



YouthNPower Direct Cash Transfer Pilot: Final Report

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With much gratitude,
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EXECUTIVE SUMMARY

The 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 experience in the child welfare system, researchers, policy advocates, and organizers from the Children's Defense Fund-New York, the Public Science Project at the Graduate Center, City University of New York, the Center for the Study of Social Policy, and New Yorkers for Children.¹ The DCT pilot provided 100 youth who aged 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 evaluation of the impact of the DCT pilot on employment, social service, educational, and justice outcomes as of June 2025, two years after the first cash transfer. CIDI used administrative data to compare the outcomes of the treatment group youth who received the unconditional cash payments with a matched comparison group who received no such payments. The report also presents a sequence analysis of the patterns in the participants' labor participation and higher education enrollment during those two years.²

An increasing number of U.S. jurisdictions are piloting DCT initiatives, with many leaders inspired by evidence from other cities and counties that DCTs improve family well-being, homelessness, and child welfare outcomes for people in poverty. These programs assume that individuals and families know best how to allocate resources to meet their needs. DCTs are 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 young people during this transition—case management, coaching, tutoring, housing, education, and training—but youth exiting foster care often report a need for ongoing cash support (YouthNPower, 2024).

CIDI's study found that youth in the treatment group were more likely to work in the formal economy (earnings reported to the New York State Department of Labor [DOL]) in the year they received the DCT and the following year compared to youth in the comparison group. A larger proportion of the treatment group also received recurring cash assistance (CA) than the comparison group during the same period.³ There were no other statistically significant differences between the two groups. The results of the sequence analysis underscore these findings. The study suggests that unconditional

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

² The YouthNPower pilot included two threads of research to learn more about the experience of unconditional cash among pilot participations: (i) this study, using administrative data and participatory action research methods using surveys; and (ii) focus groups. The findings from the participatory action research methods are available at www.youthnpower.org/reports.

cash support may be a valuable intervention for youth who have aged out of foster care, encouraging a consistent and sustained connection to the labor market that provides a ladder to future success. It also suggests that the DCT helped youth to obtain the cash benefits to which they were entitled.

CIDI used administrative data and a quasi-experimental design to evaluate the impact of the intervention.

CIDI leveraged New York City Public Schools (NYCPS) and Administration for Children's Services (ACS) data to construct a comparison group using propensity score matching (PSM). The PSM ensured that youth in the treatment and comparison groups were similar in the following characteristics: 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.³ 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 examined the outcomes of the treatment and comparison groups during three timeframes:

- **During DCT: June 2023 through May 2024**
- **Post DCT: June 2024 through May 2025**
- **During or Post DCT: June 2023 through May 2025**

Specific measures that were examined included earnings, Unemployment Insurance (UI), recurring CA utilization, shelter utilization, higher education enrollment, and justice system involvement (defined as admission to the New York City Department of Corrections). CIDI employed logistic regression adjusted for the characteristics included in the PSM and prior system involvement to estimate the effect of the DCT on the treatment group using odds ratios. Mann-Whitney U Tests and Chi-Square Tests evaluated the effect of the DCT without adjusting for the characteristics used in the PSM or system involvement.

To complement this analysis, CIDI conducted a sequence analysis to describe patterns of youths' labor participation and higher education enrollment *During or Post DCT*. Youth were assigned a mutually exclusive state for each of the eight quarters covering the two-year period indicating whether they had labor participation (defined as either DOL reported earnings or filing UI claims) and whether they were enrolled in higher

³ By including two similar young people per treatment group youth instead of one similar young person, CIDI increased overall post-match sample size, which increased statistical power and narrowed the confidence intervals of the treatment effect estimate.

education. This created a unique sequence for each young person, which were then grouped based on similar patterns using cluster analysis. Finally, CIDI compared the proportions of the treatment and control groups across clusters.

More youth in the treatment group than in the comparison group were engaged in the formal economy during the DCT or in the year post DCT.

In the two-year period *During or Post DCT*, youth in the treatment group were 17 percent more likely to report earnings ($OR=1.17$, $p<0.01$) and 12 percent more likely to receive recurring CA ($OR=1.12$, $p=0.03$) than youth in the comparison group. However, *Post DCT* and *During or Post DCT*, youth in the treatment group had lower median total earnings than youth in the comparison group. Youth in the treatment and comparison groups earned a median of \$10,094 and \$13,706 in the two years *During or Post DCT*, respectively.⁴ There was a small difference in claims *Post DCT*, with the treatment group being 5 percent more likely to file a claim than the comparison group. There were no other significant differences between the two groups in terms of shelter utilization, higher education enrollment, or justice system involvement. The sequence analysis demonstrated that the treatment group was more likely to have consistent labor participation across the two-year period and was less likely to have neither labor participation nor higher education enrollment.

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. Over 80 percent of the treatment group participated in the formal economy either *During or Post DCT*, gaining a foothold in the labor market that connected them to a ladder to success at an important time in their lives. At the same time, 78.3 percent received recurring CA. Young people aging out of care are largely working and only have access to low-wage jobs (YouthNPower, 2024).⁵ Without this assistance, the majority of youth in both the treatment and the comparison groups lived far below the federal poverty level (in 2025, \$15,650 for a household of one)—in a city with a very high cost of living. Youth in foster care graduate

⁴ The earnings figures reported do not include money received via the direct cash transfer.

⁵ Aging out of foster care refers to when young people exit the child welfare system because they have reached the state's maximum age limit without achieving permanency (i.e. adoption, reunification, kinship guardianship, etc.). <https://www.aecf.org/blog/what-happens-to-youth-aging-out-of-foster-care>

high school at a lower rate than their peers, and often only have access to low-wage jobs, making both CA and unconditional cash benefits essential as youth transition to adulthood. 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.

LITERATURE REVIEW AND BACKGROUND

The YouthNPower collaborative provided economic assistance to youth who aged out of 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, 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. Each of these groups focuses on improving outcomes for young adults transitioning to adulthood from foster care in New York City. YouthNPower led the development of a Direct Cash Transfer (DCT) pilot, which provided 100 youth who had aged out of foster care with \$1,000 per month for a full year (June 2023 through May 2024). Recipients could spend the money without conditions, and income waivers ensured that the cash did not impact eligibility or participation in certain public benefit programs. Young people were provided with benefits counseling to clearly delineate the public benefits that could be impacted by receipt of the direct cash payments.

This report presents the findings of CIDI’s evaluation of the impact of the DCT pilot program. It leverages linked administrative data to compare the outcomes of the DCT participants with those of a matched comparison group who did not receive payments. The evaluation period spanned the year of the cash disbursement and the following year (June 2023 through May 2025). Separately, YouthNPower conducted a participatory action research study using surveys, interviews, and focus groups to learn more about the experience of pilot participants. Findings from that study are available separately.⁶

LITERATURE REVIEW

Emerging adulthood is a challenging period.

Emerging adulthood is a stage often characterized by increasing independence from family, reflected in milestones like moving out from a parental home, securing a job, building a career, managing finances, forming romantic relationships, and, for some, becoming parents. Typically, older youth receive substantial assistance from their families in the form of cash, loans, connections to jobs and housing, emotional support, and access to their family’s accumulated knowledge of how to live independently (Annie E. Casey Foundation, 2017). Young adults transitioning out of foster care to adulthood, in contrast, have a more abrupt and often unsupported transition. Most youth who age

⁶ The findings from the participatory action research methods are available at: www.youthnpower.org/reports.

out have a permanency goal of Another Planned Permanent Living Arrangement (APPLA), which means that they will not be reunified with their parents, adopted, or enter kin guardianship programs (ACS, 2011). Child welfare staff work to prepare APPLA youth for adulthood and the federal government provides some funds to cover specific activities. Post-discharge supports, however, are limited, and an abundance of research finds that these youth struggle to find a place to live, employment to cover rent, and resources to meet their basic needs (YouthNPower, 2024).

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

Former foster care youth often leave care with limited work experience, inconsistent access to career guidance, and disrupted educational trajectories, all of which hinder their ability to secure stable employment (Dworsky et al., 2012; Day et al., 2011; Okpych & Courtney, 2014). Many lack the social networks that help young adults find jobs and navigate workplace expectations (Geenen & Powers, 2007). Structural challenges, including economic instability, discrimination, and the increasing demand for postsecondary credentials in the labor market further constrain their employment opportunities (Hill & Redding, 2021). Youth aging out of foster care experience higher rates of unemployment, underemployment, and job instability compared to their peers, with long-term implications for financial security and overall well-being (Dworsky et al., 2012).

Advances in neuroscience have enhanced our understanding of youth development, the impact of trauma, and necessary supports.

The focus on young adults transitioning out of foster care in the past two decades established 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; Rossmiller, 2025). These studies have enabled child welfare staff 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 healing trauma (Ungar-Sargon, 2025). Trauma-informed interventions steeped in the principles of child and adolescent development are key to improving trajectories for youth in foster care.

Historically, the child welfare system has been a highly regulated system focused on keeping very young children safe. The result is a lack of understanding of the multiple and diverse characteristics of youth transitioning to adulthood from foster care and the programs designed to meet their needs. This historical orientation contributed to the myth and stigma that youth transitioning out of foster care were a monolithic group for whom a one-size-fits-all approach worked. More recently, research about 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).

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, childcare 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 have access to certain benefits (e.g., vouchers for education and training, ongoing Medicaid coverage, 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 for Children Services (ACS) Older Youth Services unit 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.² 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 (Stanford Basic Income Lab, 2026). 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). These programs aim to promote housing stability, increase individual agency, and improve well-being (Bervik et al., 2024; DeYoung et al., 2023; Flynn et al., 2023; Jaffee et al., 2025). 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.

New York City organizations are piloting several DCT programs. 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 children 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 (Griffin & Berger Gonzalez, 2025).

A direct cash transfer enhances agency and choice and can empower youth, reduce stress, and increase financial stability.

Financial assistance, academic support services, and employment support services are associated with lower odds of homelessness among youth (Huang et al., 2022; Berger Gonzalez et al., 2024). One study found that youth with experiences in foster care and juvenile justice who 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 feature of unconditional direct cash transfer programs is the trust they place in families and individuals to decide how best to meet their own needs. Cash support has been linked to an increased sense of agency in decision-making, including decisions related to relationships and healthy behaviors (Dwyer et al., 2023). Research has shown 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 are easily 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).

The accumulated research suggests that DCTs have the potential to be a critical addition to the supports offered to youth transitioning out of foster care. Little research, however, examines the impact of DCTs on this population. The YouthNPower DCT pilot study aimed to address this gap.

BACKGROUND

The YouthNPower DCT pilot provided New York City youth transitioning out of foster care with \$1,000 per month for 12 months.

The YouthNPower DCT pilot study provided 100 young adults who had aged out of foster care 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. As unconditional gifts, DCT payments are not taxable income. The project obtained a waiver for pilot participants, ensuring that payments did not impact certain public benefits such as cash assistance, the Supplemental Nutrition Assistance Program (SNAP), and the Home

Energy Assistance Program (HEAP).⁷ Young people receiving the direct cash payments were provided with a benefits counseling session to explicitly list the benefits available to them and detail how they could be impacted by the monthly cash payments. YouthNPower opened an online application for DCT pilot participation for a month and supported the pilot with a broad outreach campaign to young adults who met the program's criteria. Efforts included traditional and social media outreach to all New York City foster care providers; service organizations that have contact with the target population, including nonprofits offering youth legal services, housing assistance, health care, education services, and social supports; and youth-led advocacy groups.

Eligible youth must:

- 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,
- Be discharged for at least six months as of the date of their application (to avoid creating incentives for leaving care),
- Be 18-1/2 to 22 years of age at the time of completing their application, and
- Live in New York City at the time of completing the 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. 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

Like the population of youth who age out of foster care in New York City, participating youth were majority female (57 percent). However, data limits prevented the selection

⁷ Regarding Medicaid benefits, youth who were in foster care at age 18 or older and were eligible for Medicaid at that time remain categorically eligible for Medicaid coverage until age 26. Eligibility for Medicaid is based on the Internal Revenue Service (IRS) definition of modified adjusted gross income (MAGI), which does not include gifts. For these reasons, payments received from the YouthNPower project did not affect eligibility.

process from including a representative percentage ⁸nonbinary.² Finally, the sampling process 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).

RESEARCH QUESTIONS

1. What is the impact of the DCT on the following outcomes during the DCT and in the year after the period of intervention?
 - Labor participation (New York State Department of Labor [DOL] reported earnings and Unemployment Insurance [UI] claims)
 - Recurring CA utilization
 - Shelter utilization
 - Higher education enrollment
 - Justice system involvement
2. What are the patterns of labor participation (defined as reporting New York State DOL earnings and/or filing New York State UI claims) and higher education enrollment among the treatment and comparison groups?

⁸ It is estimated that 2 percent of young adults identify as nonbinary, which lowers the percentage of those identifying as female or male by 1 percent each—to 56 percent and 42 percent, respectively (Herman et al., 2022).

METHODOLOGY

The DCT evaluation used a quasi-experimental design to compare the treatment group that received the cash grants to a similar group that did not receive the grants. The evaluation period encompassed the year of the program and the year after the program ended (June 2023 through May 2025). This design enabled researchers to:

- Estimate the effects of the DCT pilot on participants' outcomes, including earnings, UI, recurring CA utilization, shelter utilization, higher education enrollment, and justice system involvement
- Identify patterns of labor participation (defined as reporting earnings or filing UI claims) and higher education enrollment among the treatment and comparison groups

SAMPLE

CIDI created a comparison group similar to the treatment group using nearest neighbor propensity score matching.

CIDI constructed a comparison group using administrative data from ACS and NYCPS. Utilizing the nearest neighbor technique for propensity score matching (PSM), CIDI 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 1) (Stuart, 2010). Matching two comparison group youth with every youth in the treatment group ensured a large enough sample size and increased both statistical power and precision (Rassen et al., 2012).

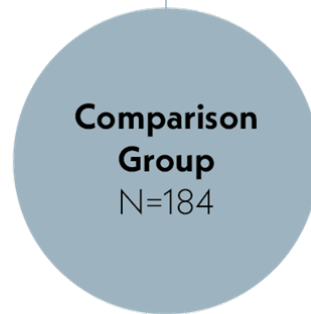
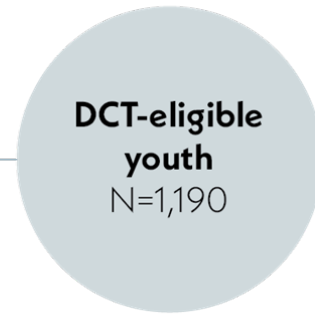
Figure 1. Sample

Youth who enrolled in DCT and consented to participate in this research were identified



Treatment group was matched* to DCT-eligible youth based on selected characteristics

Youth who met eligibility requirements but did not enroll in the DCT were identified utilizing data from ACS



A comparable group was created to evaluate DCT's impact

The matching criteria focused on aligning demographic, educational, and foster care characteristics (listed in Table 1) between treatment and comparison groups. Both the distributions of covariates and their associated statistical test values indicated no differences between the treatment and comparison groups (Table 1).

Table 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%)	
Identified 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

¹For 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 mean differences (SMDs) between the treatment group and the DCT-eligible group and between the treatment group and matched comparison group (Table 2). The results show that the mean differences approached zero after PSM, indicating a high-quality match. For example, the SMD for length of stay in foster care decreased from 0.133 prior to matching to -0.0120 after matching. Similarly, achieving 4-year graduation status decreased from 0.314 to 0.023 after matching. These characteristics demonstrate a close balance between the treatment and matched comparison groups.

Table 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.

OUTCOME MEASURES

The evaluation focused on selected measures from administrative data sources (Table 3).

Table 3. Data Sources and Outcome Measures

DATA SOURCES	OUTCOME MEASURES
NYS Department of Labor (DOL)	Labor Participation - Earnings - Unemployment Insurance (UI)
NYC Human Resources Administration (HRA)	Recurring Cash Assistance (CA) Utilization
NYC Department of Homeless Services (DHS) NYC Department of Youth & Community Development (DYCD)	Shelter Utilization - Single Adults and Families - Transition to Independent Living and Runaway Homeless Youth
National Student Clearinghouse (NSC)	Higher Education Enrollment
NYC Department of Correction (DOC)	Justice System Involvement

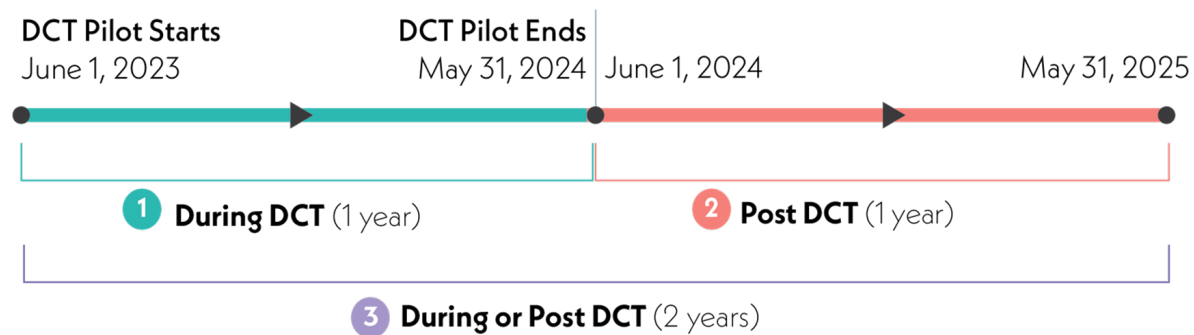
For each of the measures above, proportions across groups were compared using a Chi-Square test, adjusted for small cell size when appropriate. Mann-Whitney U Tests were used to compare continuous measures across groups, such as median earnings. CIDI estimated the effect of the DCT using logistic regression adjusted for characteristics in the PSM and prior system involvement. These models were used to estimate odds ratios—the odds that an outcome of interest will occur given a particular treatment relative to the odds of the outcome occurring in the absence of treatment—for each outcome for both the treatment and comparison groups. This approach allowed CIDI to determine the likelihood of youth in the treatment group being involved in these systems compared to youth in the comparison group.

OUTCOME PERIODS

The impact of the YouthNPower DCT pilot was measured for three different time frames:

1. *During DCT* covers the 12 months the youth received the direct cash payments. Youth started receiving cash payments in June 2023 and stopped in May 2024.
2. *Post DCT* is the 12-month period after the cash disbursement, which started in June 2024 and ended in May 2025.
3. *During or Post DCT* spans two years: the 12 months the youth received cash payments and the year after the cash disbursement ended. This period began in June 2023 and ended in May 2025.

Figure 2. Outcome Periods



LABOR PARTICIPATION AND HIGHER EDUCATION PATTERNS

Patterns in labor participation and higher education enrollment were examined via sequence analysis.

Sequence analysis was used to visualize, describe, and group patterns of labor participation (defined as reporting earnings and/or filing UI claims) and higher education enrollment in the two years *During or Post DCT*. The three-step analysis used the TraMineR package in the R statistical computing environment (Gabadinho et al., 2011).⁶ Sequence analysis provides a more nuanced understanding of youths' outcomes over time to distinguish patterns. Labor participation and higher education were jointly assessed to identify youth not in employment, education, or training (NEET). Youth who are neither working nor studying experience losses, both professionally and academically, which negatively impact future well-being (OECD, 2026).

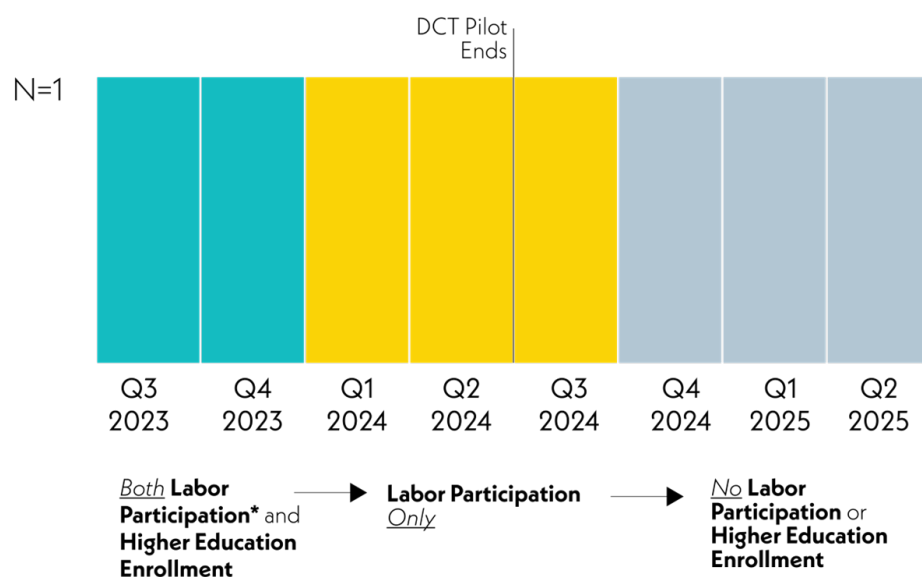
Step 1: First, each youth was assigned to one of **four mutually exclusive states** based on their labor participation (whether the youth had earnings or UI claims) and higher education for each of the eight quarters comprising the two-year period *During or Post DCT* (Table 4).

Table 4. Mutually Exclusive States

	<u>No</u> Labor Participation or Higher Education Enrollment
	Labor Participation <u>Only</u>
	Higher Education Enrollment <u>Only</u>
	<u>Both</u> Labor Participation* and Higher Education Enrollment

For example, the youth shown in Figure 3 had labor participation and higher education in the first two quarters, followed by three quarters with labor participation only and concluding with three quarters of no labor participation or higher education.

Figure 3. Example Labor Participation and Higher Education Sequence



* Labor Participation includes DOL Earnings and/or Unemployment Insurance (UI)

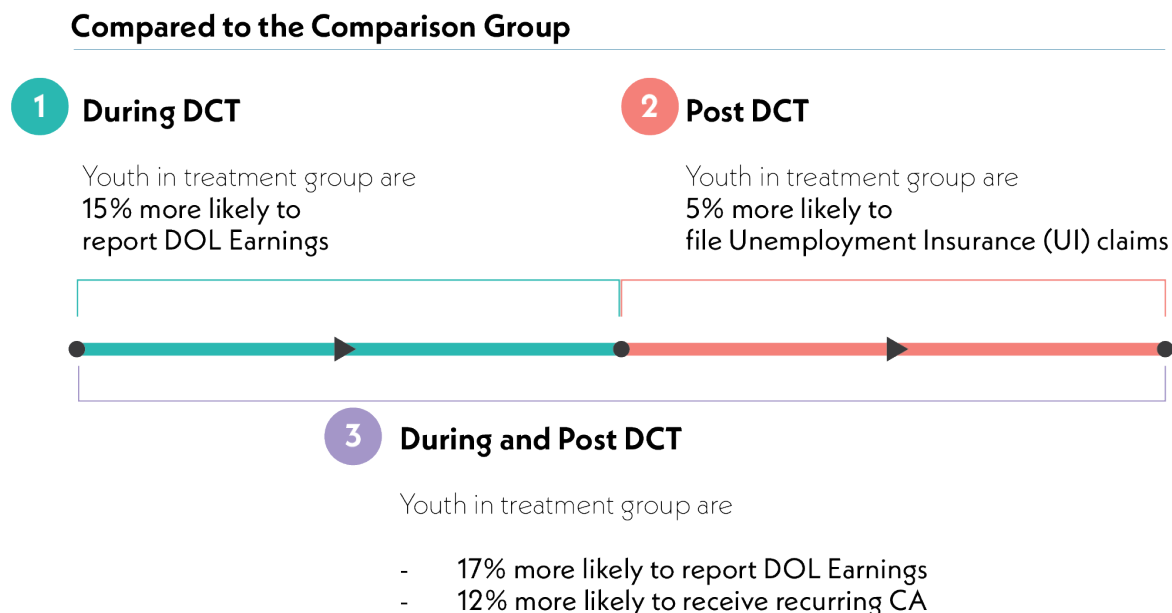
Step 2: Next, the distance metric was used in a **clustering** algorithm to create groups of students with similar labor participation and higher education during the eight fiscal quarters *During or Post DCT*. A cluster dendrogram—a visualization of hierarchical clustering—was used to **identify the number of clusters** that optimized cluster size and distinction between clusters.

Step 3: Once the clusters were determined, proportions of the treatment and control groups across **clusters were compared** to allow a nuanced understanding of their differences.

FINDINGS

The first part of this section reports findings on individual outcomes, separated by time period (Figure 4). The second section reports findings from the sequence analysis portion of the summary of findings.

Figure 4. Key Findings of Outcome Analysis



The DCT pilot had a positive impact on participation in the formal economy and recurring CA utilization for youth in the treatment group During DCT and During or Post DCT, with no other significant effects.

The study found that that *During DCT* (when participants were receiving unconditional cash payments) or in the 12 months *Post DCT* pilot (the year after the cash disbursement), a greater proportion of youth in the treatment group had earnings compared to those in the comparison group. However, *Post DCT* and *During or Post DCT*, youth enrolled in the treatment group had lower median total earnings compared to youth in the comparison group. *During or Post DCT*, a higher proportion of youth in the treatment group received recurring CA relative to the comparison group. Finally, *Post DCT*, a greater proportion of youth in the treatment group filed UI claims relative to youth in the comparison group. No significant differences existed between the two groups in terms of their shelter utilization, higher education enrollment, or justice system involvement.

SUMMARY OF OUTCOMES

The DCT pilot had a positive impact on formal employment *During DCT*.

During DCT, youth in the treatment group were 15 percent more likely to report earnings than youth in the comparison group (Odds Ratio [OR]=1.15, Table 5).⁹ Sixty-five of the 88 treatment group youth in the DOL data (73.9 percent) and 98 of the 168 comparison group youth in the DOL data (58.3 percent) reported earnings during at least one quarter throughout the DCT timeframe. There were no other statistically significant differences in outcomes between the treatment and comparison groups *During DCT*.

Table 5. Outcomes During DCT (June 2023 through May 2024)

OUTCOMES	IMPACT OF DCT	TREATMENT GROUP (N=92)		COMPARISON GROUP (N=184)	
	Odds Ratio	N	%	N	%
Earnings ¹	1.15*	65	73.9	98	58.3
Recurring CA	1.1	66	71.7	105	57.1
UI claims ¹	1.02	< 5	4.5	< 5	2.4
Shelter utilization (DHS or DYCD)	1	11	Z	20	10.9
Higher Education Enrollment	0.94	14	15.2	42	22.8
Justice System Involvement	0.99	7	7.6	12	6.5

¹ Percentages for the treatment and comparison groups are out of 88 youth and 168 youth, respectively. The difference in sample size is due to missing Social Security numbers for four youth in the treatment group and 14 youth in the comparison group.

² Odds ratios were calculated using logistic regression adjusting for all measures used in the PSM and agency involvement prior to the outcome year (when available).

* Indicates statistical significance at the 0.05 level.

⁹ Department of Labor earnings do not include the direct cash payment provided to youth in the treatment group.

ODDS RATIOS AND SUMMARY TABLES

The DCT pilot had a positive impact on UI claims Post DCT.

In the *Post DCT* year, youth in the treatment group were 5 percent more likely to file a UI claim than youth in the comparison group (OR=1.05, Table 6). However, the number of youth in each group who filed a UI claim was very small, with only six (6.8 percent) and three (1.8 percent) youth filing a UI claim in the treatment and comparison groups, respectively. There were no other statistically significant differences in outcomes between the treatment and comparison groups *Post DCT*. This finding pertains to differences that occurred in the second year alone. To understand the overall impact thus far, the following section reports on findings from both years combined.

Table 6. Outcomes *Post DCT* (June 2024 through May 2025)

OUTCOMES	IMPACT OF DCT	TREATMENT GROUP (N=92)		COMPARISON GROUP (N=184)	
	Odds Ratio	N	%	N	%
Earnings ¹	1.09	65	73.9	94	56.0
Recurring CA	1.09	66	71.7	105	53.0
UI claims¹	1.05*	6	6.8	< 5	1.8
Shelter utilization (DHS or DYCD)	0.95	< 5	3.3	15	8.2
Higher Education Enrollment	0.97	15	16.3	36	19.6
Justice System Involvement	0.99	5	5.4	12	6.5

¹ Social Security numbers were not available for all youth. Therefore, the sample size for earnings and UI claims are 88 and 168 for the treatment and control groups, respectively.

² Odds ratios were calculated using logistic regression adjusting for all measures used in the PSM and agency involvement prior to the outcome year (when available).

* Indicates statistical significance at the 0.05 level.

The DCT pilot had a positive impact on participation in the formal economy During or Post DCT.

In the two years *During or Post DCT*, youth in the treatment group were 17 percent more likely to report earnings and 12 percent more likely to receive recurring CA payments compared to the comparison group (OR=1.17 and 1.12, respectively, Table 7). Seventy-four youth (84.1 percent) in the treatment group and 113 youth (67.3 percent) in the comparison group reported earnings during the eight quarters *During or Post DCT*. Seventy-two youth (78.3 percent) and 116 youth (63.0 percent) received recurring CA *During or Post DCT*. There were no other statistically significant differences in outcomes between the treatment and comparison groups *During or Post DCT*.

Table 7. Outcomes During or Post DCT (June 2023 through May 2025)

OUTCOMES	IMPACT OF DCT	TREATMENT GROUP (N=92)		COMPARISON GROUP (N=184)	
	Odds Ratio	N	%	N	%
DOL earnings¹	1.17*	74	84.1	113	67.3
Recurring CA	1.12*	72	78.3	116	63.0
UI claims ¹	1.05	7	8.0	6	3.6
Shelter utilization (DHS or DYCD)	1	13	14.1	25	13.6
Higher Education Enrollment	0.98	20	21.7	48	26.1
Justice System Involvement	0.99	10	10.9	17	9.2

¹ Social Security numbers were not available for all youth. Therefore, the sample size for earnings and UI claims are 88 and 168 for the treatment and control groups, respectively.

² Odds ratios were calculated using logistic regression adjusting for all measures used in the PSM and agency involvement prior to the outcome year (when available).

* Indicates statistical significance at the 0.05 level.

DETAILED ANALYSIS OF LABOR OUTCOMES

Youth who enrolled in the DCT were more likely to participate in the formal economy but earned less than those in the comparison group.

As shown in Table 8, a greater proportion of youth in the treatment group, 84.1 percent compared to 67.3 percent in the comparison group, had earnings at any point during the eight quarters (July 2023 through May 2025) that most aligned with the periods *During DCT* (June 2023 through May 2024) and *Post DCT* (June 2024 through May 2025).

When adjusting for employment in 2023 prior to the start of the DCT and measures included in the PSM, youth in the treatment group were 15 percent more likely to have participated in the formal economy *During DCT* than youth in the comparison group ($OR=1.15$, $p=0.01$; Table 8). *During or Post DCT*, youth in the treatment group were 17 percent more likely to have participated in the formal economy relative to the comparison group ($OR=1.17$, $p<0.01$; Table 8).

Table 8. Earnings by Outcome Period

Outcome Year	Youth with Earnings N (%)		Unadjusted ¹	Adjusted ²	
	Treatment (N=88)	Comparison (N=168)	p	Odds Ratio	p
During DCT	65 (73.9%)	98 (58.3%)	0.008*	1.15	0.01*
Post DCT	65 (73.9%)	94 (56.0%)	0.003*	1.09	0.07
During or Post DCT	74 (84.1%)	113 (67.3%)	0.002*	1.17	<0.01*

Note: The *During or Post DCT* total is greater than the individual totals for *During DCT* and *Post DCT* because some youth who worked *During DCT* did not work *Post DCT*, and a small number started working only *Post DCT*. For example, out of 65 treatment group youth working *During DCT*, 56 continued *Post DCT*, with nine additional youth starting work *Post DCT*.

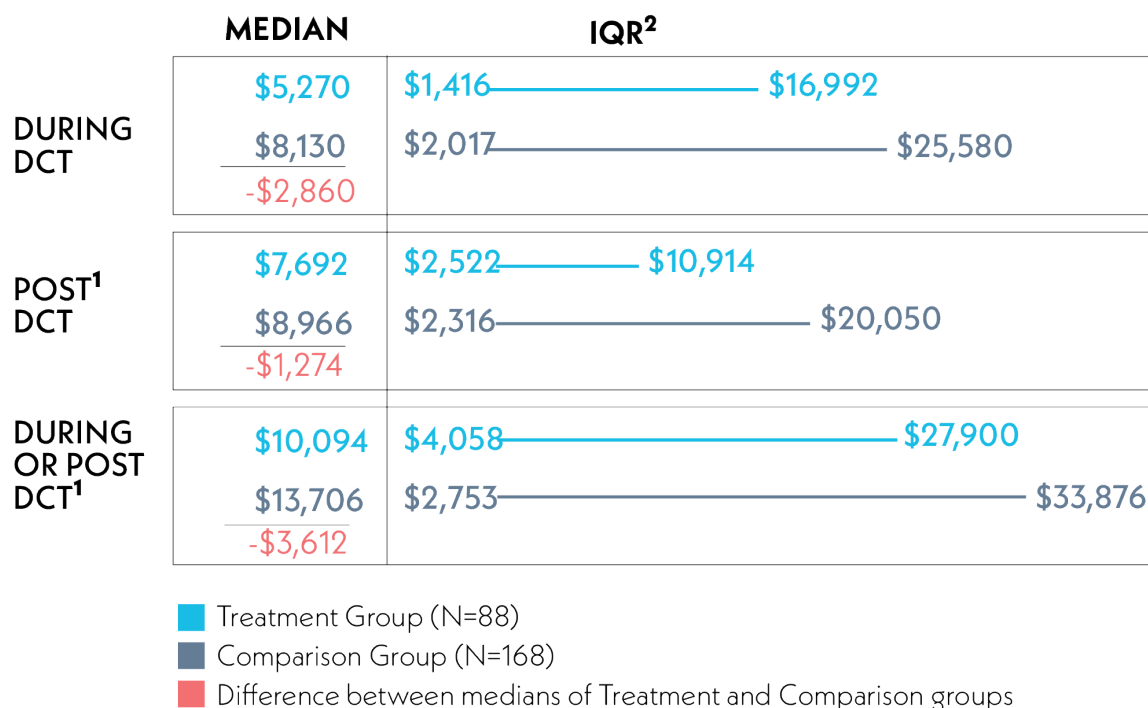
¹ Unadjusted p values were calculated using a Chi-Square Test.

² Adjusted p values and odds ratios were calculated using logistic regression, controlling for prior earnings and all measures utilized in the PSM.

* Indicates statistical significance at the 0.05 level.

Post DCT and *During or Post DCT*, youth enrolled in DCT had lower median total earnings compared to those not enrolled. *During DCT* there was no significant difference in median total earnings between the treatment and comparison groups (Figure 5).

Figure 5. Median Total Earnings



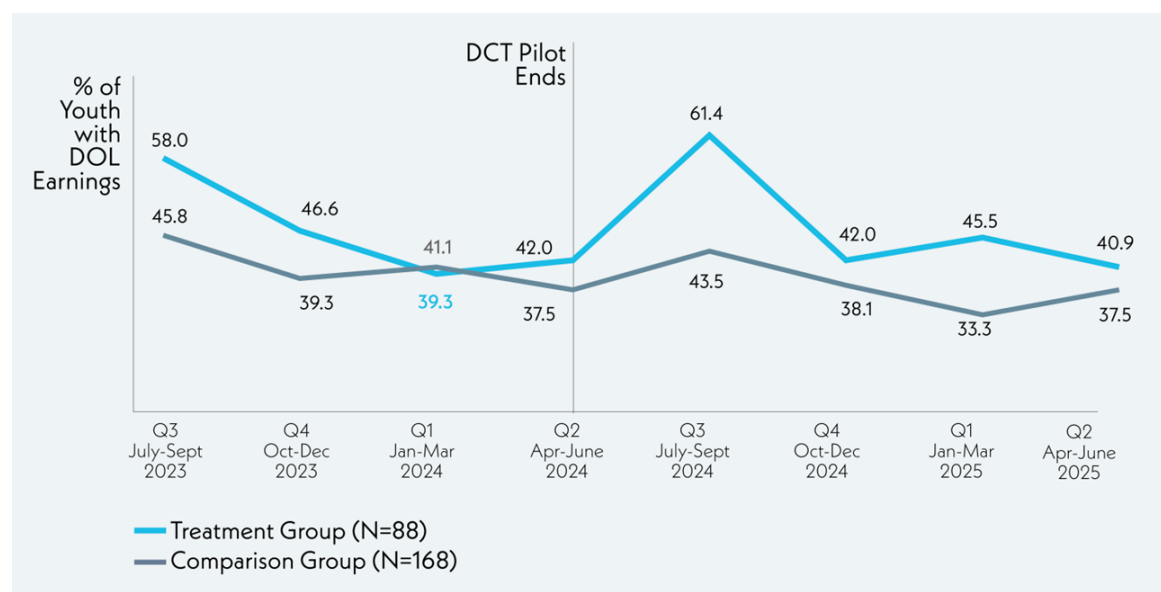
¹ Indicates statistical significance at the 0.05 level. Unadjusted p values were calculated using a Mann-Whitney U Test for continuous measures.

² Inter Quartile Range (IQR): The range or spread of the middle 50% a dataset, which outlines the boundaries for normal values excluding outliers.

*Sample reflect the number of youth with reported earnings During DCT or Post DCT.

A higher proportion of the treatment group reported earnings for seven out of the eight quarters *During or Post DCT* compared to the comparison group (Figure 6). The percentage of youth within the treatment group who reported earnings peaked in the third quarter (July through September) of both 2023 and 2024.

Figure 6. Youth with Earnings by Quarter *During DCT* or *Post DCT*



Few youth in the treatment and comparison groups filed a UI claim across all outcome periods. While overall a higher proportion of youth in the treatment group filed a UI claim, the difference was only statistically significant in the *Post DCT* period where six (6.8 percent) youth in the treatment group and three (1.8 percent) youth in the comparison group filed a UI claim. After adjusting for demographics, educational attainment, foster care characteristics, and prior UI claims, youth in the treatment group were 5 percent more likely to file a UI claim *Post DCT* (Table 9).

Table 9. Youth with UI Claims

Outcome Year	Youth with UI Claims, N (%)		Unadjusted ¹ p	Adjusted ²	
	Treatment (N=88)	Comparison (N=168)		Odds Ratio	p
During DCT	4 (4.5%)	4 (2.4%)	0.53	1.02	0.27
Post DCT	6 (6.8%)	3 (1.8%)	0.07	1.05	0.03*
During or Post DCT	7 (8.0%)	6 (3.6%)	0.19	1.05	0.10

Note: The *During or Post DCT* total is greater than the individual totals for *During DCT* and *Post DCT* because some youth with UI claims *During DCT* did not have UI claims *Post DCT*, and a small number only had UI claims *Post DCT*. For example, out of four treatment group youth with UI claims *During DCT*, three continued *Post DCT*, with three additional youth filing UI claims *Post DCT*.

¹ Unadjusted p values were calculated using a Chi-Square Test for dichotomous measures and Mann-Whitney U Test for continuous measures.

² Adjusted p values and odds ratios were calculated using logistic regression, controlling for prior earnings and all measures utilized in the PSM.

* Indicates statistical significance at the 0.05 level.

DETAILED ANALYSIS OF RECURRING CASH ASSISTANCE OUTCOMES

More youth in the treatment group received recurring CA utilization During or Post DCT and they more consistently received CA.

In all three outcome periods, a higher proportion of the treatment group received recurring CA compared to the comparison group. After adjusting for prior CA and characteristics included in the PSM, youth in the treatment group were 12 percent more likely to have received recurring CA *During or Post DCT* than youth in the comparison group (Table 10).

Table 10. Recurring CA Utilization

Outcome Year	Youth with Recurring CA, N (%)		Unadjusted ¹	Adjusted ²	
	Treatment (N=92)	Comparison (N=184)	p	Odds Ratio	p
During DCT	66 (71.7%)	105 (57.1%)	0.03*	1.10	0.05
Post DCT	66 (71.7%)	105 (57.1%)	0.03*	1.10	0.07
During or Post DCT	72 (78.3%)	116 (63.0%)	0.02*	1.12	0.03*

Note: The *During or Post DCT* total is greater than individual totals for *During DCT* and *Post DCT* because some youth who received recurring CA *During DCT* did not receive recurring CA *Post DCT*, and a small number started receiving recurring CA only *Post DCT*. For example, out of 66 treatment group youth receiving CA *During DCT*, 60 continued *Post DCT*, with six additional youth starting to receive recurring CA *Post DCT*.

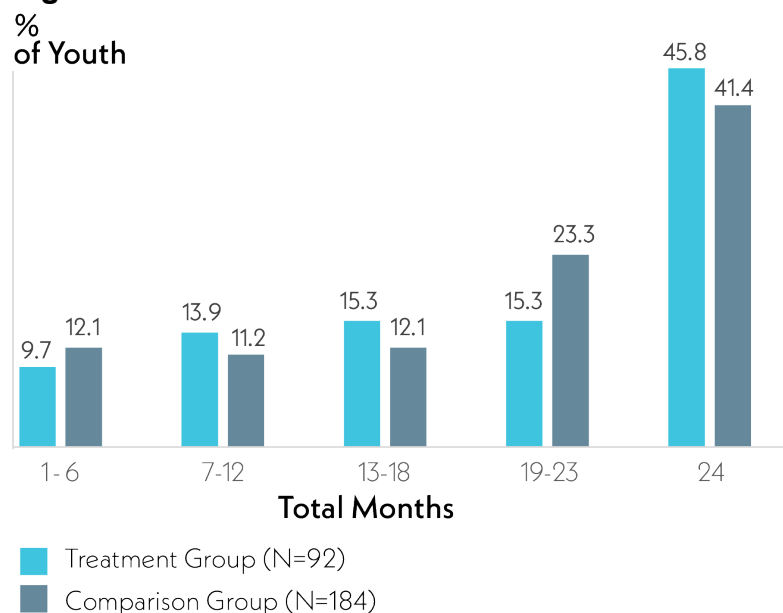
¹ Unadjusted p values were calculated using a Chi-Square Test for dichotomous measures and Mann-Whitney U Test for continuous measures.

² Adjusted p values and odds ratios were calculated using logistic regression, controlling for prior earnings and all measures utilized in the PSM.

* Indicates statistical significance at the 0.05 level.

Among youth who received recurring CA payments during the 24-month *During DCT and Post DCT* period, a higher proportion of treatment group youth received payments for all 24 months of the period than comparison group youth (Figure 7).

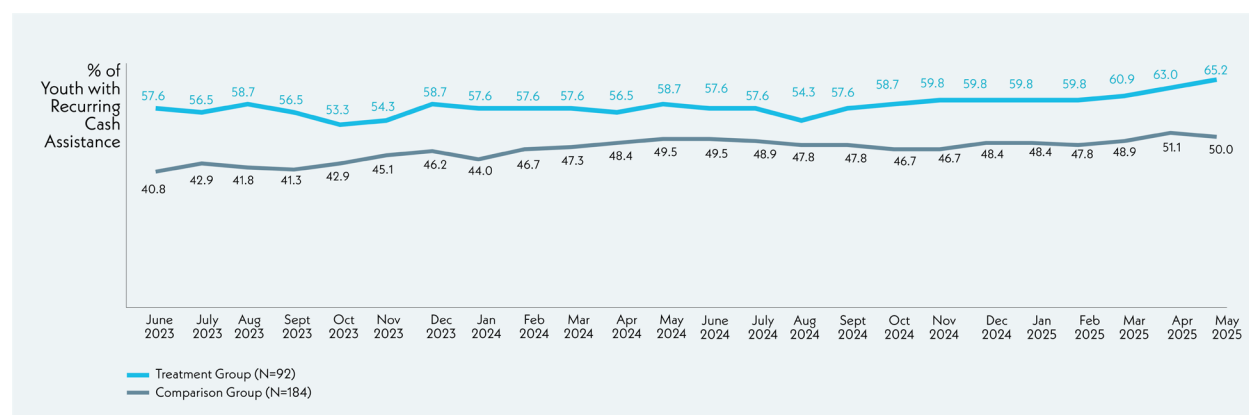
Figure 7. Total Number of Months Youth Received CA During or Post DCT



Note: Ns reflect the number of youth among the treatment and comparison groups who received recurring CA payments *During or Post DCT*.

A consistently greater proportion of youth in the treatment group received recurring CA compared to those in the comparison group. The percentage of youth in the treatment group receiving recurring CA was 57.6 in June of 2023, the first month of the DCT. This dipped to a low of 53.3 percent in October 2023 and increased to 65.2 percent in May 2025. The proportion of youth receiving recurring CA steadily increased from 40.8 percent in June 2023 to 50.0 percent in May 2025 (Figure 8).

Figure 8. Youth with Recurring CA, by Month, During or Post DCT



SEQUENCE ANALYSIS

Sequence analysis results underscore the impact of the DCT, suggesting that youth in the treatment group are more likely to have consistent labor force participation.

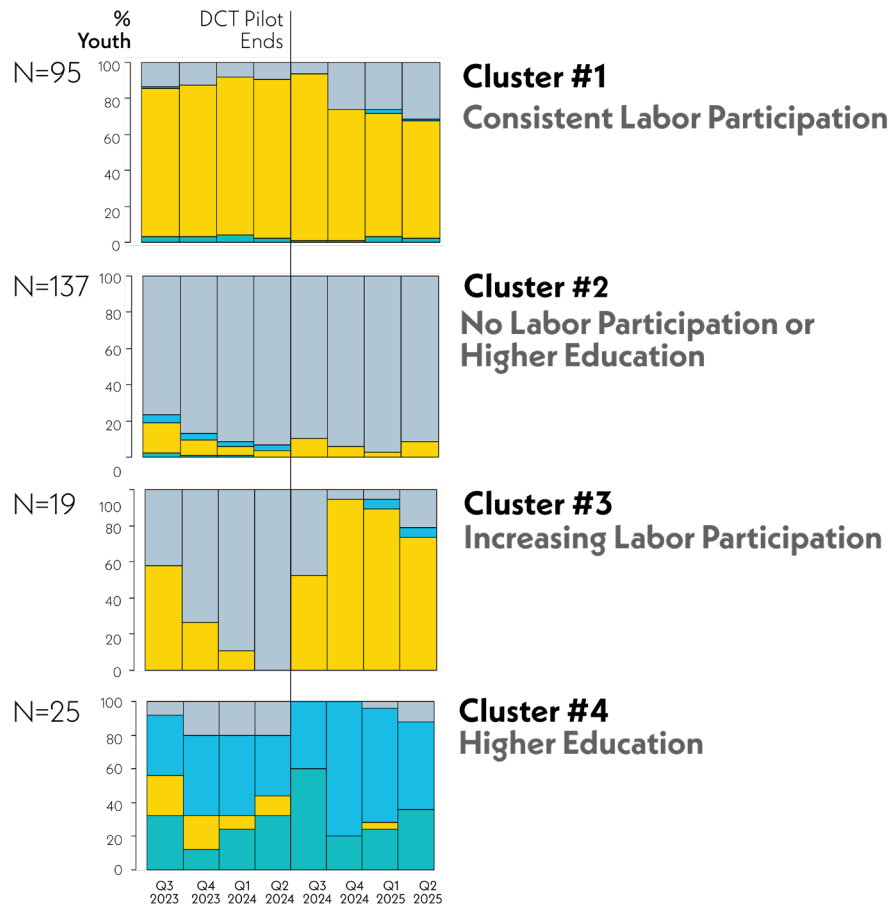
CIDI's sequence analysis examined labor participation (defined as reporting earnings or filing a UI claim) and higher education enrollment patterns over the eight quarters *During DCT* and *Post DCT* (quarter three of 2023 through quarter two of 2025). During each of these eight quarters, youth were assigned one of four possible states (Figure 9).

Figure 9. Sequence Analysis States



Utilizing the states defined above, youth were grouped into the following four clusters (Figure 10).

Figure 10. Labor Participation and Higher Education Clusters, Treatment and Comparison Groups

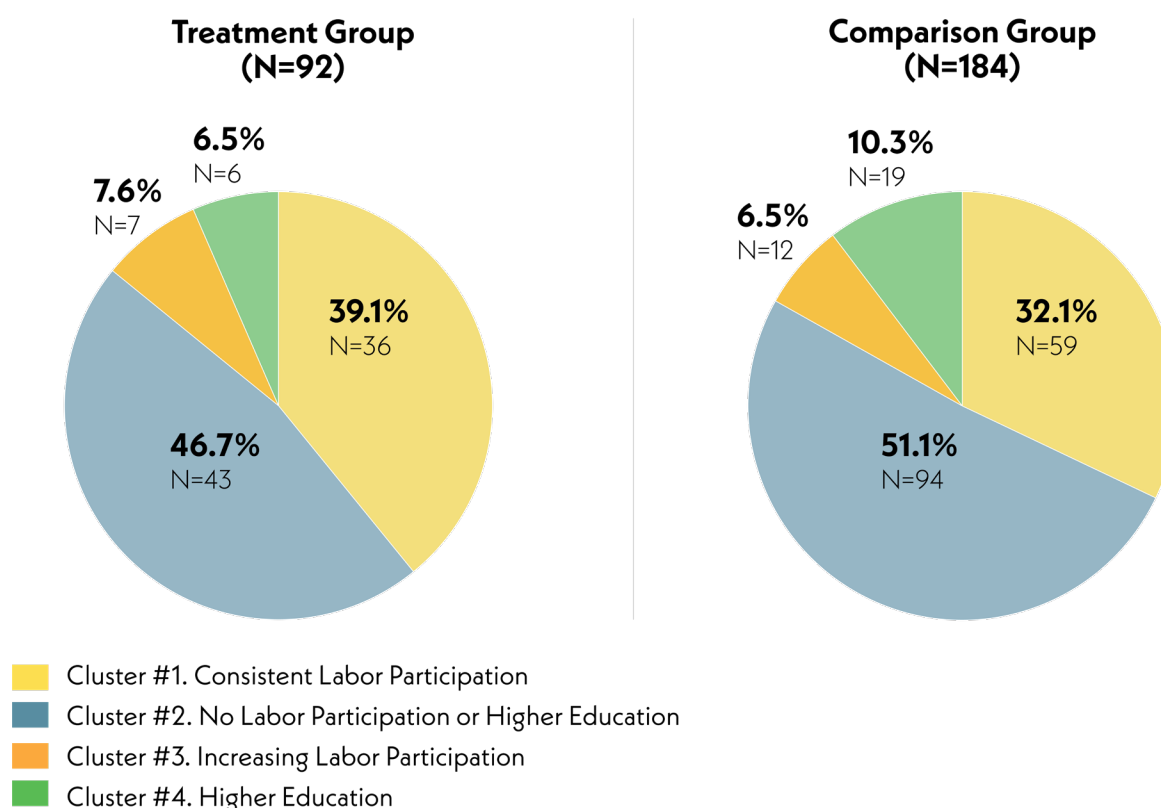


Each cluster is characterized by youth with the following patterns of labor participation and higher education enrollment:

- **Consistent Labor Participation:** Consistent labor participation and no higher education
- **No Labor Participation or Higher Education:** Neither labor participation nor higher education enrollment throughout all eight quarters
- **Increasing Labor Participation:** Low initial labor participation only, with increases in labor participation as time progressed
- **Higher Education:** Higher education and mixed labor participation

The resulting clusters were split by treatment and comparison groups (Table 11).

Table 11. Cluster Patterns by Treatment and Comparison Groups



When examining the clusters, CIDI found that relative to the comparison group, youth in the treatment group were **less likely** to be in the *No Labor Participation or Higher Education* cluster or in the *Higher Education* cluster. Youth in the treatment group were **more likely** to be in the *Consistent Labor Participation* cluster. A higher proportion of comparison group youth were part of the *Higher Education* cluster. However, the small size of this cluster merits caution when interpreting results.

CONCLUSIONS

Youth who participated in the YouthNPower DCT pilot had higher labor participation and utilization of recurring cash assistance than youth who did not participate.

CIDI's analysis found that during the two-year period of the DCT pilot and the year after, a higher proportion of young adults in the treatment group had earnings through their participation in the formal economy although they earned less money than youth in the comparison group. *During or Post DCT*, a higher proportion of youth in the treatment group also received recurring CA payments. Additionally, *Post DCT*, a higher proportion of youth in the treatment group filed UI claims relative to comparison group youth.

CIDI was unable to find sufficient evidence of differences between the treatment and comparison groups regarding shelter utilization, higher education enrollment, or justice system involvement.

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. The economic support provided by the DCT did not serve as a disincentive for participation in the formal labor market. Rather, during the DCT pilot and the year after, youth in the treatment group reported earnings at a higher rate than those in the comparison group (81 percent and 64 percent, respectively). However, youth in both the treatment and comparison groups earned very little in the formal economy. Youth in the treatment and comparison groups had median total earnings of \$10,094 and \$13,706, respectively, in the two years *During or Post DCT*. These earnings were significantly lower than the annual federal poverty level of \$15,060 for a household of one. Youth transitioning out of foster care often lack access to higher paying jobs. Especially in a high-cost city such as New York, these earnings do not allow young people to live healthy and independent lives, underscoring the importance of additional financial supports such as a DCT and CA.

The high levels of recurring CA receipt in both the treatment and comparison groups underscore this point. The study found that a higher proportion of youth in the treatment group received recurring CA during the DCT and the year after. This finding suggests that the benefit counseling received prior to the start of the DCT informed youth in the treatment group of the supports available to them. There may also be underlying differences between treatment and comparison groups in their orientation and ability to fill out applications to ask for support. 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). In addition, 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 and is associated with increased high school graduation rates (Chapin Hall, 2025).

Youth transitioning out of care are also subject to policy and programmatic shifts targeted to broader adult populations. For example, during the period of the DCT, youth transitioning out of foster care benefited from the expansion of the New York City Fighting Homelessness and Eviction Prevention Supplement 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 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 participated and earned money in the informal economy (e.g., as laborers, domestic workers, or other “off the books” activity). That information would not be reflected in New York State DOL data and, therefore, not be represented in these findings.

The study was limited by its period of inquiry: the 24-month period overall, including the 12 months of cash disbursement and the 12 months post DCT for which outcomes were measured. The two-year period may not have been enough time to observe differences in the administrative data and accurately assess program effects. The study was also limited by potential selection bias. It is possible that youth who received the intervention were fundamentally different from youth in the comparison group, as they actively sought out the DCT pilot (i.e., possessed an increased willingness to overcome the administrative burden to access benefits/support services) or had increased access via existing connection to supports and services.

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APPENDICES

APPENDIX A. PROPENSITY SCORE MATCHING

Propensity Score Match Summary

The sections below contain the details of the logistic regression propensity score matching (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. Appendix Figures 1 through 3 as well as Appendix Tables 1 through 3 show that covariate balance was achieved, indicating that a high-quality match was performed.

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
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Standardized Mean Differences

Appendix Table 1 shows the means of the treatment and the group youth eligible for the DCT, before PSM. Appendix Table 2 shows the means of the treatment and comparison group selected by the PSM process. In Appendix Table 2, the covariates of the treatment and comparison groups display standard mean differences approaching zero, indicating that a high-quality match was performed. For example, for length of stay in foster care, the standardized mean differences were reduced from 0.1332 to -0.0198 (Appendix Table 1 and Appendix Table 2, respectively).

Appendix Table 1. Summary Balance of All Data

	Means Treatment	Means Comparison	Standardized Mean Difference
Distance (propensity score)	0.0826	0.0705	0.3624
Length of stay in foster care	1930.1413	1779.9674	0.1332
Total number of foster care placements	4.9891	4.7435	0.0604
Number of siblings in foster care	1.2283	1.1679	0.0310
Female	0.6413	0.5965	0.0934
Hispanic/Latina/o/x	0.3261	0.3152	0.0232
Black/African American	0.5543	0.5761	-0.0437
White	0.0435	0.0489	-0.0267
Asian	0.0109	0.0000	0.1048
Other	0.0652	0.0598	0.0220
Age at first foster care entry	11.3696	10.8207	0.0934
4-year graduation status	0.3261	0.1788	0.3142
Unknown 4-year graduation status	0.3152	0.4035	-0.1900

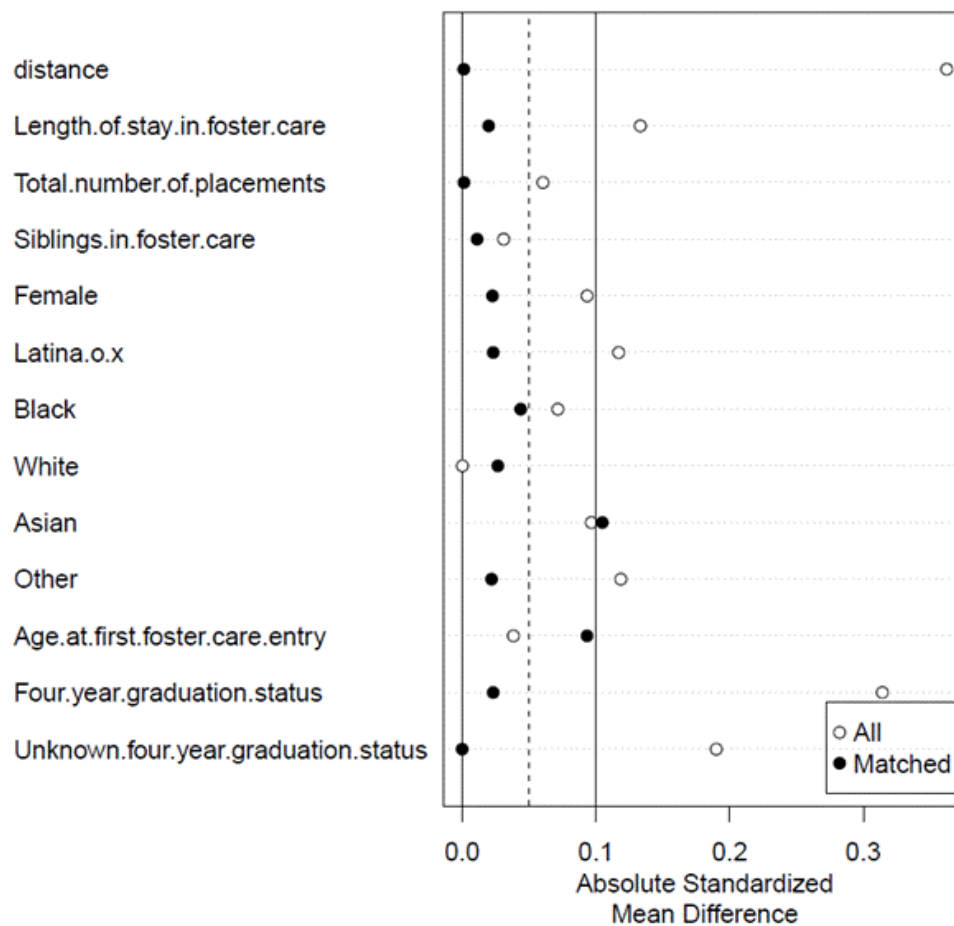
Appendix Table 2. Summary Balance of Matched Data

	Means Treatment	Means Comparison	Standardized Mean Difference
Distance (propensity score)	0.0826	0.0825	0.0012
Length of stay in foster care	1930.1413	1952.5000	-0.0198
Total number of foster care placements	4.9891	4.9946	-0.0013
Number of siblings in foster care	1.2283	1.2065	0.0112
Female	0.6413	0.6522	-0.0227
Hispanic/Latina/o/x	0.3261	0.3152	0.0232
Black/African American	0.5543	0.5761	-0.0437
White	0.0435	0.0489	-0.0267
Asian	0.0109	0.0000	0.1048
Other	0.0652	0.0598	0.0220

Age at first foster care entry	11.3696	10.8207	0.0934
4-year graduation status	0.3261	0.3152	0.0232
Unknown 4-year graduation status	0.3152	0.3152	0.0000

Appendix Figure 2 visualizes the standardized mean differences before and after the PSM. The matched cases exhibit standardized mean differences 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 control groups.

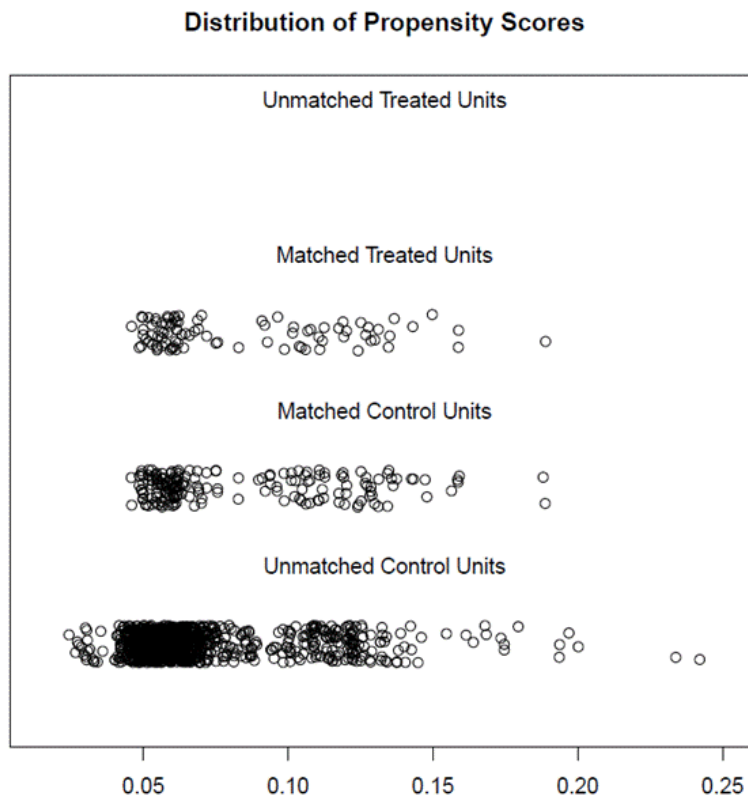
Appendix Figure 2. Standardized Mean Differences for All Cases and Matched Cases



Distribution of Propensity Scores

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

Appendix Figure 3. Distribution of Propensity Scores



Demographic, Educational, and Foster Care Characteristics

Appendix Table 3 shows the demographic, educational, and foster care characteristics of the treatment and comparison groups, respectively. Both the distributions of covariates and their associated statistical test p values indicate that there are no statistically significant differences between the treatment and comparison groups.

Appendix Table 3. Demographic, Educational, and Foster Care Characteristics of Treatment and Comparison Groups

	Treatment	Comparison	p ¹
<i>N</i>	92	184	-
<i>Gender, N (%)</i>			
Female	59 (64.1%)	120 (65.2%)	0.9644
Male	33 (35.9%)	64 (34.8%)	
<i>Race/Ethnicity, N (%)</i>			
Hispanic/Latina/o/x	30 (32.6%)	58 (31.5%)	0.7097
Black/African American	51 (55.4%)	106 (57.6%)	
Asian	1 (1.1%)	0 (0.0%)	
White	4 (4.3%)	9 (4.9%)	
Other	6 (6.5%)	11 (6.0%)	
<i>4-Year Graduation Status, N (%)</i>			
Graduated in 4 years	30 (32.6%)	58 (31.5%)	0.979
No graduation in 4 years	33 (35.9%)	68 (37.0%)	
Unknown graduation in 4 years	29 (31.5%)	58 (31.5%)	
<i>Number of Siblings in Foster Care, N (%)</i>			
No siblings	51 (55.4%)	96 (52.2%)	0.9086
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%)	
<i>Total Months of Stay, Median (IQR)</i>	52.5 (35, 75)	54 (31.75, 81)	0.732
<i>Number of Placements, Median (IQR)</i>	4 (2, 6.25)	4 (2, 6)	0.7205
<i>Age at First Foster Care Entry, Median (IQR)</i>	14 (11, 16)	14 (11, 16)	0.4196

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.

APPENDIX B. OTHER OUTCOMES

Quarters Worked

There were no significant differences in the number of quarters with reported earnings between youth in the treatment group and those in the comparison group *During DCT*. In the year *Post DCT*, youth in the treatment and comparison groups reported the same median quarters worked, but fewer youth in the comparison group worked for only one quarter. *During or Post DCT*, youth in the treatment group had higher median quarters with earnings than the comparison group.

Appendix Table 4. Median Quarters Worked

Outcome Year	Median Quarters Worked (IQR)		Unadjusted ¹ p
	Treatment (N=74)	Comparison (N=113)	
During DCT	2 (1-4)	3 (2-4)	0.075
Post DCT	3 (1-4)	3 (2-4)	0.017*
During or Post DCT	5 (2-6)	4 (2.5-7)	0.022*

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

² Ns reflect the number of youth among the treatment and comparison groups who worked quarters During DCT or Post DCT.

* Indicates statistical significance at the 0.05 level.

Shelter Utilization

During DCT, Post DCT, and During or Post DCT, there were no significant differences in DHS or DYCD shelter utilization (defined as any stay in shelter) between the treatment and comparison groups.

Appendix Table 5. Shelter Utilization (DHS or DYCD)

Outcome Year	Youth with Shelter Utilization, N (%)		Unadjusted ¹	Adjusted ²	
	Treatment	Comparison		Odds Ratio	p
	(N=92)	(N=184)	p		
During DCT	11 (12.0%)	20 (10.9%)	0.946	1.00	0.718
Post DCT	3 (3.3%)	15 (8.2%)	0.196	0.95	0.071
During or Post DCT	13 (14.1%)	25 (13.6%)	0.902	1.00	0.886

Note: The *During or Post DCT* total is greater than the individual *During DCT* and *Post DCT* totals because some youth who utilized shelter *During DCT* did not utilize shelter *Post DCT*, and a small number only started utilizing shelter *Post DCT*. For example, out of 11 treatment group youth who utilized shelter *During DCT*, only one continued *Post DCT* while two additional youth started *Post DCT*.

¹ Unadjusted p values were calculated using a Chi-Square Test for dichotomous measures and Mann-Whitney U Test for continuous measures.

² Adjusted p values and odds ratios were calculated using logistic regression, controlling for prior earnings and all measures utilized in the PSM.

Higher Education Enrollment

During DCT, *Post DCT*, and *During or Post DCT*, youth in the treatment and comparison groups experienced similar proportions of higher education enrollment.

Appendix Table 6. Higher Education Enrollment

Outcome Year	Youth with Higher Education, N (%)		Unadjusted ¹ p	Adjusted ²	
	Treatment (N=92)	Comparison (N=184)		Odds Ratio	p
During DCT	14 (15.2%)	42 (22.8%)	0.186	0.94	0.145
Post DCT	15 (16.3%)	36 (19.6%)	0.622	0.97	0.526
During or Post DCT	20 (21.7%)	48 (26.1%)	0.200	0.98	0.584

Note: The *During or Post DCT* total is greater than the individual *During DCT* and *Post DCT* totals because some youth who enrolled in college/university *During DCT* did not enroll *Post DCT*, and a small number only started college/university *Post DCT*. For example, out of 14 treatment group youth enrolled in college/university *During DCT*, nine continued *Post DCT* while six additional youth started *Post DCT*.

¹ Unadjusted p values were calculated using a Chi-Square Test for dichotomous measures and Mann-Whitney U Test for continuous measures.

² Adjusted p values and odds ratios were calculated using logistic regression, controlling for prior earnings and all measures utilized in the PSM.

Justice Involvement

There were no significant differences in the number of youth in the treatment and comparison groups who experienced Department of Corrections jail admissions *During DCT*, *Post DCT*, and *During or Post DCT*.

Appendix Table 7. Justice Involvement

Outcome Year	Youth with Justice Involvement, N (%)		Unadjusted ¹	Adjusted ²	
	Treatment (N=92)	Comparison (N=184)	p	Odds Ratio	p
During DCT	7 (7.6%)	12 (6.5%)	0.719	0.99	0.515
Post DCT	5 (5.4%)	12 (6.5%)	0.9295	0.99	0.730
During or Post DCT	10 (10.9%)	17 (9.2%)	0.993	0.99	0.777

Note: The *During or Post DCT* total is greater than the individual *During DCT* and *Post DCT* totals because some youth who were admitted to DOC *During DCT* were not admitted to DOC *Post DCT*, and a small number started DOC admission only *Post DCT*. For example, out of 14 treatment group youth with DOC admissions *During DCT*, nine continued DOC involvement *Post DCT* while six additional youth were admitted to DOC *Post DCT*.

¹ Unadjusted p values were calculated using a Chi-Square Test for dichotomous measures and Mann-Whitney U Test for continuous measures.

² Adjusted p values and odds ratios were calculated using logistic regression, controlling for prior earnings and all measures utilized in the PSM.