

At the Outset: Baseline Characteristics of Youth in Cash with Care

Chapin Hall Research Brief



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Introduction

This document summarizes baseline data from the Cash with Care pilot. The brief presents a snapshot of participants' demographic characteristics, housing circumstances, and education status at program entry. These data points establish the starting point for understanding how direct cash assistance and care may shape participants' trajectories over time.

Each year, an estimated 4.2 million young people ages 13–25 experience homelessness, including 1 in 10 young adults and 1 in 30 adolescents.¹ Largely hidden from formal systems, these young people often face persistent income instability, barriers to employment, and limited financial support, constraining their ability to meet basic needs and plan for the future.²

Direct cash transfer (DCT) programs offer one approach to addressing these challenges. DCTs provide predictable, unrestricted financial assistance to reduce economic hardship and support stability. Emerging evidence from cash transfer

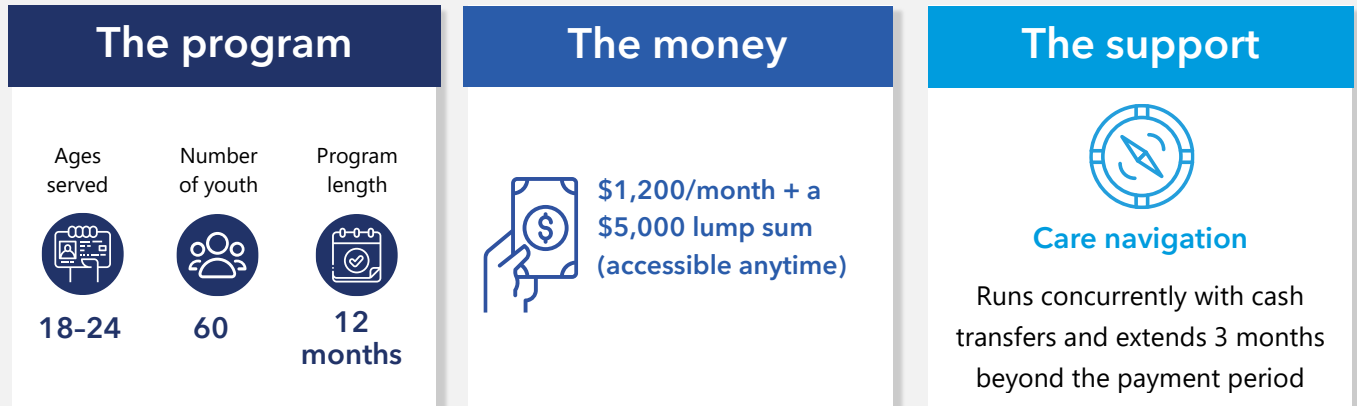
pilots for individuals experiencing homelessness suggests that cash transfers may affect multiple domains, including housing stability, food security, financial well-being, mental health and well-being, and education and workforce outcomes, with some outcomes more immediately responsive than others. Early findings indicate that *primary outcomes*—such as reductions in material hardship,³ improvements in food security,⁴ and decreased financial stress⁵—often emerge in the short term as cash helps individuals and households meet basic needs and manage day-to-day finances. Over time, these changes may contribute to *secondary outcomes*—such as improved housing stability,⁶ increased employment engagement,⁷ and enhanced psychological well-being⁸—as individuals gain greater flexibility, agency, and capacity to plan for the future.

In recent years, cash transfer initiatives have been implemented for specific populations, including young adults experiencing housing instability.^{9,10} Some models pair direct cash assistance with opt-in support from a trusted care coordinator or navigator, in addition to other services such as benefits counseling, housing navigation, and financial coaching.

This approach is often referred to as “cash plus.” Early implementation research from these initiatives for young people experiencing homelessness suggests that combining financial resources with opt-in care coordination may strengthen participant engagement and improve program responsiveness while preserving participant autonomy.¹¹

Cash with Care Pilot

Cash with Care at a Glance



Cash with Care is a 12-month direct cash transfer pilot for youth experiencing homelessness (ages 18–24). In June 2025, New York City Council awarded Covenant House New York \$1.5 million to implement a cash transfer pilot for youth experiencing homelessness. Sixty youth were randomly selected across its shelter and transitional housing sites, 72% from crisis shelters and 28% from transitional housing sites. The model provides 9 months of cash transfers, including monthly payments of \$1,200 and a one-time lump sum payment (\$5,000) to be accessed at any point over those 9 months. Care navigation is offered alongside the cash and for 3 months after cash transfers end.

Building on earlier direct cash transfer pilots for youth experiencing homelessness in New York City and San Francisco—with related efforts underway in Minnesota and Boston—the Cash with Care pilot represents both an adaptation and an evolution of these approaches. Lessons from these prior initiatives informed several key design features: pairing unconditional cash assistance with dedicated navigation support, extending care services for 3 months beyond the cash intervention, offering meaningful financial assistance, and reinforcing expectations through multiple onboarding engagements.

The Cash with Care pilot is also unique as it explores new ways of integrating cash support within a single-provider service setting. Covenant House New York is one of New York City's largest providers serving runaway and homeless youth, supported in part by funding from the Department of Youth and Community Development. It operates crisis shelters, transitional and permanent housing, and support services for youth coming from all five boroughs. Under the current Department of Youth and Community Development policy, youth are permitted to be in crisis shelters for 60 days and transitional housing for up to 24 months. In limited circumstances, Covenant House New York provides short term extensions in crisis shelters to support continuity of care. The Cash with Care pilot explores new ways of combining regular cash support alongside structured but flexible service connections as youth are transitioning out of this short-term care.

The STEP Study

Little is known about what happens after youth exit homelessness programs. The STEP Study examines how they navigate this critical transition

Chapin Hall's STEP (Supporting Transitions through Engagement with Programs) Study builds on the [Pathways Study](#), a previous study of the NYC and San Francisco cash transfer pilots. The STEP Study contributes to the evidence base on cash transfer approaches for young people experiencing homelessness by examining the implementation of Covenant House New York's Cash with Care pilot. A central question this study aims to address is whether cash transfers create more space for young people to focus beyond immediate basic needs, potentially increasing their agency to engage with resources and supports within the broader system.

This work also addresses an important gap in the research. While interventions such as rapid rehousing and other housing supports have expanded access to housing, there is limited evidence on young people's outcomes following program participation. Moreover, less is known about how prior experience and churn within systems impacts housing stability over time, what services and resources young people find most helpful as they exit homelessness, how they navigate transitions after assistance ends, and what factors are associated with possible returns to homelessness. By examining outcomes over time, the STEP Study seeks to better understand these pathways and inform programmatic strategies and policies in NYC that may support longer term stability.

Study Methods

This study uses a mixed-methods, longitudinal evaluation design to examine the implementation and outcomes of the Covenant House New York Cash with Care pilot. The study sample includes youth ages 18–24 residing in Covenant House New York programs who were assigned to either a Cash with Care group (n=58 enrolled)^a or a services-as-usual group (n=61). While both groups have access to Covenant House New York services, only the Cash with Care group receives direct cash transfers and has an additional care coordinator assigned to them.

The study is observational in nature. Participants in the Cash with Care group were selected and enrolled by Covenant House New York as part of pilot implementation, while the research team separately recruited and enrolled a services-as-usual group drawn from young people accessing programs across Covenant House New York sites. Although the initial intent was to enable comparison between groups, differences in eligibility criteria, documentation status, and resulting sample composition mean the two groups are not directly comparable. As such, findings presented here are used to understand experiences, service engagement, and trajectories within each group over time rather than to estimate causal impacts between groups.

^a Only 58 of the 60 young adults in Cash with Care consented to participate in the research.

Given the differences between these two groups, this brief only presents summary statistics of the Cash with Care group from the baseline survey. The broader study incorporates longitudinal survey data collected at monthly, quarterly, and endline intervals, qualitative interviews with youth participants and Covenant House New York staff, and administrative data linkages to examine outcomes and implementation over time.^b

Quantitative data were collected through surveys administered via [REDCap](#), capturing information about key domains, including housing stability, financial well-being, food security, employment, education, health, service engagement, and social support. This repeated-measures approach allows for analysis of both short-term changes and longer-term trajectories over the 12-month study period. It also allows us to examine how baseline characteristics for key domains are related to participants' housing stability. By modeling relationships among these factors across multiple time points, the analysis could identify both direct and indirect pathways that contribute to achieving stable housing. For instance, gains in financial well-being or health may indirectly improve housing stability by enhancing employment consistency or reducing economic stress. This approach may provide a deeper understanding of how different aspects of well-being interact over time to influence housing outcomes.

Qualitative data were collected through interviews and focus groups at multiple points, including near the beginning of cash support, midway through cash support, and after the cash support ends. Together, these data allow the researchers to examine how young people engage with services and supports over time, including how those receiving cash navigate Covenant House New York programs in comparison to broader patterns of service use within the organization. They also provide insight into implementation of the pilot and potential impacts of cash assistance.

Baseline Summary

Preliminary data from the November Cash with Care baseline survey provide a snapshot of the group's demographic characteristics. Below, we present preliminary findings from the baseline survey administered at pilot entry. These results describe participants' demographic profiles and their baseline status across key domains, including housing stability, food security, financial well-being, mental health and well-being, and education and workforce outcomes. Together, these baseline measures establish a foundation for examining changes over time, including outcomes that may respond more immediately as primary outcomes and those that may emerge over the longer term as secondary outcomes.

^b Additional publications from the STEP Study will examine outcomes across the full sample of youth, including longitudinal survey data, qualitative interviews, and administrative data linkages.

Basic Demographics for CwC participants

The data in Table 1 show key measures, including age, gender identity, sexual orientation, and race and ethnicity across Cash with Care participants participating in the STEP Study ($n=58$). Participants in the Cash with Care group are primarily in their late teens and early 20s. Twelve percent of the Cash with Care participants are parents.

A small proportion (3.5%) report being unsure of their sexual orientation. This distribution is broadly consistent with national data on youth experiencing homelessness, which shows diverse sexual orientation and gender identities among this population. In addition, nearly half of participants identify as Black or African American. This reflects broader national patterns of racial disproportionality among youth experiencing homelessness.¹²

Table 1. Cash with Care Participant Demographics

Characteristic	%	
Age		
18 years old	15.5	
19 years old	31.0	
20 years old	31.0	
21–24 years old	22.4	
Gender Identity		
Woman	75.9	
Man	22.4	
Genderqueer	1.7	
Sexual Orientation		
Straight/Heterosexual	70.7	
Gay/Lesbian	12.1	
Bisexual/Pansexual	13.8	
Questioning	3.5	
Race/Ethnicity		
Black/African American	46.6	
White	22.4	
Hispanic	6.9	
Multiracial	6.9	
Other race/ethnicity	17.2	

System Involvement

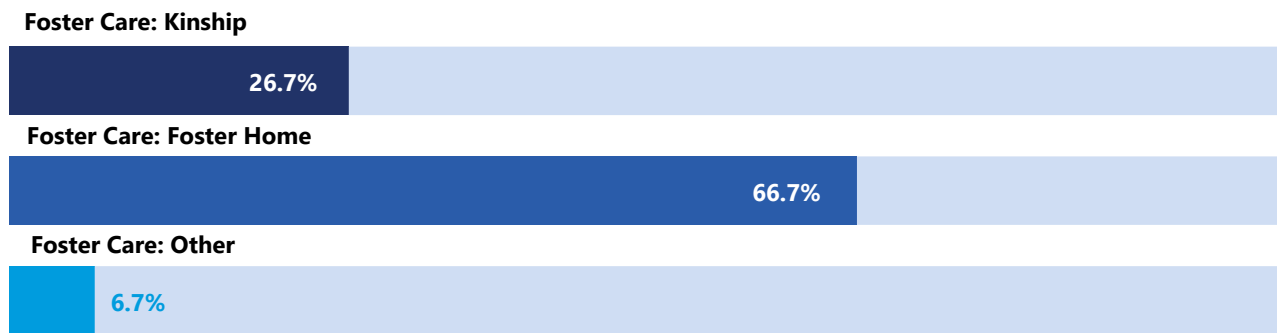
About one-quarter of Cash with Care participants (25.9%) report prior involvement in the foster care system, most commonly in foster homes (66.7%) and kinship care (26.7%; see Figure 1). Twelve percent of youth had indicated prior arrest and about 7% were on probation before the age of 18. National evidence shows that youth with child welfare system involvement or justice involvement face elevated risks of housing instability and homelessness. Nearly one-third of youth experiencing homelessness have prior child welfare involvement; just under 50% have experience with the justice system.¹³

Figure 1. Youth Involved in Foster Care (%)

Foster care involvement, all participants



Among the 26% who were involved, by placement type



Educational and Vocational Attainment

At baseline, participants reported a wide range of educational attainment. Nearly one-third (29.4%) had not completed high school, while 22.4% had earned a high school diploma or GED. Nearly half (46.6%) had started college but had not completed a degree, and 1.7% had earned a 2-year college degree.

Participants were engaged in a range of educational and training pathways. At the time of the survey, about 41.4% of participants were actively attending school, college, or a training program (24.1% full-time and 17.2% part-time), while the majority (58.6%) were not currently enrolled. Among those who were enrolled, 2-year college programs accounted for 29.2%, as did high school, equivalent, or GED programs (also 29.2%). Smaller shares were enrolled in 4-year college programs (20.8%), certification and workforce training programs (12.5%), and vocational or trade schools (4.2%).

Housing and Prior Homelessness

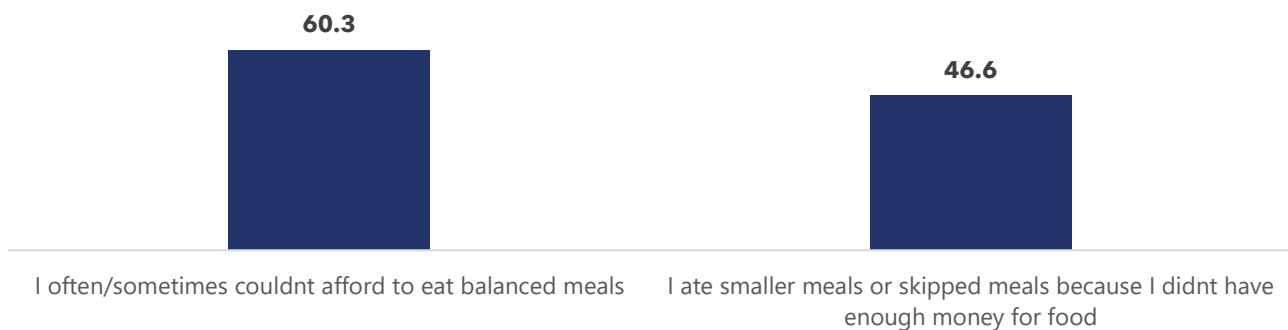
When asked about future housing at baseline, nearly 60% of participants said they were very sure or mostly sure they would have a safe and stable place to live within the next 30 days, and 60% of participants felt very ready to live on their own.

Prior experiences of homelessness were also common among Cash with Care participants. Nearly 55% of youth had experienced homelessness prior to the age of 18 and 44% reported being worried at times about having a place to sleep at night.

Food Insecurity

Many participants perceived challenges with accessing adequate food at the start of the STEP Study. Using the U.S. Department of Agriculture’s 6-item short form food security survey module,¹⁴ approximately 60.3% indicated that they often or sometimes could not afford to eat balanced meals, and 46.6% reported eating smaller meals or skipping meals due to a lack of money (see Figure 2).

Figure 2. Percentage of Cash with Care participants and Access to Food in Last 30 days



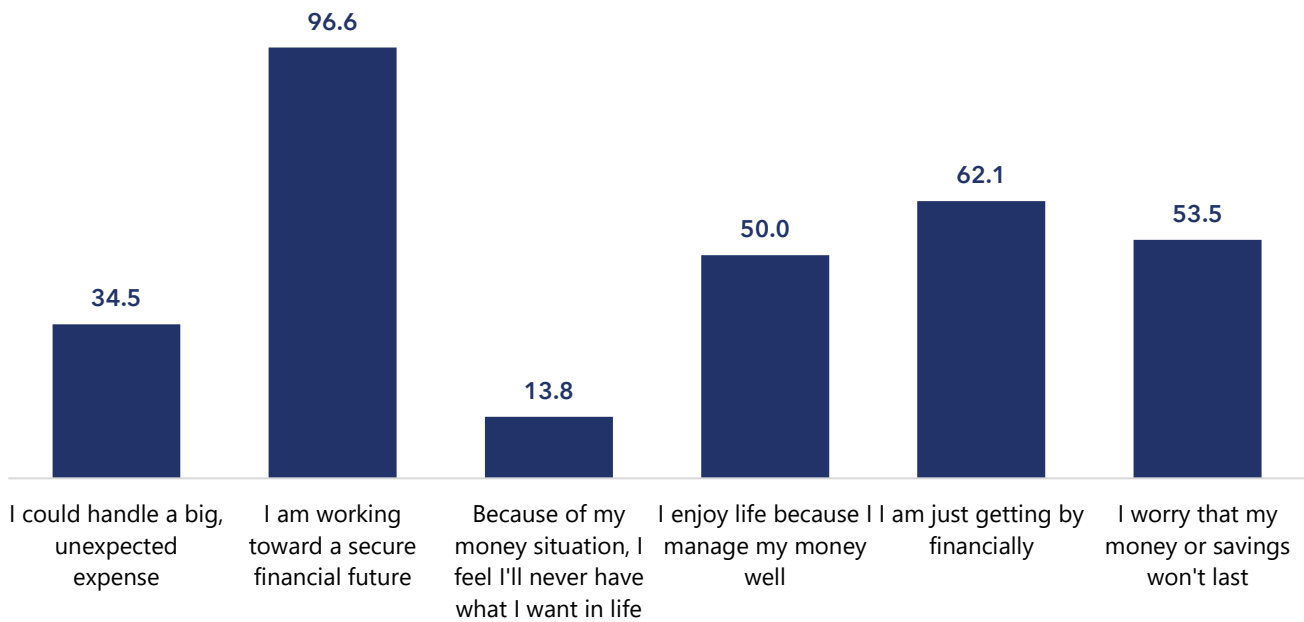
When asked more directly about food insufficiency, 55.2% of participants reported that the food they purchased did not last and they did not have money to get more (15.5% said this was often true; 39.7% said this was sometimes true). Although Covenant House provides regular access to food at its shelters and transitional housing programs, nearly half (48.0%) reported that in the past 30 days they had been hungry but did not eat because they could not afford enough food. These findings, taken with the fact that they had access to food through the Covenant House sites at the start of the study, may offer insight into how young people think about food access, their preferences and availability to access food when they are off-site, as well as their drive toward self-determination.

Financial Well-Being

Using the Consumer Financial Protection Bureau’s 10-item financial well-being scale,¹⁵ Cash with Care participants were asked about their financial well-being prior to receiving their first payment. While specific financial goals may vary from person to person, financial well-being is measured by looking at present control over day-to-day finances, the financial freedom to make choices to enjoy life, and future capacity to absorb a financial shock and meet financial goals.

Figure 3 provides a snapshot of participants' perception of their financial well-being. Overall, youth in the Cash with Care pilot were confident in their current commitment to working toward their financial security, while also worrying about not having the funds needed for the future or resources necessary to handle a big expense. Nearly two-thirds of Cash with Care participants felt like they were just getting by financially.

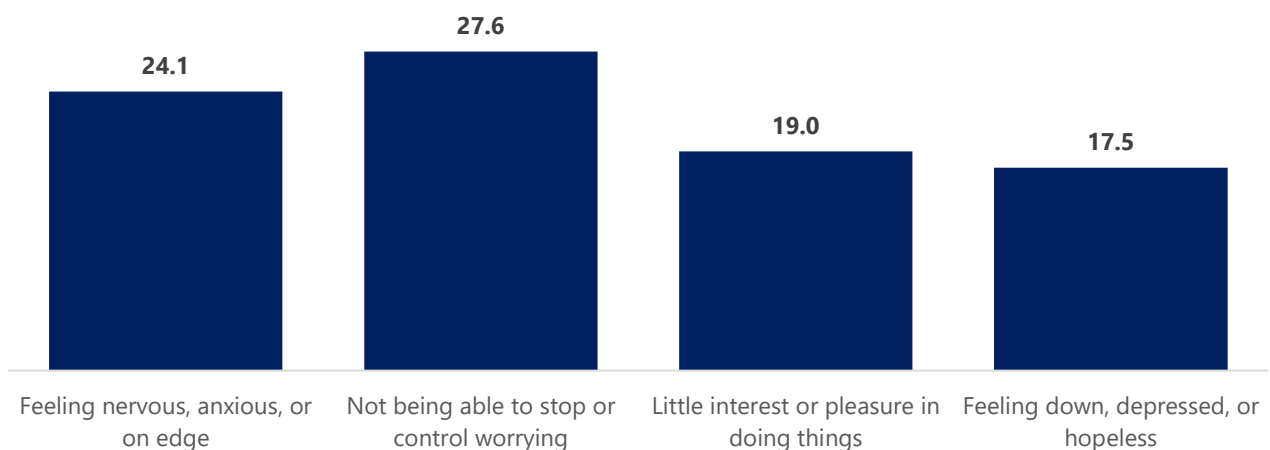
Figure 3. Percentage of Cash with Care Participants Who Agree or Strongly Agree with Statements on Financial Well-being



Well-Being and Mental Health

Mental health and well-being among Cash with Care participants at baseline was mild to moderate. Using the Patient Health Questionnaire (PHQ-4) scale, a scale used to generate a cutoff for anxiety/depression diagnosis,¹⁶ nearly one-fourth of Cash with Care participants expressed feeling nervous, anxious, or on edge for at least half or all of the last 30 days. In addition, 28% of youth noted that they could not stop worrying for at least half or all of the last 30 days.¹⁷

Figure 4. Percentage of Youth at Baseline Feeling Anxious or Depressed



What is Next

Young people facing homelessness carry complex histories. The STEP study examines how Cash with Care may shape their paths forward.

The findings presented in this brief offer an early snapshot of the experiences, needs, and circumstances of youth participating in the Cash with Care pilot and the broader STEP Study. Baseline data highlight the complexity of pathways into homelessness and housing instability among young people in New York City, including varied experiences with systems involvement, economic hardship, education and employment disruption, and social support. As data collection continues over the course of the study, Chapin Hall will continue examining how these experiences evolve over time, including how young people navigate housing transitions, engage with services and supports, and experience changes in well-being across multiple

domains. By following participants longitudinally, the study aims to deepen understanding of the factors that may support or disrupt longer-term housing stability for youth experiencing homelessness.

The STEP Study also seeks to better understand the role Cash with Care may play in shaping these pathways. Through ongoing surveys and qualitative interviews, the research team is exploring how regular cash assistance, paired with flexible care navigation, may influence young people's ability to meet basic needs, make decisions about their futures, sustain housing, and engage with opportunities related to employment, education, health, and social connection. Findings from this work will contribute to a growing evidence base on direct cash transfer approaches for youth experiencing homelessness and help inform future programmatic and policy strategies in New York City and beyond.

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Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families.

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or @Chapin_Hall.

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- ¹⁷ The PHQ-4 is typically administered with a two-week recall period. For the STEP Study, the recall window was adapted to 30 days to align with the survey's other measures. Scores should therefore be interpreted as reflecting symptoms over the past 30 days rather than the instrument's standard two-week timeframe.