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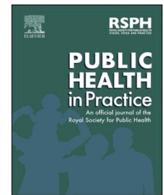

Examining the effects of social and cash transfer programs for homeless adults: Evidence from the Samaritan pilot

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ABSTRACT

Objective: To conduct a program evaluation of a technology-based intervention for a housing insecure population.
Study design: We conduct a quantitative analysis of Samaritan pilot administrative records.
Methods: Samaritan conducted an initial single-arm pilot of their technology platform among a housing insecure population ($N = 500$). Administrative records containing basic demographics and social determinants of health were analyzed as part of this evaluation.
Results: Our analysis revealed that among the participants, roughly 60% reported one or more improvements in unmet social determinants of health, showing the greatest improvements in the areas of utilities and nutrition. A gender subgroup analysis also revealed a differential pattern of platform use to address social determinant needs, with women more likely to report improvements in housing and nutrition while men report improvements in income and hope categories.
Conclusion: Samaritan, a technology-based intervention targeted at housing insecure individuals, aims to connect users to the financial and social capital necessary to improve their current situations. The results of the pilot demonstrate the potential role the Samaritan platform could play in addressing social determinant needs and insights on potentially useful technology-based intervention features for housing insecure populations.

1. Introduction

According to the most recent Housing and Urban Development Report, on a single night in 2021, approximately 326,000 persons reported being homeless in the United States [1]. Other organizations have estimated that millions of Americans experience homelessness over a year [2]. Homelessness is of significant concern, as persons experiencing homelessness (PEH) are more likely to report unmet needs and face worse health outcomes. Due to their housing insecure status, PEH are a difficult population to maintain contact with to deploy services due to their housing insecurity. This places an increased burden that can lead to persistence and worsening homelessness. This study aims to present preliminary results of a pilot of the Samaritan platform, a technology-based intervention (TBI) with a core focus on providing client-specific cash transfers and building social support networks for housing insecure users.

2. Background

The Samaritan platform is a technology-based intervention (TBI) deployed in the Greater King County area with a core focus on providing financial resources and building social support networks for housing insecure users. The platform has three primary user groups: clients [people experiencing homelessness (PEH)], supporters, and case managers. Clients are enrolled into the platform through case managers, who choose to enroll users based on whether Samaritan can facilitate improved outcomes for the client. Clients work with case managers to establish individual goals to work towards (e.g., securing employment or housing), which are uploaded to the Samaritan network and are viewable for users, supporters, and case managers on the platform. Supporters directly connect with clients by sending donations and messages of encouragement, helping establish a social home for users who may lack social support [3–5]. The level of donations is different from client to client, which vary based on the individual goals set by users with their case managers and the amount of funds provided by

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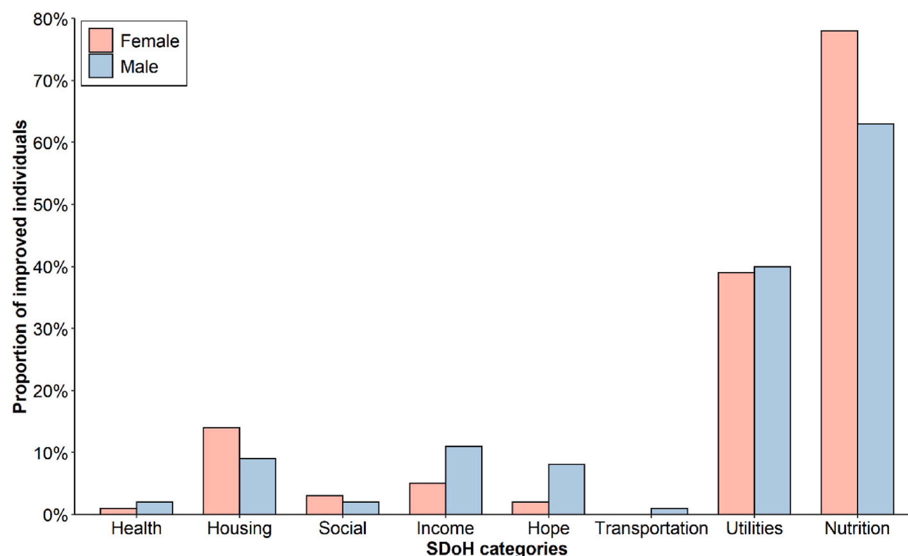

Fig. 1. Proportion of individuals with improvements in the SDoH categories after experiencing the Samaritan platform.

donors accessing the platform. Samaritan does not directly provide services to PEH; instead, they provide a platform through which PEH can obtain social services.

3. Methods

The central focus of the Samaritan platform is to connect housing insecure users with financial capital and help build support networks for vulnerable individuals who often lack them. Private supporters provide monetary donations that facilitate the attainment of goals set by users with their case managers. The messages of encouragement develop social networks that improve the self-efficacy needed to make progress towards personal goals. Financial resources, bolstered by encouraging messages from supporters, provide the motivation needed to address immediate barriers to rapid rehousing. To evaluate the efficacy of the Samaritan platform, case managers recruited housing insecure persons across King County to participate in the 24-month Seattle Pilot between 2019 and 2020. In total, 500 housing insecure individuals (or individuals at risk of becoming housing insecure) were able to utilize the platform, and 15,260 supporters invested a total of $178,812 into supporting user goals [6]. Aside from housing status, information on client social determinants of health were not collected at baseline; however, Samaritan used an 8-item instrument to capture improvements in unmet social determinants across eight dimensions (i.e., health, housing, social support, income, hope, transportation, utilities, nutritional access) from baseline to the time of final encounter with program staff.

4. Results

Over the study period, the length of Samaritan membership averaged 10.17 weeks. Over the course of their enrollment, individual users received $228.40 (an average of $22.61 per week of enrollment) and received an average of 34.4 messages of encouragement from an average of 13.3 supporters. Of the 500 Seattle Pilot participants, almost 60% of the participants reported one or more improvements in their social determinants of health (SDoH) while using the platform. Fig. 1 represents the proportion of participants who experienced the improvements in each category of SDoH by sex. Nutrition and utilities are two major SDoH categories where the participants experienced the benefits of using the platform. The proportions of nutrition and utilities are 71% (i.e., 78% for females and 63% for males) and 40%, respectively. Male and female participants demonstrated differential patterns of platform use. Men tended to report improvements in income and hope, while a higher proportion of females reported improvements in housing and nutrition.

5. Discussion

This pilot demonstrates some preliminary evidence that Samaritan's technology-based intervention is currently addressing unmet social determinants of health needs in housing insecure populations. The finding that clients reported nutrition and utilities as the most common SDOH areas of improvement is not surprising for several reasons. First, the nutritional results are likely attributable to the bidirectional relationship between housing and food insecurity [7]. For persons already experiencing homelessness, it is possible that they will often prioritize meals over shelter. Furthermore, although PEH do not maintain housing-related utility bills, since cell phones are considered utilities, this is likely where the most significant utility improvement occurs. Cellular devices are important for PEHs as they allow for social and instrumental purposes (i.e., communicating with case workers, social services, employers, medical services, family, and peers) [8,9]. Last, the lower cost and complexity of purchasing meals or paying a cellular bill compared to securing housing or a job also explains the lack of similar magnitudes in improvements for other SDOHs.

Given the need to connect housing insecure populations to resources, Samaritan's approach to creating a social home represents an effective technology-based intervention for COVID-19-induced housing insecurity. Despite the positive results, there are two notable limitations. First, Samaritan also did not record social determinants of health (SDOH) improvements achieved by users until part-way through their Seattle Pilot, which limited their ability to assess the impact of the intervention and communicate positive findings to potential healthcare and local government stakeholders. Second, this pilot does not represent a randomized controlled trial, therefore, there is a limited ability to demonstrate causal effects. However, this analysis provides important preliminary evidence of the efficacy of the platform and its ability to alleviate unmet social determinants of health needs.

Ethical approval

This project received IRB approval from the University of Washington Human Subjects Division.

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Declaration of competing interests

None declared.

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