

# THE BRIDGE PROJECT



A SCALABLE SOLUTION TO  
CHILD POVERTY



# THE BRIDGE PROJECT IS THE LARGEST CONSISTENT, UNCONDITIONAL CASH PROGRAM FOR BABIES & NEW MOTHERS IN THE NATION.

We provide low-income mothers with cash on a biweekly basis during pregnancy, birth, and the earliest days of their babies' lives to support healthy development, avoid adverse childhood experiences, and break intergenerational cycles of poverty.

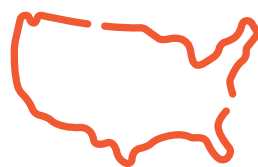


# THE BRIDGE PROJECT » BY THE NUMBERS



2,000

Babies served and counting



6

States by the end of 2024



\$60M

Committed to date



26

Average age of a Bridge mom



\$16,800

Average household income of a Bridge mom



96%

Funds going into the hands of moms

# OUR EARLY IMPACT

242%

Savings increase after 6 months in the program

63%

Moved into permanent housing after 9 months if started in transitional housing

90%

Reported improved mental health and stress levels after receiving just one payment

80%

Working in a full or part time capacity after 18 months in the program

17%

Pursuing post-secondary education while in program

“This program allowed me to stay home during the week to study, take care of my baby, and go to nursing school during the weekend. I am almost done and hope to make better money in the future. It was a massive blessing.”

- First-time mom, unemployed




# OUR SUCCESS IN THE SPOTLIGHT

The New York Times

### How \$1,000 a Month in Guaranteed Income Is Helping N.Y.C. Mothers

A new, privately funded program offers families in poverty a steady stream of cash.

Give this article



Maureen Gardner, with her son, Garrett, has saved part of her guaranteed income in case she needs to move as a result of owing back rent on her Harlem apartment. Gregg Vigliotti for The New York Times


By Andy Newman  
Published Jan. 18, 2022 Updated Jan. 19, 2022

The fliers that appeared at bus stops and nail salons and health clinics in Upper Manhattan last June sounded too good to be true.

"New mothers can receive \$500 or \$1,000 a month, with no strings attached!" they read.

"I thought it was a scam," said Angelina Matos, who had just given birth to a daughter.

## THE INVISIBLE AMERICANS PODCAST




CBS EVENING NEWS WITH NORAH O'DONNELL

Bloomberg

CityLab Economy

### 500 New Mothers in New York Will Soon Get Monthly Cash

A New York City guaranteed income pilot is geared at easing the burdens of p and new motherhood. Early data show women spent the money on essentials like diapers and child care.



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05-03-2022 | PREMIUM

## 12 politics and policy projects challenging the status quo

See the full list of honorees of Fast Company's 2022 World Changing Ideas Awards in the policy category.

05-03-22 | WORLD CHANGING IDEAS

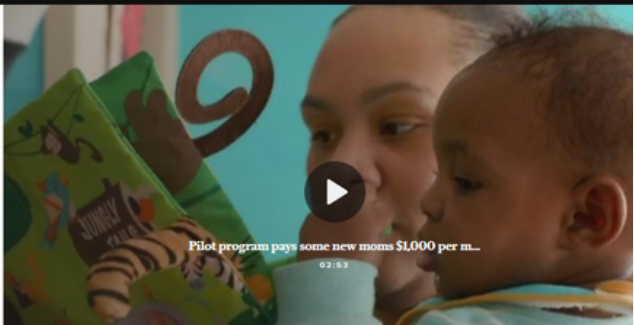
## 22 social justice ideas you need to know about

See the full list of honorees of Fast Company's 2022 World Changing Ideas Awards in the social justice category.


CBS EVENING NEWS

### "We go right to the mother": New program helps mothers and their babies stay out of poverty

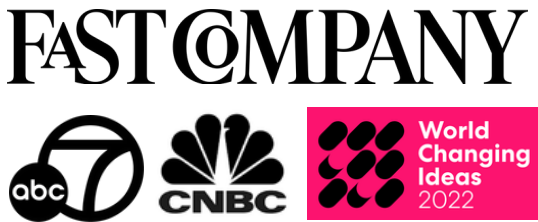
BY JERICKA DUNCAN  
UPDATED ON: MARCH 3, 2022 / 8:40 PM / CBS NEWS



Pilot program pays some new moms \$1,000 per m...



GOOD NEWS!  
STORY OF THE DAY!



# CONTENTS



WHY BABIES?

WHY CASH?

THE BRIDGE PROJECT » IN DEPTH

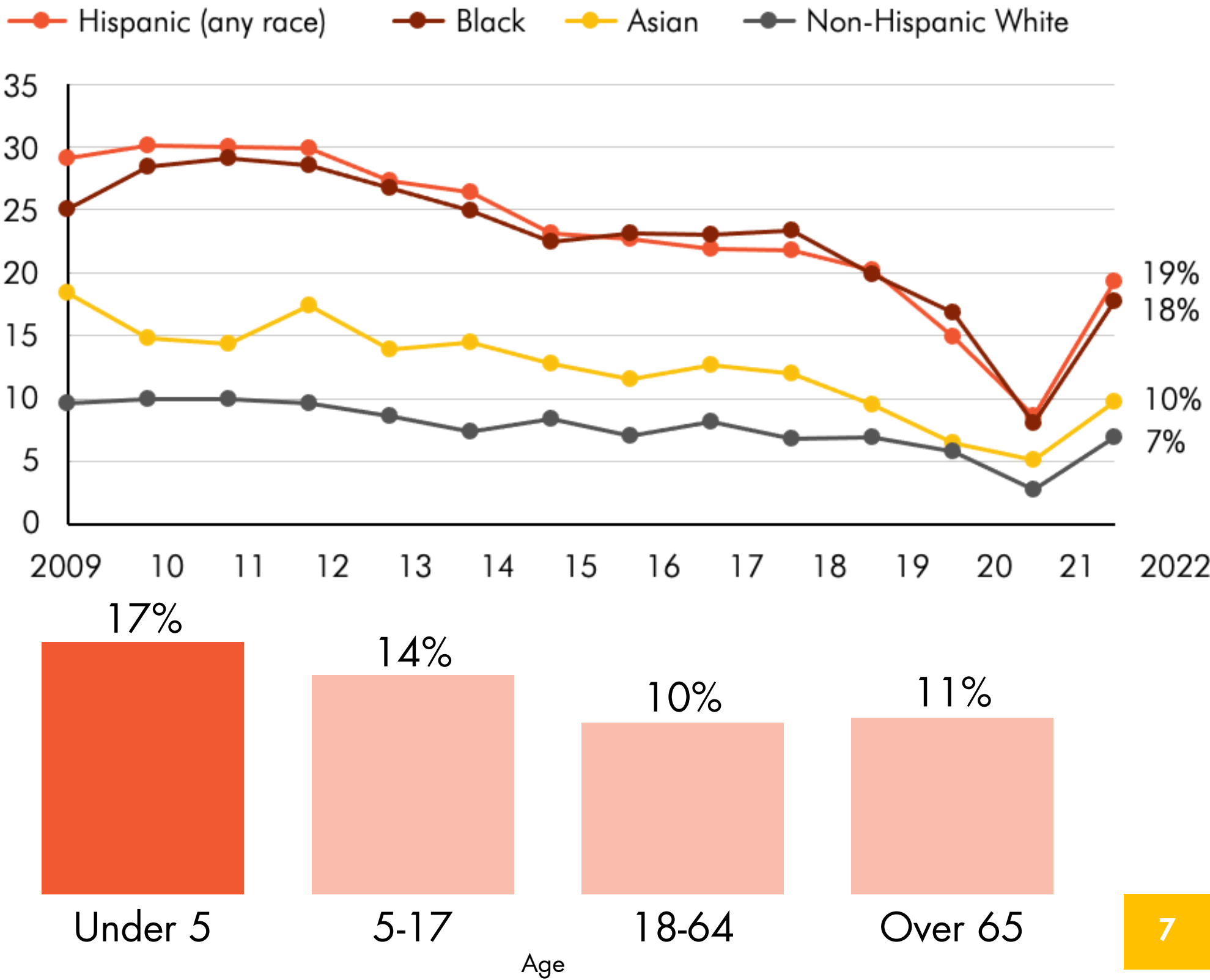
THE BRIDGE PROJECT CONNECTICUT



# U.S. CHILD POVERTY IS WIDESPREAD...



..and **higher** in marginalized communities




1. Defined as 100% of the Federal Poverty Line  
• Source: [US Census Bureau: Poverty Status in 2023](#), [US Census Bureau: Poverty Rate by Age Group](#)



# FIRST 1,000 DAYS OF LIFE ARE CRITICALLY IMPORTANT


THE BRIDGE PROJECT



**25%**  
OF ADULT BRAIN  
SIZE AT BIRTH



**50%**  
BY AGE ONE

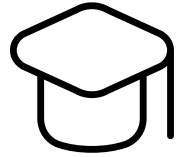


**80%**  
BY AGE THREE

- “[Early experiences] have a disproportionately important impact on your long-term health and development....The child who has only two months of really bad experiences does worse than the child with almost twelve years of bad experiences, all because of the timing of the experiences.”

- Dr Bruce Perry, co-author with Oprah Winfrey of “What Happened to You?”





- **Education**

- Within 2 years of living below the poverty line, children had 8-10% less grey matter and scored 4-7 points less on standardized tests<sup>1</sup>



- **Employment**

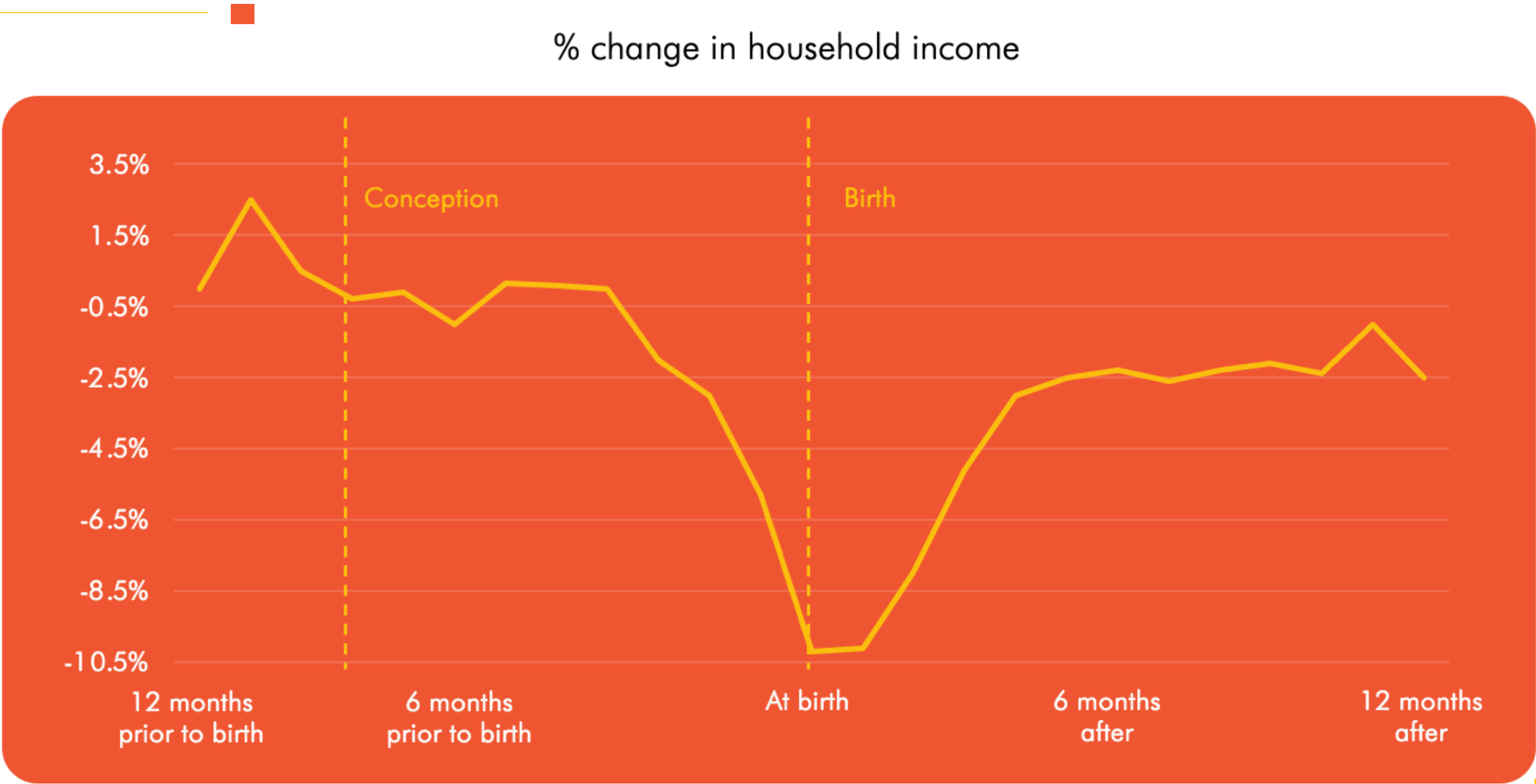
- Those who were persistently poor in childhood were 30% less likely to be consistently employed in young adulthood<sup>2</sup>



- **Health**

- Increased adverse childhood events have been shown to increase the risk of chronic conditions (e.g., asthma, autoimmune diseases) and shorten lifespans by up to 20 years<sup>3</sup>

# FAMILY INCOME DROPS SHARPLY AROUND A CHILD'S BIRTH



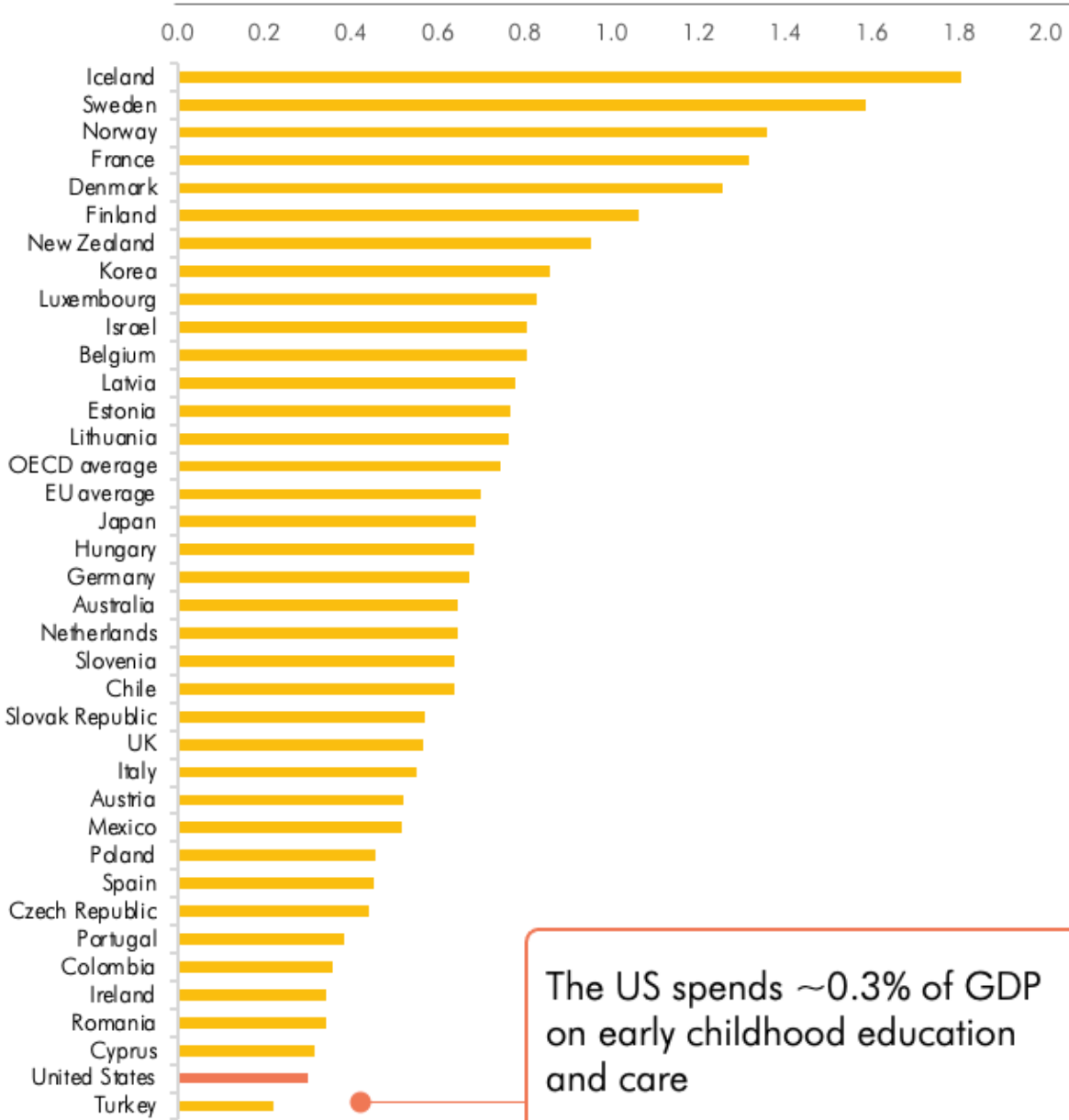
• Source: Stanczyk, Alexandra. (2016). "The Dynamics Of Household Economic Circumstances Around A Birth." Washington Center For Equitable Growth Working

# YET, CURRENT INVESTMENTS ARE LIMITED AND COMPLICATED


US invests very little in the earliest years

Government programs are complex and restrictive, leaving critical gaps in support


Public Expenditure On Early Childhood Education And Care (% of GDP)




The US spends ~0.3% of GDP on early childhood education and care

 EITC<sup>1</sup> and CTC<sup>2</sup>


Employment requirement with delayed relief

 SNAP<sup>3</sup>

Complex application and limited coverage

 WIC clinics<sup>4</sup>

Limited reach and benefits

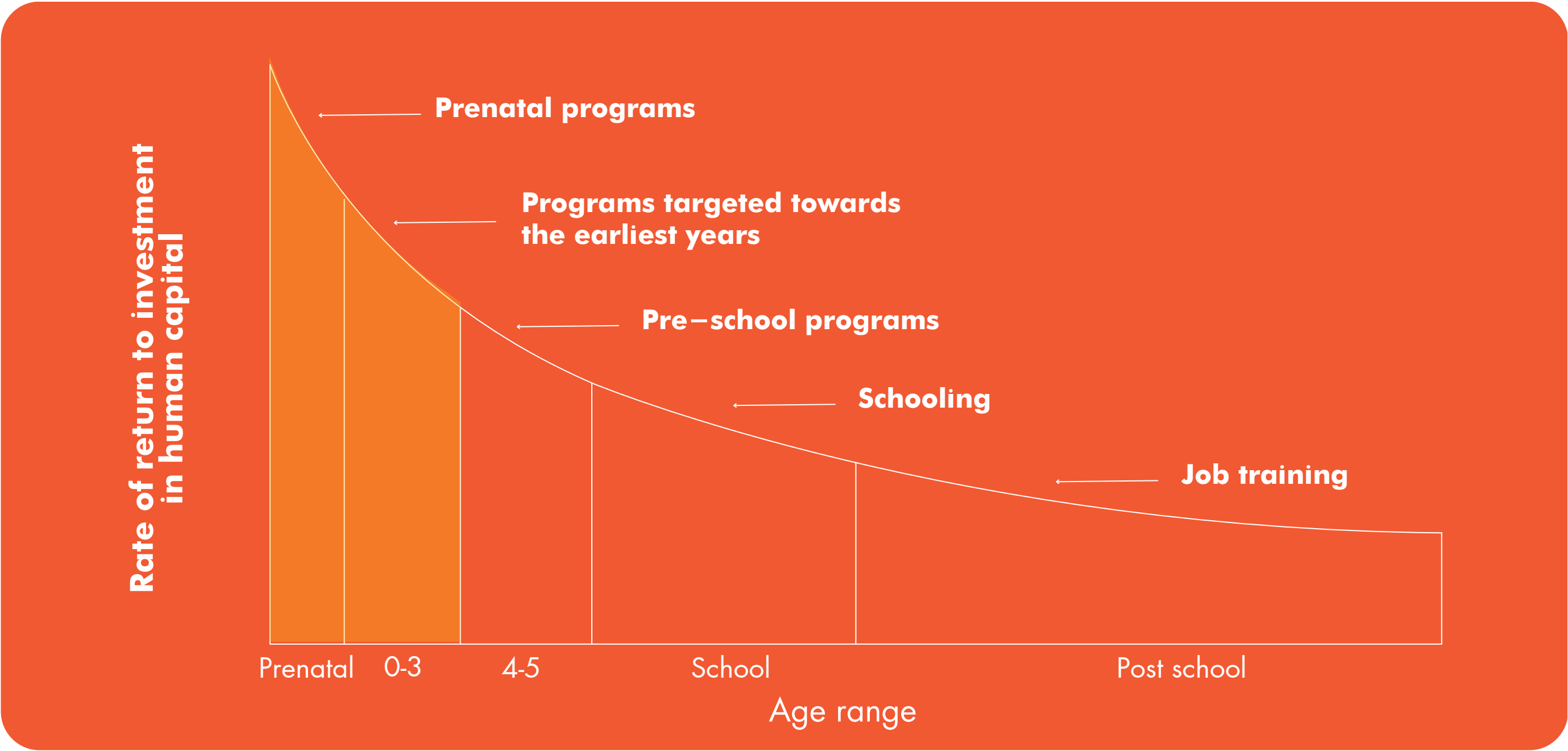
 Medicaid

Limited postpartum coverage with no focus on financial stability

1. Earned Income Tax Credit (EITC) is a tax credit for low-income working families; 2. Child Tax Credit (CTC) is a tax credit for families with children; 3. Supplemental Nutrition Assistance Program (SNAP) is a program for low-income individuals and families; 4. Women, Infants, and Children (WIC) clinics offer education, breastfeeding support, and referrals to low-income pregnant/post-partum women, infants and children

Source: [Organization For Economic Cooperation And Development](#), [Earned Income Tax Credit website](#), [Child Tax Credit website](#), [Supplemental Nutrition Assistance Program website](#), [Women, Infants, and Children Clinics website](#), [Medicaid website](#)

# EARLIEST INTERVENTIONS HAVE THE HIGHEST RATE OF ECONOMIC RETURNS



• Source: [James Heckman, Noble Laureate in economics: The Heckman Curve](#)

# CONTENTS



WHY BABIES?

WHY CASH?

THE BRIDGE PROJECT » IN DEPTH

THE BRIDGE PROJECT CONNECTICUT





# WHY CASH?

## EFFECTIVE

- Cash during pregnancy and infancy boosts birth weight, educational attainment, and food security<sup>1</sup>
- Cash is linked to higher levels of infant cognitive activity due to reduced maternal stress<sup>2</sup>
- Cash has positive effects on infant mortality in the first year of life<sup>3</sup>

## EFFICIENT

- 10X ROI for Expanded Child Tax Credit<sup>4</sup>
- Reduces reliance on social services, generating savings of \$8,277/person/year<sup>5</sup>
- SNAP (food stamps) is the most efficient government program and is valued at 80¢ on the dollar by participants and 65¢ on the dollar on the black market<sup>6</sup>

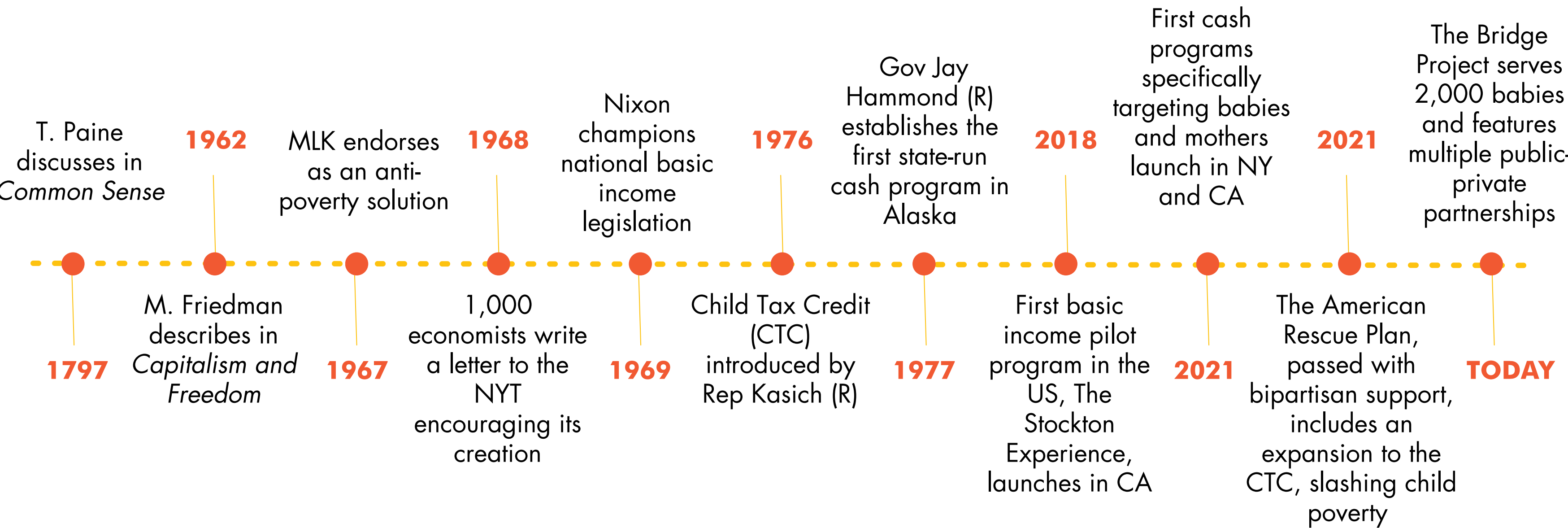
## SCALABLE

- Can take Bridge anywhere quickly and get money into moms' hands in weeks, not months or years
- Can reach populations of interest such as homeless pregnant women, female veterans, or Indigenous women

## FLEXIBLE

- Accounts for place-based differences
- Able to partner with local organizations
- Aligned with current trends in trust-based philanthropy

# CASH IS AN OLD BIPARTISAN IDEA



# SEVERAL MYTHS PERSIST ABOUT CASH

Myth	Reality and supporting data
People will stop working	<ul style="list-style-type: none"><li>A recent study by OpenResearch<sup>1</sup> illustrated that recipients overall work the same amount and single mothers work slightly less. We take that as a good thing - care work is work! <b>80% of The Bridge Project recipients are working after 18 months in the intervention.</b></li><li>A study of a cash program in Stockton, CA<sup>2</sup> showed that <b>participants went from part-time to full-time employment at more than twice the rate of non-participants.</b></li></ul>
People will spend the money on vices	<ul style="list-style-type: none"><li>A major study by the World Bank demonstrated that in 82% of all researched cases in Africa, Latin America and Asia, <b>alcohol and tobacco consumption declined.</b><sup>3</sup></li><li>A systematic review and meta-analysis examining 19 studies of cash transfers in low / middle-income countries<sup>4</sup> found either <b>no significant impact or a negative impact of transfers on temptation goods.</b></li></ul>
People need financial literacy	<ul style="list-style-type: none"><li>Meta analysis across 201 studies showed <b>"interventions to improve financial literacy explain only 0.1% of variance in financial behaviors studied."</b><sup>5</sup></li></ul>
Cash with conditions would be better than unconditional cash	<ul style="list-style-type: none"><li>Conditional cash can have notable associated costs, with one program estimating that <b>administrative expenses were as high as 63% of transfers made.</b><sup>6</sup></li></ul>

• Source: 1. [OpenResearch study](#), 2. [Stockton Demonstration Project](#), 3. [World Bank Study](#), 4. [Cash Transfers and Temptation Goods](#), 5. [Financial Literacy meta analysis](#), 6. [The Cost of Conditional Cash Transfers](#)

# CONTENTS



WHY BABIES?

WHY CASH?

THE BRIDGE PROJECT » IN DEPTH

THE BRIDGE PROJECT CONNECTICUT





## Direct cash transfers

- **2,000** mothers
- **6 states** by end of 2024



## Mixed methods research and data collection

- UPenn's Center for Guaranteed Income Research
- Columbia University
- In-house team



## Local, state, and federal policy change

- New York City
- NY State
- Mothers and Infants Cash Coalition (MICC)

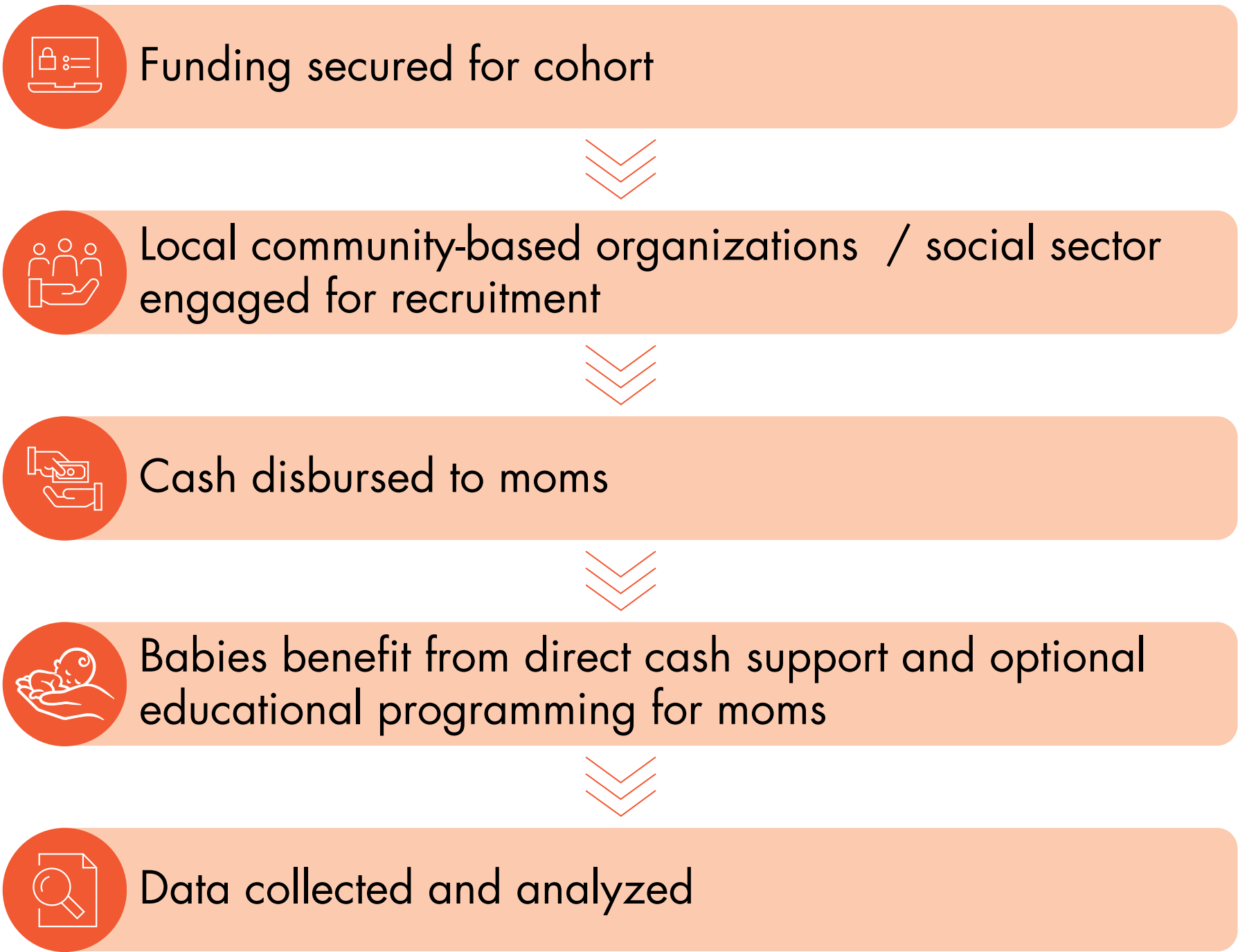


**Use philanthropic funds as a catalyst for local, state, and federal funding**



# OUR MODEL IS SIMPLE AND ROOTED IN THREE CORE BELIEFS

## Fundamental model



## Core beliefs

- |                                     |   |
|-------------------------------------|---|
| <b>Prevent, don't undo</b>          | <ul style="list-style-type: none"><li>• We focus our intervention on preventing poverty at the earliest stage, not simply undoing its effects later in life</li></ul> |
| <b>Return on investment matters</b> | <ul style="list-style-type: none"><li>• We have no interest in wasting money on inefficient, overly burdensome programs that aren't grounded in evidence</li></ul>    |
| <b>Dignity is paramount</b>         | <ul style="list-style-type: none"><li>• We trust mothers to make the best decisions for their babies with no judgment and no strings attached</li></ul>               |

Unconditional cash is the **simple, scalable, and human-centered solution** to ending child poverty **for good**

# THE BRIDGE PROJECT CONTINUES TO EXPAND RAPIDLY

## Wisconsin

- 100 moms in Milwaukee
- Partnership with Zilber Family Foundation
- \$350K in ARPA funds approved by Milwaukee City Council

## New York

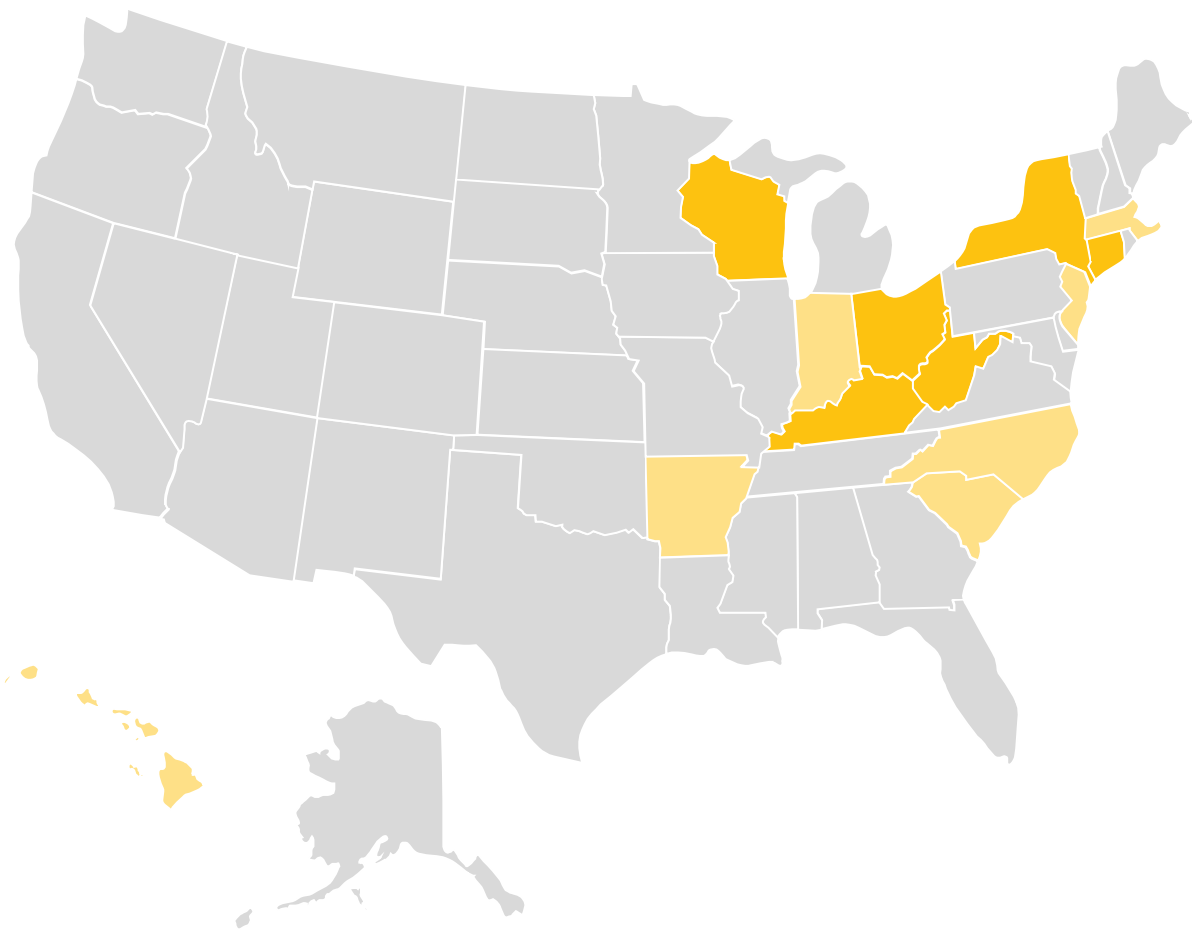
- 1,400 moms across NYC, Buffalo, and Rochester
- Randomized controlled trial (RCT) with UPenn’s Center for Guaranteed Income Research on first cohort
- Partnerships with the NY Governor’s Office, members of the NY legislature, and mayors’ offices
- \$1.5M from NYC Council to target pregnant homeless moms

## Connecticut

- 500 moms statewide
- 1,000+ applications within 24 hours
- Partnership with two private philanthropists and local community foundation

## Appalachia

- 2025: 500 moms in OH, WV, KY
- RCT with Columbia’s Center for the Transition to Parenthood



Light yellow indicates exploration conversations: Arkansas, the Carolinas, Indiana, Boston, Hawaii and New Jersey

## IN-HOUSE

Dr. Vanessa Jaëlle Dor  
MD, MMSc, DrPh candidate

- Pediatrician and field epidemiologist
- Former Head of the M&E and Research department and Medical Coordinator at Saint-Damien Hospital in Haïti
- Co-founder of the Medical Education and Research Unit

## EXTERNAL ADVISORS

Drs. Amy Castro and Stacia West  
Co-founders and Directors, U of Pennsylvania Center for Guaranteed Income Research

Dr. Catherine Monk  
Diana Vagelos Professor of Women's Mental Health, Columbia University

Dr. Ajay Chaudry  
Research scholar, New York University

Dr. Christopher Wimer  
Director, Center on Poverty and Social Policy, Columbia University

# OUR MODEL CATALYZES GOVERNMENT

THE BRIDGE PROJECT



The Bridge Project is sparking government to act differently today...

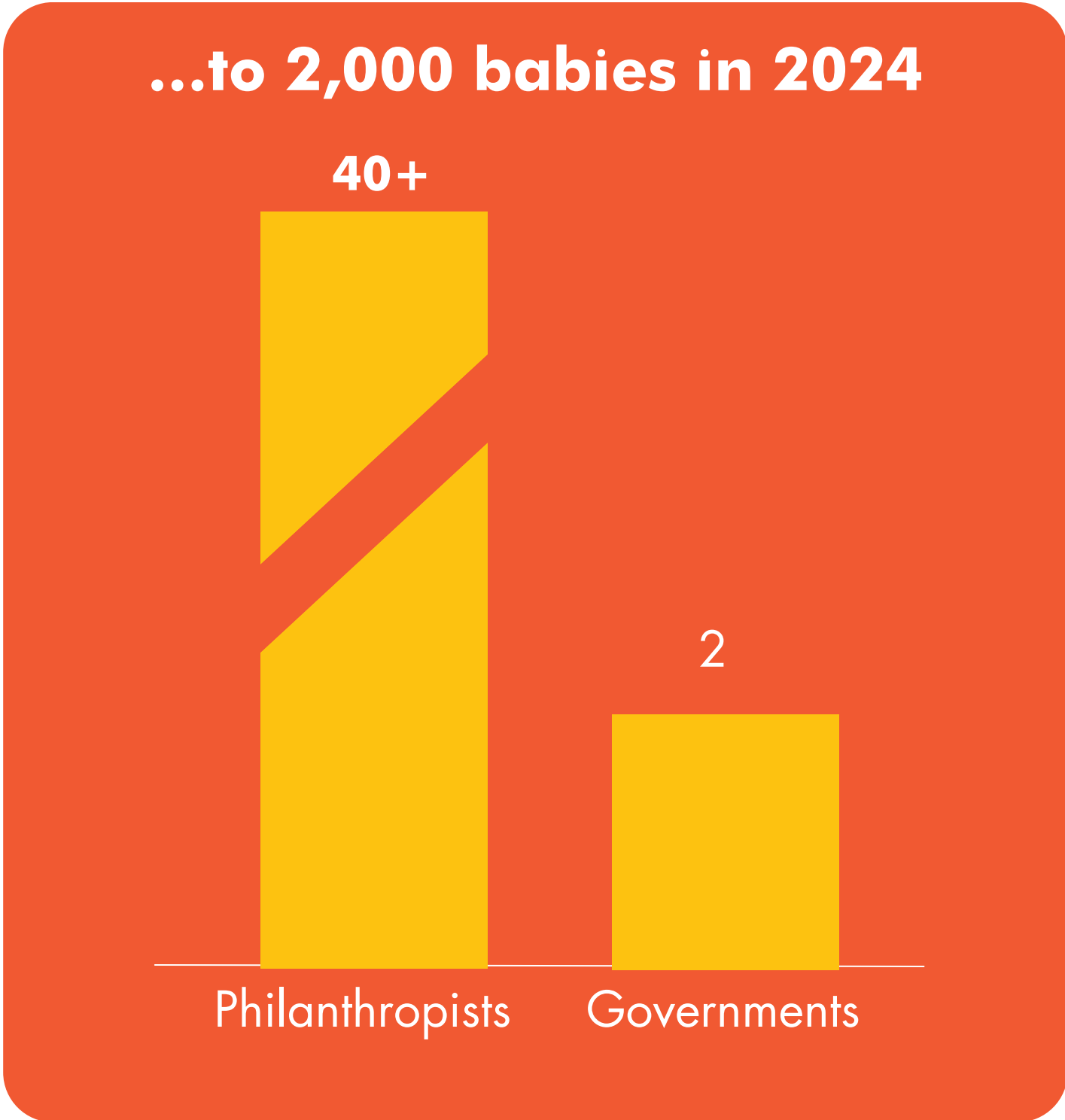
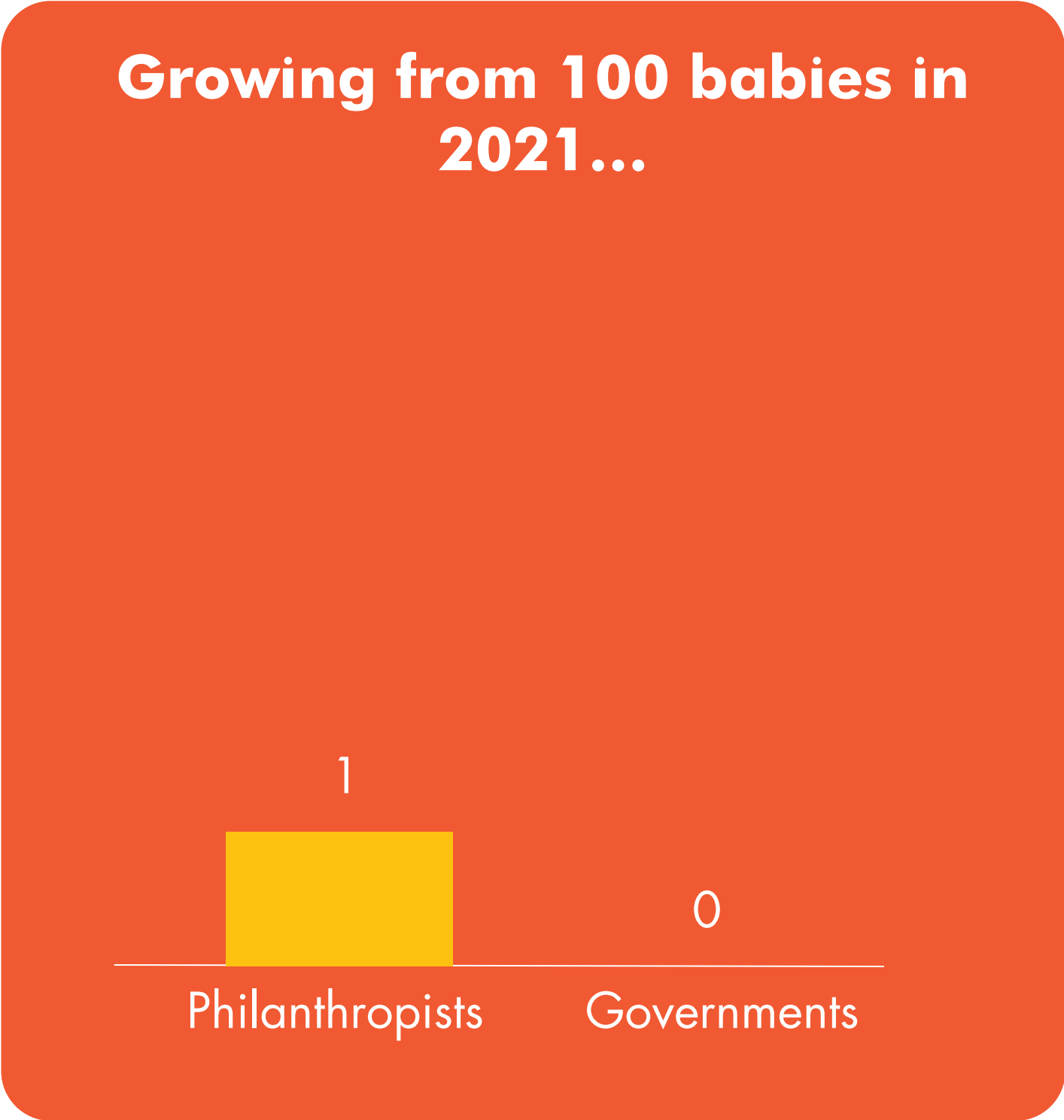
- **NYC Council** allocated \$1.5M in FY25 budget for 1 in 8 homeless pregnant women in NYC; research underway on cost savings from shorter shelter stays
- Milwaukee's City Council allocated \$350K in **ARPA funds** with a supermajority
- Several states have approached Bridge as an upstream **foster care** intervention



...and laying the groundwork for the future

- Founded and house **the Mother Infant Cash Coalition** (MICC), with 19 mother-infant cash programs nationally, that is creating a federal policy agenda
- In NY State, made significant progress on a new \$250M bill to create **the Mothers & Infants Lasting Chance (MILC) Allowance**, which will be reintroduced in the coming session
- Created the **New York State Cash Coalition** to advance shared policy goals statewide

# OUR APPROACH IS VIRAL AND IS CREATING A MOVEMENT





# WE CAN DEPLOY OUR MODEL ANYWHERE, QUICKLY

THE **BRIDGE** PROJECT



## **Direct Funding for Maximum Impact**

Dollars go straight to participants and local support, maximizing on-the-ground impact



## **Ready to Launch Anywhere**

Our place-based model is standardized but easily tailored to meet the needs of any local population and/or sub-population



## **Trusted Local Partnerships**

We forge strong connections with community-based organizations and social services to seamlessly enroll mothers in the community



## **Swift and Accelerated Deployment**

We collaborate with local governmental leadership while maintaining the agility to deploy quickly, free from extended bureaucratic timelines



## **Impact Informed Research**

From streamlined impact tracking to rigorous RCTs, research is conducted and tailored to ensure that The Bridge Project's impact is most effectively delivered

# CONTENTS



WHY BABIES?

WHY CASH?

THE BRIDGE PROJECT » IN DEPTH

THE BRIDGE PROJECT CONNECTICUT



# INTRODUCING: THE BRIDGE PROJECT'S EXPANSION TO CONNECTICUT

In October 2024, we expanded our program to support mothers and babies experiencing poverty in the State of Connecticut.

## HIGHLIGHTS:

- Over \$10 million dollars (all private) will go directly into the hands of Connecticut mothers
- 500 moms across the entire state of Connecticut will receive direct cash for the first 1,000 days of their child's life
- Mixed-methods research conducted over the course of the next three years will provide deep insights on the impact of cash on maternal wellbeing and early childhood development

1 IN 4

Connecticut residents cannot afford their basic needs

14%

Connecticut children currently living in poverty

3,379

Estimated number of babies born into poverty every year in Connecticut

# PROGRAM DETAILS

Applications are available online and reviewed on a rolling basis for eligibility. Eligible program participants will be selected by lottery. Applications will remain open until all program slots have been filled.

## CRITERIA:

- Be 18 years or older
- Be 23 weeks or fewer in their pregnancy
- Reside anywhere in the state of Connecticut
- Have an annual household income of \$44,000 or less
- No SSN or ITIN required!

## PROGRAM PARTICIPANTS RECEIVE:

**\$1,125**

one-time, upfront prenatal  
stipend

**\$750**

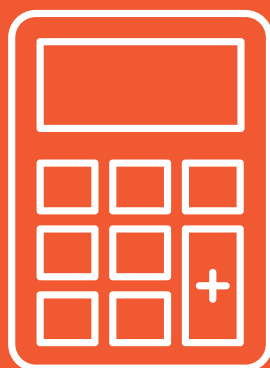
per month for the first 15  
months of the program

**\$375**

per month for the final 21  
months of the program

# NON-CASH PROGRAM HIGHLIGHTS

1



Every participant is individually onboarded in their native language and walked through a benefits calculator to understand potential impacts and for what else they might qualify

2



Nearly 200 referral and recruitment partners across the state, including CBOs, hospitals and WIC clinics, schools, and elected officials

3



Participants receive access to virtual workshops on topics like postpartum depression, personal finance, and accessing early education options

4



Participants receive connections to the Family Wellness Healthy Start Program and virtual doula text support from JustBirth Space

## RELEVANT PROGRAMS AND POLICIES UNIQUE TO CONNECTICUT

FAMILY BRIDGE  
HOME VISITING

BABY BONDS

HUSKY MATERNITY  
DOULA BUNDLE

PAID LEAVE

# EXISTING EFFORTS TO IMPROVE MATERNAL HEALTH IN CT ARE COMPLEMENTED BY UNCONDITIONAL CASH PROGRAMS



**Great leadership and policy solutions already exist in CT**

Expansion of HUSKY to include postpartum care

Coverage of lactation and doula services via a maternity bundle

Launch of CT Health Foundation's Advisory Committee to improve maternal health



**...more will be needed to address persistent challenges**

Disparities in maternal health persist across racial lines

Lack of access to care, exacerbated by cuts and closures, remain a thorny issue

Postpartum mental health challenges can be deadly for both mom and baby

**The Bridge Project provides pregnant and postpartum CT moms the financial means to 1) afford gas and transportation to and from doctors' appointments; 2) pay for co-pays, medicine, and healthier foods; and 3) stay home during high-risk pregnancies or after complicated births.**

# **PARTICIPANT DATA**

## **Total Program Targets (based on % of live births into poverty)**

**Hartford: 28% or 140**

**New Haven: 28% or 140**

**Fairfield: 26% or 130**

**New London: 7% or 35**

**Litchfield: 3% or 15**

**Middlesex: 3% or 15**

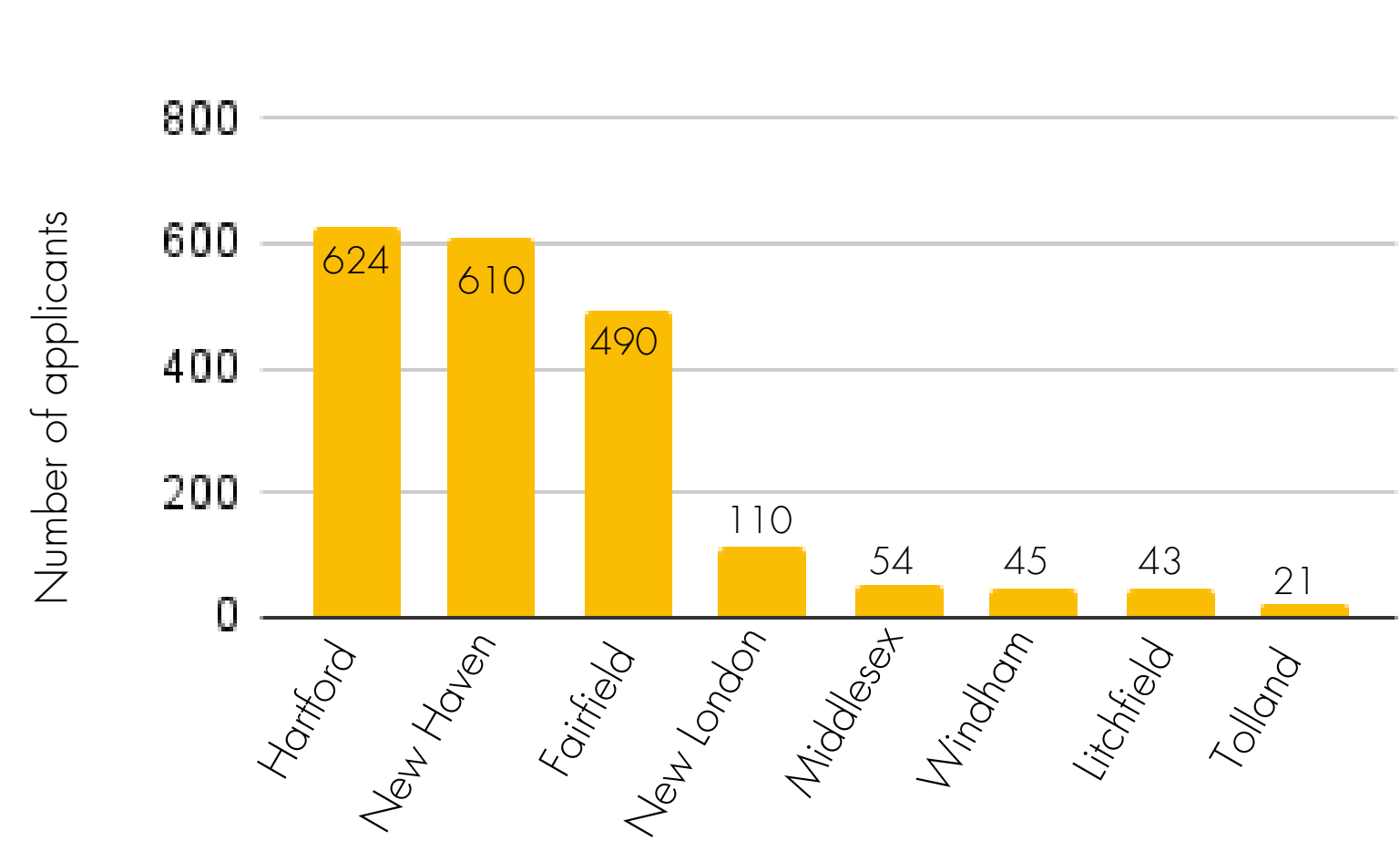
**Windham: 3% or 15**

**Tolland: 2% or 10**

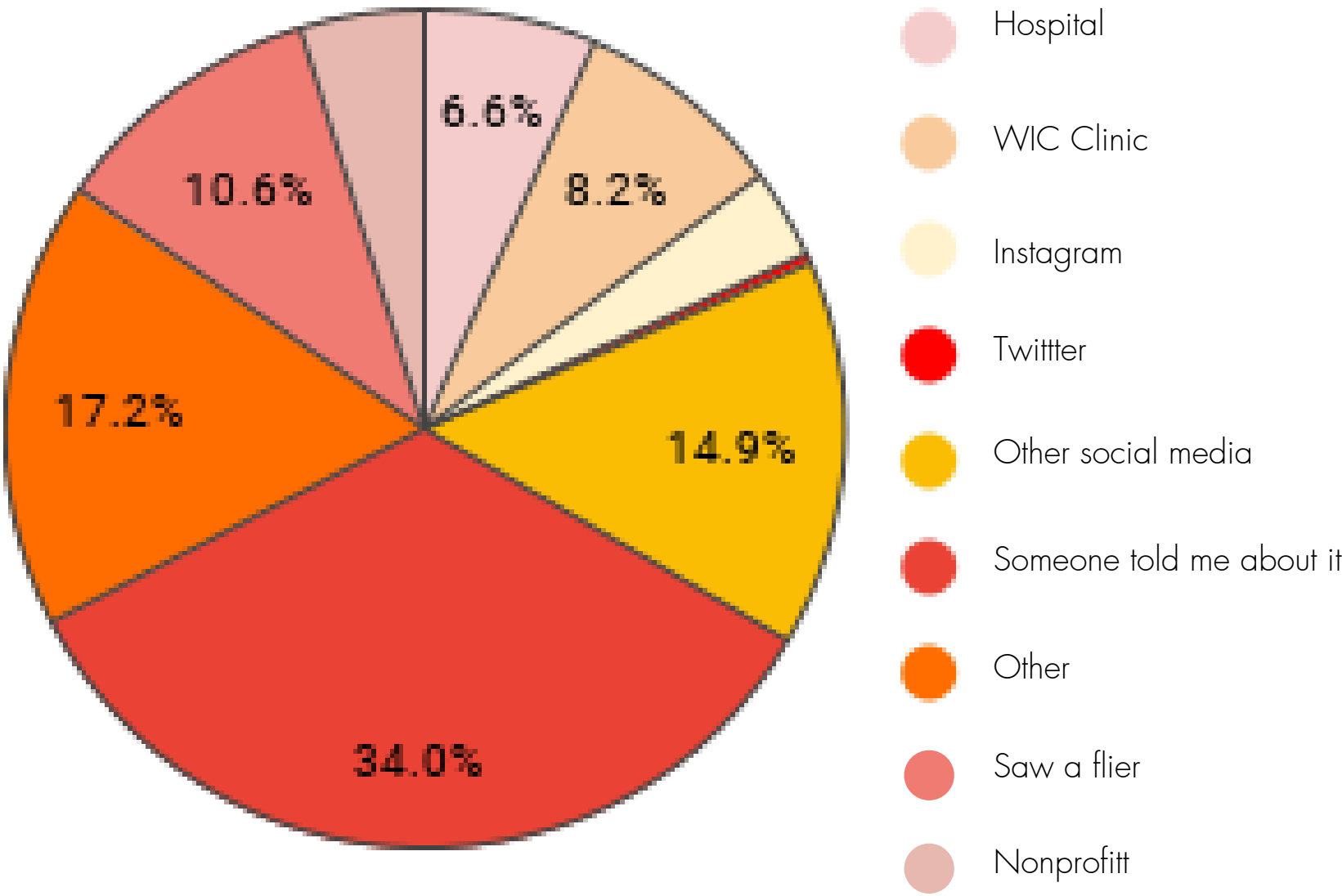


# APPLICANT DATA

## 2006 total applicants (as of Nov. 13)



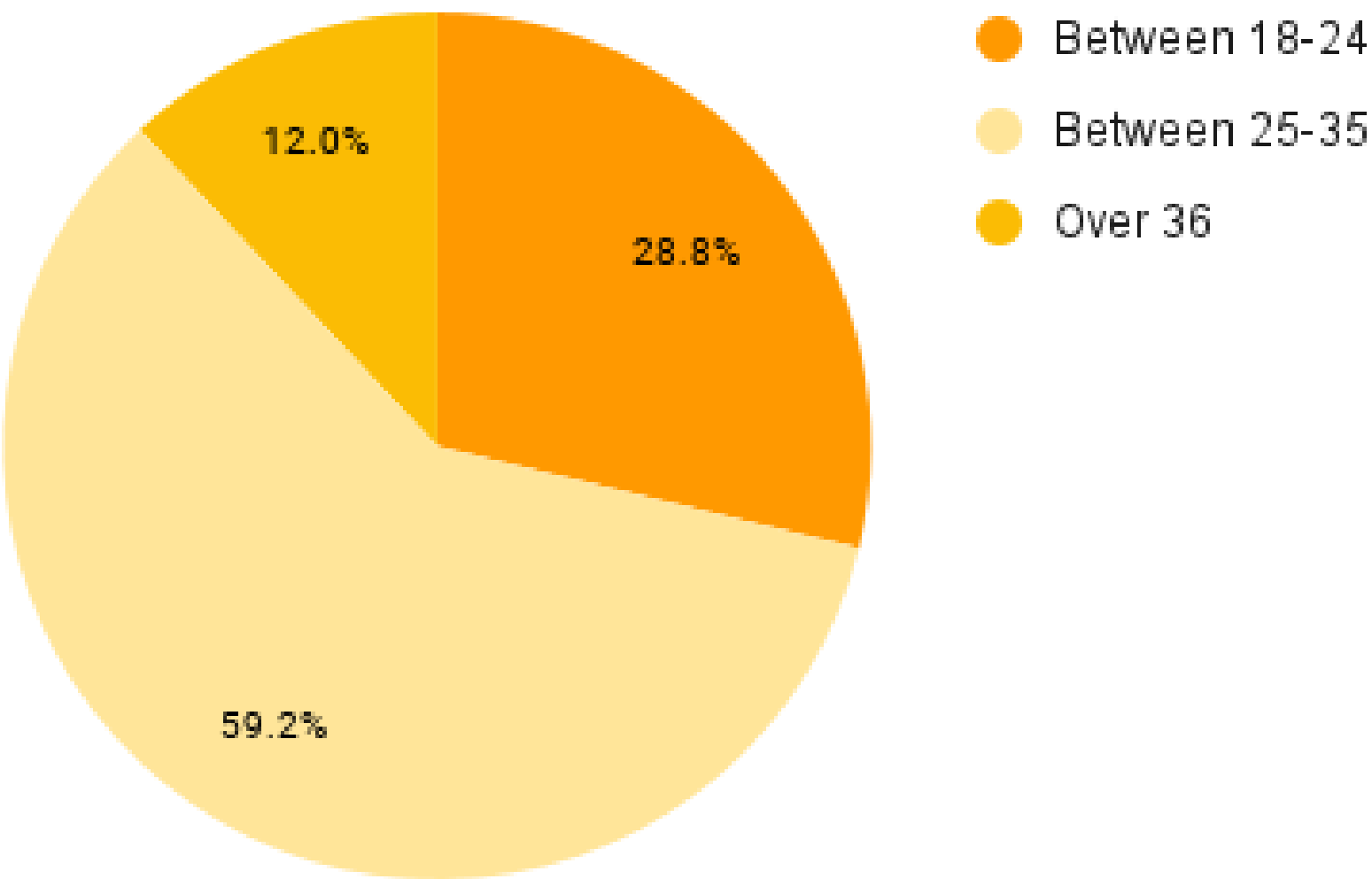
**The bulk of applicants are coming from the three most populated counties**



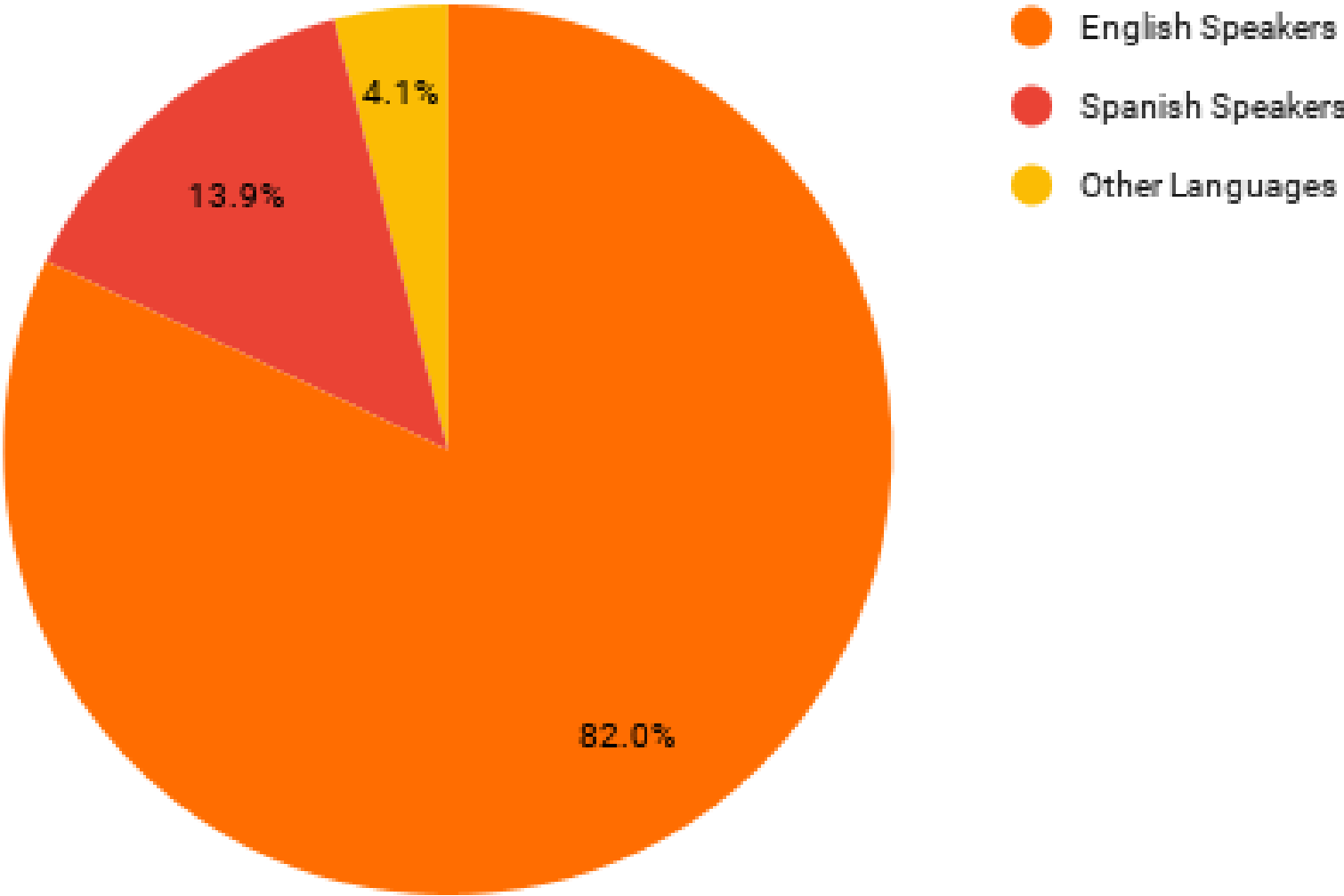
**Most applicants are told about the program directly from someone (friend, caseworker, colleague, etc.)**

# APPLICANT DATA

2006 total applicants (as of Nov. 13)



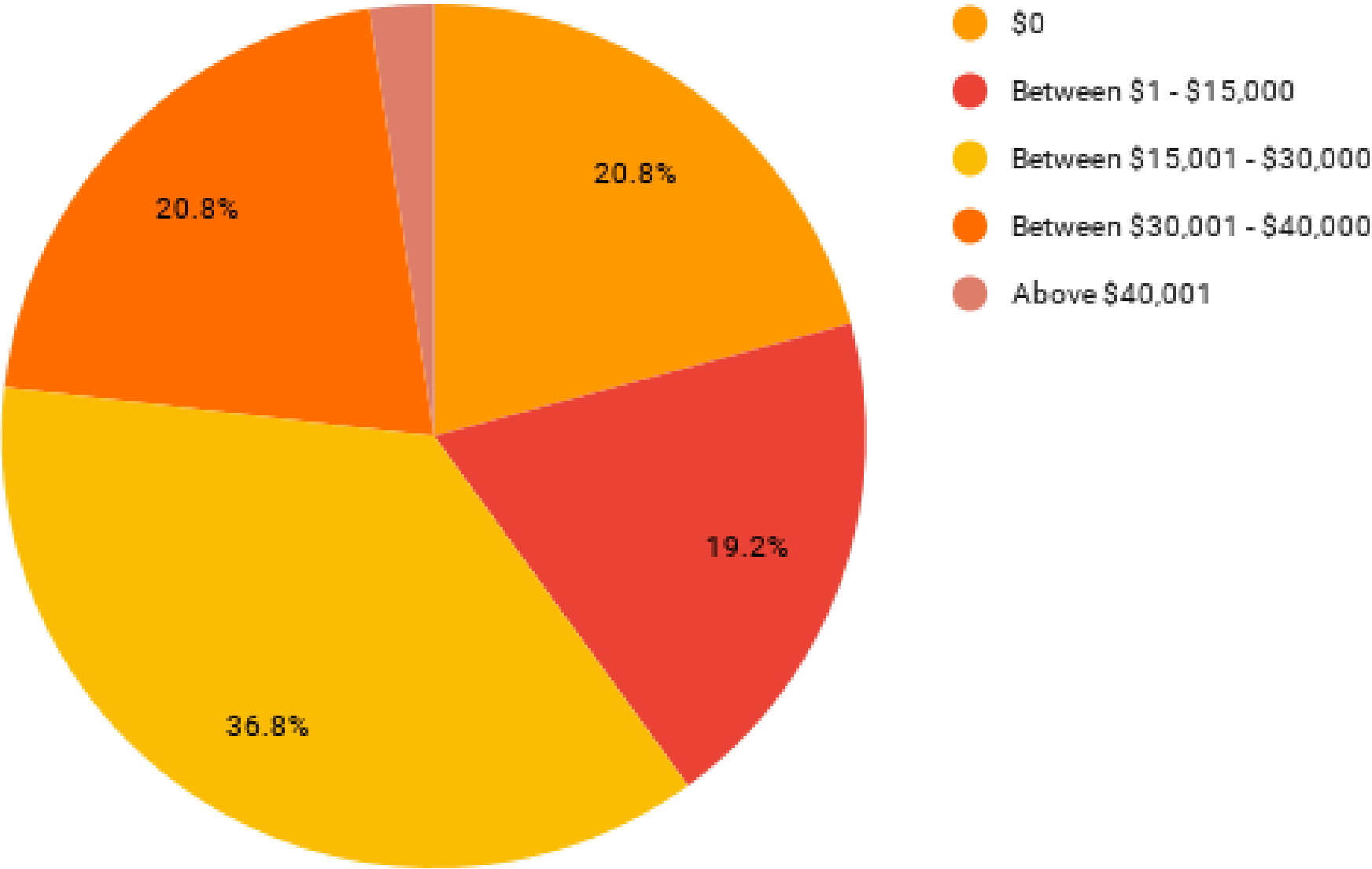
Nearly 60% of applicants are between the ages of 25–35



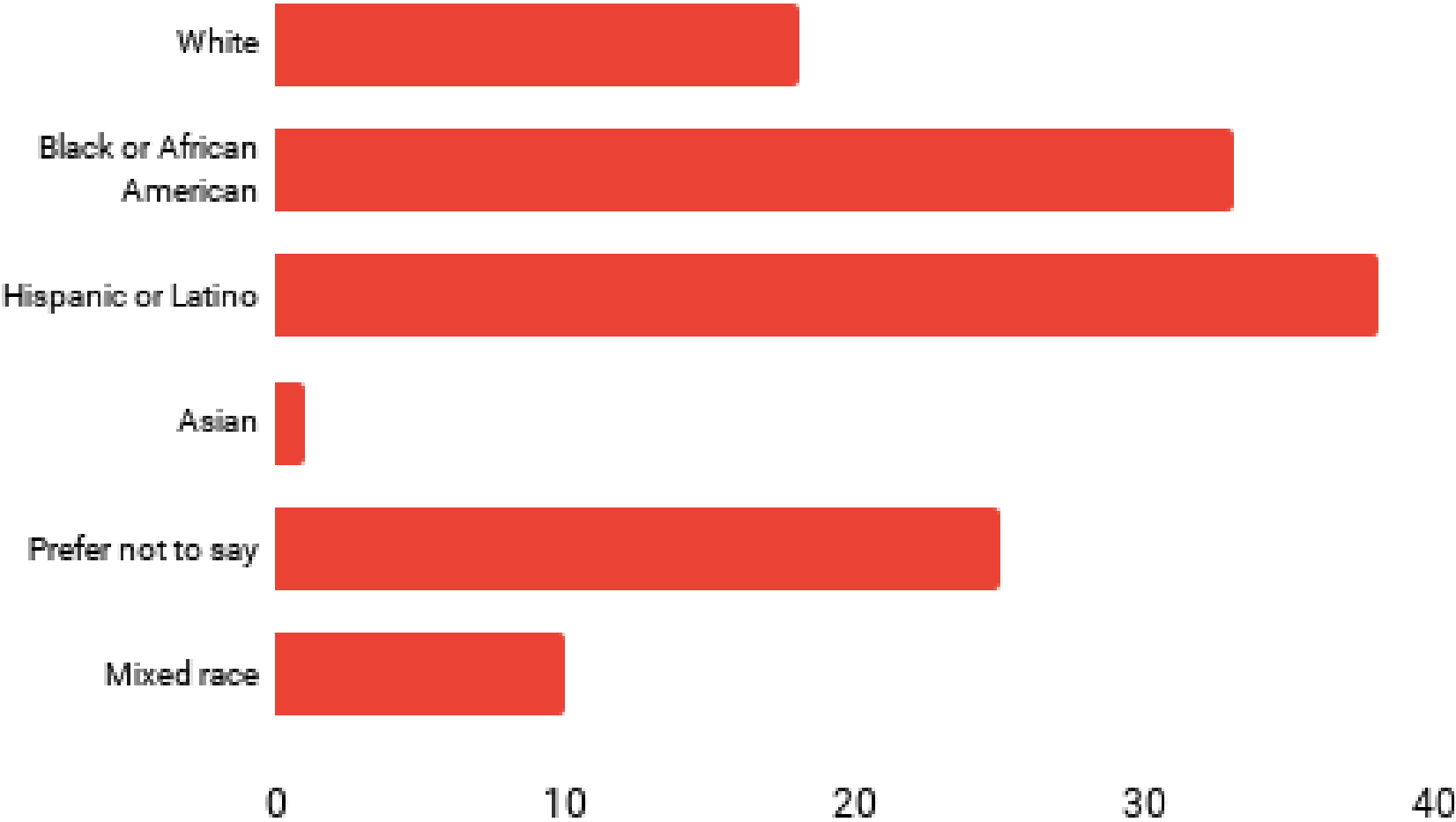
Nearly 14% of applicants are primary Spanish speakers

# PARTICIPANT DATA

125 total participants onboarded (as of Dec. 4)



Nearly 40% of participants have a yearly income below \$15,000



Most participants identify as Black/African American and Hispanic/Latino



# GOVERNMENT PARTNERS

- Have met with leaders of major CT state agencies
  - Gov. Lamont's senior team
  - State Treasurer Russell
  - Cmsr Reeves, Dept of Social Services
  - Deputy Cmsr Hadler, Dept of Social Services
  - Dr Juthani, Cmsr of Dept of Public Health
  - Cmsr Mosquera-Bruno, Dept of Housing
  - Cmsr Navarretta, Dept of Mental Health and Addiction Services
  - Dr Karanda, Chief of Statewide Services
- Very positive feedback and interest in continued shared communications and marketing and exploring statewide waivers
- Continuing to publicize the program among clients, particularly those in more rural counties
- Interest in exploring potential public funding sources (ARPA, TANF, Medicaid, General funds)







**TOGETHER, WE CAN END CHILD POVERTY IN CONNECTICUT.**

**Questions?**