Direct Ca$h Transfers for Youth Experiencing Homelessness

Observations from the State of Oregon's Two Year Pilot Program

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Executive Summary

Youth homelessness represents a growing crisis across the United States, with traditional housing interventions often being limited in their ability to meet the diverse needs of young people experiencing housing instability. Cash assistance programs have emerged as an innovative approach, offering flexibility and autonomy, which allows young people to identify solutions best suited to their individual circumstances. In 2022, the Oregon Department of Human Services implemented the first Direct Cash Transfer Plus (DCT+) program for youth in Oregon, providing $1,000 monthly payments to 120 young people aged 18-24 experiencing homelessness between February 2023 and January 2025. Operating through partnerships with three community-based organizations across Oregon, the program offered optional supportive services including financial empowerment, housing navigation, and case management alongside direct cash assistance.

This report presents findings from 63 participants who completed both initial and exit surveys, representing a comprehensive assessment of direct cash transfers for youth experiencing homelessness. The program achieved substantial housing stability outcomes, with 94% of participants housed at exit and the majority reporting independent living arrangements. Participants also demonstrated progress toward self-sufficiency, with a 27% reduction in consistent support from community-based organizations and a decrease in survival-based income strategies. Several indicators pointed to improvements in financial stability: financial literacy workshop participation went up by 23%, confidence in budgeting abilities increased, and many participants made strategic investments in stability-enhancing purchases, including cars, furniture, and laptops. The impact extended beyond individual recipients because participants supported an average of 1.75 people per enrollment, creating an effective cost of approximately $571 per person per month.

The Oregon DCT+ pilot provides promising initial evidence for direct cash transfers as a tool for addressing youth homelessness. The program's success in achieving housing stability, combined with cost-effectiveness through multiplier effects, suggests cash-based interventions may complement existing homelessness response systems. However, sustainability concerns—with only 42% of participants feeling confident about maintaining housing stability after program conclusion—underscore the importance of wraparound services and policy reforms addressing structural barriers to long-term housing stability. This evaluation contributes critical preliminary evidence to inform policy discussions while highlighting areas for continued research and program refinement in future implementations.

Introduction

Background

More than 3.5 million youth and young adults between the ages of 18 and 25—roughly 1 in 10—experience homelessness each year (Morton, Dworsky, et al., 2018). About half of these cases are classified as traditional homelessness, while the other half involve less visible forms of homelessness, like couch surfing. These figures reflect a wide range of situations, with varying levels of risk, duration, and frequency. Although young people can experience homelessness as members of a family, unaccompanied youth homelessness is typically defined as individuals 12 to 24 years old who live in shelters, on the street, or in other unstable living conditions without family support (Perlman et al., 2014; Rice et al., 2013). Young people experiencing homelessness are at high risk for adversities, including chronic health conditions or problems such as HIV, substance misuse, interpersonal and sexual violence, and mental health issues, compared to housed young persons (Beharry et al., 2018; Heerde et al., 2014; Perlman et al., 2014; Petering et al., 2016; Terry et al., 2010). These risks are often a consequence of limited access to care or preventative practices, discrimination, as well as early childhood experiences, including traumas and family breakdowns, compounding the daily trauma and challenges of living on the street (Milburn et al., 2009; Whitbeck et al., 1999; Whitbeck & Hoyt, 1999).

Marginalized groups are disproportionately represented in young populations experiencing homelessness. Lesbian, gay, bisexual, transgender, queer, and questioning youths are 120% more likely to experience homelessness compared to youth who identify as cisgender and heterosexual (Morton, Samuels, et al., 2018). Young parents are three times more likely to experience homelessness compared to their non-parenting peers. This is especially true for young parents who are unmarried (Morton et al., 2017). American Indian or Alaska Native, Black, and Hispanic youth are especially overrepresented among youth experiencing homelessness when compared to other races (Morton, Dworsky, et al., 2018).

Eliminating youth homelessness through housing supports remains a persistent challenge for several reasons. Supportive services for young people experiencing homelessness are often caught between a variety of systems, including the adult homelessness system, child welfare system, juvenile justice system, and public education system. This system fragmentation results in siloed support structures that operate with little coordination. This lack of standardization compounds confusion as youth struggle to understand service eligibility (Munson et al., 2017). Beyond structural gaps, youth experiencing homelessness encounter system barriers including lengthy wait times, inconvenient operating hours, inflexible agency policies, unsafe environments, and complex navigation across fragmented services. These negative interactions can reinforce trauma and mistrust, leading many youth to prefer self-reliance or peer support over formal agency assistance (Tan et al., 2024). These multilayered barriers create a service landscape that is difficult to access and often unwelcoming to young people.

Further, young persons have a variety of unique needs and many youth experience “hidden” forms of homelessness, living in motels/hotels or on the couches of friends or family (Morton, Dworsky, et al., 2018; Rice et al., 2013), leaving many disconnected from formal or informal support systems. Additionally, in many communities, the number of young people experiencing homelessness exceeds the housing resources that are available for them (Morton, Dworsky, et al., 2018). Given the complexities and scope of homelessness experienced by young people, there is not a one-size-fits-all solution, but rather a diverse set of strategies that can meet the wide variety of youth needs as well as integrate and collaborate with other systems, such as education, housing, mental health, and social services. This includes coordinating efforts, sharing information, and developing integrated programs (Cohen et al., 2017). One of the strategies being adopted nationally that meets this diversity of needs is Direct Cash Transfers.

What is a Direct Cash Transfer Plus (DCT+) Program?

A Direct Cash Transfer (DCT) program gives money straight to individuals with no restrictions on how the money can be utilized after the participants are deemed eligible. Typically there are minimal requirements for eligible participants to receive the funding and DCT best practice is to operate on a non-transactional model. This is different from other programs that pay third parties as landlords, businesses, or other groups for someone instead of giving the money to the person directly. People can get DCT payments in many ways, like by check, cash, direct deposit, wire transfer, prepaid debit card, or mobile payment apps (Berger Gonzalez et al., 2022). These programs might offer places to go, helpful resources, or advice—like money management tips—but getting the money doesn't depend on using those services.

Why use DCT+ for Youth Experiencing Homelessness?

Young adults, particularly those aged 18 to 24, experience the highest poverty rates of any age group (Coffey et al., 2021). This group faces unique challenges as they navigate the transition to adulthood while managing housing instability, often without the financial support of family that their housed peers typically receive. Approximately 40% of young adults aged 22-24 receive some financial assistance from their parents for living expenses, while 70% of early adults aged 18-34 receive some form of parental support. This includes a third of parents who provided partial or full financial assistance for their children's rent or mortgage (Bui, 2017; Merrill Lynch, 2018). However, young people experiencing homelessness, particularly those who have aged out of child welfare systems or fled unsafe homes, are excluded from these informal financial safety nets.

Traditional housing interventions have proven effective for many youth experiencing homelessness, yet they tend to limit personal autonomy and focus primarily on crisis stabilization rather than addressing the complex, long-term needs of each individual. Rapid Rehousing programs, though effective at quickly moving youth from emergency situations, create time pressure that limits housing choices and fail to address the unique developmental needs of transition-age youth (Berger Gonzalez, 2024). Transitional Living Programs offer structured support, but they can feel restrictive to young people due to limitations on decision-making capacity (Armstrong-Heimsoth et al., 2021; Mahathey et al., 2021). More broadly, these traditional approaches operate within a crisis-driven paradigm that focuses on immediate survival needs rather than empowering youth with the flexibility and resources needed for long-term stability.

In response to these limitations, the DCT+ model offers an approach that shifts away from crisis-driven interventions and towards choice-driven solutions that center youth autonomy and self-determination. The basic premise underlying cash transfers is simple: provide money directly to people so they are empowered to make purchasing and investment decisions for their own well-being (Morton et al., 2020). The "Cash Plus" (i.e., "DCT+") model combines unconditional cash transfers with optional supportive services to address both immediate financial needs and the non-monetary barriers to housing instability (Berger Gonzalez, 2025).

The DCT+ model directly addresses many of the gaps left open by traditional housing interventions. Unlike time-limited rental assistance programs, cash transfers provide complete autonomy in resource allocation and housing choices. This approach allows young people to address multiple stability factors simultaneously, such as transportation barriers, childcare, and emergency expenses (Berger Gonzalez, 2024). In addition to creating flexibility and autonomy, the DCT+ model can address intersectional challenges faced by marginalized populations who may experience discrimination or feel unsafe in traditional shelter and residential program settings (Samuels et al., 2018).

The evidence base supporting DCT+ interventions continues to grow both internationally and domestically. International evaluations have consistently demonstrated positive effects, with studies showing that unconditional cash transfers to youth improved employment, investment in vocational skills, and earnings

(Blattman et al., 2011; 2013). Alternatively, conditional cash transfer programs have also demonstrated positive effects on youth school attainment and long-term earnings (Behrman et al., 2012; Rodríguez-Oreggia & Freije, 2012). Additionally, concerns of misuse of funds expressed by critics of DCT+ have been debunked by comprehensive reviews, finding that cash transfers do not lead to increased spending on "temptation goods" such as alcohol or tobacco (Evans & Popova, 2017).

While the U.S. evidence base is smaller and less developed than international research, recent DCT+ pilot programs have shown promising results. The New York City Trust Youth Initiative provided two $550 payments per month for 24 months, plus a one-time $3,000 enrichment payment to cover a large expense. Results demonstrated significant reductions in homelessness and improvements in housing stability, with participants reporting that the cash transfers improved their life circumstances (96%), enabled them to secure safe and stable housing (92%), and supported them in achieving their goals (90%) (Griffin & Berger Gonzalez, 2025). Additional cash transfer pilot programs across the United States have documented reductions in food insecurity, improvements in financial health, reductions in stress, positive impacts on housing stability, and an increased sense of power over decisions that impact their lives (Davis et al., 2025; DeYoung, Tandon, et al., 2023; DeYoung, Castro, et al., 2023; DeYoung et al., 2024).

Building on this emerging evidence base and responding to the documented gaps in traditional youth homelessness interventions, Oregon's DCT+ program was an opportunity to test an approach that prioritizes youth choice and empowerment while addressing the systemic inequities that lead to youth homelessness.

The Oregon DCT+ Pilot Program

In 2024, the U.S. Department of Housing and Urban Development (HUD) estimated that 1,315 unaccompanied youth in Oregon were experiencing homelessness. A majority (1,048) were between the ages of 18 and 24 (de Sousa & Henry, 2024). Furthermore, an estimated 782 of all unaccompanied youth were experiencing unsheltered homelessness in 2024, giving Oregon the second-highest rate of unaccompanied, unsheltered youth in the nation. In an effort to address rising youth homelessness in the state, Oregon’s Youth Experiencing Homelessness Program (YEHP). YEHP is a dynamic program housed within Self-Sufficiency Programs at the Oregon Department of Human Services. YEHP is legislatively tasked with, and dedicated to, fostering the safety and holistic wellbeing of young people aged approximately 14 through 24 who find themselves grappling with homelessness. The program is responsible for implementing and supporting a range of initiatives tailored specifically to address the unique challenges faced by youth navigating homelessness. YEHP was supported by the national organization Point Source Youth (PSY) and consultants with personal experiences of youth homelessness, designed and launched a pilot initiative known as Direct Cash Transfer Plus (DCT+) in February 2022.

There are several aspects of the DCT+ pilot that make it an important project to be examined. Oregon was the second location in the nation, after New York City, to implement a DCT program for youth who have experienced homelessness. When it began, Oregon’s pilot program was also supporting the highest number of young people nationally. While DCT primarily involves cash support, it is reinforced by specialized, optional supportive programming (the "plus" in DCT+), covering financial empowerment, housing navigation, and case management. Additionally, program participants receive payments directly through the Oregon Department of Human Services (ODHS) via paper check, direct deposit, or as cash added to their state-issued electronic benefits (EBT) card. This DCT+ initiative is considered a strategy for poverty alleviation, well-being growth, and homelessness intervention that provides consistent financial support to identified youth, addressing their expressed needs, and facilitating their transition out of homelessness.

The pilot program began providing $1,000 per month for 24 months to youth aged 18-24 in February 2023, ending in January 2025. The pilot was implemented in three different regions across Oregon:

- Metro Multnomah County: $1,000 per month to 74 individuals, optionally accompanied by support from the Native American Youth Association, abbreviated throughout the report as **NAYA**
- Rural Clackamas County: $1,000 per month to 11 individuals, optionally aided by AntFarm Youth Services, abbreviated throughout the report as **AFYS**
- Suburban Deschutes County: $1,000 per month to 35 individuals, optionally assisted by JBarJ Youth Services, abbreviated throughout the report as **JBARJ**

In total, 120 young adults initially enrolled in the DCT+ program across three communities and 117 youth completed the program. To be eligible for the program, young people needed to be between the ages of 18-24, connected to community-based organization (CBO) programming, and either experiencing homelessness or housing instability with a desire to become housed. In addition, the programs prioritized groups that are overrepresented in national youth homelessness counts, including LGBTQ+ and BIPOC youth, as well as those who were pregnant or parenting status, formerly incarcerated, undocumented, or had a history of domestic violence or trafficking, populations that are continually overrepresented in national youth homelessness counts (Morton et al., 2017). True to the DCT+ best practices, Oregon's DCT+ program had minimal requirements beyond eligibility. To maintain program integrity and ensure youth well-being, youth were required to check in with their case manager. If there was a lapse of communication for three months, then youth were informed that they would cease to receive payments.

All participating youth also had access to a one-time $3,000 Enrichment Fund. This addition stems directly from conversations with local youth consultants, who pointed out that even as they start receiving stable DCT income, significant financial obstacles often hinder their progress towards housing objectives. An example of this was the concern around the potential reduction in the amount of SNAP benefits young people would receive. This report explores the experiences of the young people who participated in this pilot program and the impact of the Oregon DCT+ intervention.

Evaluation Methods

Overview

The evaluation employed a mixed methods design, collecting multiple data sources to comprehensively assess the DCT+ program. All program participants were given the opportunity to participate in the evaluation shortly after they entered the program. This report focuses on the 63 individuals who completed both the 2-month and 2-year (exit) surveys. Other data points collected over the course of the evaluation period but not included in this report are a six-month survey and two short check-in surveys designed to engage participants between longer surveys. ODHS also administered a separate exit survey that was delivered to all actively participating youth at the final month of the pilot. In addition, 14 participants from the surveys were randomly selected, matching the demographics of the group of youth within the program, to participate in an interview to reflect on their experience as they exited the program.

To examine changes in participant outcomes over time, this report's longitudinal evaluation focuses on three key data collection points: the initial 2-month survey, the 1-year survey, and the 2-year survey administered after the final DCT payment. This report presents quantitative and short, open-ended qualitative data from these surveys, along with themes from the qualitative interviews with young people who were in the program. Of the 120 program participants, 61 completed all three surveys. Two participants did not complete the 1-year survey but were included in the longitudinal analysis, since they completed both the initial and exit surveys.

Survey Timeline and Response Rates						
Survey	Start	End	# of Days	Total Responses	Responses included in report	Incentive
Initial Survey	4/11/2023	6/13/2023	63	81	63	$40
1 Year Survey	4/23/2024	5/21/2024	28	94	61	$50
Exit Survey	2/6/2025	4/1/2025	54	82	63	$50

Survey incentives were incrementally raised to account for added questions, inflation, and rising living costs. The initial survey remained open for two months due to ongoing adjustments and refinements in enrollment procedures to ensure all program participants had the opportunity to enroll in the evaluation. The final survey was also open for approximately two months to secure the most comprehensive sample.

Survey Development and Content

The survey explored key domains including housing experiences, income and employment, mental health, stress, discrimination, violence, service use, and social connections. Survey items were adapted from validated instruments, including the Homeless Youth Risk and Resiliency Survey, Youth Net, and Los Angeles Homeless Youth Count.

Data Collection Procedures

Participant Recruitment: Community Based Organizations (CBOs) sent recruitment emails to DCT+ participants explaining the evaluation opportunity, confidentiality, time commitment (approximately 30 minutes), and compensation parameters.

Survey Distribution: While survey administration was primarily remote via email or phone (text or call), initial evaluation enrollment and administration were conducted in person by CBO staff, as recommended by the CBO, PSY, and ODHS planning team. However, due to staff capacity limitations and turnover, the enrollment process was adapted to be led by the Young People to the Front (YP2F) research team. Furthermore, for the one-year survey, YP2F research staff visited each CBO site to conduct the survey alongside a re-orientation event hosted by the CBO Staff. This on-site approach facilitated faster enrollment compared to remote survey administration.

For remote outreach to participants, a research team member would initially email the full contact list. The email let the participants know that the survey was going to ask them about their experiences going through the DCT+ program, employment, financial barriers, access to services, stress, and support from CBO staff. It highlighted that the survey aimed to inform and improve service delivery for young people and informed them that the survey was confidential, it would take approximately 30 minutes to complete, and that they would be compensated for their time. It also included contact information for the research team if they had any questions or needed any support. After email outreach, any participants who had not completed the survey would be outreached via text (up to 3 times) and a phone call. Participants who did not complete the survey after email, text, or phone outreach from the research team were contacted with the support of CBO staff. This collaboration aimed to connect the research team with remaining participants, as well as to provide updated contact information for participating youth.

Participants completed self-administered surveys, allowing flexibility in timing and pace. Research assistants were available for support via text or phone. While participants could skip questions, the survey

platform prompted acknowledgment of blank responses to ensure intentional non-response rather than oversight.

Limitations in Participant Enrollment

The DCT+ program started before the evaluation design had been finalized[1]. Given the early project start, participants were recruited into the evaluation project after initial payments were dispersed. As a result, the initial surveys were collected after the first payment was received, preventing the research team from collecting true baseline data prior to the intervention start date. Further, community partner communication, along with participant recruitment and enrollment strategies, were still being refined during the initial stages of the evaluation.

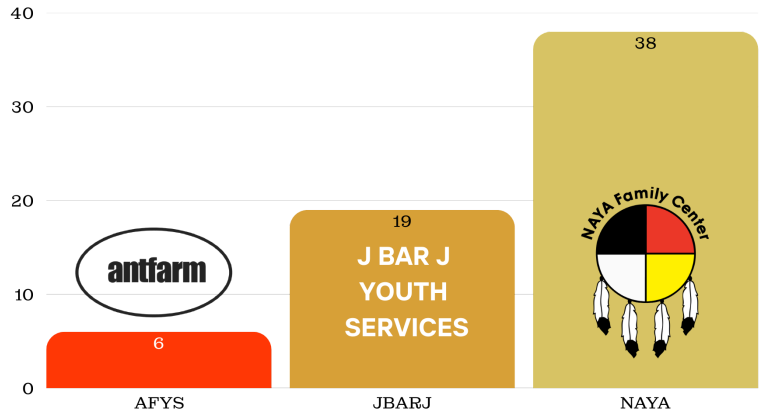
The research team was never given a complete contact list of participants in the DCT+ program. Per agreement with CBO staff, it was initially decided that the CBO staff would present the evaluation opportunity to program participants and have them consent to enroll in the evaluation or provide their contact information to the research team for outreach. Therefore, the evaluation sample is not inclusive of all participants enrolled in the Oregon DCT+ program. Additionally, participants who had not completed the initial two-month survey had opportunities to participate in future surveys. Therefore, at 6-month, one-year, and two-year surveys include respondents that are not included in the longitudinal analysis, as the research team is unable to use the initial survey to track changes in outcomes over time.

Participants completed the survey on their own, which reduced barriers as participants could respond on their own time and at their own pace. However, there were no tests for literacy or language barriers. Participants could choose to skip any question that they would like, but the survey platform had a function to "request response," prompting the respondents to acknowledge that they were leaving a response blank and preventing the ability to skip questions to make completion of the survey faster. The median time it took to complete the survey was 22 minutes for the first survey, 23 minutes for the one-year survey, and 31 minutes for the exit survey.

Analytical Sample

This report analyzes 63 unique participants who completed both the Initial survey and program exit survey

- 6 participants (10%) from Ant Farm Youth Services
- 19 participants (30%) from JBARJ Youth Services
- 38 participants (60%) from NAYA



[1] *The planned launch date of the DCT+ pilot was delayed due to state contracting rules related to cash distribution services. However, a workaround was identified and implemented rapidly. Given the previous delays and the shortened timeframe for available funding, the planning team opted to launch the program immediately, even though the evaluation design had not yet been finalized.*

While this sample does not include all program participants, its proportions align with the overall program distribution across CBOs. The research team included the data of surveys that were completed at least 30% for all time points. Two participants who missed the 1-year survey but completed both initial and program exit surveys were included, as the primary analysis focused on changes between these two time points. This complete-case analysis approach ensures methodologically rigorous pre-post comparisons by tracking individual-level changes over time, though it reduces sample size and may limit generalizability.

Learnings for Future Evaluations

The challenges experienced in evaluating the DCT+ program provide insights beyond participant outcomes. While this report represents observed trends and changes over time, it also represents a learning process for understanding how to effectively implement and evaluate direct cash transfer programs for youth experiencing homelessness. The evaluation design evolved in real-time adapting to external constraints such as funding timelines, community partner coordination challenges, and participant recruitment complexities. These experiences have generated valuable lessons for future evaluations, including strategies for strengthening collaboration with CBOs, improving participant recruitment and retention methods, and refining measurement approaches. The insights gained from both the programmatic implementation and evaluation methodology will inform the design of more robust evaluation frameworks for future direct cash transfer initiatives, ensuring that subsequent projects can build upon these foundational learnings to achieve greater methodological rigor and participant engagement. Limitations related to external factors that affected evaluation design—including delayed recruitment, missing baseline data, and an incomplete sample—are outlined in further detail in the discussion section.

Results

Demographic Characteristics and Lifetime Experiences

All of the demographic characteristics and lifetime experiences data included in the tables was that was reported at the initial survey unless noted otherwise. Over half of evaluation participants identified as female, with 11 individuals (18%) who identified as trans or gender inclusive (TGI; this Includes Trans Female, Trans Male, Non-Binary, Genderqueer, Two Spirit and other gender identities). Sixty-seven percent of participants self-identified as heterosexual, with 18% being Bisexual and 15% identifying as LGQ+. All participants were between the ages of 18 and 24 at entry to the program, with the average age being 21 years old. There was a high proportion of parenting participants, with 33% indicating they were parents at the start of the program. This proportion increased by 9.5 percentage points to 43% over the course of the program period, with a total of 27 parents at exit.

Table 1. Demographics[2]	N	%
Total	63	100%
Gender		
Female	34	54.0%

[2] *All of the demographic characteristics and lifetime experiences data included in the report tables was that was reported at the initial survey unless noted otherwise.*

Table 1. Demographics[2]	N	%
Male	18	28.6%
Trans or Gender Inclusive	11	17.5%
Total responses	63	100%
Sexual Orientation		
Straight	41	67.2%
Bisexual	11	18.0%
LGQ+	9	14.8%
Total responses	61	100%
Race		
Native Multiracial	18	30.5%
White	16	27.1%
Black	8	13.6%
Other Multiracial	6	10.2%
Multiple Native	4	6.8%
Native American	3	5.1%
Indigenous	3	5.1%
Asian	1	1.7%
Total responses	59	100%
Parenting		
Is currently a parent or primary caregiver	21	33.3%
Live with children[3]	19	90.5%
Total responses	63	100%

Participants were asked about their experiences with violence and system involvement. There were high reports of both experiences, with most individuals reporting neglect and physical abuse by a guardian or relative, as well as violent experiences within relationships and dating. When asked about system involvement, 26 young people (46.4%) reported that they had any experience in foster care or the justice system including adult and juvenile justice experiences and mandated mental health treatment. The most common reported system involvement was the foster care system (25%); only 7 people reported being cross system involved (i.e. in foster care as well as adult or juvenile justice system).

79%

became homeless due to family disruption

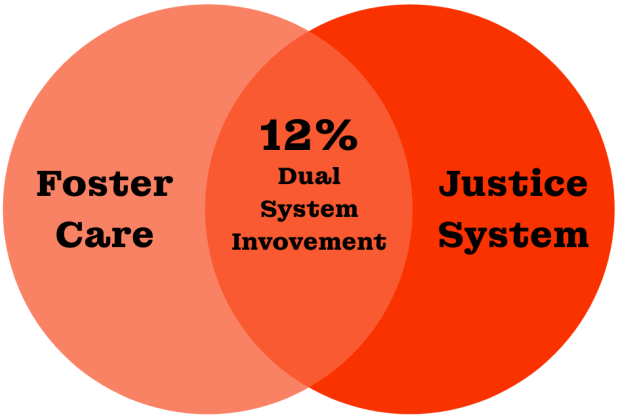
43%

experienced physical abuse by an intimate partner

71%

experienced violence of some kind

46% of participants experienced some form of system involvement

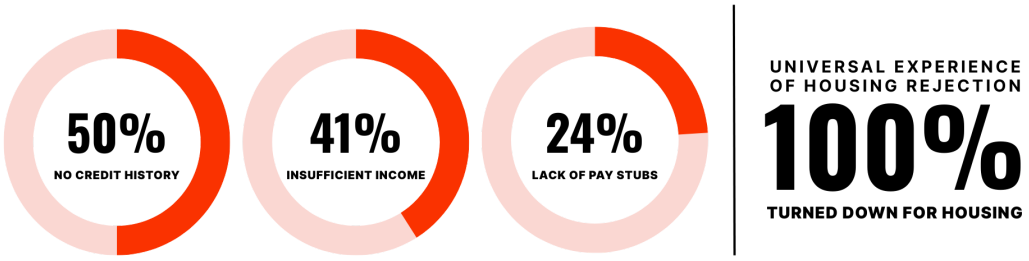


[3] *Follow-up questions, shown in light green and indented text, were posed to a subset of the sample. The percentages provided reflect only those who answered the follow-up question.*

Table 2. Lifetime Experiences of VIolence and Systems Involvement[4]		
Experiences of Violence Across Participant's Lifetime		
Any Experiences of Violence	40	71.4%
Type Of Experience of Violence (Select All That Apply)		
Neglect By Parent, Guardian, Or Other Relative	26	46.4%
Physical Abuse By Intimate Partner Or Spouse	24	42.9%
Physical Abuse By Parent, Guardian, Or Other Relative	21	37.5%
Physical Abuse By Someone Else While Unsheltered	11	19.6%
Sexual Abuse By Someone Else While Unsheltered	13	23.2%
Sexual Abuse By Intimate Partner Or Spouse	12	21.4%
Sexual Abuse By Parent, Guardian, Or Other Relative	11	19.6%
Stalking	16	28.6%
Dating Violence	13	23.2%
Human Trafficking	5	8.9%
Total Responses	56	100%
System Involvement		
Any System Involvement	26	46.4%
Type Of System Involvement (Select All That Apply)		
Foster Care	14	25.0%
Juvenile Probation	11	19.6%
Jail	9	16.1%
Mandated Stay In Inpatient Or Outpatient Mental Health Treatment Facility	6	16.1%
Adult Probation	5	10.7%
Parole	1	8.9%
Dual System Involvement (Foster Care And Justice)	7	12.5%
Total responses	56	100%

Lifetime Homelessness and Housing Experiences

More than 80% of participants reported that they were in Oregon when they first became homeless, and 65% said they were still living in the same city where they lost their housing. Participants were asked to select the reason or reasons that they became homeless. Responses were re-coded into six categories: Family disruption, which included leaving or being asked to leave a family or relatives home (79%), family homelessness or housing instability (16%), fleeing violence, which included leaving a domestic violence situation or leaving a gang or neighborhood with gang violence (16%), no place to stay when moved to a new city (13%), economic reasons, including not being able to pay for rent or not being able to renew their lease (13%), and systems exit, which included leaving or being asked to leave a foster home or having no place to go when exiting the carceral system (6.5%).



[4] *Data related to lifetime experiences of violence and systems was collected during the exit survey as initial CBO staff and consultants deemed these questions as potentially traumatizing, however, this information necessary context. Participants were given a content warning before this section and an option to skip the entire block of questions.*

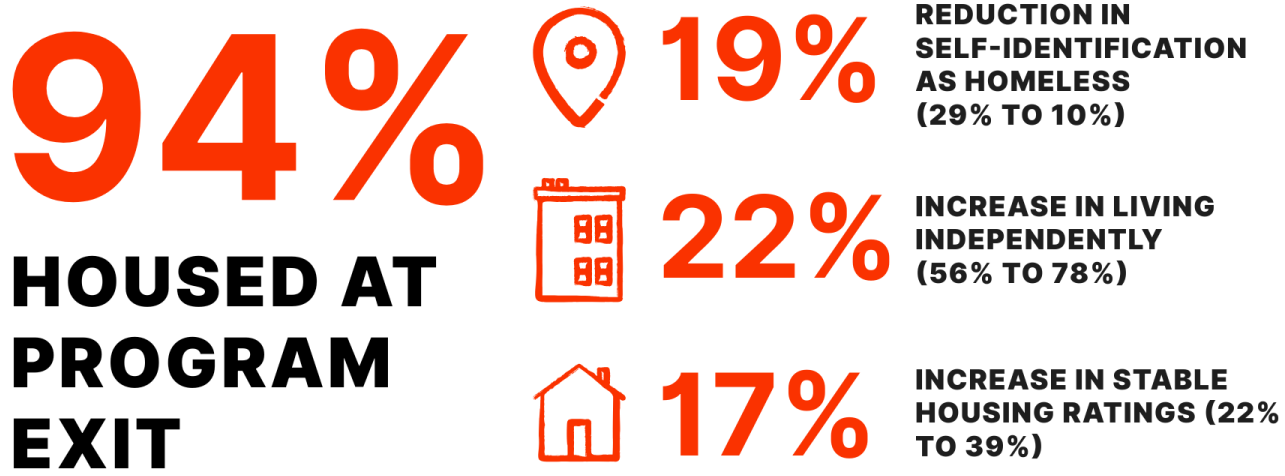
All respondents reported at least one reason for being turned down for housing in their lifetime. The most common reasons being financial or documentation related: No credit history was the most common reason (50%), insufficient income or not meeting income requirements affected many applicants (41%), and lack of pay stubs (24%) was the third most frequent reason. Other significant barriers included lack of resources and low credit scores (20%), having pets (17%) and age discrimination (15%). Arrest history (7.4%), missing documentation (3.7%), identity fraud (1.9%) and unpaid apartment balances (1.9%) were less common but still present obstacles.

Table 3. Lifetime Homelessness and Housing Experiences

	N	%
Duration of homelessness		
Less than 3 Months	7	11.7%
4 - 11 Months	11	18.3%
1 - 4 Years	32	53.3%
5+ years	10	16.7%
Total responses	60	100%
Age First Homeless		
0 To 5 Years Old	2	3.3%
6 To 12 Years Old	4	6.7%
13 To 16 Years Old	20	33.3%
17 To 18 Years Old	19	31.7%
19 To 23 Years Old	15	25.0%
Total responses	60	100%
Location At Time Of Housing Loss		
In The City I Am Living In Currently	39	65.0%
In Another City But In The Same State That I Am Living In Currently	9	15.0%
In A Different State	7	11.7%
In Another City But In The Same County That I Am Living In Currently	5	8.3%
In A Different Country	0	0.0%
Total responses	60	100%
Primary Reason(s) For Homelessness *(Select All That Apply)*		
Family Disruption	49	79.0%
Family Homelessness Or Housing Instability	10	16.1%
Fleeing Violence	10	16.1%
No Place To Stay When Moved To New City	8	12.9%
Economic	8	12.9%
Systems Exit	4	6.5%
Other	2	3.2%
Total responses	62	100%
Prior To DCT Did You Experience Homelessness Because Fleeing Partner Violence		
Yes	23	37.7%
Total responses	61	100%
Reasons For Being Turned Down For Housing In Lifetime *(Select All That Apply)*		
No Credit History	27	50.0%
No Income Or I Didn't Meet The Income Requirements	22	40.7%
No Pay Stubs	13	24.1%
Lack Of Resources	11	20.4%
Low Credit Score	11	20.4%
Pets	9	16.7%
Age	8	14.8%
Arrest History	4	7.4%
Lack Appropriate Documents	2	3.7%
Identity Fraud	1	1.9%
Unpaid Apartment Balance	1	1.9%
Eviction	0	0.0%
This Hasn't Happened To Me	0	0.0%
Total responses	54	100%

Housing Stability

After two years in the Oregon DCT+ Program, participants demonstrated significant improvements in housing stability. To be enrolled in the program, all participants were reported to be homeless or unstably housed. By the time of the initial survey, within the first two to four months of receiving cash assistance, over half of the participants identified living independently (i.e. at their own place). At the exit survey, 94% of young people were housed, which includes various housing types. The percentage of participants living in their own place rose by 22%, increasing from 55% at the beginning of the evaluation to 77% at the exit survey. Correspondingly, for those that reported living in their own residence, there was a notable 31% decrease in the number of participants indicating that they were receiving CBO assistance to pay their rent (all participants that marked yes to "living in my own place" were prompted a follow up question: "Is an agency or voucher assisting you in paying your rent?"). Independent housing increased, coinciding with a 22% rise in perceived housing stability among participants residing with acquaintances, meaning they believed they could stay in their current residence for over 30 days.



Within a few months of receiving cash assistance, 75% of the sample did not identify as homeless. Overall, the proportion of young people who identified as homeless decreased by 19% over the course of the program. A total of six participants (9.7%) identified as homeless at exit. Of those, two reported living in a vehicle, one reported living with someone they knew and three reported living in their own place. Qualitative follow up questions revealed that two of those people reporting homelessness while living in their own place reported that they were being evicted while the last one reported living with their brother.

Table 4. Housing and Homelessness (Longitudinal)

	Initial Survey		1-Year Survey		Exit Survey		
Current Living Situation (Last 2 Weeks)	N	%	N	%	N	%	Δ
Own Place	35	55.6%	40	66.7%	49	77.8%	22.2%
Home Of Someone I Know[5]	12	19.0%	9	15.0%	10	15.9%	-3.2%
Transitional or Permanent Supportive Housing	3	4.8%	4	6.7%	0	0.0%	-4.8%
Temporary Housing (Shelter / Hotel)	9	14.3%	4	6.7%	1	1.6%	-12.7%
Street/Outside	3	3.2%	0	0.0%	0	0.0%	-3.2%

[5] *Includes home of Friends, Family or Intimate Partner*

Table 4. Housing and Homelessness (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Vehicle	1	1.6%	1	1.7%	2	3.2%	1.6%
Total responses	63	100%	60	100%	63	100%	
Self Identify As Homeless							
Yes	18	28.6%	11	18.6%	6	9.7%	-18.9%
No	45	71.4%	48	81.4%	56	90.3%	18.9%
Total responses	63	100%	60	100%	62	100%	
Shared Housing							
Lives With A Spouse[6]	-	-	18	30.5%	20	33.3%	**2.8%**
Lives With Pets Or Service Animals	-	-	28	47.5%	32	52.5%	**5.0%**
Lives With Roommates	-	-	10	17.2%	12	19.4%	**2.1%**
Live With Children	19	30.2%	23	37.7%	25	39.7%	9.4%
Total responses	63	100%	58	100%	62	100%	

Income and Employment

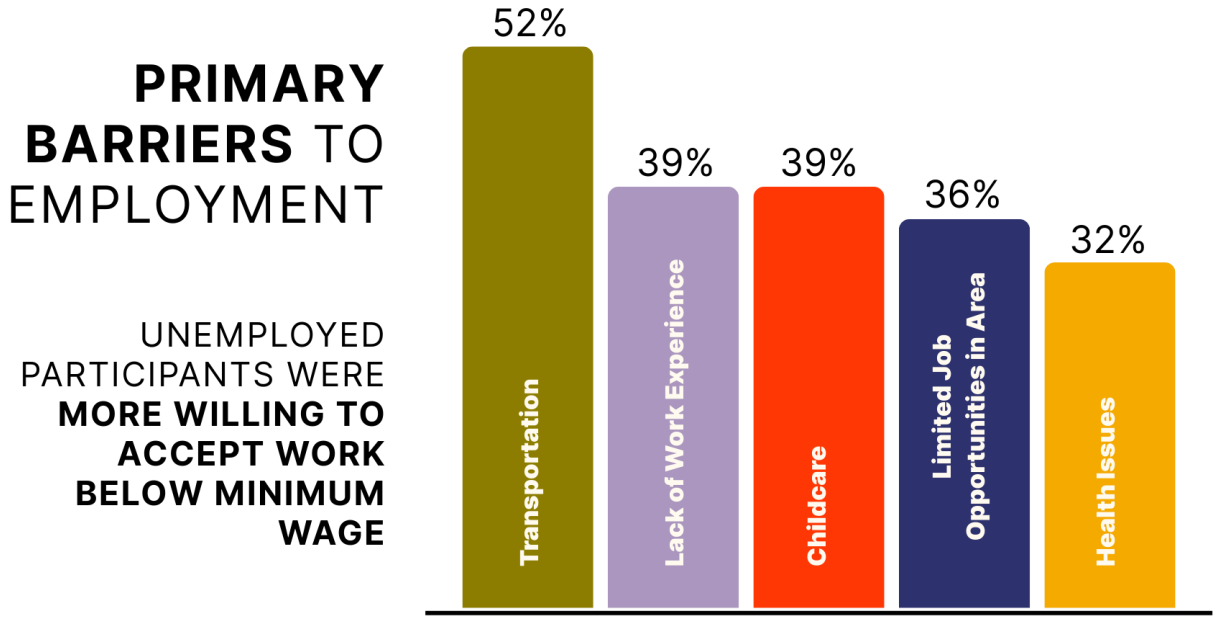
Participants were asked about their current employment and ways in which they generated income in the last 30 days. Participants were recorded as "employed" (those with full-time, working under the table, or part-time positions) and "unemployed" (those not employed or in unpaid internships). Although employment fluctuated, there was ultimately a net increase of employment of 5%. There was an 18% decrease at the 1 year mark which prompted the research team to add additional questions in the exit survey, however this appeared to be recovered by exit. There was a decrease in survival based income-generation (collecting bottles/cans dropped 13%, stealing dropped 6%) and “under the table work” decreased from 5% to 1.6%.

Current enrollment in school remained consistent at all timepoints. However, the highest levels of education shifted. There was an 8.1% increase in people reporting obtaining a high school diploma, which correlated with a decrease in GED and less than high school education. College and vocational trade remained consistent.

Table 5. Income and Employment (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Employment status							
Employed	27	45.0%	19	32.2%	31	50.0%	5.0%
Full-time	17	28.3%	11	18.6%	17	27.4%	-1.0%
Part-time (1 or more)	7	11.7%	5	8.5%	13	21.0%	9.3%
Under the table	3	5.0%	3	5.1%	1	1.6%	-3.4%
Unemployed	33	55.0%	40	67.8%	31	50.0%	-5.0%
I am not currently employed	32	53.3%	39	66.1%	30	48.4%	-4.9
Unpaid internship or job training program	1	1.7%	1	1.7%	1	1.6%	0%
Total responses	60	100%	59	100%	62	100%	
Other Forms of Income Generation *(Select All that Apply)*							
Collecting and selling bottles/cans	13	22.8%	5	8.9%	5	8.5%	-14.3%
Friends	9	15.8%	9	16.1%	9	15.3%	-0.5%
Selling clothing or other personal possessions	8	14.0%	4	7.1%	3	5.1%	-9.0%
Relatives	7	12.3%	9	16.1%	10	16.9%	4.7%
Selling self-made items	5	8.8%	5	8.9%	7	11.9%	3.1%

[6] *Questions regarding who participants shared housing with were added at 1 year survey*

Table 5. Income and Employment (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Stealing	5	8.8%	1	1.8%	1	1.7%	-7.1%
The sale of your blood/plasma	2	3.5%	0	0.0%	4	6.8%	3.3%
Doing any work that you were paid in cash for	4	7.0%	6	10.7%	4	6.8%	-0.2%
Sex work	4	7.0%	3	5.4%	3	5.1%	-1.9%
Other income generation[7]	2	3.5%	2	3.6%	2	3.4%	-0.1%
Total responses	57	100%	56	100%	59	100%	
Currently Enrolled in School							
Currently enrolled in school	16	25.8%	10	16.7%	16	25.4%	0.4%
Total responses	62	100%	60	100%	63	100%	
Highest Level of Education Obtained							
Less than high school	20	32.3%	17	28.8%	17	27.4%	-4.8%
GED	5	8.1%	8	13.6%	4	6.5%	-1.6%
HS Diploma	20	32.3%	23	39.0%	25	40.3%	8.1%
College[8]	15	24.2%	10	16.9%	15	24.2%	0.0%
Vocational	1	1.6%	1	1.7%	1	1.6%	0.0%
Total responses	61	100%	59	100%	62	100%	



A deeper look at employment at 2 years

To understand potential employment challenges, additional questions were included in the 2-year survey, which coincided with the end of the DCT program and its support services. Table 6 presents the responses to these questions, categorized by participants' employment status. For this analysis, participants were grouped into "employed" (those with full-time, working under the table, or part-time positions) and "unemployed" (those not employed or in unpaid internships). Thirty participants were classified as employed, and 32 as unemployed. Participants reported utilizing online resources for job searching and to apply to jobs.

[7] *Other income generation includes panhandling, gambling, selling drugs, selling stolen goods.*
[8] *Survey questions and methods were youth-led and therefore the survey was self-report. As a result, responses were subject to the respondents understanding and interpretation of the question which provides great insight but can also mean inconsistencies as observed in less respondents reporting they have obtained a college degree at the second timepoint.*

When asked about barriers for obtaining employment the primary barriers were lack of work experience and childcare responsibilities.

Table. 6 Employment Search at 2 Years	Total		Employed		Unemployed	
	N	%	N	%	N	%
Employment Search Activity In Past 12 Months *(Select All that Apply)*						
Applied to jobs online	45	88.2%	19	79.2%	26	96.3%
Attended job fairs	8	15.7%	4	16.7%	4	14.8%
Contacted employers directly	24	47.1%	11	45.8%	13	48.1%
Networked with friends/family	21	41.2%	10	41.7%	11	40.7%
Used school/college career services	10	19.6%	3	12.5%	7	25.9%
Used social media	20	39.2%	4	16.7%	16	59.3%
Visited employment centers	3	5.9%	2	8.3%	1	3.7%
I haven't been looking for employment	5	9.8%	4	16.7%	1	3.7%
Total responses	51	100%	24	100%	27	100%
Barriers To Obtaining Employment *(Select All that Apply)*						
Childcare responsibilities	18	29.0%	6	19.4%	12	38.7%
Competition from other applicants	13	21.0%	5	16.1%	8	25.8%
Education/qualification requirements	17	27.4%	9	29.0%	8	25.8%
Health issues	18	29.0%	8	25.8%	10	32.3%
Lack of professional connections	19	30.6%	10	32.3%	9	29.0%
Lack of work experience	22	35.5%	10	32.3%	12	38.7%
Limited job opportunities in my area	22	35.5%	11	35.5%	11	35.5%
Schedule conflicts	20	32.3%	11	35.5%	9	29.0%
Transportation issues	31	50.0%	15	48.4%	16	51.6%
Total responses	62	100%	31	100%	31	100%
Minimum Hourly Wage Would Accept						
Less than $15/hour	5	8.6%	0	0.0%	5	17.9%
$15-17/hour	18	31.0%	5	16.7%	13	46.4%
$18-20/hour	23	39.7%	14	46.7%	9	32.1%
$21-25/hour	13	22.4%	10	33.3%	3	10.7%
More than $25/hour	2	3.4%	1	3.3%	1	3.6%
Total responses	61	100%	30	100%	31	100%
Willing To Relocate For Job Opportunity						
No	19	31.1%	8	26.7%	11	35.5%
Unsure	7	11.5%	3	10.0%	4	12.9%
Yes, But Only To Nearby Cities	8	13.1%	4	13.3%	4	12.9%
Yes, Within My State	9	14.8%	7	23.3%	2	6.5%
Yes, Anywhere	15	24.6%	8	26.7%	7	22.6%
Total responses	58	100%	30	100%	28	100%

Benefits

Benefits enrollment stayed relatively the same across the three timepoints. However, there were noted decreases in Supplemental Nutrition Assistance Program and Medicare. It should be noted that for the initial survey several participants chose to not answer the benefits question.

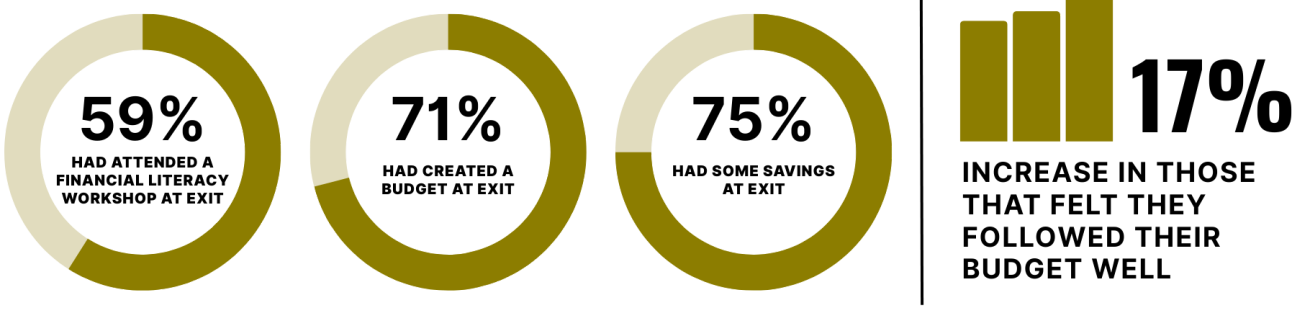
Table 7. Benefits (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Benefits Currently Receiving *(Select All that Apply)*							
Unemployment Insurance Program	1	2.0%	1	1.8%	0	0.0%	-2.0%
Supplemental Nutrition Assistance Program (SNAP)	40	78.4%	38	66.7%	39	63.9%	-14.5%
Medicare (COBRA, OHP)	23	45.1%	16	28.1%	19	31.1%	-14.0%
Nutrition Program for Woman, Infant, Children (WIC)	9	17.6%	13	22.8%	10	16.4%	-1.3%

Table 7. Benefits (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Temporary Assistance Need Families (TANF)	10	19.6%	9	15.8%	9	14.8%	-4.9%
Supplemental Security Income (SSI)	3	5.9%	1	1.8%	3	4.9%	-1.0%
Low-Income Energy Assistance Program (LIEAP)	2	3.9%	1	1.8%	2	3.3%	-0.6%
Oregon Telephone Assistance Program (Lifeline)	2	3.9%	2	3.5%	1	1.6%	-2.3%
Oregon Employment-Related Day Care (ERDC)	1	2.0%	3	5.3%	3	4.9%	3.0%
Total responses	51	100%	57	100%	61	100%	

Budgeting

At the initial survey, participants were asked about their experiences with budgeting and financial literacy. There was an observed 23% increase in financial literacy workshop participation, from 36.5% reporting participating at the initial survey and 59% at exit which could be due to financial literacy workshops being offered to participants by CBO partners. Participants were asked "*Have you ever created or followed a budget?*" 78% had replied that they had ever created a budget, however, only half of the sample felt that they had adhered to the budget moderately to extremely well. For those that did report budgeting, there was an improved adherence to budgeting. There was a 7% increase in participants who felt that they could follow a budget well. A slight change in reported savings was observed across all levels. The number of individuals reporting less than $100 or no savings at all increased marginally, while those with moderate savings decreased by 9%. This indicates an overall downward shift in savings.

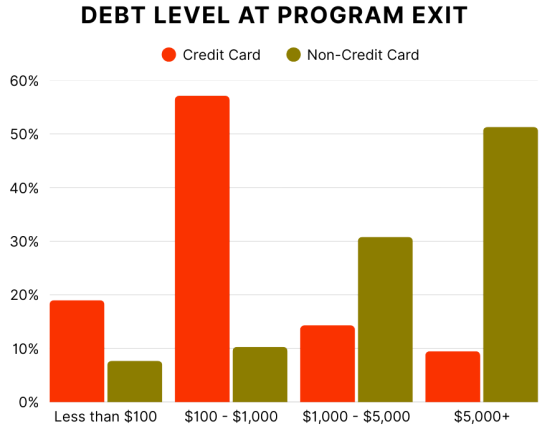
Table 8. Savings and Budgeting (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Ever Attended Budgeting Or Financial Literacy Workshop or Training							
Attended a financial literacy workshop	23	36.5%	28	47.5%	36	59.0%	23%
Ever Created Or Followed A Budget[9]	48	78.7%	41	69.5%	44	71.0%	-7.7%
Felt That They Had Followed Their Budget Well	30	62.5%	28	68.3%	35	79.5%	17%
Total responses	61	100%	59	100%	62	100%	
Current Savings							
None	13	21.7%	14	24.1%	16	26.2%	5%
Less than $100	17	28.3%	23	39.7%	19	31.1%	3%
$100-$1000	20	33.3%	17	29.3%	15	24.6%	-9%
$1000 or more	10	16.7%	4	6.9%	11	18.0%	1%
Total responses	60	100%	58	100%	61	100%	



[9] *As mentioned in the previous footnote this survey creation and methods were youth-led which resulted in a self-report survey which can result in inconsistencies as noted in the budgeting section in which those that "ever attended a budget class" decreased at the later timepoints.*

Debt

There was a 14% increase in participants having credit card debt at exit. This could be an indicator of increased activity and building credit if coupled with financial literacy. Most new credit card debt was small amounts (<$1000: 57% of credit card debt). The other forms of debt that participants reported having at exit were: car payments, unpaid utility bills, and unpaid phone bills. Nine people reported having more than $15,000 in debt at exit, an 14% increase from the initial survey. Of those that reported these high levels of debt, the majority five reported car payments, four reported student loans, and two reported medical expenses.



MOST NEW CREDIT CARD DEBT WAS

<$1,000

TOP REASONS FOR HIGH LEVELS OF NON-CREDIT CARD DEBT ($15,000+)

Car Payment
Student Loans
Medical Expenses

Table 9. Debt (Longitudinal)

	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Debt							
Has Credit Card Debt	12	20.0%	14	23.7%	21	33.9%	13.9%
Total responses	60	100%	59	100%	62	100%	
Amount Of Current Credit Card Debt							
Less than $100	6	50.0%	4	28.6%	4	19.0%	-31.0%
$100 - $1,000	3	25.0%	5	35.7%	12	57.1%	32.1%
$1,000 - $5,000	2	16.7%	3	21.4%	3	14.3%	-2.4%
More than $5,000	1	8.3%	2	14.3%	2	9.5%	1.2%
Total responses	12	100%	14	100	21	100%	
Other Types Of Debt *(Select All that Apply)*							
Has Other Types Of Debt	32	50.8%	33	55.0%	39	61.9%	11.1%
Total responses	59	100%	55	100%	62	100%	
Type Of Debt (Select All that Apply)							
Unpaid phone bill	10	15.9%	20	33.3%	22	34.9%	19.0%
Car payment	11	17.5%	12	20.0%	18	28.6%	11.1%
Unpaid utility bills	9	14.3%	13	21.7%	18	28.6%	14.3%
Student loan	8	12.7%	11	18.3%	13	20.6%	7.9%
Unpaid rent	7	11.1%	7	11.7%	11	17.5%	6.3%
Unpaid medical expenses	10	15.9%	10	16.7%	9	14.3%	-1.6%
Overdraft fees	8	12.7%	8	13.3%	8	12.7%	0.0%
Personal loan	5	7.9%	8	13.3%	6	9.5%	1.6%
Total Amount Of Non Credit Card Debt							
Less than $100	3	9.4%	3	9.1%	3	7.7%	-1.7%
$100 - $1,000	10	31.3%	6	18.2%	4	10.3%	-21.0%
$1,000 - $5,000	5	15.6%	15	45.5%	12	30.8%	15.1%
$5,000 - $15,000	11	34.4%	4	12.12%	11	28.2%	-6.2%
More than $15,000	3	9.4%	5	15.2%	9	23.1%	13.7%
Total responses	59	100%	55	100%	62	100%	

Expenses

Participants were asked about their monthly expenses, and over the course of the program there was an increase for car expenses in particular such as car payments, insurance, and gas. There was an increase in health expenses like health insurance, medical expenses, and prescriptions. There was also a 13% increase of participants having phone bills from initial survey to exit and a 15% increase in having a credit card bill.

Table 10. Expenses (Longitudinal)

	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Current Monthly Expenses *(Select All that Apply)*							
Auto Loan	6	9.8%	7	11.9%	6	9.7%	-0.2%
Bus pass	11	18.0%	8	13.6%	9	14.5%	-3.5%
Car Insurance	13	21.3%	14	23.7%	12	19.4%	-2.0%
Childcare	7	11.5%	2	3.4%	6	9.7%	-1.8%
Credit card bill	1	1.6%	5	8.5%	10	16.1%	14.5%
Gas for car	19	31.1%	25	42.4%	22	35.5%	4.3%
Health Insurance	1	1.6%	0	0.0%	2	3.2%	1.6%
Medical Expenses	4	6.6%	4	6.8%	8	12.9%	6.3%
Personal Loans	4	6.6%	5	8.5%	4	6.5%	-0.1%
Phone Bills	38	62.3%	35	59.3%	35	56.5%	-5.8%
Prescriptions	2	3.3%	5	8.5%	3	4.8%	1.6%
Student Loan(s)	3	4.9%	3	5.1%	3	4.8%	-0.1%
Utility Bills	16	26.2%	28	47.5%	30	48.4%	22.2%
WiFi	13	21.3%	16	27.1%	15	24.2%	2.9%
Total responses	61	100%	59	100%	62	100%	
Regular Non-Essential Expenses *(Select All that Apply)*							
Personal care	36	63.2%	34	63.0%	26	44.1%	-19.1%
Recreation	9	15.8%	12	22.2%	11	18.6%	2.9%
Trips	13	22.8%	13	24.1%	9	15.3%	-7.6%
Social events	24	42.1%	14	25.9%	22	37.3%	-4.8%
Gifts for friends and family	13	22.8%	12	22.2%	9	15.3%	-7.6%
Donating	2	3.5%	2	3.7%	3	5.1%	1.6%
Entertainment	7	12.3%	9	16.7%	17	28.8%	16.5%
Streaming services, gaming, or other apps	34	59.6%	20	37.0%	32	54.2%	-5.4%
Rideshare	27	47.4%	20	37.0%	32	54.2%	6.9%
Shopping	30	52.6%	19	35.2%	27	45.8%	-6.9%
Cleaning services	1	1.8%	1	1.9%	2	3.4%	1.6%
Food delivery	22	38.6%	17	31.5%	20	33.9%	-4.7%
Other	8	14.0%	8	14.8%	7	11.9%	-2.2%
Total responses	57	100%	54	100%	59	100%	

Large Purchases Made Since Receiving DCT+ Payments

Participants were asked if they had made any major purchases since receiving DCT+ payments. At exit, cars (38%) and cell phones (35%) were the most common major purchases, representing investments in employment accessibility and communication. The 29% who purchased furniture indicated home-building behaviors, while only 13% spent on vacation or travel.

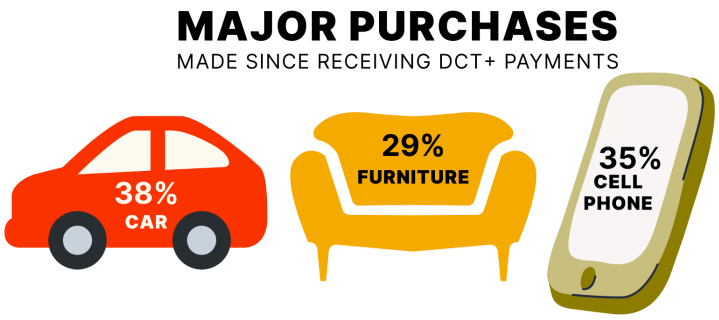


Table 11. Major Purchases at Exit		
(Select All that Apply)	N	%
Car	24	38.1%
Cell phone	22	34.9%
Furniture	18	28.6%
New computer or tablet	15	23.8%
Vacation or travel	8	12.7%
Medical or dental procedure	9	14.3%
Total responses	62	100%

Technology and Transportation Access

Upon exiting the program, 97% of participants reported having a smartphone, and all participants confirmed access to a technology device. Technology access, particularly smartphones and the internet, is crucial for youth experiencing homelessness. It enables access to resources like housing and jobs, facilitates communication with peers and family and access to resources and employment (Lal et al., 2021).

Table 12. Technology Access (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Regular Access To Tech Devices *(Select All that Apply)*							
A Cell Phone That Is Not A Smartphone	6	10.2%	2	3.4%	1	1.6%	-8.6%
A Desktop Or Laptop Computer	22	37.3%	23	39.0%	23	37.1%	-0.2%
A Smartphone	56	94.9%	57	96.6%	61	98.4%	3.5%
A Tablet Computer Like An Ipad	7	11.9%	9	15.3%	12	19.4%	7.5%
Samsung Galaxy Or Kindle Fire	2	3.4%	0	0.0%	0	0.0%	-3.4%
None	7	11.9%	9	15.3%	12	19.4%	7.5%
Total responses	59	100%	59	100%	62	100%	

The percentage of participants using their own car as the primary mode of transportation increased from 37% at the initial survey to 50% at exit. Young people frequently identified reliable and safe transportation as a hurdle to achieving stability and moving away from program dependence. While the use of personal vehicles increased by 12%, there was a parallel rise in individuals citing lack of transportation access as an obstacle.

3 in 5 young people reported **transportation as a barrier to independence**

12% ↑
INCREASE IN CAR OWNERSHIP
38% ⟶ 50%

24%
OF YOUNG PEOPLE USED PUBLIC TRANSPORTATION AT PROGRAM EXIT

24%
COULD NOT ACCESS RESOURCES DUE TO LACK OF TRANSPORTATION

Table 13. Transportation (Longitudinal)

	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Primary Mode Of Transportation							
I Borrow A Friend Or Family Member's Car	1	1.6%	0	0.0%	3	4.8%	3.2%
I Get Rides From Friends or Family	8	13.1%	10	16.9%	12	19.4%	6.2%
I Use A Bike And/Or Skateboard	2	3.3%	2	3.4%	0	0.0%	-3.3%
I Use Public Transportation	17	27.9%	10	16.9%	15	24.2%	-3.7%
I Use Ride Share Apps (Uber/Lyft)	2	3.3%	3	5.1%	1	1.6%	-1.7%
I Walk	7	11.5%	6	10.2%	0	0.0%	-11.5%
My Own Car	23	37.7%	28	45.8%	31	50.0%	12.3%
Total responses	61	100%	59	100%	62	100%	
Transportation Poses A Barrier To Being Independent							
A Great Deal	16	26.2%	18	31.0%	22	35.5%	9.3%
A Lot	11	18.0%	4	6.9%	8	12.9%	1.3%
A Moderate Amount	13	21.3%	13	22.4%	7	11.3%	-5.1%
A Little	10	16.4%	10	17.2%	11	17.7%	-10.0%
None At All	11	18.0%	13	22.4%	14	22.6%	4.5%
Total responses	61	100%	58	100%	62	100%	

Sources of Stress

Participants were surveyed on sources of stress experienced within the last three months. A general reduction in stress was observed over the program's duration. Significant decreases were noted in stressors related to fundamental needs and survival, such as securing housing, sanitation facilities, and laundry services. A marked decrease in stress regarding personal purpose was also observed, with 22 individuals reporting this stressor at initial survey compared to 16 at exit. Stable stress levels were reported concerning employment challenges, interpersonal relationships with peers, and access to professional healthcare. Stress related to income also remained relatively unchanged.

DECREASE IN **SURVIVIAL RELATED STRESSORS**

10% ↓ SHOWER

12% ↓ PLACE TO SLEEP

13% ↓ WASH CLOTHES

10%

DECREASE IN STRESS ABOUT "HAVING A PURPOSE IN LIFE"

Table 14. Sources of Stress (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Sources Of Stress *(Select All that Apply)*							
Being arrested	4	6.3%	2	3.3%	1	1.6%	-4.8%
Being hit	5	7.9%	3	5.0%	2	3.2%	-4.8%
Being treated badly by the rest of society	12	19.0%	7	11.7%	8	12.7%	-6.3%
Being unable to find work	22	36.1%	20	36.4%	22	35.5%	-0.6%
Earning money	35	57.4%	31	56.4%	34	54.8%	-2.5%
Finding a place to sleep	9	14.8%	6	10.9%	2	3.2%	-11.5%
Finding a place to take a bath or shower	9	14.8%	4	7.3%	3	4.8%	-9.9%
Finding a place to wash my clothes	13	21.3%	6	10.9%	5	8.1%	-13.2%
Finding enough food to eat	21	34.4%	18	32.7%	18	29.0%	-5.4%
Finding other people to hang out with	17	27.9%	12	21.8%	14	22.6%	-5.3%
Getting along with family	25	41.0%	16	29.1%	26	41.9%	1.0%
Getting along with friends	16	26.2%	13	23.6%	16	25.8%	-0.4%
Getting more education	21	34.4%	10	18.2%	16	25.8%	-8.6%
Getting professional help for a health problem	18	29.5%	20	36.4%	18	29.0%	-0.5%
Having a purpose for my life	22	36.1%	17	30.9%	16	25.8%	-10.3%
Total responses	61	100%	55	100%	62	100%	

Program Participation

The majority of participants had come to the CBO for the first time within the last year prior to the program starting (51%). Twenty-five percent of the participants had been using services at the CBO between 1-3 years and 23% had been accessing services for more than 3 years. At exit, survey that the reasons participants weren't able to access the services was due to either the CBO being far from where they live and/or transportation barriers.

27%

SHIFTED TO ONLY ACCESSING SERVICES WHEN NEEDED

48% ⟶ 74%

TOP BARRIERS TO ACCESSING CBO SERVICES

46% Schedule Conflict
24% Transportation
21% Distance to Agency

79%

WERE ABLE TO ACCESS PROGRAMS THEY WERE INTERESTED IN AT LEAST HALF THE TIME

Table 15. Program Participation (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
CBO Access Frequency							
Everyday	9	14.8%	2	3.6%	3	5.2%	-9.6%
Couple times a week	6	9.8%	1	1.8%	3	5.2%	-4.7%
Once a week	3	4.9%	3	5.4%	0	0.0%	-4.9%
Couple times a month	8	13.1%	9	16.1%	7	12.1%	-1.0%
Once a month	6	9.8%	12	21.4%	2	3.4%	-6.4%
When I need to	29	47.5%	29	51.8%	43	74.1%	26.6%
Total responses	61	100%	56	100%	58	100%	
How Often Desire Services or Resources At CBO But Unable To Access							
Never	17	29.8%	13	22.0%	17	27.0%	-2.8%
Sometimes	19	33.3%	20	33.9%	24	38.1%	4.8%
About Half The Time	7	12.3%	9	15.3%	5	7.9%	-4.3%
Most Of The Time	9	15.8%	11	18.6%	12	19.0%	3.3%
Always	5	8.8%	6	10.2%	5	7.9%	-0.8%
Total responses	57	100%	59	100%	63	100%	
Reasons For Not Being Able To Access a Program They Were Interested In *(Select All that Apply)*							
I Don't Feel Supported By The Staff	3	4.8%	7	11.7%	2	3.2%	-1.6%
It's Not My Main Priority	6	9.5%	4	6.7%	4	6.3%	-3.2%
My Schedule Is Too Busy	30	47.6%	22	36.7%	29	46.0%	-1.6%
Agency Is Too Far From Where I Live	7	11.1%	13	21.7%	13	20.6%	9.5%
Time The Program Is Offered	17	27.0%	17	28.3%	11	17.5%	-9.5%
Transportation Is Too Hard	9	14.3%	13	21.7%	15	23.8%	9.5%
Total responses	63	100%	60	100%	63	100%	

Independent Living Preparedness

When participants were asked how prepared they felt for independent living at program exit, there was a 12% increase in feeling it would be a neutral experience or somewhat easy. And when asked what support they needed all sections went down except employment support (7.9%). Additionally, 13% stated they needed no support to transition to independent living.

Table 16. Independent Living Preparedness (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Feel Prepared To Live Independently							
It Would Be Extremely Difficult	23	39.0%	15	26.8%	16	25.8%	**-13.2%**
It Would Be Somewhat Difficult	17	28.8%	20	35.7%	20	32.3%	**-1.9%**
It Would Be Neither Easy Nor Difficult	11	18.6%	14	25.0%	16	25.8%	**7.2%**
It Would Be Somewhat Easy	4	6.8%	4	7.1%	7	11.3%	**3.4%**
It Would Be Extremely Easy	4	6.8%	3	5.4%	3	4.8%	**4.5%**
Total responses	59	100%	56	100%	62	100%	
Support Needed To Prepare To Live Independently *(Select All that Apply)*							
Accessing services and resources	28	49.1%	24	42.9%	18	29.5%	-19.6%
Basic Needs Items	22	38.6%	19	33.9%	11	18.0%	-20.6%
Basic skills	5	8.8%	10	17.9%	4	6.6%	-2.2%
Employment	17	29.8%	21	37.5%	23	37.7%	7.9%

Table 16. Independent Living Preparedness (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Finding housing	29	50.9%	20	35.7%	16	26.2%	-24.6%
Financial support	29	50.9%	28	50.0%	25	41.0%	-9.9%
Social Life	14	24.6%	9	16.1%	12	19.7%	-4.9%
Mental Health	32	56.1%	25	44.6%	22	36.1%	-20.1%
Time management and planning	22	38.6%	18	32.1%	17	27.9%	-10.7%
I don't need any support	0	0.0%	2	3.6%	8	13.1%	13.1%
Total responses	57	100%	56	100%	61	100%	

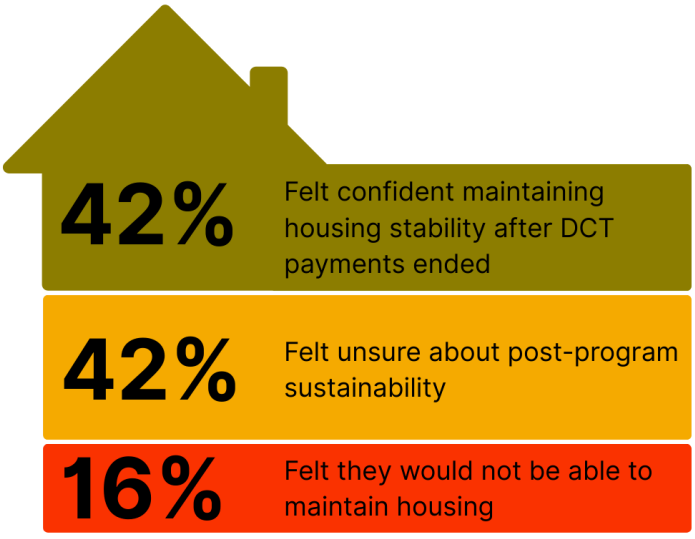
Housing Details And Perception of Housing Stability

94%

felt more stably housed due to DCT payments

13%

increase in those that do not need any support to live independently



At the one-year survey, participants were asked about more descriptive details of their housing situations and their perceptions of their housing stability. The majority of participants agreed that they felt more housing stable since they started receiving DCT+ payments, however 14% were unsure. By the time of exiting, those that were unsure dropped significantly and almost the entire sample (93%) felt that they were more stably housed after participating in the program. At the exit survey, participants were asked if they felt that they would be able to maintain their housing stability after the DCT+ payments ended. Only a small portion reported no (16%). However, the remaining were split on whether they felt they felt they'd be able (42%) to or if they were unsure (42%).

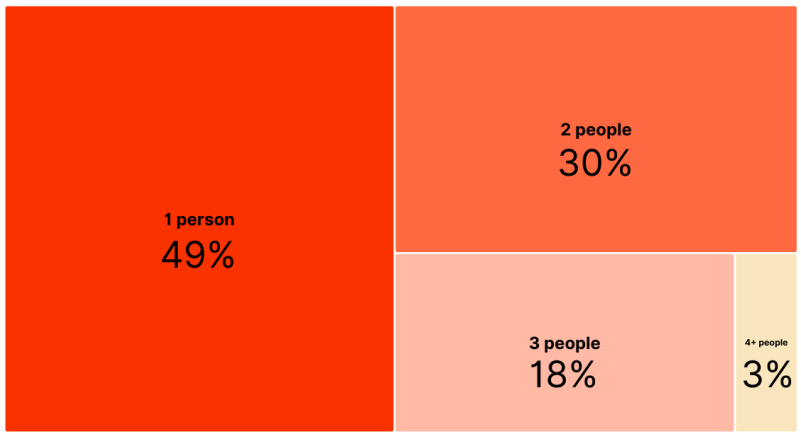
Table 17. Perceived Stability (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
How Stable does your living situation feel							
Very unstable	-	-	12	20.3%	9	14.5%	-5.8%
Somewhat unstable	-	-	10	16.9%	12	19.4%	2.4%
Neither stable or unstable	-	-	9	15.3%	5	8.1%	-7.2%
Somewhat stable	-	-	15	25.4%	12	19.4%	-6.1%
Very stable	-	-	13	22.0%	24	38.7%	16.7%
Total responses			59	100%	62	100%	

Table 17. Perceived Stability (Longitudinal)	Initial Survey		1-Year Survey		Exit Survey		
	N	%	N	%	N	%	Δ
Feels more stably housed since starting to receive DCT+ payments							
Yes	-	-	48	81.4%	58	93.5%	12.2%
No	-	-	3	5.1%	1	1.6%	-3.5%
I'm not sure	-	-	8	13.6%	3	4.8%	-8.7%
Total responses			59	100%	62	100%	
Feels able to maintain housing stability after DCT+ Payments End							
Yes	-	-	-	-	26	41.9%	
No	-	-	-	-	10	16.1%	
I'm not sure	-	-	-	-	26	41.9%	
Total responses	-	-	-	-	62	100%	

Participants were asked how many people were supported by their DCT+ payments. Half of the participants supported more than themself (Table 18). In total, these 61 DCT+ recipients reported supporting 107 people with their $1,000 monthly payments. This represents an average of 1.75 people supported per participant, or approximately $571 per person supported.

51%

of participants supported more than themselves with DCT+ payments



Number of people supported by individual DCT+ payments

Table 18. Number of People Supported by DCT+ Payments				
Number of People	**N**	**%**	**Estimated People Being Supported**	
1	30	49.2%		30
2	18	29.5%		36
3	11	18.0%		33
4	2	3.3%		8
Total responses	61	100%	**Total estimate of people supported**	**107**

Participants were asked to explain why they felt more stably housed (or not) as it relates to the DCT+ program. Themes for the response at the exit survey were related to housing stability and security, financial breathing room and emergency support, basic needs, family support, financial learning and self sufficiency, mental health and personal transformation, transitioning from homelessness to housing, and long-term stability and future planning.

Table 19. Qualitative Themes Regarding how DCT+ Payments Contributed to Stability at Exit

Theme	Description	Example
Direct Housing Stability and Rent Security	Participants describe DCT+ as directly enabling them to secure, maintain, and afford housing.	"Using the monthly payments I was able to put a deposit on an apartment and then continue to pay rent for a little bit while saving up so when the payments end I will be able to support myself" "Haven't had to worry about missing rent" "There have been many times I wouldn't have been able to afford housing without the payments" "The dct program has given me the opportunity to get my own place it took a long time but eventually it happened" "With the housing I have DCT covered my entire rent this year"
Financial Breathing Room and Emergency Support	DCT+ provided a crucial financial cushion for unexpected expenses and emergencies.	"I had extra money in my pocket just in case of emergencies" "I've had to pay 'backrent' before and had enough saved to take care of it" "Because the payments I had been receiving from the DCT program had assisted me with having extra money to cover any surprise expenses I didn't account for" "Because having hardships and losing my job I wasn't able to get back on my feet til dct program" "I knew that no matter what happened to me, that I would be able to have a safe place to live and eat every day"
Basic Needs Beyond Housing	Ability to afford food, utilities, and essential items without sacrificing housing payments.	"I can eat without missing rent" "Because I can use the DCT money for smaller bills such as gas/electric, Wi-Fi, phone bill, personal hygiene and focus on rent without those smaller things taking from money for rent" "The money that I have received has made rent easier and groceries" "This program has helped me with so much from credit card bills to rent to hygiene products I can't explain how grateful I am"
Family Support and Single Parenting	DCT+ enabled participants to better provide for children and family members.	"DCT Payments have allowed us to be stably housed while figuring out mental health issues, finding my partner stable employment, and caring for our son" "It helps me and my daughter with our living situation and help helps me provide for her" "Help me and my daughter financially after her father was killed" "It helped me because I was able to pay my bills and have a little extra support considering I'm a single mom who does it all by myself"

Table 19. Qualitative Themes Regarding how DCT+ Payments Contributed to Stability at Exit

Theme	Description	Example
Financial Learning and Self-Sufficiency	Participants gained financial management skills and confidence in budgeting.	"They have also given me knowledge on how to budget and save" "I learned a lot of things about managing money and what not to do" "Act has allowed for me to save funds to be mostly financially stable while I continue my education. I know more resources and how to better budget my funds" "Having extra assistance and teaching me how to manage it"
Mental Health and Personal Transformation	Reduced stress and improved well-being from financial security.	"DCT gave me the chance to breath, and think clearly in order to heal and transform into the person I am today, and put me on the path to become the person I aspire to be" "I have been able to feel confident applying for places and putting myself in the face of glory" "I have a better relationship with my mom"
Transition from Homelessness to Housing	DCT+ facilitated movement from street homelessness to stable housing situations.	"The checks have helped me and my partner to get through homeless and become housed" "I got a voucher for my place but before that i was living on the streets and sometimes using my DCT to pay temporary rent, buy tents, cooking supplies, food, and clothes" "I was able to contribute to rent living with a family member"
Long-term Stability and Future Planning	Building towards sustainable independence beyond the program period.	"I have been stable since being in the Dct program because it has allowed me to put aside money and also pay rent on time so that I keep a roof over my head" "The DCT program offered me some financial stability to be able to afford getting into housing and maintaining housing; as well as persona needs, until I finished schooling and obtained a well paying employer" "It gives us youth a chance to get our own financial help and if the amount of utilities is ever too high for home for utility allowance than that's an example of helping with be self sufficient"

DISCUSSION

This report represents an important piece in the growing landscape and understanding of cash-based interventions for this population and others. Despite the limitations inherent in any pilot program, learnings from the Oregon Direct Cash Transfer Plus (DCT+) program provide immense value. The overall positive impact demonstrated by this evaluation shows how cash-based programs can serve as an important tool within the broader ecosystem of services supporting youth experiencing homelessness. It's crucial to consider

how to protect youth access to programs that offer flexibility, particularly given the current shifts in the federal landscape toward mandating work requirements for benefit recipients.

The Oregon DCT+ program supported a highly vulnerable population of young Oregonians, with a significant proportion being Native and Indigenous youth. The program also supported many young parents, which matches research that unhoused youth have pregnancy rates five times higher than housed youth, and most often, unintended pregnancies (Begun, 2015). Participants in this program had extensive histories of violence and systems involvement that provide critical context for understanding their housing instability. An overwhelming majority of participants (79%) became homeless due to family systems disruption, many being kicked out or asked to leave their family home, which is consistent with the literature that finds family environment is the most significant factor in creating pathways to homelessness (Mayock et al., 2021; Tyler & Schmitz, 2013). The demographics reveal that nearly half (46%) had experience in either the carceral or child welfare system, and 13% have been involved in both(i.e., dual-systems involvement). While slightly lower, these numbers are in line with levels of system interaction among unhoused youth found by a larger study conducted across seven U.S. cities, with 57% of youth exposed to either the foster care or juvenile justice system and 18% with dual status (Narendorf et al., 2020).

There were also extensive experiences of violence across the sample, 71% reporting any sort of experience in their lifetime, and some of the primary experiences reported were neglected by a parent or guardian or physical abuse inflicted by an intimate partner. Many also reported that fleeing intimate partner violence was a contributing cause of their homelessness. These experiences indicate that many youth face multiple adversities and may be impacted by complex trauma. This highlights the value of youth-centric interventions like DCT+. The flexible, mostly non-conditional design removes barriers that often exclude youth with complex trauma or unstable circumstances. By offering support without rigid requirements, DCT+ builds trust and empowers youth to engage at their own pace. This makes it especially effective for those with diverse life paths.Additionally, the data showed that upon entering the DCT+ program, there was a universal experience of housing rejection. Every participant had reported being turned down from housing in some capacity with the primary barriers being no credit history (50%), insufficient income (41%), and lack of pay stubs (24%). Further research is needed to explore how cash assistance can directly or indirectly alleviate the experience of housing rejection and other systemic barriers in obtaining housing for young people.

Housing outcomes represent the program's most dramatic success. At exit, 94% of participants reported being housed. Even within the first two to four months of receiving assistance, over half of participants were living independently in their own place. The percentage with their own place increased from 56% at two months to 78% at two years, representing a 22% improvement. Correspondingly, those self-identifying as homeless decreased from 29% to 10%, a 19% reduction. Housing stability perceptions also improved significantly, with "very stable" housing ratings increasing from 22% at one year to 39% at two years. When asked directly if DCT+ payments contributed to their housing stability at program completion, 94% of participants reported feeling more stably housed due to DCT+ payments. Housing outcomes closely matched findings in YEHP's independent exit interviews with participants who completed the program. To gather one-time participant feedback at program exit, YEHP conducted an independent survey, which was presented to all active youth participants alongside their final payment. A total of 107 participants responded. One survey question asked about housing status, and 91% of respondents self-reported being stably housed at the time of program completion.

However, a finding emerged regarding sustainability. Only 42% felt confident they could maintain housing stability after DCT+ payments ended, a small portion (16%) of young people felt that they would not be able to maintain their housing after the DCT+ payments ended, and the remaining 42% felt unsure. These findings may reflect a natural anxiety, despite ongoing preparation and communication about the program ending. All participants will have a significant and abrupt reduction in income when the program concludes. Varying life circumstances, combined with an impending significant loss of income, likely contributed to uncertainties surrounding future housing stability.

The broader literature on housing instability and mental health provides important context for understanding these sustainability concerns. Research demonstrates that housing insecurity causes significant declines in mental health, with individuals experiencing prolonged financial hardship and high levels of housing insecurity (such as missing rental payments and having high rent-to-income ratios) experiencing the largest negative impacts on their mental health (Ludlow et al., 2025). In particular, individuals who experienced housing insecurity as young people show higher depression symptom scores even in adulthood, years after achieving housing stability (Keen et al., 2023). This suggests that the mental health impacts of

housing insecurity can persist long after the immediate housing crisis has been resolved. For young adults with histories of housing instability, the prospect of losing financial support may trigger anxiety rooted in previous experiences of housing insecurity, even when they have developed skills and resources during the program. Future research should explore the impact of transition planning and sustainability in cash transfer programs more specifically.

These concerns surrounding the program ending become more understandable when viewed alongside consistent reductions in participant stress levels over time, with survival-related stressors showing the largest improvements. Stress about finding a place to sleep decreased by 12%, finding a place to bathe or shower by 10%, and finding a place to wash clothes by 13%. Perhaps most significantly, stress about "having a purpose in life" decreased by 10%, indicating improved mental health and sense of direction. A qualitative response exemplified this as a participant shared, “DCT gave me the chance to breathe, and think clearly in order to heal and transform into the person I am today, and put me on the path to become the person I aspire to be.” These improvements in basic security and psychological well-being created foundations for participants to address other life goals and challenges. Another indication of impact on well-being is an improved sense of independent living preparedness. Upon the initial survey, 39% of participants reported that they felt it would be “extremely difficult” to live independently, which dropped by 13%. Support needs evolved as participants stabilized, with needs for housing assistance decreasing from 51% to 26% and mental health support needs declining from 56% to 36%. However, employment support needs remained high, reinforcing the importance of complementary workforce development services.

This is confirmed by the observation that employment showed only a minor 5% net increase from initial survey to exit, and approximately half of participants remained unemployed for the full two years of the program. This outcome reflects the reality that DCT+ is not an employment intervention and remains subject to external labor market factors. Although DCT+ improves financial stability, housing security, and resource access, which are all factors hypothesized to increase employment opportunities, the job market continues to be particularly challenging for young people, especially those with the complex backgrounds represented in this population. Additional questions to explore employment barriers were added to the final survey. Responses revealed some insight into why employment challenges remained throughout the program. Unemployed participants were more likely to accept wages below minimum wage and reported higher rates of transportation barriers, childcare responsibilities, competition from other applicants, lack of work experience, and limitations due to health issues. They were also less likely to be willing to relocate, which could be the result of parenting commitments, connections to community, and localized supports, including culturally specific supports that are often limited resources. Additional research is necessary to understand how youth homelessness direct cash transfer assistance programs and outcomes differ from findings from other programs that focus on adult populations where employment rates increased over the course of receiving assistance (West & Castro, 2023).

Despite challenges in employment, results indicate several improvements in financial stability. Participants demonstrated notable financial skill-building throughout the program. Participants shifted away from accessing support from the CBOs consistently (i.e. every month or more frequently) to on an as needed basis. Participants reporting consistent use of CBOs access decreased dramatically from 53% at two months to 26% at two years, a 27% reduction. In particular, individuals accessing services weekly decreased from 30% to 10% at the two year mark. This was accompanied by reduced survival-based income strategies, with collecting and selling bottles and cans decreasing from 23% to 9%. The program's integrated financial education components showed a clear impact, with participation in financial literacy workshops increasing from 37% to 59%, and participants' confidence in their ability to follow budgets increased from 49% to 57%. This is a reflection of the financial empowerment components of the DCT+ model. Participants' expense patterns revealed strategic investments in stabilization infrastructure. The increase in debt among participants, while initially concerning, appears to reflect strategic financial decisions. Credit card debt increased 14%, but most new debt consisted of small amounts under $1,000, suggesting credit-building activities. Higher levels of non-credit card debt (over $15,000) increased 14%, but were primarily driven by car payments and student loans—positive investments in transportation and education that support long-term stability.

Notably, a significant portion of young recipients invested in items that support their ongoing stability (i.e., stability infrastructure). Car ownership emerged as a particularly important stabilization factor, with many young people attributing car purchases to the DCT+ payments (38%). For rural and suburban participants especially, and for young parents, car ownership represented a critical pathway to autonomy and independence, enabling access to employment and services that would otherwise remain out of reach. This is

consistent with the fact that transportation is noted as a significant barrier in terms of stability throughout the report. Transportation is the primary barrier for those who were unemployed at the conclusion of the program and it is also the most cited reason for having difficulties in accessing supportive service programs. Despite increases in car ownership, transportation remained a barrier for many at the end of the program, which may reflect geographic dispersion as formerly unhoused people often find housing in areas that are farther from the communities where they had been homeless (Shain, 2024). Other frequently reported purchases included cell phones (35%) and furniture (29%). The findings related to major purchases are consistent with the theory behind DCT+ and cash-based interventions, as the program allows participants discretion in how to address their various needs, unlike other programs. DCT+ is able to meet needs that go beyond housing. This is further demonstrated by the improvement in digital inclusion among participating youth. At the conclusion of the program, 97% reported having a smartphone and WiFi as a regular expense increased to 25%. WiFi and smart phones are nearly ubiquitous in modern society and are practically necessary for unhoused or recently housed youth in job searching, accessing services, communicating with support workers, maintaining employment, and education (Humphry, 2019). Further, having a smartphone can have a positive impact by maintaining connection to prosocial peers and family members (Rice et al., 2012).

This evaluation revealed that the program's impact extended far beyond individual participants. Analysis of household composition revealed that DCT+ payments supported approximately 1.75 people per enrolled participant, meaning the effective cost per person supported was closer to $571 per month rather than the $1,000 figure. With 117 total participants at exit, the program potentially supported 205 people (Refer to Table 18 for details). This conservative estimate likely understates the true impact, as 30% of participants lived with children and qualitative data showed participants helping siblings, parents, and other family members while also giving back to their communities. Additionally, one-third of participants were parents at the program's start, with the majority living with their children. Remarkably, this proportion increased from 33% to 43%, indicating that DCT+ supported expecting mothers and parents with very young children during critical life transitions. This finding has significant implications for understanding the program's impact not only on young adults but also on the children in their care. The effects of financial stability extend beyond the primary recipients to support child welfare and family stability during crucial developmental periods. This is also significant given that 80% of participants cited family disruption as a primary contributing factor to their personal experience of homelessness. Previous research has found that youth may also experience first-time or repeated homelessness when they become pregnant or young parents, particularly as pregnancy- or parenting-related family conflicts arise (Dworsky et al., 2018). Research also has documented the negative outcomes for mothers and their children who experience homelessness, such as low birth weight, premature births, heightened mental health challenges, developmental delays, and a continued cycle of housing instability (Milaney et al., 2017). Therefore, the DCT+ program provides an opportunity to disrupt what could be an intergenerational pattern. This multiplier effect also significantly strengthens the cost-effectiveness argument for cash transfer programs and demonstrates substantial community impact beyond enrolled participants.

Unlike crisis-driven programs that operate through emergency response systems with limited duration and restrictive eligibility requirements, the DCT+ model represents a choice-driven approach that empowers young adults with flexible resources to secure housing arrangements that meet their specific needs and preferences. Where traditional programs like Rapid Rehousing require young people to gradually assume full rent responsibility over 24-36 months and Transitional Living Programs provide temporary congregate housing for 2-24 months, the DCT+ model's unconditional cash transfers allow participants to maintain housing stability through their own agency and decision-making rather than through time-limited programmatic supports (Berger Gonzalez, 2024). In qualitative responses, many young people referenced that they felt that DCT+ payments directly supported their housing stability and rent security, as well as feeling that they had financial breathing room for emergencies. As one participant stated, “using the monthly payments I was able to put a deposit on an apartment and then continue to pay rent for a little bit while saving up so when the payments end I will be able to support myself.”

Study Limitations

Several factors affected the evaluation design and limited the generalizability of findings. Due to state budgeting complications, the program started earlier than anticipated, requiring participant recruitment after

initial payments had begun and preventing a true baseline measurement. This timing disconnect limits the ability to establish clear causal relationships between DCT+ participation and observed outcomes. Additionally, due to the early start, the program and evaluation protocols were developed and refined during the program's initial months of implementation and adjustments in enrollment procedures were made throughout the evaluation period, making it difficult to establish standardized protocols. Community partner coordination challenges and staff turnover at participating CBOs further complicated participant recruitment and retention efforts, requiring adaptive strategies that may have introduced inconsistencies in evaluation implementation across sites. The research team did not initially receive a complete participant contact list and the CBO staff led in facilitating recruitment, resulting in a sample that does not represent all DCT+ participants. The limited sample size further limits the representativeness and generalizability of findings. The evaluation sample of 63 participants represents only 54% of the total 117 program participants. Therefore, the study population may not adequately represent the broader DCT+ experience. Additionally, participants who completed both initial and exit surveys may differ systematically from those who did not, potentially skewing results toward more positive outcomes among individuals who remained engaged throughout the evaluation period.

Although self-report methodology is considered best practice for evaluating this population, as it respects participants' autonomy and lived experiences, it introduces several methodological considerations. Self-reported responses showed some inconsistencies across related questions, suggesting potential misunderstanding or varying interpretations of survey items. For example, some participants' responses to questions about their highest level of education appeared inconsistent with their answers reflecting their current school enrollment, indicating possible confusion about these distinct concepts or recall errors. Additionally, while the survey instruments were adapted from validated tools and piloted with this population, the evaluators didn’t have the capacity for literacy or language barrier assessments, potentially affecting data quality among participants with varying educational backgrounds or primary languages other than English. The youth-driven project design and third–party evaluation design allowed participants to complete surveys at their own pace and in private settings, which likely improved response quality and reduced external pressures. The goal was to encourage more honest reporting independent of service provision, as participants might experience social desirability bias when reporting to CBO staff or DCT+ program personnel who control their access to services. While this approach likely reduced some reporting biases, participants may still have provided responses they believed evaluators wanted to hear or that portrayed their experiences in a more favorable light.

The generalizability of findings is limited by several contextual factors specific to the Oregon implementation. As a pilot program operating in a particular policy and service environment, the DCT+ model may not be easily replicated in other geographic contexts with different housing markets, service landscapes, or regulatory frameworks. The program's integration with Oregon's existing homelessness response system, the specific characteristics of participating CBOs, and the state's approach to benefits administration may all contribute to outcomes that would not necessarily be observed in different implementation contexts. Furthermore, the relatively small sample size and focus on three specific regions within Oregon limit the ability to generalize findings to youth experiencing homelessness in other urban, suburban, or rural contexts, or to different demographic groups not well-represented in this evaluation.

Despite these limitations, the findings provide crucial insights for future program design, policy development, evaluations, and research studies. Research priorities should include longer-term follow-up studies extending beyond the two-year program period, comparative effectiveness research with control groups to establish causal relationships, comprehensive cost-benefit analyses that account for multiplier effects, and research examining optimal program parameters such as payment amounts and duration.

Conclusion and Implications

The Oregon DCT+ evaluation provides promising evidence that direct cash transfers may be an effective intervention for addressing youth homelessness. Among the 63 participants who completed both the initial and exit surveys, 94% reported achieving housing stability, with demonstrated improvements in financial management, reduced stress, and enhanced independent living skills. The program's potential cost-effectiveness is suggested by its multiplier effect, with participants supporting nearly two people per enrollment at an effective cost of approximately $571 per person per month. These encouraging findings, though preliminary, support the potential value of direct cash transfers. However, due to the study's limitations

and the pilot nature of the program, a cautious interpretation is required, suggesting the need for more rigorous evaluation designs in future research.

The Oregon DCT+ program's outcomes are consistent with other direct cash transfer initiatives for youth experiencing homelessness. Oregon's 94% housing rate at program exit closely parallels the NYC program's housing outcomes, where 92% of participants reported cash transfers enabled them to secure safe and stable housing, and none of the young adults enrolled in the program reported experiencing explicit homelessness at month 30 (Griffin & Berger Gonzalez, 2025). Both programs served predominantly marginalized populations, with the NYC initiative specifically targeting Black, Indigenous, Latinx, and LGBTQ+ youth.

These preliminary findings suggest several areas for future policy consideration. Pilot cash transfer programs should be considered at the state and local levels as part of homelessness response systems. Larger-scale applications of DCT+ could be considered by federal policymakers to complement existing safety net programs. The payment amounts across programs reflect local cost adjustments, with Oregon's $1,000 monthly payments and New York's $1,250 monthly payments both providing meaningful assistance in high-cost housing markets. Both programs embraced unconditional transfers intended to maintain the financial autonomy of participants (Griffin & Berger Gonzalez, 2025). The consistency of positive housing outcomes across different geographic contexts, slight variations in payment amounts, and program durations suggests that the core DCT+ model is able to be adapted without sacrificing effectiveness.

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