YouthNPower DIRECT CASH TRANSFER PILOT: YEAR 1 REPORT

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Center for Innovation through Data Intelligence

The City of New York
Mayor Eric Adams

ABOUT CIDI

The Center for Innovation through Data Intelligence (CIDI) is a research and policy center located in the Office of the Mayor of New York City, reporting directly to the Deputy Mayor for Strategic Initiatives. CIDI fosters collaboration with all Health and Human Services agencies to promote citywide policy change toward the goal of improving the effectiveness of New York City government. CIDI embraces the Mayor's goal of delivering cross-agency solutions to big, bold issues that impact the health and well-being of the city's most vulnerable people.

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With much gratitude,

Maryanne Schretzman, DSW
Executive Director
New York City Center for Innovation through Data Intelligence
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CHAPTER ONE
EXECUTIVE SUMMARY

YouthNPower Direct Cash Transfer is an innovative program to assist youth transitioning out of foster care.

The Direct Cash Transfer (DCT) pilot was designed and implemented by YouthNPower: Transforming Care, a collective that includes young people with lived expertise in the child welfare system, researchers, policy advocates, and organizers from the Children's Defense Fund-New York, the CUNY Graduate Center's Public Science Project, the Center for the Study of Social Policy, and New Yorkers For Children.[1] The DCT pilot provided 100 youth transitioning out of foster care in New York City with $1,000 per month for 12 months beginning in June 2023. This report presents the findings of CIDI's study of the DCT pilot.[2] It uses administrative data during the DCT year to compare the experiences of the treatment group youth who received the unconditional cash payments with the experiences of youth in a comparison group who received no such payments.

This research is **one of the first studies using administrative data** rather than self-reported information **to assess the impact of an unconditional cash program**.

Unconditional cash support, an evidence-based intervention that is used to aid people in poverty across the world, is increasingly being used in the United States in the context of family well-being, homelessness, and child welfare. These programs are predicated on the assumption that individuals and families know best how to allocate resources to meet their needs. It represents a new tool to support youth leaving foster care who often face an accelerated transition to adulthood without the support of caring adults and families. A variety of programs exist to aid these youth during this transition—case management, coaching, tutoring, housing, education, and training—but these youth often report a lack of and need for ongoing cash support (Baum-Tucillo, M., 2024).

CIDI's study evaluating the YouthNPower pilot found that during the 12 months of cash support, a greater proportion of those in the treatment group were engaged in the formal labor market by earning taxable income compared to those in the comparison group. There were no other significant differences between the two groups. This suggests that unconditional cash support may be a valuable intervention for these youth at this critical point in their lives, easing their transition to independence but not serving as a disincentive to employment.

[1] For more information about YouthNPower: Transforming Care, visit: www.youthnpower.org

[2] The YouthNPower pilot included two threads of research, including this study using administrative data and participatory action research methods using surveys, interviews, and focus groups, to learn more about the experience of unconditional cash among pilot participants. The findings from the participatory action research methods are available at: www.youthnpower.org/reports.

CIDI used administrative data to evaluate the impact of the intervention.

The study leveraged New York City and New York State administrative data to:

— Create a comparison group similar to the treatment group enrolled in the YouthNPower DCT

— Determine the effect of the intervention on a range of measures

This evaluation employed a quasi-experimental design, which compared the treatment group to a comparison group constructed using propensity score matching (PSM). Using data from the New York City Administration for Children's Services (ACS) and New York City Public Schools (NYCPS), the comparison group was created using PSM from the population of youth who had transitioned out of foster care and were similar to the participants in the treatment group based on gender, race/ethnicity, 4-year high school graduation, total length of stay in foster care, number of foster care placements, age at foster care entry, and number of siblings in foster care. By ensuring that the comparison group was similar to the treatment group, any observed differences could then be attributed to the DCT pilot.

CIDI next compared the experiences of the treatment and comparison groups during the DCT year. Specific measures that were examined included earnings, Unemployment Insurance (UI), Cash Assistance (CA) utilization, shelter utilization, justice system involvement, and child welfare involvement as a parent. CIDI tested for differences between the treatment and comparison groups using logistic regression, adjusting for the characteristics used in the PSM and experiences prior to the start of the DCT, such as shelter utilization and prior earnings. Mann-Whitney U Tests and Chi-Square Tests evaluated the unadjusted effects of the DCT.

More youth in the treatment group than in the comparison group were engaged in the formal labor market, although they earned less money.

A greater proportion of youth in the treatment group than in the comparison group were engaged in the formal labor market at some point during the period of the DCT by earning reported taxable income (69 percent compared to 48 percent, respectively). However, those in the treatment group earned less, on average, than youth in the comparison group. Median earnings for both groups were extremely low: about $5,300 and $6,300 for the treatment and comparison groups, respectively, in the four fiscal quarters that overlapped with the DCT pilot year. When controlling for prior experiences, there were no other significant differences between the two groups in use of CA or shelter, involvement with the child welfare system as a parent, or justice system involvement.

Unconditional cash support may be a valuable tool to assist youth transitioning to adulthood.

This study's results suggest that unconditional cash payments may be a valuable intervention for youth transitioning out of foster care. Even with the economic support of the DCT, 69 percent of the treatment group participated in the formal economy, gaining a foothold in the labor market that connected them to a ladder to success at an important time in their lives.

Without this assistance, youth in both the treatment and the comparison groups lived far below the federal poverty level (in 2024, $15,060 for a household of one)—in a city with a very high cost of living.

The cash payments created a floor upon which youth could build a successful future. A DCT program could complement and be incorporated into other voluntary supports provided for these youth, such as New York City's Fair Futures program or other community-based programs serving young adults who are not connected to the child welfare system. Fair Futures provides individual coaching and tutoring assistance with academic, career development, and independent living/life goals for foster care youth from ninth grade until they reach the age of 26. Future examinations of the YouthNPower DCT will strengthen the understanding of the longer-term impacts beyond the year of economic support—and whether it would benefit other emerging adults such as those experiencing homelessness or those involved in the justice system.

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CHAPTER TWO
BACKGROUND & LITERATURE REVIEW

The YouthNPower collaborative provided economic assistance to transition-age youth exiting foster care in New York City.

YouthNPower is a collaborative that includes young people and professionals with lived expertise in the child welfare system, researchers, and policy advocates focused on young adults transitioning out of foster care in New York City. The Direct Cash Transfer (DCT) program provided each of its 100 participants with $1,000 per month for a full year (June 2023 through May 2024). This report presents the findings of CIDI's DCT pilot study, using administrative data from the DCT year to compare the experiences of the treatment group youth who received the cash support with the experiences of youth in a comparison group who received no such payments. YouthNPower also included participatory action research methods using surveys, interviews, and focus groups to learn more about the experience of unconditional cash among pilot participants. Findings from those methods are available in a separate report.[3]

Keeping young adults connected to education and the workforce is critical to achieving economic stability.

Emerging adulthood is a stage often characterized by increasing independence from family, reflected in milestones like moving out, securing a job, building a career, managing finances, forming romantic relationships, and becoming a parent. Young adults transitioning out of foster care, however, are often forced to urgently and rapidly confront such changes. For example, they must quickly ensure that they find themselves a place to live and employment to cover rent and expenses. These youth are suddenly on their own, without the support of nurturing, caring adults and families who provide emotional and financial support (Annie E. Casey Foundation, 2017).

[3] The findings from the participatory action research methods are available at: www.youthnpower.org/reports.

The challenge is magnified for youth exiting foster care without strong connections to the labor force or educational institutions (Lee & Ballew, 2018). The ability of young adults to successfully transition to adulthood is significantly affected by structural factors such as the state of the economy and rates of unemployment and inflation, while individual factors such as education level, race, class, and gender also influence that transition (Hill & Redding, 2021). Since the knowledge-based economy requires a college degree for entry-level jobs, it is particularly important that today's youth transitioning out of foster care complete both high school and college (and/or specialized training) to gain the skills they need to successfully participate in the employment market.

Young adults transitioning from foster care to adulthood often have poor outcomes due to familial, social, and structural factors, including compounded trauma of family conflict and maltreatment (Dworsky et al., 2012); family tensions related to their sexual orientation and/or gender identity (ACS, 2020); education and employment instability (Day et al., 2011; Okpych & Courtney, 2014); homelessness (Curry & Abrams, 2015; Dworsky et al., 2013; CIDI, 2018); justice system involvement (Herz et al., 2019; Cusick et al., 2011); mental and physical health issues (Schelbe, 2018); and substance use problems (Braciszewski & Stout, 2012). These adversities disproportionately impact minority groups, such as Black and Latina/o/x youth, due to systemic, racial, and economic inequalities that impede the pathway out of poverty (Rebbe et al., 2017). These issues coincide with the effects of social media and the impact of the COVID-19 pandemic, both associated with increases in depression, anxiety, self-harm, and suicide rates among adolescents (Haidt, 2024).

Eliminating the stigma and changing the narrative about transition-age youth experiencing foster care are part of a new science to help these young adults heal and thrive.

The focus on young adults transitioning out of foster care in the past decade has begun to establish a body of literature that highlights the power of youth development principles, brain science, behavioral economics, and the importance of historical context (Shafir, 2012; Annie E. Casey Foundation, 2017; Jensen & Nutt, 2015). These developments have enabled the child welfare system to better understand the lifelong impacts of trauma and how to help these youth succeed. Advances in brain science confirm that sharing experiences with peers and developing relationships with caring adults are important elements of the healing process. Including youth in the design of programs and policies that impact them is key to changing their trajectory.

Historically, the child welfare system was a highly regulated system that mainly focused on keeping very young children safe. The result was a lack of understanding of the multiple and diverse characteristics of the population of youth transitioning out of the system and the programs designed to assist with their needs. This previous orientation contributed to the myth and stigma that youth transitioning out of foster care were a monolithic group where a one-size-fits-all approach works. More recently, research and supports for these youth have begun to emerge, with promising practices that include matching services with their specific characteristics and needs (FICAA, 1999; Fair Futures, 2022; Casey Family Programs, 2023; McKlindon et al., 2023; ACS, 2024).

A dual focus on the importance of youth involvement and the need for multiple pathways to success in the transition to adulthood is crucial.

The combination of these efforts has resulted in youth participation in shaping the YouthNPower DCT pilot—in the context of the societal consequences of the recent pandemic, social media, and current developments in artificial intelligence.

While youth transitioning from foster care benefit from housing, education, social, and career supports, they have very little cash support.

Transition-age youth leaving foster care as young adults may need both formal and informal support, including health and mental health services, housing assistance, education and employment programs, independent living skills training, child care and parenting support, and food programs designed to address their needs. Some youth may not need any of these services while others may need a combination. While youth who age out of foster care and transition from legal custody as young adults continue to have access to certain benefits (e.g., vouchers for education and training, ongoing Medicaid coverage, and certain priority in public housing benefits), sustained, unconditional cash support has not been a part of those policies. The typical financial support is through public assistance, often Temporary Assistance for Needy Families (TANF). TANF requires regulatory obligations that often create challenges for students trying to remain in post-secondary educational programming who also need Cash Assistance (CA). While TANF CA in New York City has some of the most generous benefits available, payment levels have not risen with inflation and thus are worth less in real dollars than they were 30 years ago.

The New York City Administration of Children Services (ACS) offers transitional support for youth exiting foster care through a variety of services, including case management, coaching, tutoring, housing, pathways to employment programs, and college success initiatives. One such intervention, New York City's Fair Futures program, pairs middle school- and high school-aged students in foster care with mentors who provide them with one-on-one tutoring and support through the age of 26 (Fair Futures, 2024). Other interventions include providing dormitories for college-bound students, employment, internships, and specialized training. Grounded in positive youth development and culturally responsive practices, these interventions are designed for youth while in foster care and while transitioning out. Many providers using these interventions have distributed cash to participants on an as-needed crisis basis. However, youth in New York City's foster care system report having very little cash support. According to the Youth Experience Survey, 19 percent of those ages 14 and older who were not working at a job or an internship received no weekly cash stipend, and 41 percent received $20 or less per week (ACS, 2023).

Direct Cash Transfers are used for specific populations during critical life events and transitions to promote housing stability and well-being.

DCTs are increasingly being explored in the context of family well-being, homelessness, and child welfare. This type of cash support—known by a range of names, including unconditional cash transfer, guaranteed income, and unconditional basic income—is an evidence-based intervention that has been used to support people in poverty across the world (Morton et al., 2020). The goal of these programs is to promote housing stability, increase agency, and improve well-being (Bervik et al., 2024; DeYoung et al., 2023; Flynn et al., 2023). Programs such as the ARISE Guaranteed Basic Income Pilot Program (Virginia), Baltimore Young Families Success Fund (Maryland), PHL Housing+ (Pennsylvania), and Baby's First Years (Louisiana, New York, Nebraska, and Minnesota) provide participants with guaranteed income ranging from $500 to $1,000 per month, giving families and individuals autonomy over their spending. These programs serve as a contrast to more traditional public CA programs, which often carry significant requirements and complex application processes.

Several New York City DCT programs are currently under evaluation. These programs are designed to address specific populations during time frames when cash payments may be most effective, including low-income mothers with infants (Bridge Project, 2024) and homeless families with a child under the age of two who have recently entered shelter (Growing Strong, 2024). In addition, the Trust Youth Initiative focuses on young adults experiencing homelessness. It is the first program linking a cash grant with optional supportive services to demonstrate whether cash grants increase housing stability among young adults (Point Source Youth, 2023).

A direct cash grant enhances agency and choice and can empower youth, reduce stress, increase financial stability, and motivate recipients to stay on course.

Financial assistance, academic support services, and employment support services have been associated with lower odds of homelessness among youth (Huang et al., 2022). One study found that youth with experiences in foster care and juvenile justice who had received financial services were more likely to work or attend school and less likely to be homeless or incarcerated at age 19 (Lee & Ballew, 2018).

A key characteristic of unconditional direct cash grant programs is the trust they afford families and individuals to decide what is best for their situation in the most efficient way possible.

Cash support has additionally been linked to an increased sense of agency in decision-making, including decisions related to relationships and healthy behaviors (Dwyer et al., 2023). Evidence from dozens of studies shows that families and individuals receiving unconditional cash support benefit in unique ways when payments are significant enough to help cover basic needs, are dependable, and can be readily accessed in difficult times. For example, the American Guaranteed Income Studies in

Paterson, New Jersey, found that participants receiving guaranteed income reported higher financial well-being and better mental health, demonstrated better financial stability and savings habits, and considered the consistent influx of cash a motivating factor in getting a new or higher-paying job or going back to school (DeYoung et al., 2023).

DCTs may be a critical addition to the supports offered to youth transitioning out of foster care.

However, research focused on unconditional cash support programs for these youth and the impact DCTs can have on this population is lacking. The purpose of the YouthNPower DCT pilot study was to provide information about young adults who have experienced foster care in New York City and their experiences with DCTs.

The DCT pilot included an application and selection process to create a treatment group that represented New York City youth transitioning out of foster care.

The YouthNPower DCT pilot study provided 100 young adults transitioning from foster care to adulthood with $1,000 per month, with no conditions, for one year (June 2023 through May 2024).

Children's Defense Fund-New York partnered with New Yorkers For Children to distribute the monthly cash payments for the pilot's duration. DCT payments were excluded from taxable income as unconditional gifts. The project also obtained a waiver for pilot participants, ensuring that payments would not impact certain public benefits (i.e., CA, the Supplemental Nutrition Assistance Program [SNAP], and the Home Energy Assistance Program [HEAP]).[4]

The online application for DCT pilot participation was open for a month and supported by a broad outreach campaign to young adults who met the program's criteria. Efforts included outreach to all New York City foster care agencies—organizations known to serve New York City youth who have aged out of foster care, provider organizations offering youth legal services, housing supports, health care, education services and social supports, as well as youth-led advocacy groups. There was also a social media campaign partnering with the same network of agencies across the city.

[4] With regard to Medicaid benefits, youth who were in foster care at age 18 or older and were eligible for Medicaid at that time are categorically eligible for Medicaid coverage until age 26. Moreover, eligibility for Medicaid is based on the Internal Revenue Service (IRS) definition of modified adjusted gross income (MAGI). This does not include gifts. For this reason, payments received from the YouthNPower Project did not affect eligibility.

Eligible youth must:

1. Have aged out of foster care in New York City (exited custody without legal permanency) and not be in the Continuing Care and Support 21+ (CCS21+) program, which supports youth in foster care 21 years of age and older who do not have a viable housing option
2. Be out of custody for at least six months as of the date of their application (to avoid creating incentives for leaving care)
3. Be 18-and-a-half to 22 years of age at the time of completing the application
4. Live in New York City at the time of completing the application

Based on data from ACS, 1,282 youth met the first three eligibility criteria. YouthNPower received over 400 applications, 239 of which met all eligibility criteria. The number of applicants represents approximately 19 percent of all eligible youth. (This number is likely slightly higher than the total eligible group as it does not account for those out of foster care for fewer than six months or those no longer living in New York City at the time of application.)

YouthNPower prioritized selecting a group of young adults who represented the race, ethnicity, gender, and LGBTQIA+ status of the population of New York City youth transitioning out of foster care. The 100 youth (92 of whom signed consents to participate in this research) were selected based on a random stratified sampling process that ensured representation by race/ethnicity, gender, and LGBTQIA+ status. These characteristics were selected because they reflect the characteristics of New York City's population of youth aging out of foster care (Olivet et al., 2021). Prior work by ACS (2021) estimated the proportion of youth who age out of foster care by each characteristic: race/ethnicity, gender identity, and sexual orientation (LGBTQIA+) as:

— 52 percent Black/African American
— 39 percent Hispanic/Latina/o/x (of any race)
— 3 percent White
— 2 percent Asian
— 4 percent Other

Participating youth were disproportionately female (57 percent). However, estimates did not include the percentage of youth identifying as nonbinary. It is estimated that 2 percent of young adults identify as nonbinary, which lowers the percentage of those identifying as female and male by 1 percent each—to 56 percent and 42 percent, respectively (Herman et al., 2022).
Finally, the sample was stratified by LGBTQIA+ status. It is estimated that 33 percent of females and 9 percent of males transitioning out of foster care identified as LGBTQIA+ (CIDI, 2024). These calculations were therefore used to stratify the LGBTQIA+ group.

Research Questions

What is the impact of the DCT on these experiences in the year of the intervention?

- Employment and wages
- Cash Assistance utilization
- Shelter utilization
- Justice system involvement
- Child welfare involvement as a parent

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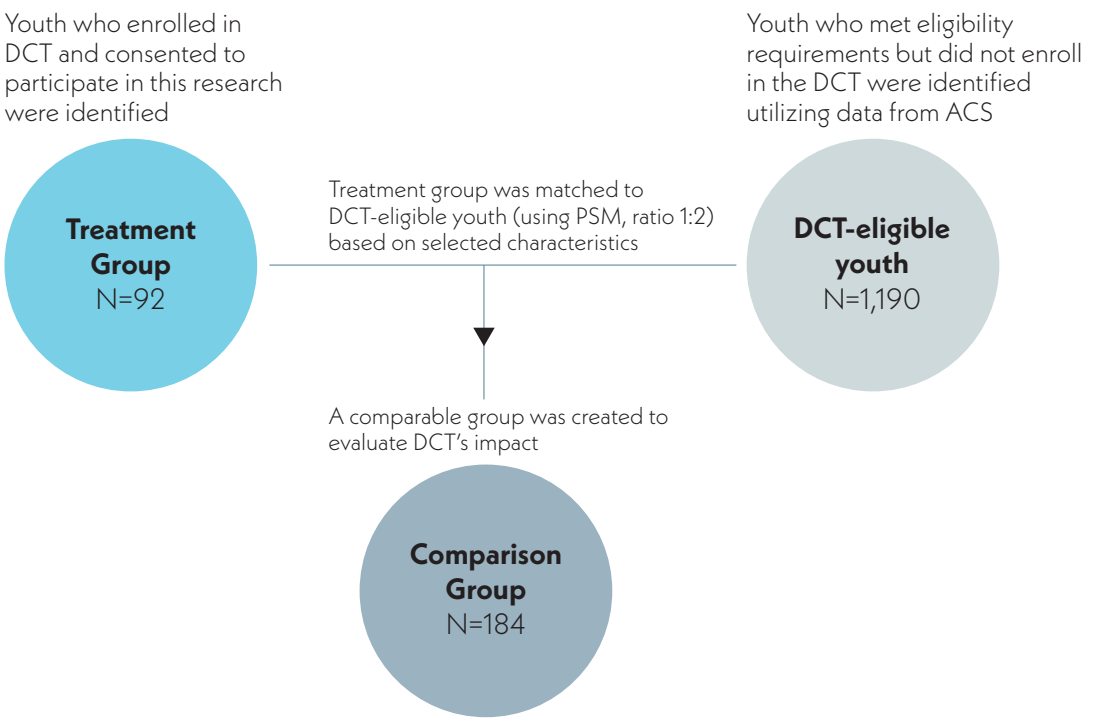
CHAPTER THREE
METHODOLOGY

The DCT evaluation used a quasi-experimental design to compare the treatment group receiving the cash grants with a similar group not receiving the grants. This design enabled researchers to see the effects of the DCT pilot on participants throughout the program year and to examine differences in their experiences. The outcomes measures included earnings, Unemployment Insurance (UI), Cash Assistance (CA) utilization, shelter utilization, justice system involvement, and child welfare involvement as a parent.

A comparison group similar to the treatment group was created via nearest-neighbor propensity score matching.

CIDI constructed a comparison group using administrative data from the ACS and NYCPS. Utilizing the nearest-neighbor technique for propensity score matching (PSM), CIDI identified non-treated individuals similar to the treatment group. This method matched each of the 92 consenting treatment group participants with two similar non-treated youth from a pool of 1,190 DCT-eligible youth, resulting in a comparison group of 184 youth (Figure 3.1).

Figure 3.1. Sample



The matching criteria focused on aligning characteristics (listed in Table 3.1) between treatment and comparison groups, specifically 4-year high school graduation status and foster care experiences (including age at first entry, length of stay, and placement information). Both the distributions of covariates and their associated statistical test p values indicate that there are no differences between the treatment and comparison groups.

Table 3.1. Demographic, Educational, and Foster Care Characteristics

Covariates N=276	**Treatment Group** N=92	**Comparison Group** N=184	**p**[1]
Gender, N (%)			
Identified as Female	59 (64.1%)	120 (65.2%)	0.964
Identified as Male	33 (35.9%)	64 (34.8%)	
Race/Ethnicity, N (%)			
Identified as Hispanic/Latina/o/x	30 (32.6%)	58 (31.5%)	0.710
Identified as Black/African American	51 (55.4%)	106 (57.6%)	
Identified as Asian	1 (1.1%)	0 (0.0%)	
Identified as White	4 (4.3%)	9 (4.9%)	
Identifed as Other	6 (6.5%)	11 (6%)	
4-Year Graduation, N (%)			
Achieved 4-year graduation	30 (32.6%)	58 (31.5%)	0.979
Did not achieve 4-year graduation	33 (35.9%)	68 (37.0%)	
Unknown 4-year graduation status	29 (31.5%)	58 (31.5%)	
Number of Siblings in Foster Care, N (%)			
No siblings	51 (55.4%)	96 (52.2%)	0.909
1 sibling	15 (16.3%)	32 (17.4%)	
2 siblings	9 (9.8%)	25 (13.6%)	
3 siblings	7 (7.6%)	12 (6.5%)	
4+ siblings	10 (10.9%)	19 (10.3%)	
Length of Stay in Foster Care (days) , Median (IQR)	1,606 (1,069 - 2,270)	1,649 (965 - 2469)	0.741
Total Number of Foster Care Placements, Median (IQR)	4 (2 - 6.25)	4 (2 - 6)	0.721
Age at First Foster Care Entry, Median (IQR)	14 (11 - 16)	14 (11 - 16)	0.420

[1]For gender, race/ethnicity, 4-year graduation status, and number of siblings in foster care, p values were calculated using a Chi-Square test. For total months of stay, number of placements, and age at first foster care entry, p values were calculated using the Mann-Whitney U test.

Statistical tests were performed to assess comparability between the treatment and comparison groups.

CIDI evaluated the quality of PSM by comparing Standardized Means Differences (SMDs) between the treatment group and DCT-Eligible Group and between the treatment group and matched comparison group (Table 3.2).

The results in Table 3.2 below show that the mean differences were closer to zero after propensity score matching, indicating a high-quality match. For example, the SMD for length of stay in foster care decreased from 0.133 before matching to -0.0120 after matching. Similarly, achieveing 4-year graduation status decreased from 0.314 to 0.023 after matching. These demonstrate a much closer balance between the treatment and matched comparison groups than existed between the treatment group and the DCT-eligible group.

Table 3.2. Comparability before and after PSM

Covariates	SMDs between Treatment Group & DCT-Eligible Youth	SMDs between Treatment Group & Matched Comparison Group
Distance (propensity score)	0.362	0.001
Gender		
Identified as Female	0.093	-0.023
Race/Ethnicity		
Identified as Hispanic/Latina/o/x	-0.012	0.023
Identified as Black/African American	0.072	-0.044
Identified as White	0.000	-0.027
Identified as Asian	-0.097	0.105
Identified as Other	0.119	0.022
4-Year Graduation		
Achieved 4-year graduation	0.314	0.023
Unknown 4-year graduation status	-0.190	0.000
Number of Siblings in Foster Care	0.031	0.011
Length of Stay in Foster Care (days)	0.133	-0.020
Total Number of Foster Care Placements	0.060	-0.001
Age at First Foster Care Entry	-0.038	0.093

Notes:
The standardized mean difference (SMD) is the difference in the means of each covariate between groups standardized by a standardization factor so that it is on the same scale for all covariates (Griefer, Noah, 2023).
The means of each covariate for DCT-Eligible Youth and Matched Comparison Group used to calculate SMDs are included in Appendix Tables 1 and 2.

Administrative data was used to assess the impact of the DCT pilot.

CIDI used various statistical methods to evaluate how youth were impacted by DCT enrollment. The evaluation was focused on selected variables from administrative data sources (Figure 3.2).

Specifically, odds ratios were calculated to examine the association between enrollment in the DCT and reported earnings, UI claims, CA utilization, shelter utilization, ACS involvement as a parent, and DOC admissions. Additional statistical tests were selected in accordance with the criteria of the variables. Chi-Square tests were utilized for dichotomous variables (incorporating Yate's continuity correction for small cell sizes), and Mann-Whitney U Tests were used to compare medians of continuous variables. CIDI employed logistic regression to estimate the treatment effect, adjusting for covariates included in the PSM model and for prior involvement with the relevant agency.

Figure 3.2. NYC Administrative Data to Assess DCT's Impact

DATA SOURCES & DESCRIPTIONS	VARIABLES
EMPLOYMENT DATA **NY State Department of Labor (DOL)** Quarterly wages and UI claims	• Youth with DOL earnings during DCT • Median quarters worked during DCT • Median total earnings during DCT • Youth with UI claims during DCT
CA DATA **NYC Human Resources Administration (HRA)** Recurring CA payments from the federally funded TANF program and the New York State Safety Net Program	• Youth receiving recurring CA during DCT • Months youth received recurring CA
HOMELESS SHELTER DATA	
Youth Shelter Data **NYC Department of Youth & Community Development (DYCD)** Days spent in Transition to Independent Living (TIL) and Runaway and Homeless Youth (RHY) crisis shelters. These programs provide housing programs, emergency shelter and crisis intervention services for young adults between the ages of 16 and 24	• Youth with DYCD shelter utilization during DCT • Median days in shelter during DCT • Youth in shelter at start of DCT • Youth exiting shelter during DCT • Type of shelter
Single Adult or Family Shelter Data **NYC Department of Homeless Services (DHS)** Days spent in the shelter system that serves individuals over the age of 18 who enter with or without other adults or children	• Youth with DHS shelter utilization during DCT • Median days in shelter during DCT • Youth in shelter at start of DCT • Youth exiting shelter during DCT • Type of shelter
CHILD WELFARE DATA **NYC ACS** Information about participants who experienced child welfare involvement as a parent, which includes having their child removed and enter foster care, having an indicated child protective services (CPS) investigation, and/or accessing prevention services	• Youth with ACS involvement during DCT
JUSTICE SYSTEM INVOLVEMENT DATA **NYC Department of Correction (DOC)** Information about jail admissions, discharge data and top criminal charges	• Youth admitted to DOC during DCT • Youth admitted to DOC prior to DCT

04

CHAPTER FOUR
FINDINGS

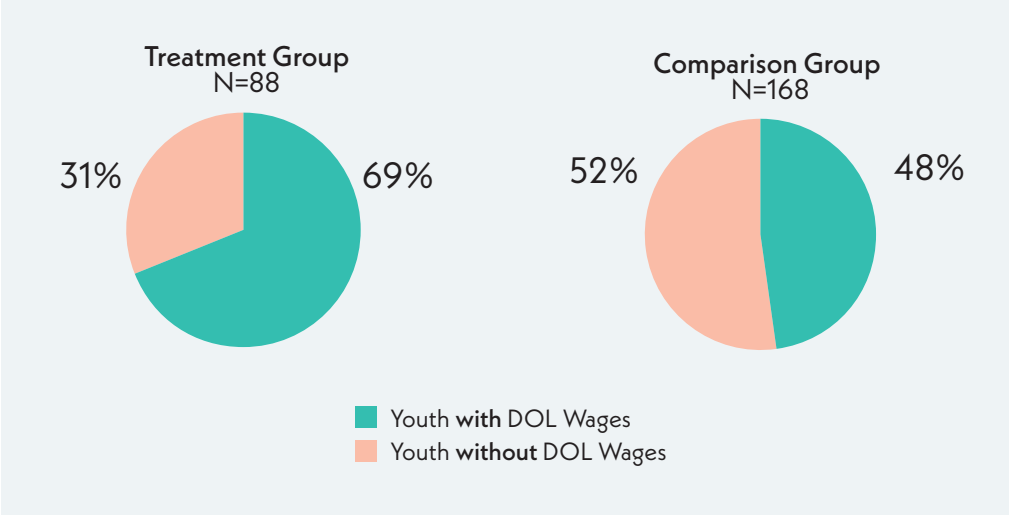
The DCT pilot had a positive impact on formal employment for youth in the treatment group, with no other significant measurable effects.

The study found that that during the 12 months of the DCT pilot, when participants were receiving unconditional cash payments, a greater proportion of those in the treatment group were engaged in the formal labor market by earning taxable income compared to those in the comparison group. No other significant differences existed between the two groups in terms of their receipt of UI, recurring CA utilization, shelter utilization, justice system involvement, or child welfare involvement as a parent.

Youth in the treatment group participated in the formal labor market at a greater rate while earning less money during the pilot.

A greater proportion of youth in the treatment group, 69 percent compared to 48 percent in the comparison group, had formal employment with earned taxable income at any point during the four fiscal quarters most aligned (July 2023 through June 2024) with the DCT period (June 2023 through May 2024) (Figure 4.1).[5]

Figure 4.1. DOL Wage Analysis during DCT



[5] For Figure 4.1, the differences for total young people in the treatment (88 versus 92) and comparison group (168 versus 184) are the result of unavailable Social Security numbers (SSNs) for four youth in the treatment group and 16 youth in the comparison group.

When adjusting for employment in 2023 prior to the start of the DCT, the difference in employment is statistically significant at 0.05.

Youth enrolled in the DCT were 15 percent more likely to report earnings during the DCT year.

However, youth in the treatment group worked one fewer quarter than those in the comparison group, a median of 2 quarters worked compared to a median of 3 quarters, respectively. Youth enrolled in the DCT also had lower median total earnings compared to those not enrolled, $5,254 median total earnings compared to $6,304 median total earnings, respectively (Table 4.1).

Table 4.1. DOL Wage Analysis during DCT

Employment & Wage Variables N=256	**Treatment Group** N=88	**Comparison Group** N=168	**Adjusted[1]**		**Unadjusted[2]**
			Odds Ratio	p	p
Youth with DOL Earnings, N (%)	61 (69.3%)	80 (47.6%)	1.15	0.016*	0.001*
Quarters Worked, Median (Interquartile Range or IQR)	2 (1–4)	3 (1–4)	-	-	0.007*
Total Earnings, Median (IQR)	$ 5,254 ($1,408 - $16,892)	$ 6,304 ($1,717 - $22,350)	-	-	0.002*

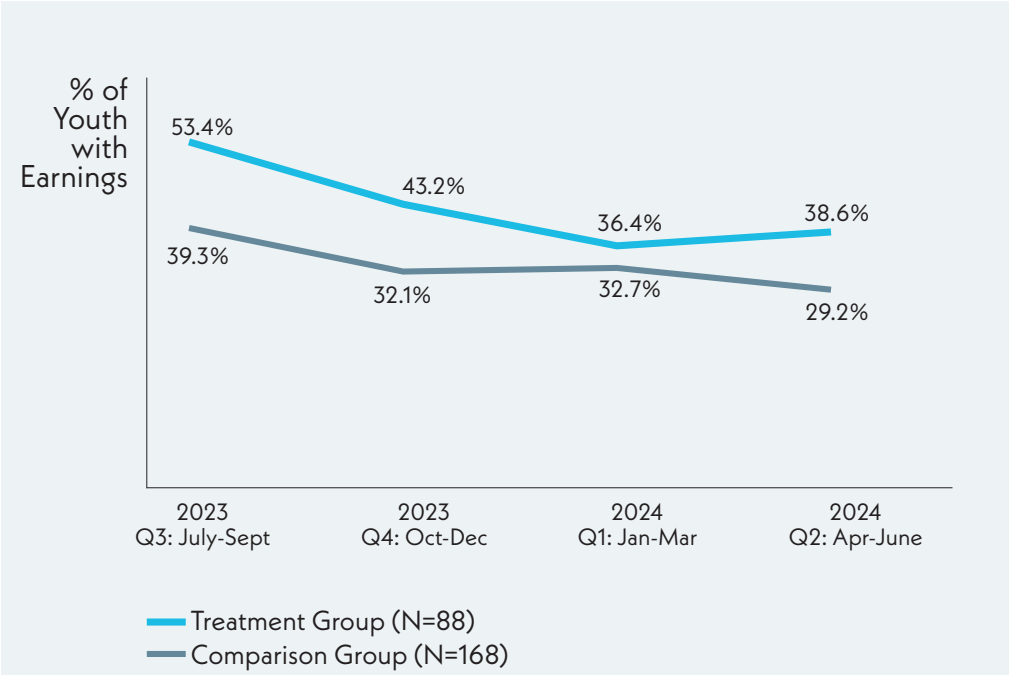
[1]Adjusted p values and odds ratios were calculated using logistic regression adjusted for prior earnings and all measures used in the PSM.

[2]Unadjusted p values were calculated using a Chi-Square test for dichotomous measures and Mann-Whitney U Test for continuous measures.

*Indicates statistical significance at the 0.05 level.

Youth in the treatment and comparison groups reported earnings in similar distributions of quarters. For both groups, the greatest proportion of youth worked in the first full quarter of the DCT, which spanned July through September 2023. Among those in the treatment group, 53.4 percent worked in the first full quarter while 39.3 percent in the comparison group worked in the first full quarter. The percentage of youth with reported earnings declined for both groups as the DCT year progressed. However, the treatment group experienced a slight increase in the second quarter of 2024 (Figure 4.2).

Figure 4.2. Youth with Earnings by Quarter during DCT



There was no statistically significant difference between the two groups in the proportion of youth who filed UI claims during the DCT (4.5 percent and 2.4 percent for the treatment and comparison groups, respectively) (Table 4.2).

Table 4.2. DOL UI Claims Analysis during DCT

Employment & Wage Variables N=256	**Treatment Group** N=88	**Comparison Group** N=168	**Adjusted[1]**		**Unadjusted[2]**
			Odds Ratio	p	p
Youth with UI claims during DCT, N (%)	4 (4.5%)	4 (2.4%)	1.02	0.269	0.526

[1]Adjusted p values and odds ratios were calculated using logistic regression adjusted for measures used in the PSM.

[2]Unadjusted p values were calculated using a Chi-Square test.

Youth in the treatment group had higher rates of recurring CA utilization but not at a statistically significant level.

CIDI found that a higher proportion of youth in the treatment group, 71.7 percent, received recurring CA payments during the DCT[6], compared to 57.1 percent in the comparison group (Table 4.3).

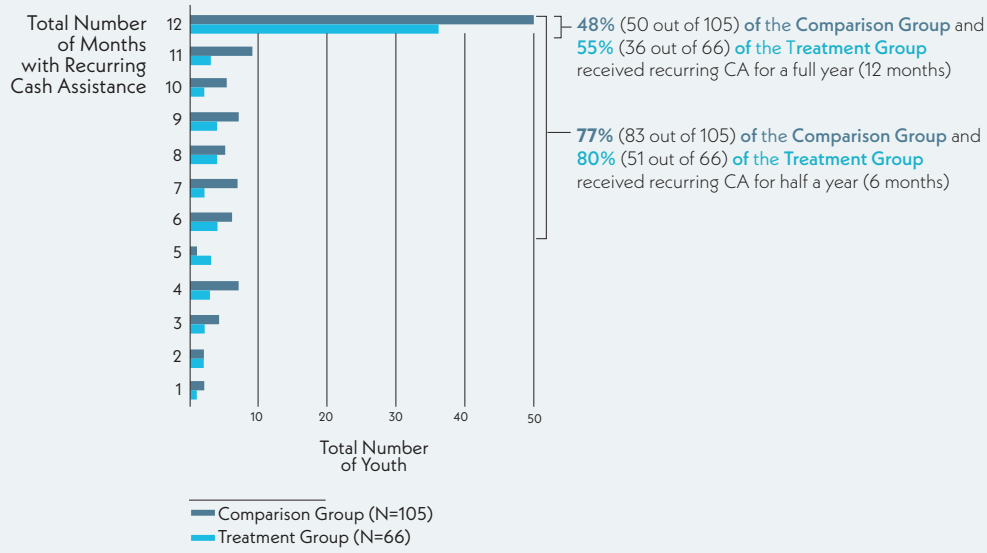
Table 4.3. CA Utilization Analysis during DCT

CA Utilization Variables N=276	Treatment Group N=92	Comparison Group N=184	Adjusted [1]		Unadjusted [2]
			Odds Ratio	p	p
Youth receiving recurring CA during DCT, N (%)	66 (71.7%)	105 (57.1%)	1.10	0.050	0.025*

[1]Adjusted p values and odds ratios were calculated using logistic regression adjusted for measures used in the PSM.
[2]Unadjusted p values were calculated using a Chi-Square test.
*Indicates statistical significance at the 0.05 level.

Among youth who received recurring CA payments during the 12-month DCT, both the treatment and comparison groups received payments for most months of the DCT year (Figure 4.3).

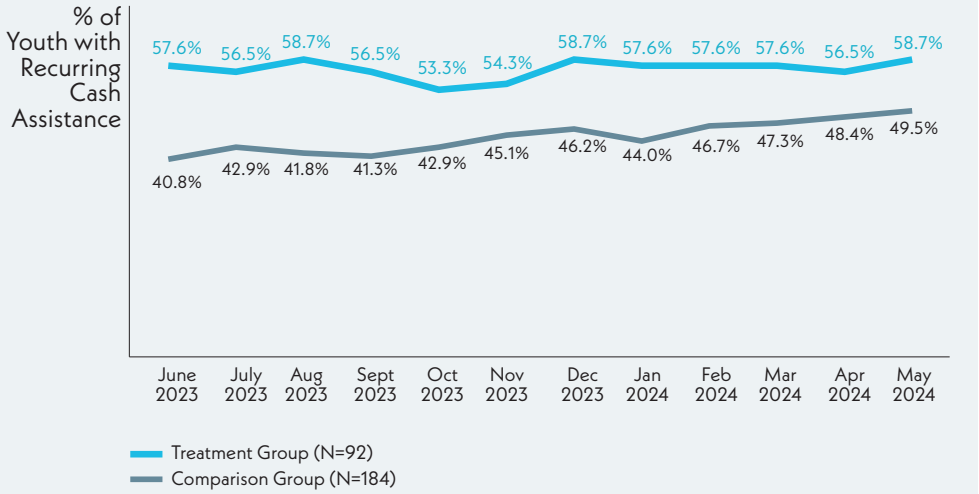
Figure 4.3. Total Number of Months Youth Received Recurring CA during DCT



[6] Work requirements for CA were suspended in NYC during the DCT, which may have impacted CA utilization.

The percentage of youth in the treatment group receiving recurring CA was 57.6 in June of 2023, the first month of the DCT. That rate dipped to a low of 53.3 percent in October 2023 with peaks of 58.7 percent in August 2023, December 2023, and May 2024. For the comparison group, the rate increased more steadily, from 40.8 percent in June 2023 to 49.5 percent in May 2024 (Figure 4,4).

Figure 4.4. Youth with Recurring CA by Month during DCT



Youth in the treatment and comparison groups experienced similarly low levels of DHS or DYCD shelter usage, although length of stay differed for each group.

The treatment and comparison groups were at risk for shelter entry for the same amount of time, calculated as the number of days between foster care discharge and the end of the DCT pilot. DHS or DYCD shelter utilization during the DCT was similar for both groups, 11.9 percent of youth in the treatment group and 10.9 percent of youth in the comparison group. However, of youth who experienced shelter during the DCT, a higher proportion of the treatment group (7 out of 11 or 63.6 percent) were in shelter when the DCT began in June 2023. Additionally, a higher proportion of the treatment group (9 out of 11 or 81.8 percent) exited shelter during the DCT. These differences were not statistically significant (Table 4.4).

Table 4.4. DYCD or DHS Shelter Utilization Analysis during DCT

Shelter Utilization Variables N=276	**Treatment Group** N=92	**Comparison Group** N=184	**Adjusted[1]**		**Unadjusted[2]**
			Odds Ratio	p	p
Days between foster care discharge and the end of the DCT pilot, median (IQR)	928 (761–1,146)	1,001 (784–1,354)	-	-	0.126
Youth with DHS or DYCD shelter utilization during DCT, N (%)	11 (11.9%)	20 (10.9%)	1.00	0.904	0.946
Youth in shelter at start of DCT (June 2023), N (%)[3]	7 (63.6%)	8 (40.0%)	-	-	-
Youth exiting shelter during DCT, N (%)[3]	9 (81.8%)	13 (65.0%)	-	-	-

[1]Adjusted p values and odds ratios were calculated using logistic regression adjusted for prior shelter utilization and all measures used in the PSM.

[2]Unadjusted p values were calculated using a Chi-Square test for dichotomous measures and Mann-Whitney U Test for continuous measures.

[3] Percentages pertain to youth in shelter during the DCT period and are provided for descriptive purposes.

Of those youth who spent time in shelter during the DCT period, treatment group youth experienced higher median days in shelter, 141 median days in shelter compared to 62 median days in shelter for comparison group youth. However, the number of youth who spent time in shelter is very small and the difference was not statistically significant (Table 4.5).

Table 4.5. DYCD or DHS Shelter Utilization Analysis for Youth Who Spent Time in Shelter during DCT

Shelter Utilization Variables N=31	**Treatment Group Youth Who Spent Time in Shelter during DCT** N=11	**Comparison Group Youth Who Spent Time in Shelter during DCT** N=20	**Adjusted**		**Unadjusted[1]**
			Odds Ratio	**p**	**p**
Days in shelter during DCT, median (IQR)	141 (70–232)	62 (19–159)	-	-	0.738

[1]Unadjusted p values were calculated using a Mann-Whitney U Test for continuous measures.

CIDI examined the distribution of days spent in shelter for the treatment and comparison groups. In the treatment group, three of 11 youth (27.3 percent) who spent time in shelter during the DCT had stays under 50 days. In the comparison group, nine of 20 youth (45.0 percent) had stays under 50 days (Figure 4.5).

Figure 4.5. Total Number of Days in Shelter for Youth Who Spent Time in Shelter during DCT

Number of Days in Shelter (DHS or DYCD) N=31	Treatment Group Youth Who Spent Time in Shelter N=11	Comparison Group Youth Who Spent Time in Shelter N=20
0-49	3	9
50-99	0	3
100-149	3	1
150-199	1	4
200-249	1	0
250-299	3	1
300-349	0	1
350-365	0	1

Of youth who spent time in shelter during the DCT, those in both the treatment group and the comparison group most often utilized DHS Single Adult shelter (55.6 percent and 60.0 percent, respectively). Single Adult shelters serve individuals over the age of 18 who enter independently. Families with Children shelter was the second highest shelter type utilized (Table 4.6).

Table 4.6. DYCD and DHS Shelter Utilization by Shelter Type during DCT

Shelter Type Utilization Variables N=29	**Treatment Group Youth Who Spent Time in Shelter during DCT** N=11	**Comparison Group Youth Who Spent Time in Shelter during DCT** N*=20
# (%) Youth in DHS Single Adult shelter	5 (45.5%)	12 (60.0%)
# (%) Youth in DHS Families with Children shelter	4 (36.4%)	8 (40.0%)
# (%) Youth in a DYCD Youth shelter	2 (18.2%)	1 (5.0%)
# (%) Youth in DHS Adult Families shelter	0 (0.0%)	2 (10.0%)

*Note: Shelter types for youth in the comparison group are not mutually exclusive because three youth spent time in multiple shelter types.

Youth in the treatment and comparison groups had comparable involvement with child welfare.

During the DCT, there were no statistically significant differences between the treatment and comparison groups in the proportion of youth who experienced ACS involvement as a parent (3.3 percent for the treatment group and 4.9 percent for the comparison group, respectively). This includes having their child removed and entering foster care, having an indicated child protective services (CPS) investigation, and/or accessing prevention services (Table 4.7).[7]

Table 4.7. Child Welfare Involvement Analysis during DCT

Child Welfare Involvement Variables N=276	**Treatment Group** N=92	**Comparison Group** N=184	**Adjusted[1]**		**Unadjusted[2]**
			Odds Ratio	**p**	**p**
Youth with ACS involvement as a parent during DCT, N (%)	3 (3.3%)	9 (4.9%)	0.99	0.582	0.754

[1]Adjusted p values and odds ratios were calculated using logistic regression adjusted for all measures used in the PSM.

[2]Unadjusted p values were calculated using a Chi-Square test.

[7]Being the subject of a CPS investigation is not included here as a metric of system contact because such data are not reportable under current law in New York. Thus, the metrics here are deeper system involvement: indicated cases and child removals to foster care.

Youth in the treatment and comparison groups had comparable involvement with the justice system.

During the period of the DCT, the treatment and comparison groups experienced similar rates of admission to DOC. The groups also had comparable experience with DOC prior to the DCT, 14.1 percent and 12.0 percent for the treatment and comparison groups respectively (Table 4.8).

Table 4.8. Justice System Involvement Analysis during DCT

Justice System Involvement Variables N=276	**Treatment Group** N=92	**Comparison Group** N=184	**Adjusted[1]**		**Unadjusted[2]**
			Odds Ratio	**p**	**p**
Youth admitted to DOC during DCT, N (%)	7 (7.6%)	12 (6.5%)	1.01	0.800	0.933
Youth admitted to DOC prior to DCT, N (%)	13 (14.1%)	22 (12.0%)	-	-	0.749

[1]Adjusted p values and odds ratios were calculated using logistic regression adjusted for prior DOC admission and all measures used in the PSM.

[2]Unadjusted p values were calculated using a Chi-Square test.

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CHAPTER FIVE
CONCLUSIONS

Youth receiving unconditional economic support participated more in the formal economy than youth who did not receive this support.

CIDI's analysis found that a higher proportion of young adults in the treatment group had earnings through their participation in the formal economy, although they worked one quarter less and earned less money than youth in the comparison group.

CIDI was unable to find sufficient evidence of differences between the treatment and comparison groups regarding UI application, CA utilization, shelter utilization, justice system involvement, and child welfare involvement as a parent.

An unconditional cash transfer program would complement the City's existing support for youth transitioning from foster care.

A connection to the labor market is vital for long-term success. This study's results suggest that an unconditional cash transfer program is a valuable intervention for youth transitioning out of foster care, providing assistance at a critical time in their lives.

The economic support provided by the DCT did not serve as a disincentive for participation in the formal labor market. Rather, youth in the treatment group participated in the formal labor market at a higher rate than those in the comparison group (69 percent and 48 percent, respectively).

However, youth in both the treatment and comparison groups earned very little in the formal labor market.

Youth in the treatment and comparison groups earned $5,300 and $6,300 over four fiscal quarters, respectively, compared to a federal poverty level of $15,060 annually for a household of one. Especially in a high-cost city such as New York, this amount of income does not support independent young adults in a way that promotes health and keeps them out of poverty. The high levels of recurring CA receipt in both the treatment and comparison groups underscore this point. The economic support of the DCT created some stability for youth, allowing them greater freedom to pursue chosen opportunities.

New York City youth experiencing foster care and transitioning out of foster care can benefit from a variety of existing programs, including those offered by DYCD (e.g., the Summer Youth Employment Program) and NYCPS (e.g., Beacon Youth Programs). The Fair Futures program provides individual coaching and tutoring assistance to help youth achieve their academic, career development, and independent living goals through the age of 26.

Youth transitioning out of care are also subject to policy and programmatic shifts targeted to broader populations of adults. For example, during the period of the DCT, youth transitioning out of foster care benefited from the expansion of the CityFHEPS rental assistance program. They were also impacted by the decline in pandemic-era supports, including the return-to-work requirements for CA benefits offered by HRA. A DCT program could supplement and complement existing programs.

The pilot study was limited by the size of the program and DOL data constraints.

This evaluation was limited by the small sample size of the treatment and comparison groups. The study's most significant findings concerned the participation of the youth in the formal economy, as demonstrated by their receipt of reported taxable income in New York State. This administrative data was limited in that it provided total earnings per quarter rather than information about hours worked or hourly wages. Additionally, youth in the treatment and comparison groups may have also participated and earned money in the informal economy (e.g., as laborers or domestic workers). That information would not be reflected in NYS DOL data and, therefore, not be represented in these findings.

The study was limited by its period of inquiry: the 12 months during which the cash was disbursed and for which results were measured. The one-year period may not have been enough time to observe differences in the administrative data and accurately assess program effects.

Future research will explore longer-term impacts and youth pathways.

The use of cash transfers as interventions and their impact on different populations during different life events is important for policy makers to understand. Interventions may have both short- and long-term effects during their period of cash disbursement as well as in the future. To assess these effects for the YouthNPower DCT, CIDI's future research will continue to follow the treatment and comparison groups for one year beyond the final cash payment.

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APPENDIX

Propensity Score Match Summary

The sections below contain the details of the logistic regression PSM model utilized in the creation of the comparison group. The PSM model formula relates the treatment—whether or not the youth was enrolled in the DCT—to the covariates utilized in estimating the propensity score. To increase statistical power, a nearest-neighbor matching method was employed at a ratio of two comparison youth for every one treatment youth. The goal of PSM is to produce treatment and comparison groups with covariate distributions that are approximately equal to each other, as they would be in a randomized experiment (Greifer, Noah 2025).

Appendix. Figure 1. Propensity Score Matching Model

PSM MODEL

Enrolled in DCT ~ Length of stay in foster care + Total number of foster care placements + Number of siblings in foster care + Female + Hispanic/Latina/o/x + Black/African American + White + Asian + Other + Age at first foster care entry + 4-year graduation status + Unknown 4-year graduation status, method = "nearest neighbor," ratio = 2

Means of Covariates & Standardized Mean Differences (SMDs)

The means of covariates of the treatment group and DCT-Eligible youth (Appendix Table 1) and the treatment group and matched comparison group (Appendix Table 2) are exhibited below.

Appendix. Table 1. Means of Covariates and SMDs for the Treatment Group and DCT-Eligible Youth

Covariates	Mean of Treatment Group	Mean of DCT-Eligible Youth	Standardized Mean Difference
Distance (propensity score)	0.083	0.071	0.362
Gender			
Identified as Female	0.641	0.597	0.093
Race/Ethnicity			
Identified as Hispanic/Latina/o/x	0.326	0.381	-0.012
Identified as Black/African American	0.554	0.519	0.072
Identified as White	0.044	0.043	0.000
Identified as Asian	0.011	0.021	-0.097
Identified as Other	0.065	0.036	0.119
4-Year Graduation			
Achieved 4-year graduation	0.326	0.179	0.314
Unknown 4-year graduation status	0.315	0.404	-0.190
Number of Siblings in Foster Care	1.228	1.168	0.031
Length of Stay in Foster Care (days)	1930.141	1779.967	0.133
Total Number of Foster Care Placements	4.989	4.744	0.060
Age at First Foster Care Entry	11.370	11.595	-0.038

Note: The standardized mean difference (SMD) is the difference in the means of each covariate between groups standardized by a standardization factor so that it is on the same scale for all covariates (Griefer, Noah, 2023).

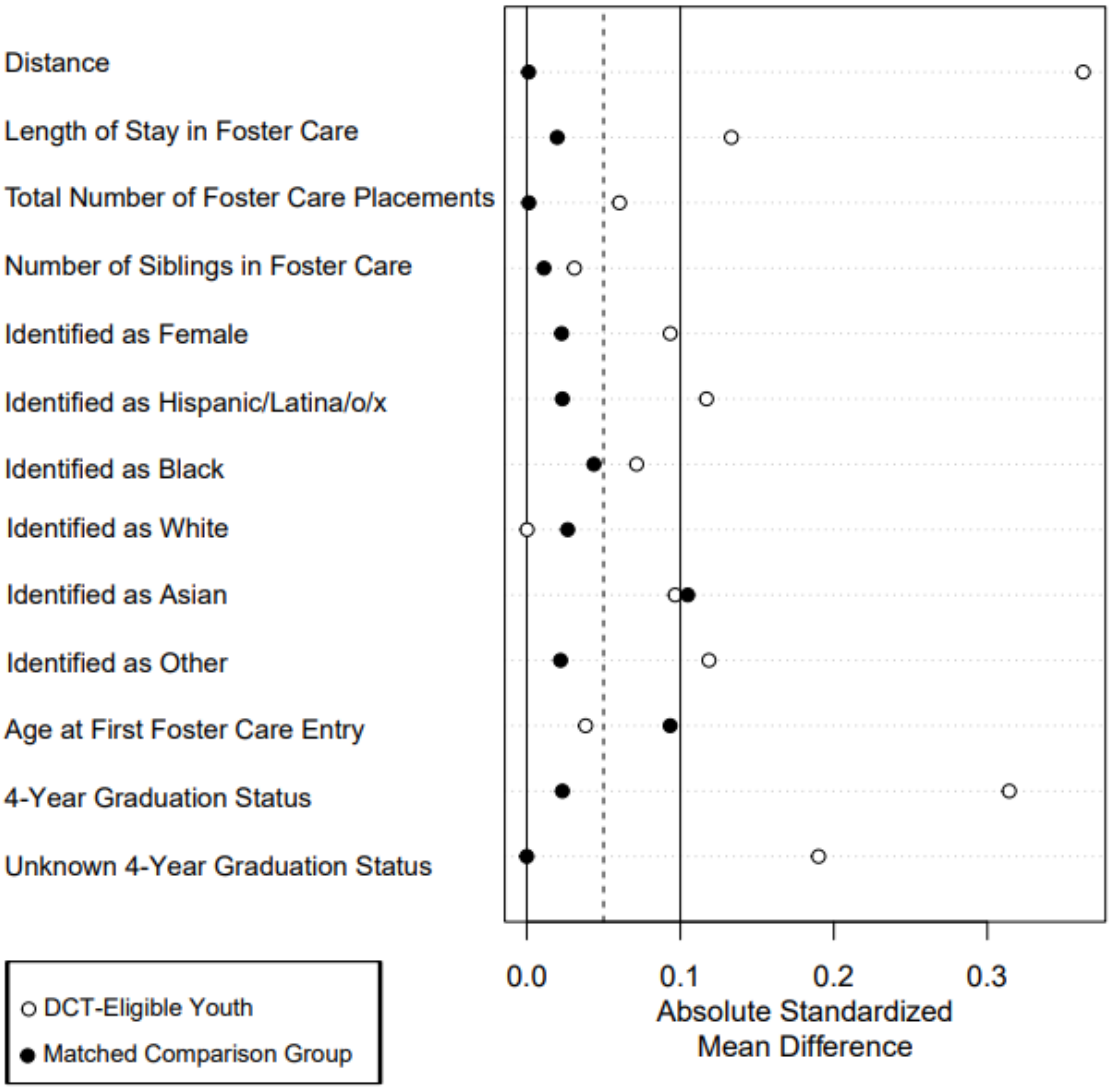
Appendix. Table 2. Means of Covariates and SMDs for the Treatment Group and Matched Comparison Group

Covariates	Mean of Treatment Group	Mean of Comparison Group	Standardized Mean Difference
Distance (propensity score)	0.083	0.083	0.001
Gender			
Identified as Female	0.641	0.652	-0.023
Race/Ethnicity			
Identified as Hispanic/Latina/o/x	0.641	0.652	-0.023
Identified as Black/African American	0.554	0.576	-0.044
Identified as White	0.044	0.049	-0.027
Identified as Asian	0.011	0.000	0.105
Identified as Other	0.065	0.060	0.022
4-Year Graduation			
Achieved 4-year graduation	0.326	0.315	0.023
Unknown 4-year graduation status	0.315	0.315	0.000
Number of Siblings in Foster Care	1.228	1.207	0.011
Length of Stay in Foster Care (days)	1930.141	1952.500	-0.020
Total Number of Foster Care Placements	4.989	4.995	-0.001
Age at First Foster Care Entry	11.370	10.821	0.093

Note: The standardized mean difference (SMD) is the difference in the means of each covariate between groups standardized by a standardization factor so that it is on the same scale for all covariates (Griefer, Noah. 2023).

Appendix Figure 2 visualizes the standardized mean differences before and after the PSM. The matched comparison group exhibit standardized mean difference within the acceptable threshold of 0.1, indicating a high-quality match was performed. For example, the length of stay in foster care prior to matching had standardized mean differences beyond the acceptable threshold (white dots). However, after the match the standardized mean differences were within the acceptable threshold (black dots) with the exception of the standardized mean difference for the Asian race category due to the low proportion of Asian young adults in the treatment and comparison group.

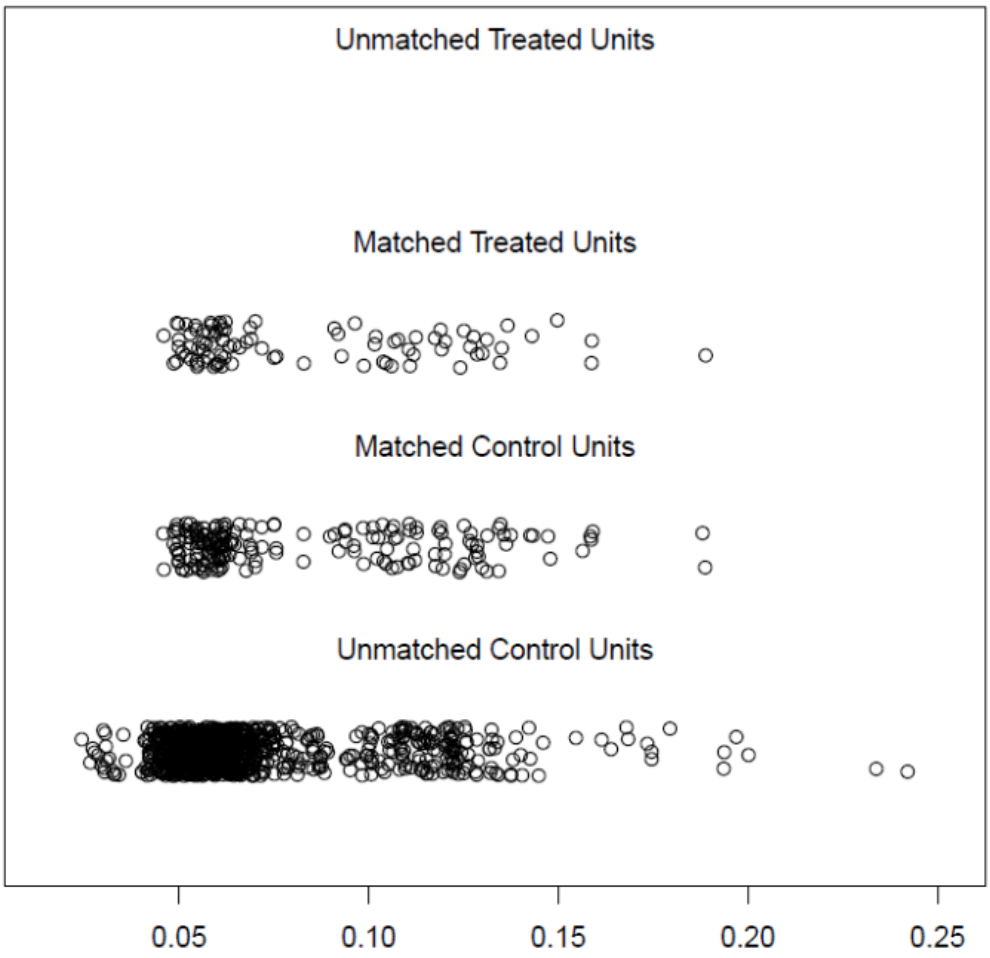
Appendix. Figure 2. SMDs for DCT-Eligible Youth and Matched Comparison Group



Distribution of Propensity Scores

Appendix Figure 3 visualizes the distribution of propensity scores for the matched treated units and matched comparison units. The matched treated units and matched comparison units share similar propensity score distributions. Additionally, there are no unmatched treated units.

Appendix. Figure 3. Distribution of Propensity Scores[8]



[8]Appendix Figure 3. matched control units refer to members of the comparison group and unmatched control units refer to the remaining young people in the pool from which the comparison group was pulled from.

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