.565}	{0.826}
Lives in Public Housing	-0.020	-0.068	0.003	-0.047	-0.025	0.012	-0.032
	(0.028)	(0.039)	(0.044)	(0.038)	(0.031)	(0.080)	(0.031)
	[0.468]	[0.082]	[0.938]	[0.213]	[0.414]	[0.878]	[0.298]
	{0.090}	{0.107}	{0.066}	{0.112}	{0.086}	{0.087}	{0.092}
Utilities Disconnected/Received Notice of Disconnect in Past Year	-0.006	-0.002	-0.016	0.023	-0.013	0.244	-0.087
	(0.050)	(0.067)	(0.081)	(0.068)	(0.065)	(0.137)	(0.053)
	[0.901]	[0.971]	[0.848]	[0.731]	[0.834]	[0.080]	[0.105]
	{0.466}	{0.451}	{0.487}	{0.395}	{0.546}	{0.267}	{0.528}
Any Medium or More Neighborhood Problems	-0.054	-0.005	-0.159	0.001	-0.119	-0.065	-0.059
	(0.053)	(0.069)	(0.083)	(0.066)	(0.064)	(0.140)	(0.060)
	[0.302]	[0.943]	[0.059]	[0.992]	[0.064]	[0.645]	[0.326]
	{0.437}	{0.421}	{0.461}	{0.404}	{0.464}	{0.500}	{0.417}
Two or More Medium Neighborhood Problems	-0.069	-0.075	-0.054	-0.062	-0.094	-0.143	-0.059
	(0.047)	(0.062)	(0.077)	(0.057)	(0.055)	(0.115)	(0.052)
	[0.139]	[0.226]	[0.490]	[0.276]	[0.090]	[0.219]	[0.262]
	{0.305}	{0.316}	{0.289}	{0.300}	{0.312}	{0.391}	{0.278}
Standardized Treatment Effect	0.099	0.124	0.098	0.078	0.137	0.100	0.108
	(0.050)	(0.064)	(0.085)	(0.065)	(0.063)	(0.124)	(0.057)
	[0.049]	[0.056]	[0.249]	[0.229]	[0.030]	[0.419]	[0.056]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	346	206	140	125	125	81	265

Notes: Column 1 reports estimates for the full sample of respondents to the 24-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Table 5: ITT Estimates of the Effect of the Padua Program on Support Outcomes, 24-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Receives Any Government Benefits	-0.058	-0.099	0.009	-0.085	-0.053	0.113	-0.102
	(0.048)	(0.064)	(0.078)	(0.060)	(0.064)	(0.115)	(0.055)
	[0.231]	[0.123]	[0.912]	[0.156]	[0.405]	[0.326]	[0.068]
	{0.621}	{0.667}	{0.553}	{0.657}	{0.591}	{0.587}	{0.632}
Receives SNAP Benefits	0.027	-0.018	0.092	0.005	0.023	0.189	-0.036
	(0.049)	(0.065)	(0.081)	(0.060)	(0.063)	(0.121)	(0.056)
	[0.579]	[0.779]	[0.258]	[0.939]	[0.715]	[0.124]	[0.525]
	{0.505}	{0.535}	{0.461}	{0.539}	{0.471}	{0.457}	{0.521}
Receives TANF Benefits	0.024	0.026	0.016	0.030	0.017	0.117	-0.020
	(0.017)	(0.023)	(0.026)	(0.023)	(0.019)	(0.060)	(0.013)
	[0.144]	[0.250]	[0.522]	[0.186]	[0.390]	[0.057]	[0.128]
	{0.016}	{0.018}	{0.013}	{0.012}	{0.017}	{0.000}	{0.021}
Receives SDA Benefits	-0.026	-0.048	0.019	-0.048	-0.007	0.033	-0.025
	(0.032)	(0.044)	(0.049)	(0.043)	(0.038)	(0.105)	(0.034)
	[0.424]	[0.272]	[0.705]	[0.257]	[0.858]	[0.758]	[0.465]
	{0.166}	{0.179}	{0.147}	{0.181}	{0.153}	{0.156}	{0.169}
Receives SSI Benefits	-0.017	-0.015	-0.015	-0.022	-0.011	-0.020	-0.012
	(0.012)	(0.018)	(0.016)	(0.015)	(0.010)	(0.034)	(0.012)
	[0.169]	[0.418]	[0.345]	[0.125]	[0.252]	[0.564]	[0.339]
	{0.027}	{0.036}	{0.013}	{0.035}	{0.017}	{0.043}	{0.021}
Receives Unemployment Benefits	-0.003	-0.021	0.025	-0.015	0.014		-0.001
	(0.013)	(0.017)	(0.022)	(0.014)	(0.019)		(0.017)
	[0.843]	[0.241]	[0.255]	[0.299]	[0.470]		[0.949]
	{0.016}	{0.027}	{0.000}	{0.020}	{0.011}		{0.021}
Receives WIC Benefits	-0.065	-0.068	-0.035	-0.051	-0.083	0.039	-0.085
	(0.032)	(0.042)	(0.054)	(0.042)	(0.037)	(0.077)	(0.037)
	[0.044]	[0.106]	[0.515]	[0.233]	[0.023]	[0.614]	[0.021]
	{0.147}	{0.132}	{0.171}	{0.142}	{0.157}	{0.087}	{0.167}
Standardized Treatment Effect	0.036	0.083	-0.025	0.092	0.056	-0.105	0.115
	(0.048)	(0.058)	(0.078)	(0.061)	(0.066)	(0.095)	(0.047)
	[0.454]	[0.152]	[0.755]	[0.128]	[0.398]	[0.275]	[0.016]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	346	206	140	125	125	81	265

Notes: Column 1 reports estimates for the full sample of respondents to the 24-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Table 6: ITT Estimates of the Effect of the Padua Program on Spending Outcomes, 24-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Monthly Rent	$69.24	$87.59	$76.61	$29.25	$116	$408	$2.85
	(43.48)	(60.37)	(66.43)	(49.92)	(60.62)	(134.56)	(46.37)
	[0.112]	[0.149]	[0.251]	[0.558]	[0.055]	[0.004]	[0.951]
	{516}	{519}	{513}	{488}	{538}	{402}	{553}
Monthly Spending on Childcare	$101	$18.55	$309	$15.62	$25.42	-$2.26	$114
	(81.85)	(32.97)	(209.26)	(32.96)	(31.14)	(64.84)	(107.40)
	[0.218]	[0.574]	[0.143]	[0.636]	[0.414]	[0.972]	[0.290]
	{53.76}	{49.17}	{60.64}	{49.75}	{57.71}	{64.89}	{50.20}
Uses a Budget to Determine Spending	0.140	0.231	-0.016	0.165	0.132	0.351	0.087
	(0.048)	(0.062)	(0.083)	(0.060)	(0.063)	(0.107)	(0.056)
	[0.004]	[0.000]	[0.846]	[0.006]	[0.036]	[0.002]	[0.122]
	{0.595}	{0.596}	{0.592}	{0.605}	{0.588}	{0.609}	{0.590}
Total Monthly Spending Without Rent	$67.44	-$49.92	$333	-$2.42	-$43.61	-$59.79	$75.13
	(99.07)	(83.10)	(228.37)	(82.17)	(86.45)	(177.75)	(123.06)
	[0.497]	[0.549]	[0.147]	[0.976]	[0.614]	[0.738]	[0.542]
	{1,175}	{1,181}	{1,167}	{1,182}	{1,165}	{1,181}	{1,174}
Monthly Spending on Food	-$20.92	-$26.26	-$5.95	$11.31	-$40.29	$7.48	-$27.71
	(33.77)	(45.78)	(55.79)	(45.11)	(45.12)	(85.34)	(38.46)
	[0.536]	[0.567]	[0.915]	[0.802]	[0.372]	[0.931]	[0.472]
	{616}	{623}	{605}	{624}	{608}	{640}	{608}
Standardized Treatment Effect	0.206	0.119	0.553	0.134	0.118	0.323	0.163
	(0.127)	(0.078)	(0.444)	(0.120)	(0.099)	(0.177)	(0.145)
	[0.105]	[0.129]	[0.215]	[0.265]	[0.235]	[0.071]	[0.261]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	346	206	140	125	125	81	265

Notes: Column 1 reports estimates for the full sample of respondents to the 24-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Table 7: ITT Estimates of the Effect of the Padua Program on Debt and Savings Outcomes, 24-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Has Checkings or Savings Account	-0.009	-0.008	0.028	0.005	0.008	-0.026	0.036
	(0.045)	(0.061)	(0.065)	(0.057)	(0.051)	(0.131)	(0.047)
	[0.834]	[0.896]	[0.671]	[0.926]	[0.871]	[0.841]	[0.451]
	{0.683}	{0.628}	{0.763}	{0.640}	{0.722}	{0.644}	{0.694}
Total Assets	$4,821	-$189	$15,662	$2,967	$6,493	$4,057	$3,597
	(3,000)	(884)	(7,207)	(3,341)	(4,975)	(12,441)	(2,513)
	[0.109]	[0.831]	[0.032]	[0.375]	[0.192]	[0.746]	[0.154]
	{1,884}	{1,792}	{2,017}	{1,609}	{2,016}	{895}	{2,181}
Did Total Assets Increase?	-0.001	-0.018	0.064	-0.053	0.076	-0.167	0.064
	(0.054)	(0.069)	(0.091)	(0.068)	(0.065)	(0.117)	(0.062)
	[0.984]	[0.800]	[0.480]	[0.433]	[0.244]	[0.160]	[0.305]
	{0.478}	{0.491}	{0.461}	{0.473}	{0.491}	{0.442}	{0.490}
Has a Retirement Account	0.047	0.055	0.070	0.009	0.099	-0.042	0.093
	(0.036)	(0.047)	(0.057)	(0.040)	(0.051)	(0.078)	(0.043)
	[0.196]	[0.245]	[0.219]	[0.831]	[0.051]	[0.591]	[0.031]
	{0.132}	{0.105}	{0.171}	{0.113}	{0.149}	{0.152}	{0.125}
Total Amount of Credit Card Debt	-$232	-$641	$568	-$327	$163	$86.93	-$425
	(437)	(658)	(506)	(568)	(501)	(939)	(514)
	[0.595]	[0.331]	[0.264]	[0.564]	[0.745]	[0.927]	[0.409]
	{1,748}	{2,003}	{1,360}	{1,490}	{1,877}	{1,177}	{1,931}
Total Debt Without Mortgage	$8,782	$8,367	$2,123	$4,842	$9,577	$14,766	$6,307
	(3,910)	(4,737)	(5,713)	(3,469)	(5,074)	(10,338)	(3,896)
	[0.025]	[0.079]	[0.711]	[0.163]	[0.059]	[0.160]	[0.107]
	{26,818}	{25,060}	{29,480}	{21,260}	{32,018}	{30,343}	{25,693}
Has Used a Payday Loan in the Past Year	0.015	-0.029	0.098	-0.019	0.080	0.024	0.010
	(0.037)	(0.045)	(0.064)	(0.043)	(0.051)	(0.106)	(0.040)
	[0.680]	[0.516]	[0.132]	[0.665]	[0.116]	[0.824]	[0.801]
	{0.128}	{0.124}	{0.133}	{0.116}	{0.137}	{0.152}	{0.120}
Rolled Over Payday Loan	-0.035	-0.056	0.004	-0.045	-0.017	-0.149	-0.009
	(0.027)	(0.031)	(0.049)	(0.028)	(0.039)	(0.054)	(0.032)
	[0.200]	[0.075]	[0.931]	[0.111]	[0.665]	[0.008]	[0.769]
	{0.084}	{0.079}	{0.092}	{0.075}	{0.095}	{0.087}	{0.083}
Standardized Treatment Effect	0.057	0.032	0.241	0.155	0.242	0.117	0.085
	(0.060)	(0.059)	(0.164)	(0.294)	(0.329)	(0.353)	(0.063)
	[0.344]	[0.584]	[0.145]	[0.598]	[0.462]	[0.742]	[0.180]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	346	206	140	125	125	81	265

Notes: Column 1 reports estimates for the full sample of respondents to the 24-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Table 8: ITT Estimates of the Effect of the Padua Program on Health Outcomes, 24-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Did R's Self-rating of Health Improve or Stay at Excellent?	0.147	0.081	0.245	0.123	0.182	0.143	0.155
	(0.051)	(0.064)	(0.084)	(0.067)	(0.063)	(0.123)	(0.058)
	[0.004]	[0.206]	[0.004]	[0.064]	[0.004]	[0.251]	[0.008]
	{0.279}	{0.281}	{0.276}	{0.291}	{0.259}	{0.326}	{0.264}
Covered by Medical Insurance	-0.004	0.033	-0.028	0.011	0.025	-0.052	-0.015
	(0.051)	(0.068)	(0.081)	(0.065)	(0.063)	(0.136)	(0.059)
	[0.945]	[0.623]	[0.733]	[0.868]	[0.689]	[0.705]	[0.802]
	{0.547}	{0.544}	{0.553}	{0.525}	{0.564}	{0.522}	{0.556}
R Visited ER in Past Year	-0.017	0.055	-0.074	0.042	-0.076	0.106	-0.051
	(0.047)	(0.062)	(0.082)	(0.057)	(0.059)	(0.114)	(0.055)
	[0.715]	[0.374]	[0.365]	[0.457]	[0.197]	[0.354]	[0.347]
	{0.537}	{0.544}	{0.526}	{0.513}	{0.556}	{0.565}	{0.528}
Visited Doctor in Past 12 Months	-0.024	0.040	-0.127	-0.047	0.020	0.187	-0.078
	(0.045)	(0.060)	(0.075)	(0.059)	(0.054)	(0.122)	(0.051)
	[0.593]	[0.503]	[0.091]	[0.425]	[0.714]	[0.131]	[0.128]
	{0.784}	{0.763}	{0.816}	{0.788}	{0.772}	{0.674}	{0.819}
Experienced a Medical Hardship	-0.056	-0.022	-0.097	-0.086	-0.033	-0.020	-0.048
	(0.046)	(0.059)	(0.072)	(0.055)	(0.056)	(0.118)	(0.053)
	[0.224]	[0.711]	[0.180]	[0.119]	[0.553]	[0.864]	[0.370]
	{0.265}	{0.272}	{0.253}	{0.268}	{0.269}	{0.244}	{0.271}
Standardized Treatment Effect	0.084	0.056	0.106	0.056	0.146	0.086	0.066
	(0.048)	(0.057)	(0.081)	(0.058)	(0.063)	(0.104)	(0.059)
	[0.078]	[0.329]	[0.194]	[0.338]	[0.021]	[0.409]	[0.263]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	346	206	140	125	125	81	265

Notes: Column 1 reports estimates for the full sample of respondents to the 24-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Table 9: Multiple Comparisons: Tests for Subgroup Heterogeneity

	Parametric Tests		Randomization-Based Tests			
	By Employment	By Housing	Not Employed	Employed	Unstably Housed	Stably Housed
Domain:	(1)	(2)	(3)	(4)	(5)	(6)
Labor	0.061	0.011	0.072	1.000	0.921	0.014
Housing	0.083	0.118	0.184	0.622	0.840	0.186
Support	0.349	0.030	0.437	0.995	0.667	0.055
Consumption	0.145	0.065	0.300	0.538	0.154	0.655
Debt	0.280	0.401	0.981	0.346	0.998	0.432
Health	0.258	0.356	0.735	0.521	0.827	0.638

Notes: This table presents p-values from tests of nonzero Padua treatment effects in subgroups for the six domains analyzed. Each row represents a different domain. In columns 1 and 2, we report the p-values from joint F-tests that test whether the domain-level standardized treatment effect is zero for both subgroups when splitting the sample by baseline employment status (column 1) or by baseline housing status (column 2). In columns 3 through 6, we report the p-values from nonparametric permutation tests. We generate 10,000 placebo samples in which we randomly re-assign treatment status within randomization batches (see Appendix D). To construct p-values for a domain-subgroup pair, we re-estimate the standardized treatment effect using the placebo treatment assignments, and calculate the fraction of placebo samples where any of the four subgroups generate a traditional p-value that is smaller than the corresponding p-value reported for that domain-subgroup across Tables 3 to 8.

Appendix Table 1: Baseline Characteristics - All Baseline Participants

	Control (1)	Treatment (2)	Difference in Means (3)	P-value of Difference In Means Test (4)
Less than High School Education	0.282	0.301	0.018	0.677
High School Degree or GED	0.278	0.249	-0.029	0.499
Some College	0.248	0.269	0.022	0.613
College Degree	0.192	0.181	-0.011	0.773
Black	0.479	0.435	-0.043	0.372
White	0.175	0.166	-0.009	0.798
Hispanic	0.274	0.326	0.053	0.235
Other Race	0.073	0.073	0.000	0.997
Age	36.9	37.0	0.098	0.904
Currently Employed	0.406	0.399	-0.007	0.883
Female	0.833	0.834	0.001	0.981
Married	0.222	0.233	0.011	0.789
Household Size	3.872	3.979	0.107	0.547
Receives SNAP Benefits	0.614	0.648	0.034	0.472
Respondent Monthly Earnings	$545	$518	-$27	0.716
Took Survey in English	0.795	0.798	0.003	0.938
Experienced a Medical Hardship	0.249	0.207	-0.042	0.310
Currently Experiencing Homelessness	0.060	0.057	-0.003	0.901
Utilities Disconnected/Notice of Disconnect Past Year	0.569	0.617	0.048	0.321
Percentage of Povety Line	0.635	0.652	0.017	0.784
Single Mother	0.560	0.549	-0.011	0.827
Responded to 12 Month Survey	0.808	0.839	0.032	0.395
Responded to 24 Month Survey	0.812	0.808	-0.004	0.923
N	234	193		
Prob > F				0.994

Notes: Data are from the baseline survey for all respondents who participated in the study. The last row reports the p-value from the test of joint significance of a regression of treatment status on the listed baseline characteristics.

Appendix Table 2: Baseline Characteristics by Referral Source

	Central Intake	Immigration Services	Families First
	(1)	(2)	(3)
Less than High School Education	0.25	0.38	0.69
High School Degree or GED	0.26	0.31	0.19
Some College	0.29	0.14	0.13
College Degree	0.20	0.17	0.00
Black	0.49	0.31	0.38
White	0.19	0.09	0.13
Hispanic	0.23	0.58	0.50
Other Race	0.09	0.02	0.00
Age	36.9	37.4	35.1
Currently Employed	0.39	0.49	0.31
Female	0.84	0.80	0.81
Married	0.17	0.45	0.50
Household Size	3.92	3.89	4.00
Receives SNAP Benefits	0.65	0.49	0.69
Respondent Monthly Earnings	$536	$587	$243
Took Baseline Survey in English	0.86	0.46	0.67
Experienced a Medical Hardship	0.24	0.22	0.13
Currently Experiencing Homelessness	0.03	0.20	0.19
Utilities Disconnected/Notice of Disconnect Past Year	0.65	0.36	0.25
Percentage of Povety Line	0.66	0.61	0.48
Single Mother	0.59	0.42	0.44
N	346	65	16

Notes: Data are from the baseline survey and include all respondents who participated in the study. We split the sample according to how the participant was first recruited to the study. The Central Intake category includes 13 participants recruited through Financial Assistance, the precursor to Central Intake.

Appendix Table 3: Baseline Characteristics - Responders vs Non-Responders

	12-Month Response		24-Month Response	
	Main Effect	Interaction	Main Effect	Interaction
	(1)	(2)	(3)	(4)
High School Degree or GED	0.080	-0.244	0.032	-0.233
	(0.070)	(0.107)	(0.067)	(0.112)
Some College	0.186	-0.256	0.017	-0.094
	(0.077)	(0.103)	(0.080)	(0.111)
College Degree	0.047	-0.041	0.040	-0.027
	(0.094)	(0.118)	(0.084)	(0.112)
Black	0.115	-0.229	-0.007	-0.062
	(0.121)	(0.140)	(0.099)	(0.143)
White	-0.011	-0.175	-0.142	-0.100
	(0.137)	(0.166)	(0.115)	(0.168)
Hispanic	0.077	-0.082	-0.152	0.152
	(0.151)	(0.178)	(0.145)	(0.186)
Age	0.002	0.000	0.008	-0.002
	(0.003)	(0.005)	(0.003)	(0.005)
Currently Employed	0.079	-0.048	-0.053	0.063
	(0.055)	(0.085)	(0.058)	(0.088)
Female	0.185	-0.132	0.084	0.008
	(0.092)	(0.129)	(0.087)	(0.130)
Married	0.154	-0.095	0.135	-0.049
	(0.087)	(0.110)	(0.081)	(0.112)
Household Size	-0.018	0.020	-0.007	-0.002
	(0.017)	(0.022)	(0.015)	(0.022)
Receives SNAP Benefits	-0.007	0.119	0.059	0.033
	(0.061)	(0.093)	(0.061)	(0.096)
Respondent Monthly Earnings	-0.000	0.000	0.000	-0.000
	(0.000)	(0.000)	(0.000)	(0.000)
Took Baseline Survey in English	-0.058	0.223	-0.034	0.180
	(0.113)	(0.148)	(0.131)	(0.167)
Experienced a Medical Hardship	-0.130	0.081	-0.178	0.162
	(0.065)	(0.098)	(0.070)	(0.101)
Houseold is Currently Experiencing Homelessness	0.034	-0.012	0.040	0.031
	(0.109)	(0.163)	(0.109)	(0.146)
Utilities Disconnected/Received Notice of Disconnect in Past Year	0.068	-0.022	-0.007	0.054
	(0.057)	(0.082)	(0.057)	(0.084)
Percentage of Povety Line	-0.064	-0.014	-0.115	0.063
	(0.056)	(0.073)	(0.063)	(0.078)
Single Mother	0.037	-0.074	0.010	-0.006
	(0.075)	(0.107)	(0.074)	(0.106)
Prob > F		0.247		0.662

Notes: Data are from the baseline survey and the sample includes 423 baseline respondents for whom all listed baseline characteristics are non-missing. Columns 1 and 2 report point estimates from the regression of an indicator of 12-month response on the listed baseline characteristics (column 1) and their interactions with a treatment indicator (column 2). Columns 3 and 4 similarly report results where the dependent variable is an indicator of 24-month response. The final row reports the p-value from a test of the null hypothesis that all interactions are equal to zero.

Appendix Table 4 - Self-Sufficiency Matrix Ratings at Baseline, Treatment Group

	In-Crisis	Vulnerable	Safe	Stable	Thriving
Education & Skills	4%	45%	35%	16%	0%
Emotional	5%	21%	43%	31%	1%
Faith	8%	25%	37%	24%	5%
Financial	44%	48%	8%	0%	0%
Health	9%	44%	36%	11%	0%
Hope	3%	24%	47%	25%	1%
Language & Communication	5%	22%	31%	33%	8%
Legal	1%	5%	27%	59%	8%
Physical	5%	55%	37%	2%	1%
Realtionships	6%	17%	41%	26%	10%
Social Skills	3%	17%	47%	33%	0%
Support Skills	17%	42%	31%	8%	1%

Notes: Data are from baseline asset scores of Padua participants recorded in participant case files. Components of each listed asset are scored on a range from 1 (In-Crisis) to 5 (Thriving). See Appendix A for an example of the Self-Sufficiency Matrix Scoring Tool used to rate the Financial asset.

Appendix Table 5: ITT Estimates of the Effect of the Padua Program on Labor Market Outcomes, 12-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Currently Employed	0.069	0.093	0.052	0.030	0.093	0.044	0.099
	(0.049)	(0.071)	(0.066)	(0.068)	(0.058)	(0.130)	(0.058)
	[0.156]	[0.191]	[0.433]	[0.663]	[0.111]	[0.733]	[0.087]
	{0.587}	{0.422}	{0.812}	{0.558}	{0.633}	{0.578}	{0.590}
Respondent Monthly Earnings	$178	$44.32	$354	$143	$151	-$470	$351
	(162)	(155)	(346)	(207)	(186)	(295)	(204)
	[0.273]	[0.775]	[0.308]	[0.491]	[0.417]	[0.117]	[0.087]
	{1,009}	{806}	{1,289}	{945}	{1,092}	{1,029}	{1,003}
Employed Full Time	0.108	0.066	0.180	0.087	0.119	-0.060	0.165
	(0.050)	(0.067)	(0.082)	(0.064)	(0.065)	(0.116)	(0.059)
	[0.032]	[0.328]	[0.029]	[0.176]	[0.066]	[0.608]	[0.005]
	{0.402}	{0.303}	{0.537}	{0.349}	{0.466}	{0.400}	{0.403}
Hours Worked Per Week- All Jobs	4.58	2.99	7.43	3.18	5.29	1.01	6.19
	(2.15)	(2.93)	(3.34)	(2.78)	(2.60)	(5.27)	(2.53)
	[0.034]	[0.308]	[0.028]	[0.252]	[0.041]	[0.849]	[0.015]
	{21.80}	{15.99}	{29.71}	{20.10}	{24.36}	{20.44}	{22.22}
Percentage of Povety Line	0.048	-0.025	0.088	0.048	0.026	-0.496	0.189
	(0.091)	(0.098)	(0.183)	(0.112)	(0.111)	(0.196)	(0.109)
	[0.595]	[0.798]	[0.630]	[0.670]	[0.815]	[0.014]	[0.083]
	{1.021}	{0.983}	{1.073}	{0.963}	{1.078}	{1.082}	{1.002}
Can Legally Work in U.S.	0.004	0.003	-0.008	-0.004	0.015	0.043	-0.007
	(0.014)	(0.018)	(0.018)	(0.018)	(0.017)	(0.028)	(0.017)
	[0.760]	[0.861]	[0.667]	[0.839]	[0.378]	[0.132]	[0.663]
	{0.840}	{0.870}	{0.800}	{0.857}	{0.814}	{0.844}	{0.839}
Standardized Treatment Effect	0.133	0.081	0.213	0.101	0.147	-0.130	0.229
	(0.075)	(0.096)	(0.128)	(0.109)	(0.091)	(0.187)	(0.088)
	[0.074]	[0.398]	[0.098]	[0.358]	[0.104]	[0.490]	[0.009]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	351	206	145	128	128	83	268

Notes: Column 1 reports estimates for the full sample of respondents to the 12-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Appendix Table 6: ITT Estimates of the Effect of the Padua Program on Housing Outcomes, 12-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Owns or Rents	0.013	0.030	-0.001	-0.008	-0.002	0.059	0.002
	(0.042)	(0.057)	(0.067)	(0.056)	(0.050)	(0.128)	(0.044)
	[0.763]	[0.599]	[0.986]	[0.883]	[0.969]	[0.645]	[0.964]
	{0.794}	{0.780}	{0.812}	{0.779}	{0.829}	{0.644}	{0.840}
Lives in Public Housing	0.002	0.044	-0.070	0.009	-0.011	-0.003	0.017
	(0.030)	(0.038)	(0.056)	(0.048)	(0.037)	(0.093)	(0.034)
	[0.937]	[0.242]	[0.213]	[0.847]	[0.761]	[0.973]	[0.604]
	{0.113}	{0.065}	{0.179}	{0.116}	{0.125}	{0.093}	{0.119}
Utilities Disconnected/Received Notice of Disconnect in Past Year	0.035	0.029	0.024	0.002	0.055	0.131	-0.001
	(0.047)	(0.064)	(0.069)	(0.062)	(0.054)	(0.134)	(0.051)
	[0.452]	[0.652]	[0.731]	[0.976]	[0.310]	[0.334]	[0.990]
	{0.529}	{0.541}	{0.512}	{0.505}	{0.559}	{0.422}	{0.562}
Any Medium or More Neighborhood Problems	-0.065	-0.132	-0.038	-0.090	-0.057	-0.224	-0.047
	(0.051)	(0.066)	(0.080)	(0.064)	(0.065)	(0.135)	(0.057)
	[0.198]	[0.046]	[0.639]	[0.157]	[0.373]	[0.103]	[0.405]
	{0.471}	{0.486}	{0.450}	{0.473}	{0.469}	{0.578}	{0.438}
Two or More Medium Neighborhood Problems	-0.089	-0.113	-0.131	-0.122	-0.066	-0.091	-0.082
	(0.048)	(0.062)	(0.081)	(0.060)	(0.060)	(0.118)	(0.056)
	[0.068]	[0.072]	[0.109]	[0.043]	[0.271]	[0.444]	[0.142]
	{0.360}	{0.358}	{0.362}	{0.373}	{0.350}	{0.400}	{0.347}
Standardized Treatment Effect	0.054	0.067	0.095	0.070	0.029	0.101	0.044
	(0.051)	(0.067)	(0.083)	(0.065)	(0.070)	(0.122)	(0.059)
	[0.298]	[0.318]	[0.250]	[0.282]	[0.682]	[0.412]	[0.455]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	351	206	145	128	128	83	268

Notes: Column 1 reports estimates for the full sample of respondents to the 12-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Appendix Table 7: ITT Estimates of the Effect of the Padua Program on Support Outcomes, 12-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Receives Any Government Benefits	-0.040	-0.054	0.000	-0.06	-0.009	-0.012	-0.072
	(0.042)	(0.055)	(0.070)	(0.049)	(0.063)	(0.106)	(0.048)
	[0.344]	[0.333]	[0.999]	[0.221]	[0.885]	[0.912]	[0.134]
	{0.683}	{0.734}	{0.613}	{0.735}	{0.623}	{0.667}	{0.688}
Receives SNAP Benefits	-0.062	-0.064	-0.045	-0.077	-0.055	-0.153	-0.060
	(0.046)	(0.063)	(0.071)	(0.055)	(0.063)	(0.122)	(0.054)
	[0.184]	[0.315]	[0.527]	[0.164]	[0.384]	[0.215]	[0.266]
	{0.624}	{0.670}	{0.562}	{0.688}	{0.558}	{0.622}	{0.625}
Receives TANF Benefits	-0.024	0.003	-0.056	-0.021	-0.015	-0.039	-0.022
	(0.018)	(0.021)	(0.030)	(0.028)	(0.022)	(0.030)	(0.022)
	[0.187]	[0.902]	[0.067]	[0.442]	[0.486]	[0.194]	[0.326]
	{0.037}	{0.018}	{0.062}	{0.041}	{0.034}	{0.022}	{0.042}
Receives SDA Benefits	0.002	-0.045	0.056	0.006	-0.008	0.051	-0.005
	(0.030)	(0.043)	(0.040)	(0.046)	(0.032)	(0.088)	(0.033)
	[0.946]	[0.298]	[0.165]	[0.890]	[0.813]	[0.565]	[0.882]
	{0.149}	{0.204}	{0.075}	{0.161}	{0.133}	{0.111}	{0.161}
Receives SSI Benefits	0.011	0.014	0.014	-0.001	0.024	0.040	0.009
	(0.013)	(0.020)	(0.015)	(0.014)	(0.019)	(0.030)	(0.015)
	[0.390]	[0.497]	[0.351]	[0.960]	[0.200]	[0.182]	[0.575]
	{0.011}	{0.019}	{0.000}	{0.014}	{0.004}	{0.000}	{0.014}
Receives Unemployment Benefits	-0.007	0.010	-0.027	0.005	-0.021	-0.007	0.000
	(0.012)	(0.015)	(0.021)	(0.015)	(0.016)	(0.029)	(0.014)
	[0.539]	[0.494]	[0.194]	[0.739]	[0.198]	[0.808]	[0.988]
	{0.016}	{0.009}	{0.025}	{0.009}	{0.022}	{0.022}	{0.014}
Receives WIC Benefits	-0.022	0.033	-0.069	-0.024	-0.002	0.088	-0.06
	(0.035)	(0.046)	(0.057)	(0.046)	(0.047)	(0.102)	(0.038)
	[0.527]	[0.473]	[0.233]	[0.597]	[0.960]	[0.391]	[0.116]
	{0.196}	{0.174}	{0.225}	{0.170}	{0.215}	{0.133}	{0.215}
Standardized Treatment Effect	0.048	0.008	0.064	0.082	0.058	0.033	0.068
	(0.047)	(0.070)	(0.066)	(0.062)	(0.068)	(0.113)	(0.051)
	[0.304]	[0.914]	[0.339]	[0.187]	[0.396]	[0.773]	[0.188]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	351	206	145	128	128	83	268

Notes: Column 1 reports estimates for the full sample of respondents to the 12-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Appendix Table 8: ITT Estimates of the Effect of the Padua Program on Spending Outcomes, 12-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Monthly Rent	$49.34	$100	$25.51	$24.48	$58.21	$184	$12.20
	(37.25)	(53.75)	(49.98)	(49.18)	(42.73)	(112.37)	(37.85)
	[0.186]	[0.064]	[0.611]	[0.619]	[0.173]	[0.108]	[0.747]
	{459}	{428}	{500}	{447}	{477}	{352}	{492}
Monthly Spending on Childcare	$38.07	$14.55	$76.13	$2.28	$32.64	$10.06	$49.04
	(28.14)	(17.28)	(64.90)	(15.57)	(24.10)	(33.00)	(36.77)
	[0.177]	[0.401]	[0.243]	[0.884]	[0.176]	[0.762]	[0.184]
	{47.08}	{32.56}	{66.85}	{38.60}	{54.85}	{41.94}	{48.68}
Uses a Budget to Determine Spending	0.032	0.047	0.003	0.021	0.024	0.027	0.024
	(0.048)	(0.062)	(0.085)	(0.064)	(0.066)	(0.117)	(0.056)
	[0.511]	[0.450]	[0.969]	[0.747]	[0.712]	[0.817]	[0.669]
	{0.684}	{0.729}	{0.625}	{0.723}	{0.653}	{0.778}	{0.655}
Total Monthly Spending Without Rent	-$136	-$104	-$155	-$129	-$153	-$150	-$109
	(60.05)	(70.24)	(113.32)	(78.26)	(65.57)	(139.77)	(71.21)
	[0.024]	[0.141]	[0.175]	[0.100]	[0.020]	[0.288]	[0.129]
	{1,146}	{1,094}	{1,217}	{1,135}	{1,151}	{1,081}	{1,167}
Monthly Spending on Food	-$95.53	-$66.94	-$118	-$90.90	-$80.04	-$54.37	-$105
	(35.44)	(41.02)	(65.20)	(57.08)	(38.95)	(69.95)	(42.99)
	[0.007]	[0.104]	[0.072]	[0.111]	[0.040]	[0.441]	[0.016]
	{618}	{597}	{646}	{642}	{590}	{592}	{626}
Standardized Treatment Effect	0.014	0.034	0.016	-0.035	0.011	0.057	0.009
	(0.069)	(0.072)	(0.106)	(0.092)	(0.073)	(0.144)	(0.087)
	[0.845]	[0.635]	[0.877]	[0.699]	[0.881]	[0.692]	[0.917]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	351	206	145	128	128	83	268

Notes: Column 1 reports estimates for the full sample of respondents to the 12-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Appendix Table 9: ITT Estimates of the Effect of the Padua Program on Debt and Savings Outcomes, 12-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Has Checkings or Savings Account	0.005	0.009	0.024	-0.053	0.072	-0.131	0.053
	(0.044)	(0.060)	(0.064)	(0.059)	(0.056)	(0.103)	(0.049)
	[0.908]	[0.878]	[0.714]	[0.377]	[0.200]	[0.210]	[0.280]
	{0.656}	{0.587}	{0.750}	{0.628}	{0.685}	{0.533}	{0.694}
Total Assets	-$1,817	-$2,956	-$272	-$1,432	-$1,759	-$1,880	-$1,769
	(1,193)	(2,055)	(790)	(1,100)	(1,729)	(3,488)	(1,348)
	[0.129]	[0.152]	[0.732]	[0.193]	[0.309]	[0.592]	[0.191]
	{2,938}	{3,860}	{1,705}	{2,597}	{3,431}	{3,440}	{2,784}
Did Total Assets Increase?	0.077	0.037	0.145	0.006	0.151	-0.100	0.113
	(0.054)	(0.073)	(0.085)	(0.072)	(0.067)	(0.116)	(0.065)
	[0.154]	[0.614]	[0.089]	[0.938]	[0.025]	[0.391]	[0.081]
	{0.390}	{0.374}	{0.412}	{0.373}	{0.405}	{0.318}	{0.413}
Has a Retirement Account	0.031	0.025	0.042	0.005	0.033	-0.062	0.056
	(0.032)	(0.044)	(0.052)	(0.034)	(0.041)	(0.068)	(0.039)
	[0.339]	[0.575]	[0.424]	[0.893]	[0.423]	[0.367]	[0.148]
	{0.096}	{0.083}	{0.113}	{0.079}	{0.116}	{0.133}	{0.084}
Total Amount of Credit Card Debt	-$841	-$888	-$606	-$552	-$961	-$54.60	-$776
	(368)	(548)	(445)	(426)	(418)	(635)	(437)
	[0.023]	[0.107]	[0.176]	[0.195]	[0.021]	[0.932]	[0.077]
	{1,834}	{2,016}	{1,588}	{1,649}	{2,066}	{1,036}	{2,084}
Total Debt Without Mortgage	-$5,184	-$72.06	-$10,627	-$7,185	-$756	$3,038	-$5,536
	(5,524)	(4,049)	(11,888)	(6,409)	(4,185)	(7,862)	(6,628)
	[0.349]	[0.986]	[0.373]	[0.262]	[0.857]	[0.701]	[0.404]
	{29,790}	{24,253}	{37,361}	{29,785}	{28,761}	{22,547}	{32,086}
Has Used a Payday Loan in the Past Year	-0.014	-0.004	-0.022	-0.003	-0.018	0.099	-0.049
	(0.037)	(0.046)	(0.066)	(0.042)	(0.055)	(0.068)	(0.045)
	[0.713]	[0.936]	[0.734]	[0.941]	[0.742]	[0.148]	[0.277]
	{0.154}	{0.128}	{0.190}	{0.113}	{0.202}	{0.045}	{0.188}
Rolled Over Payday Loan	-0.013	-0.016	-0.013	-0.007	-0.017	0.042	-0.035
	(0.029)	(0.037)	(0.050)	(0.034)	(0.041)	(0.055)	(0.036)
	[0.661]	[0.656]	[0.804]	[0.827]	[0.685]	[0.449]	[0.325]
	{0.085}	{0.073}	{0.100}	{0.066}	{0.105}	{0.044}	{0.097}
Standardized Treatment Effect	0.062	0.034	0.103	0.020	0.095	-0.189	0.112
	(0.043)	(0.061)	(0.071)	(0.063)	(0.061)	(0.097)	(0.051)
	[0.146]	[0.575]	[0.147]	[0.756]	[0.121]	[0.056]	[0.029]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	351	206	145	128	128	83	268

Notes: Column 1 reports estimates for the full sample of respondents to the 12-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Appendix Table 10: ITT Estimates of the Effect of the Padua Program on Health Outcomes, 12-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Did R's Self-rating of Health Improve or Stay at Excellent?	0.059	0.047	0.103	0.073	0.051	0.244	0.041
	(0.047)	(0.062)	(0.075)	(0.060)	(0.062)	(0.099)	(0.054)
	[0.210]	[0.446]	[0.176]	[0.226]	[0.410]	[0.017]	[0.445]
	{0.228}	{0.220}	{0.237}	{0.204}	{0.248}	{0.178}	{0.243}
Covered by Medical Insurance	0.038	0.042	0.044	0.057	0.044	0.022	0.050
	(0.050)	(0.070)	(0.078)	(0.065)	(0.065)	(0.108)	(0.060)
	[0.449]	[0.549]	[0.573]	[0.379]	[0.494]	[0.837]	[0.405]
	{0.503}	{0.505}	{0.500}	{0.478}	{0.522}	{0.489}	{0.507}
R Visited ER in Past Year	0.027	0.026	0.020	-0.003	0.055	-0.013	0.007
	(0.049)	(0.067)	(0.078)	(0.062)	(0.062)	(0.113)	(0.057)
	[0.584]	[0.697]	[0.797]	[0.968]	[0.375]	[0.911]	[0.901]
	{0.556}	{0.560}	{0.550}	{0.568}	{0.538}	{0.600}	{0.542}
Visited Doctor in Past 12 Months	-0.047	-0.008	-0.089	-0.020	-0.072	0.094	-0.095
	(0.043)	(0.057)	(0.071)	(0.054)	(0.055)	(0.112)	(0.051)
	[0.280]	[0.890]	[0.212]	[0.706]	[0.195]	[0.408]	[0.061]
	{0.804}	{0.807}	{0.800}	{0.793}	{0.812}	{0.756}	{0.819}
Experienced a Medical Hardship	-0.026	-0.025	-0.015	-0.056	0.023	0.034	-0.038
	(0.043)	(0.057)	(0.069)	(0.061)	(0.055)	(0.109)	(0.049)
	[0.540]	[0.664]	[0.830]	[0.356]	[0.680]	[0.757]	[0.443]
	{0.259}	{0.266}	{0.250}	{0.261}	{0.257}	{0.222}	{0.271}
Standardized Treatment Effect	0.021	0.036	0.020	0.073	-0.033	0.167	0.004
	(0.046)	(0.059)	(0.077)	(0.064)	(0.065)	(0.111)	(0.053)
	[0.656]	[0.541]	[0.798]	[0.255]	[0.612]	[0.135]	[0.939]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	351	206	145	128	128	83	268

Note: Column 1 reports estimates for the full sample of respondents to the 24 month survey. Columns 2 & 3 report results according to respondents' employment status at baseline. Columns 4 & 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018, described in detail in the text. Columns 6 & 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below each estimate is the standard error on the treatment effect for each regression, the p-value on the estimate and the control group mean.

Appendix 11: ITT Estimates of the Effect of the Padua Program on Selected Additional Outcomes, 24-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Monthly Utility Spending	-$5.75	-$10.43	$4.44	-$2.51	-$13.47	$15.94	-$8.19
	(10.72)	(14.79)	(16.54)	(14.19)	(12.39)	(26.66)	(12.21)
	[0.592]	[0.482]	[0.789]	[0.860]	[0.277]	[0.552]	[0.503]
	{150.19}	{154.90}	{143.12}	{149.91}	{150.51}	{120.78}	{159.59}
Monthly Spending on Phone & TV & Internet Services	-$12.01	-$18.08	-$0.38	-$14.40	-$7.42	-$10.12	-$7.22
	(11.47)	(15.40)	(18.32)	(14.62)	(13.82)	(39.02)	(12.05)
	[0.296]	[0.242]	[0.983]	[0.325]	[0.592]	[0.796]	[0.550]
	{157.85}	{158.96}	{156.18}	{158.88}	{156.49}	{152.78}	{159.47}
Monthly Amount Paid to Support Others	$146	-$28.85	$218	$37.79	$265	$463	$28.58
	(150.95)	(121.27)	(323.09)	(146.79)	(294.66)	(573.93)	(117.02)
	[0.336]	[0.812]	[0.501]	[0.797]	[0.368]	[0.424]	[0.807]
	{378.69}	{382.15}	{373.55}	{378.17}	{370.48}	{338.44}	{391.27}
Monthly Spending on Fuel	-$7.25	-$12.16	$3.72	-$16.63	$4.76	-$81.10	-$0.16
	(15.38)	(20.11)	(25.39)	(18.70)	(21.11)	(39.24)	(16.64)
	[0.638]	[0.546]	[0.884]	[0.374]	[0.821]	[0.044]	[0.992]
	{166.09}	{162.79}	{171.05}	{170.65}	{159.80}	{173.57}	{163.71}
Has Credit Card Debt	0.020	-0.008	0.081	0.010	0.015	0.028	0.022
	(0.042)	(0.056)	(0.066)	(0.051)	(0.054)	(0.093)	(0.050)
	[0.635]	[0.883]	[0.225]	[0.846]	[0.783]	[0.761]	[0.664]
	{0.328}	{0.307}	{0.360}	{0.301}	{0.372}	{0.239}	{0.357}
Owns Stocks, Bonds or Mutual Funds	0.015	-0.008	0.034	-0.004	0.037	-0.051	0.045
	(0.020)	(0.025)	(0.037)	(0.023)	(0.025)	(0.064)	(0.020)
	[0.463]	[0.756]	[0.350]	[0.865]	[0.133]	[0.429]	[0.025]
	{0.032}	{0.035}	{0.026}	{0.041}	{0.026}	{0.087}	{0.014}
Has Debt	0.030	0.003	0.043	0.009	0.055	0.138	0.008
	(0.033)	(0.049)	(0.043)	(0.046)	(0.031)	(0.088)	(0.036)
	[0.353]	[0.957]	[0.316]	[0.837]	[0.074]	[0.122]	[0.835]
	{0.868}	{0.842}	{0.908}	{0.853}	{0.889}	{0.804}	{0.889}
Personal Views Index	-0.210	-0.160	-0.190	-0.020	-0.400	0.230	-0.400
	(0.37)	(0.51)	(0.58)	(0.46)	(0.44)	(0.97)	(0.42)
	[0.579]	[0.752]	[0.742]	[0.971]	[0.373]	[0.818]	[0.344]
	{30.34}	{30.68}	{29.82}	{30.40}	{30.25}	{30.04}	{30.43}
Household is Experiencing Homelessness	-0.010	0.011	-0.036	-0.011	-0.011	-0.058	-0.005
	(0.011)	(0.010)	(0.025)	(0.012)	(0.012)	(0.046)	(0.008)
	[0.403]	[0.249]	[0.154]	[0.361]	[0.346]	[0.211]	[0.503]
	{0.016}	{0.000}	{0.039}	{0.015}	{0.018}	{0.043}	{0.007}
N	346	206	140	125	125	81	265

Notes: Column 1 reports estimates for the full sample of respondents to the 12-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Appendix 12: ITT Estimates of the Effect of the Padua Program on Selected Additional Outcomes, Continued
24-Month Results

Regression-Adjusted ITT (Standard error) [P-value] {Control group mean}

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Hourly Wage	-$1.26	$1.35	-$6.17	$0.14	-$2.39	-$3.80	-$0.66
	(1.78)	(1.24)	(4.24)	(1.36)	(2.63)	(2.27)	(2.25)
	[0.478]	[0.277]	[0.148]	[0.916]	[0.364]	[0.100]	[0.768]
	{9.95}	{7.13}	{14.19}	{7.91}	{12.17}	{8.87}	{10.30}
Total Household Income (Including Benefits)	$210	$244	$236	$189	$325	$144	$364
	(184)	(249)	(296)	(233)	(254)	(492)	(207)
	[0.255]	[0.328]	[0.427]	[0.418]	[0.201]	[0.771]	[0.081]
	{2239}	{2170}	{2342}	{2117}	{2343}	{2154}	{2266}
Employed Part Time	-0.043	-0.061	-0.029	-0.108	0.015	0.102	-0.07
	(0.042)	(0.056)	(0.068)	(0.049)	(0.053)	(0.101)	(0.049)
	[0.306]	[0.280]	[0.674]	[0.028]	[0.779]	[0.315]	[0.148]
	{0.200}	{0.211}	{0.184}	{0.245}	{0.154}	{0.174}	{0.208}
Hours Worked Per Week- Main Job	3.44	6.51	-1.72	5.27	2.29	-2.81	4.86
	(2.10)	(2.75)	(3.49)	(2.55)	(2.72)	(5.74)	(2.29)
	[0.102]	[0.019]	[0.624]	[0.039]	[0.400]	[0.627]	[0.035]
	{21.83}	{16.49}	{29.84}	{18.88}	{24.74}	{19.46}	{22.59}
Monthly Amount Received from SNAP	-$5.92	-$27.95	$29.96	-$8.81	-$8.44	$83.78	-$37.36
	(23.93)	(33.62)	(34.44)	(29.96)	(28.01)	(58.44)	(26.22)
	[0.805]	[0.407]	[0.386]	[0.769]	[0.763]	[0.158]	[0.156]
	{196.98}	{213.35}	{172.42}	{209.26}	{184.49}	{199.13}	{196.29}
Monthly Amount Received from TANF	$12.80	$7.81	$20.57	$16.34	$8.70	$33.48	-$2.44
	(6.62)	(4.81)	(15.28)	(11.64)	(5.84)	(28.42)	(2.22)
	[0.054]	[0.106]	[0.181]	[0.160]	[0.136]	[0.244]	[0.274]
	{2.11}	{2.28}	{1.84}	{2.55}	{1.44}	{0.00}	{2.78}
Monthly Amount Received from SDA	-$8.18	-$42.58	$39.94	-$25.66	$19.77	$85.98	-$16.90
	(29.72)	(40.26)	(44.12)	(39.49)	(37.40)	(86.55)	(32.37)
	[0.783]	[0.292]	[0.367]	[0.516]	[0.597]	[0.325]	[0.602]
	{138.20}	{162.57}	{101.81}	{152.43}	{122.84}	{107.16}	{148.04}
Monthly Amount Received from SSI	-$16.15	-$22.28	-$4.59	-$30.93	-$5.60	-$22.63	-$11.30
	(17.60)	(29.65)	(4.83)	(19.88)	(4.86)	(33.92)	(20.48)
	[0.360]	[0.453]	[0.345]	[0.120]	[0.249]	[0.508]	[0.582]
	{33.33}	{53.21}	{4.03}	{51.21}	{14.34}	{43.48}	{30.04}
Monthly Amount Received from Unemployment or Workers Compensation	-$5.95	-$17.88	$13.58	-$12.54	$0.81	$0.00	-$4.88
	(11.17)	(15.93)	(16.85)	(12.60)	(12.45)	(0.00)	(14.72)
	[0.595]	[0.263]	[0.422]	[0.320]	[0.948]	[.]	[0.740]
	{14.19}	{23.73}	{0.00}	{17.22}	{10.58}	{0.00}	{18.62}
Monthly Amount Received from Family & Friends	$8.84	$10.96	$9.74	-$10.60	$29.40	$18.18	$16.61
	(25.48)	(35.97)	(39.06)	(19.68)	(39.95)	(30.01)	(32.44)
	[0.729]	[0.761]	[0.803]	[0.590]	[0.462]	[0.547]	[0.609]
	{57.95}	{54.20}	{63.49}	{51.26}	{64.84}	{37.50}	{64.20}
N	346	206	140	125	125	81	265

Notes: Column 1 reports estimates for the full sample of respondents to the 12-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. The columns report the treatment effect from a regression of the outcome on the treatment indicator, an indicator for cohort, the baseline value of the outcome, length of time between interviews, age, and indicators for month of interview, education, race, marital status, household size, employment status and earnings at baseline. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Appendix Table 13: ITT Estimates of the Effect of the Padua Program on Domains with Selected Additional Outcomes, 24-Month Results

		By Employment at Baseline		By Employment Propensity at Baseline		By Housing Stability at Baseline	
	Full Sample	Not Employed	Employed	Low Propensity	High Propensity	Unstably Housed	Stably Housed
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Labor	0.103	0.191	-0.01	0.153	0.109	-0.086	0.175
	(0.064)	(0.094)	(0.107)	(0.098)	(0.092)	(0.170)	(0.071)
	[0.108]	[0.044]	[0.926]	[0.118]	[0.235]	[0.616]	[0.014]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
Housing	0.096	0.103	0.113	0.074	0.124	0.13	0.101
	(0.045)	(0.054)	(0.073)	(0.061)	(0.058)	(0.102)	(0.048)
	[0.033]	[0.056]	[0.124]	[0.224]	[0.033]	[0.206]	[0.038]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
Support	-0.018	0.047	-0.126	0.011	-0.135	-0.106	0.086
	(0.055)	(0.054)	(0.126)	(0.255)	(0.136)	(0.077)	(0.040)
	[0.738]	[0.387]	[0.321]	[0.967]	[0.320]	[0.170]	[0.031]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
Spending	0.109	0.024	0.343	0.096	0.215	0.200	0.077
	(0.085)	(0.072)	(0.256)	(0.163)	(0.161)	(0.166)	(0.093)
	[0.199]	[0.736]	[0.183]	[0.558]	[0.182]	[0.232]	[0.406]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
Debt	0.037	0.020	0.166	0.111	0.187	0.031	0.09
	(0.050)	(0.051)	(0.133)	(0.220)	(0.252)	(0.261)	(0.054)
	[0.455]	[0.687]	[0.216]	[0.614]	[0.458]	[0.905]	[0.096]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
Health	0.062	0.040	0.080	0.054	0.100	0.080	0.038
	(0.044)	(0.054)	(0.074)	(0.052)	(0.058)	(0.088)	(0.053)
	[0.160]	[0.454]	[0.281]	[0.297]	[0.084]	[0.364]	[0.482]
	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}	{0.000}
N	346	206	140	125	125	81	265

Notes: The table reports domain-level standardized treatment effects, grouping outcomes reported across Table 3 through 8 with the additional pre-specified outcomes in Appendix Tables 11 and 12. Column 1 reports estimates for the full sample of respondents to the 24-month follow-up survey. Columns 2 and 3 report results according to respondents' employment status at baseline. Columns 4 and 5 report results using the repeated split sample procedure proposed in Abadie et. al 2018. See Section VI.B for details. Columns 6 and 7 report results according to respondents' reported dwelling type at baseline. High housing stability was defined as living in a dwelling that was owned or rented by the respondent. Low housing stability included categories such as paying some of the rent, living rent free, homeless and other situations that did not qualify as renting or owning. Below the ITT estimates, we report standard errors in parentheses, p-values in brackets, and control group means in braces.

Appendix A – Financial Asset Scoring Tool from the Self-Sufficiency Matrix

	FI1. Employment				
	1: In-Crisis	2: Vulnerable	3: Safe	4: Stable	5: Thriving
Benchmark	Chronically unemployed AND ineligible for unemployment compensation	Recently unemployed OR significantly underemployed OR employment is highly inconsistent	Underemployed OR employment is somewhat inconsistent OR required to work 2nd or 3rd job to meet employment needs OR receiving unemployment compensation	Employed AND employment is stable	Consistently employed for 6 months AND employment provides benefits
Examples	*-Never employed or out of work for a year or more* *-Obtains income through sex work, drug dealing, organized crime, etc.*	*-Recently lost job* *-Employment is temporary/ seasonal* *-Scheduled < 50% of desired hours* *-No benefits* *-Called off once a week or more*	*-Scheduled < 75% of desired hours* *-Employed below level of education, experience, or training* *-Called off once a month or more*	*-Scheduled 100% of desired hours* *-Hours steady from week to week*	*-Benefits include health, dental, vision, retirement, PTO, disability, life insurance, etc.*

	FI2. Income				
	1: In-Crisis	2: Vulnerable	3: Safe	4: Stable	5: Thriving
Benchmark	Income below half of living wage	Income below the living wage	Income at or slightly above the living wage AND income is generally stable	Income is well above the living wage AND income is stable	Income is double the living wage AND income is stable.
Examples	-Income between 0% and 49% of the county living wage	-Income between 50% and 99% of the county living wage	-Income between 100% & 139% of the county living wage -Income varies < 30% monthly	-Income between 150% and 199% of the county living wage -Income varies <15% monthly	-Income at or above 200% of the county living wage -Income varies <15% monthly

	FI3. Debt				
	1: In-Crisis	2: Vulnerable	3: Safe	4: Stable	5: Thriving
Benchmark	Has defaulted on debt OR not making payments on all or most debt OR debt to income ratio is 50% or greater	Debt is in excess of ability to pay OR DTI ratio is greater than 43%	Is meeting minimum payments AND has a structured payment plan in place AND DTI ratio is no more than 43%	Is making more than minimum payments AND has a structured payment plan in place AND DTI ratio is 36% or less	Meets criteria for 4 AND has no debt other than mortgage, education loans, or car loans AND DTI ratio is 30% or less
Examples	*-On verge of bankruptcy*	*-One or more bills are past due* *-At risk of not being able to make future payments*	*- Is current on all bills*		

	FI4. Financial Literacy				
	1: In-Crisis	2: Vulnerable	3: Safe	4: Stable	5: Thriving
Benchmark	Lacks understanding of basic financial matters	Minimal understanding of basic financial matters	Understands basic financial matters	Understands basic financial matters AND is able to manage basic financial matters	Understands complex financial matters AND manages complex financial matters
Ex.	*-Unable to approximate income or debt*	*-Unable to approximate credit score/ does not know what credit is*	*-Able to approximate credit, income, and debt*	*-Is working on a plan to build credit* *-Has a budget*	*-Performs long term financial planning* *-Follows budget*

	FI5. Bank Accounts and Savings				
	1: In-Crisis	2: Vulnerable	3: Safe	4: Stable	5: Thriving
Benchmark	Lacks formal systems to manage money and savings	Has a formal bank account but lacks savings	Has one month of savings in a formal bank account	Has two months of savings in a formal bank account	Has three months of savings in a formal bank account
Ex.	*-Lacks a bank account* *-May use informal means such as lending circles*	*-Has prepaid debit card from lending agency*	*-Has a checking or savings account housed in a bank* *-Savings determined based on living wage*	*-Savings determined based on living wage*	*-Determined based on living wage* *-Savings determined based on living wage*

Appendix B – Additional Vignettes of Case manager/Client Interactions

For many clients, their family situation is so complicated that it takes quite some time to resolve and to create a very detailed plan. C was the sole support for her seven-person household, which included her husband, two children, her parents, and one sibling. Her husband was an addict and did not work regularly. C was stretched financially to afford a house that would accommodate such a large family and she was emotionally worn out from their constant financial stress. After considerable work with her case managers, C concluded that she needed to move into her own home with her children. The case management team agreed to provide C the financial assistance for a security deposit on a new, smaller, and more affordable apartment, on the condition that she pay back the money on a monthly basis into a savings account for her family. She also paid off $6,000 in debt and developed a financial plan. Her husband moved out and began to work on his sobriety. C received a promotion at work and recently obtained her out of-poverty benchmarks and she has no outstanding credit card or payday lending debt. Her husband is still in a sobriety program and working and the long-term goal is to reunite the family.

G was a single parent living in a homeless shelter with some of her children when she joined Padua. She was in a custody battle for her other children and owed several thousand in back child support. Her only goal for the first year in Padua was getting her family back together under one roof. For a year, G's case management team worked on getting G ready to go to court and petition for the return of her children and to get her a home appropriate for her family size. During this time, she worked part-time for a big-box retailer. Given the turmoil in the rest of her life, the case management team determined that this was about all the work G could handle. After a year in Padua, G obtained custody of all her children. Her case managers also convinced her to use her tax refund to settle her back child support. The case management team helped her apply for and obtain a Housing Choice voucher and she was able to find an apartment in a safe neighborhood. After resolving her legal and housing issues, G earned a GED and obtained a full-time job working in hospitality. G plans to enroll in a community college in a hospitality program.

Appendix C – Characteristics of Select RCT Interventions Designed to Reduce Poverty

	Padua™ Pilot	**Building Nebraska Families**	**New Hope**	**Year Up**	**Enhanced Transitional Jobs Demonstration**
RCT	Yes	Yes	Yes	Yes	Yes
Primary Finding	24% significant increase in full-time work; Marginally significant 17% increase in earnings; Stronger impacts for sub-groups	23% increase (not statistically significant) in full-time work; No impact on earnings for full sample but a significant 15% increase in income; strong impact on earnings for "very hard to employ" sub-group	No impact on earnings, marginally significant 10% increase in annual income; 7% significant increase in ever being employed in the last year	Statistically significant 39% increase in earnings; 40% significant increase in full-time employment	9% increase in earnings; 10% increase in employment and 17.5% increase in full-time (34+ hours) employment (survey results); Results were significant 9 quarters after random assignment, but fading
Impacts Measured at:	24 Months	30 Months	24 Months	24 months	30 months (survey) or 9 quarters post randomization (administrative data)
Cost Per Participant [39](2016 Dollars)	$18,400/participant	$9350/participant; $10490/participant for very hard to employ	$6390/per family	$28,637/student	$7290-11,550 per program group member

[39] We have adjusted amounts to 2016 dollars using the Personal Consumption Expenditure Index.

	Padua™ Pilot	**Building Nebraska Families**	**New Hope**	**Year Up**	**Enhanced Transitional Jobs Demonstration**
Eligibility	- Tarrant County, TX resident - Household adult between 18-55 able & willing to work - Income below ~ 180% of poverty line - English or Spanish fluency	- Rural Nebraska families living in poverty - Active TANF recipient (or in sanction status). - TANF case managers flagged as appropriate for BNF because of serious obstacles and skill deficiencies and low personal functioning.	- Lived in one of the targeted neighborhoods - Were age 18 or older - Earnings of less than 150 percent of the FPL - Willing and able to work full time	- Highly selective on motivation and manageable life challenges (screened by program staff) - Urban young adults aged 18-24 - High school credential	- low-income, non-custodial parents who owed child support; OR - individuals returning to community from prison - Multi-city evaluation
Features of the Intervention					
Case Management	Two-person case management teams work with clients to assess strengths, make detailed service plans, research resources and coordinate services and help clients achieve their goals. - Case management teams are mobile and often meet in the client's home.	Intensive home visitations to provide customized life skills and job readiness instruction - Mentoring/ informal counseling - 25 hours total time on average - 22 contacts with case manager on average	Benefits were administered by project representatives who could provide advice and information about employment (for example, help in finding a job), child care, or other topics. - Met with clients in individual or group settings and encouraged take-up of benefits - Informal counselors and motivators	Nearly all local and national staff serve as student advisors who make weekly contact individually or in groups; Each office maintains team of social workers to help students navigate challenges such as housing and mental health	Each of the sites implemented the "enhanced" services differently. Most but not all of the sites provided some form of case management and the type of case management and emphasis placed on this service differed by site. Some sites provided peer mentoring, as well.

	Padua™ Pilot	**Building Nebraska Families**	**New Hope**	**Year Up**	**Enhanced Transitional Jobs Demonstration**
Financial Supports	Flexible funding available; no cap on $ amount. $2100 allocated per family on average.	None	Only if participants were employed for 30 hours + per week: A monthly earnings supplement to raise their income above (if their earnings left the household below 200 percent of the poverty line), low-cost health insurance, and subsidized child care.	Weekly stipends (about $6,600 per student)	Transitional jobs were subsidized; Additional supports varied by site. Some sites provided child support forgiveness and some provided wage supplements; others provided neither.
Detailed Assessment	Within the first 45 days of service, case managers met with clients multiple times (~7 hours total) to conduct initial assessment to gauge participants strengths and needs in seven areas: skills and abilities, physical and mental health, legal status, financial resources, access to support systems, relationships and emotional well-being	Educators conducted an assessment of clients' strengths and needs, and clients completed a detailed program entry checklist to help educators understand their typical behaviors and attitudes. These instruments were intended to measure incremental changes in soft skills that normally are difficult to discern. First, an "entry-exit checklist" and a "success markers" tool itemized the attitudes and skills that BNF sought to encourage among participants.	None	Assessments during onboarding; periodic evaluations from staff and employers to provide structured feedback	Some of the sites started participants off with a needs or skills assessment; others did not.

	Padua™ Pilot	**Building Nebraska Families**	**New Hope**	**Year Up**	**Enhanced Transitional Jobs Demonstration**
Service & Goal Planning	Based on initial assessment, case management teams work with clients to set goals that utilize their strengths and move towards benchmarks in each asset area. Each goal is accompanied by a detailed action plan that case managers help clients follow through on.	Mentors work with participants to develop an individualized learning plan that covered goal-setting, personal improvement, family life and practical life skills	None	Customized learning plan	None
Service Coordination	Resource specialists support case management teams by providing information on available employment, education, transportation and housing services. Case managers also provide referrals to other agencies/services in the community, such as mental health counseling and childcare.	-Service coordination and advocacy support: Provided referrals and helped clients access services and resources, resolve problems, and mediate issues	- Project reps encouraged participants to take advantage of benefits and spent about 25-30% of their time processing benefits on clients' behalf - Provided referrals for serious issues (substance abuse, domestic violence)	Social workers provide direct referrals and help students navigate housing, mental health and other life challenges	Did provide referrals for jobs, some other services. Level of service coordination varied by site, with some providing extensive services to help clients deal with child custody and criminal records issues.

	Padua™ Pilot	**Building Nebraska Families**	**New Hope**	**Year Up**	**Enhanced Transitional Jobs Demonstration**
Employment Services	Job searches, resume writing, interviewing skills and other employment tools; childcare and transportation coordination	Life skills instruction often applied to job situations; Coaching on how to access resources, resolve problems and interact with agencies and employers	Participants who were unemployed or who wanted to change jobs received individualized job search assistance. If they could not find work in the regular job market after an eight-week job search, they could apply for a community service job (CSJ) in a nonprofit organization. These opportunities were also offered to participants who were between jobs or who were employed but not working the 30-hour minimum. The CSJs paid minimum wage and might be either full time or part time.	6 months of full-time, customized instruction in the IT and financial services sectors followed by a 6-month full-time internship at a partner employer. Instruction emphasizes technical and professional skill development.	Participants were placed in subsidized, transitional jobs. Jobs varied across program site, including public and private sector jobs, with a goal of permanent, private sector employment. Many of the sites started participants off with job readiness training programs; others placed participants into jobs right away. As a result of the different pace of job placement, some sites had nearly 100% placement of participants into a job within the first year of employment; others had a placement rate as low as 40% as participants dropped out before placement.
Intervention Length	5-year cap; 22 month average	24 month limit; 8-month average	Up to 3 years	12 months	Varied
Case Manager Ratio	1:10	1:12-1:18	1:75	N/A	Varied
Case Manager Qualifications	2-person case management team: Case Managers with at least a Masters in Social Work; Case Workers with a Bachelor's in related field	Educators were University educators with Masters' degrees	Not trained as professional counselors though often served that role	Social workers	Not specified

Appendix D – Randomization Procedure

Study participants were recruited over two successive cohorts between March 2015 and October 2016. CCFW enrolled participants during specific weeks and after each week of enrollment, the research team randomly assigned those clients who consented and completed the baseline survey to either the treatment group or the control group. This appendix provides further details on the randomization procedure.

Randomization occurred on a rolling basis, was conducted in batches to ensure a steady flow of new Padua participants, and when possible stratified by preferred language. At the end of each enrollment week, the research team took the IDs of those who completed the survey and assigned a random subset to the control group. To account for anticipated higher attrition for the follow-up surveys for the control group, the probability of assignment to the control group was 25 percent greater than the probability of assignment to the treatment group. In a weekly batch of N participants, the research team randomly selected N_T to enter the treatment group, where N_T is the closest integer to $\underline{N}$ / 2.25. If there were more than two Spanish-speaking clients in a batch, we stratified randomization by preferred language (English or Spanish). In this case, the randomization team randomly selected $N_{T,E}$ English speaking and $N_{T,S}$ Spanish speaking participants to enter the treatment group, such that $N_{T,E}$ and $N_{T,S}$ are the closest integers to the total number English (N_E) and Spanish (N_S) speaking individuals. If $N_{T,E} + N_{T,S} = N_T - 1$, then we allocated an additional (random) English or Spanish speaker to the treatment group depending on which language group was furthest from the treatment ratio 1:1.25.