



Health and Well-Being of First Place-Involved Youth

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About the First Place Evaluation

Abt Associates has conducted an evaluation of the First Place program in Portland, ME, a program that provides housing and services to youth experiencing homelessness. The purpose of the study is to describe the life experiences of youth participating in the program to help service providers and funders of services to better understand the needs of this population.

The Evaluation of the First Place Program examined the experiences of 35 youth who participated in the program between 2015 and 2018. Surveys of youth covered characteristics and experiences in the following domains: housing stability, employment, education, risk behaviors, demographic characteristics, and social and emotional well-being. Program participants were interviewed shortly after they enrolled in the First Place program (baseline) and again 12 months later to capture changes in youth experiences while they were in the program. Some youth were interviewed between 24 and 30 months after baseline to collect information about their housing, employment, and education experiences over that longer period. The survey data were supplemented by in-depth interviews with three youth conducted several times during the study period (Exhibit 1)

1. Do youth who participate in the First Place program transition to independence through improved housing stability?
2. Do First Place services contribute to improvements in housing stability?
3. How do local factors (policy environment, local housing market, job market) affect the implementation of the Transitional Living Program?

This brief is the fourth in the series and focuses on the health and well-being of youth in the study. It follows briefs that describe First Place participants' experiences with housing stability, employment, and education. The first three briefs showed that factors related to health and well-being influence the extent to which youth experiencing homelessness can achieve stability. This brief provides additional information on the mental health and well-being of study youth and how they affect outcomes in other domains. Abt Associates is working with local research partners to examine the costs associated with local service use by youth in the study. Results will be presented in a fifth (and final) brief.

Exhibit 1. Data Collection Activity and Number of Youth	
Data Collection Activity	Number of Youth
Baseline Survey	35 youth
12-month follow-up survey	14 youth
24 month survey or 30 month survey	8 youth
Case Stories	3 youth

Key Takeaways

- 1

Reported mental health issues of youth in the study improved over time, but these issues were an ongoing challenge for youth with long histories of trauma. Expectations around self-sufficiency and stability should be moderated and grounded in this reality. Most youth in the study were struggling with mental health issues, overcoming substance use disorders, and addressing prior trauma while working on securing housing and employment and pursuing their educational goals. Youth reported severe depression and anxiety at program enrollment, with 60 percent having spent at least one night in mental health facility or other facility because they may have been a danger to themselves or others. Substance use was tightly connected to mental health, with all of the nearly 40 percent of youth who reported regular substance use also reporting mental health issues. Mental health improved over time, but reported symptoms still showed the average study participant to have moderate mental health issues. Programs and their funders should re-examine what successful outcomes should be for high needs youth and acknowledge that stability is not something easily achieved and maintained for any young adult and is particularly hard for those with considerable mental health issues and chronic patterns of homelessness.
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LGBTQ+ youth reported particularly high levels of risk and violence, emphasizing the need for strong staff competency in recognizing the signs of human trafficking and victimization. More than two-thirds of the 35 youth in the study identified as LGBTQ+. Five reported selling sex for money, housing, drugs or food in the three months prior to enrolling in the program, and all five identified as LGBTQ+. This is particularly concerning given the research on the high risk of human trafficking for LGBTQ youth. Another measure of sexual risk, condom use, showed that the frequency of use varied by sexual orientation and gender identity, with LGBTQ+ youth reporting infrequent condom use that did not improve over time. LGBTQ+ youth also reported high levels of exposure to violence. In the three months prior to enrolling in the First Place program, 56 percent of the LGBTQ+ youth reported being a victim of violence, and 50 percent reported witnessing violence. Programs serving youth must prioritize staff competency in recognizing the signs of trafficking and abuse, to which youth experiencing homelessness are particularly vulnerable.
- 3

Inadequate access to behavioral health services created additional challenges to serving youth. Stakeholders and study participants identified a dangerous gap between the availability of behavioral health services and substance use treatment and the need for them in Maine. While the implementation of Medicaid expansion may eliminate some of the coverage-based challenges to accessing healthcare for young people in Maine, there is still a shortage of critical health care providers in Maine that will need to be addressed.



Three youth participated in several in-depth interviews on topics related to housing, employment, and education over the study period. Their perspectives are included throughout this brief on health and well-being. (Additional details of their case stories appear in the three briefs on housing stability, employment, and education.) All three youth with multiple in-depth interviews experienced considerable familial instability and trauma affecting their mental health. However, the role of health and mental health was very different for each young adult. These summaries reflect the experiences they described to the research team during the in-depth interviews, as well as drawing on their responses to the surveys.

Cassie, 22

Cassie had a childhood characterized by housing instability and trauma, contributing to considerable mental health issues. After becoming homeless, she struggled with opioid use disorder. Through the First Place program Cassie accessed mental health services and housing. She has since stopped using substances, and has been in recovery for several years. Cassie has also spent the last several years employed and housed, though keenly aware that her mental health and recovery must be prioritized in order to maintain that stability. In discussions about her housing, employment, and education goals, Cassie places her depression and anxiety at the forefront, acknowledging its role and expressing concerns about “slipping back” and allowing herself to become overwhelmed. She gives a lot of attention to her health, something she understands to be critical on her path to stability.

“Anxiety and depression were words that I considered bad for a long time, so I didn’t tell anyone. But now I know they are just descriptive words, not bad words.”

Jennifer, 18

Jennifer became pregnant at the age of 14 and homeless when her first child was about a year old. She reported struggling with both mental and physical health issues, some of which require frequent doctor visits. While acknowledging mental health issues (and reporting depression and anxiety scores in the moderate range at baseline), she focused much more during discussions on her physical health, in particular, on her difficulties accessing the care she needs, reporting that it took a long time to find a doctor accepting patients. On a few occasions, she reported feeling that the doctors were not taking her seriously. Jennifer frequently discussed the ways in which she felt others had disregarded or taken advantage



of her, but she also reported very high levels of self-efficacy, optimism, and civic engagement. She hopes to pursue in social justice work and has found an undergraduate program that fits her exact interests.

“When I lacked self-esteem, I wrote off a lot of things, and wasn't doing well in school. Then got tired of that, because it didn't feel productive. I didn't have energy before and didn't care. Something that helped me is that I have an interest. [For me] it's social justice.”

Stacey, 19

Stacey is a single mom who works two jobs. Growing up, Stacey lived in a chaotic environment with a mom who had a substance use disorder, spending periods of time with an abusive grandmother when her mother went to prison. Stacey is extremely pragmatic and prioritizes work and taking care of her child over all other activities, including, at times, caring for herself. Her self-reported scores on depression and anxiety reveal fairly mild mental health issues. While Stacey has maintained her employment and housing for several years, she reports minimal social connection to peers or mentors. She reported low levels of optimism and moderate levels of civic engagement. She does say that her overall well-being is something that she eventually would like to address, in particular social connection with peers and developing activities supporting her physical health.

“I am just so tired and work so much that [going to counseling] would do more damage than good. I'd be stressed out about how to get there, making time to get there...”



1. Background

Youth experiencing homelessness face health problems at higher rates than their peers and often must overcome barriers to effective healthcare intervention across the domains of physical, mental, and sexual health. Other components of well-being such as risk behaviors, social connection, and positive outlook have been associated with health and stability for this population. This background section reviews research on health and well-being of youth, describes the First Place program, summarizes findings related to health and well-being from prior briefs, and provides the policy context for the service environment in the State of Maine during the study period.

1.1 Research on Health and Well-being of Homeless Youth

Youth experiencing homelessness report health problems at higher rates than their housed peers. This population faces higher rates of chronic health problems, has nutritional problems because of limited access to quality food, and experiences poor oral health related to lack of dental services. Unhoused youth also face increased rates of sexual transmitted diseases (STIs), likely linked to a higher prevalence of substance abuse, sexual and emotional abuse, and exploitation. Twenty to twenty-four-year-olds have among the highest rates of new STI transmissions. Relative to their peers, unhoused young people also experience higher rates of depression, anxiety, and conduct disorders, and it is estimated that 84 percent of youth experiencing homelessness show symptoms of at least one psychiatric disorder.

Beyond the increased likelihood of health problems, there are barriers to effective healthcare intervention for young people living on the street or experiencing homelessness. Some common barriers are lack of required health or medical documents, lack of money, and perceptions of discrimination by providers in health care settings. Some homeless youth perceive that the adults they encounter will see them as responsible for their situation of homelessness and therefore are hesitant to seek assistance. For LGBTQ+ youth of color, access to healthcare can be even more challenging. Research shows that, even in clinics specializing in gender-affirming healthcare, many genderqueer and non-binary young adults report feeling misunderstood by healthcare and attempt to conform to gendered expectations in order to avoid discrimination; in some instances, these young people chose to go without healthcare to avoid perceived bias. Overall, youth experiencing homelessness are more likely than their peers to go entirely without medical care.

Research suggests that having more supportive network ties reduces a young person's risk of experiencing significant symptoms of severe mental illness. These social connections can serve as a buffer against complex mental health outcomes such as the comorbidity of depressive and substance use disorders. During the experience of homelessness, young people's relationships with families and caregivers differ widely. Older youth and youth who have been experiencing homelessness for six months or longer report fewer personal support network resources. Youth and young adults need supportive connections to caring adults and access to mainstream services that will guide and support them on a path to long-term success.

1.2 First Place Program in Brief

Preble Street's teen center and teen shelter serve Portland, Maine's homeless youth population. The First Place Program was a housing and services program operated by Preble Street and located in the teen center. The program served people aged 18 to 23 who were experiencing homelessness. First Place provided these youth with services and scattered-site housing controlled by the program through master lease arrangements for up to 18 months. Youth with more severe mental health, substance use, or health needs were prioritized for the limited number of housing units available through the program. First Place helped other program participants obtain housing assistance for which they were eligible, including housing assistance provided by the Stability through Employment Program (STEP) and Bridging Rental Assistance Program (BRAP). Exhibit 2 shows the primary housing situations of 35 youth served by the program between 2015 and 2018 and included the Abt evaluation during their first 12 months in the program.

Exhibit 3. Primary Housing Situation During Program Period

	N	%
First Place Unit*	12	34%
STEP or BRAP	4	11%
Other Housing Situation	3	9%
Homeless or Doubled up	11	31%
Institutional Setting	3	9%
Unknown/Missing	2	6%
Total	35	100%

*Includes 4 youth provided a FP unit through HHS' Special Population Demonstration Grants

First Place implemented a youth-driven model to service provision, in which young people enrolled in program selected their own service goals and options. While case management was mandatory, participants identified their own service priorities and access those services with help from their case manager. Services offered included employment connections and services related to education, mental health services, daily living skills, money management, and connection to legal services. Youth experiencing homelessness are often highly mobile. Services provided by First Place were co-located at the teen center in order to promote high levels of access and engagement.

Exhibit 3. Services Accessed at Baseline

Services Received in past 30 days	Received		Did not receive, but needed	
	N	%	N	%
Employment/Education	22	62.9%	7	20.0%
Mental Health Counseling	28	80.0%	4	11.4%
Daily Living Skills	25	71.4%	6	17.1%
Money Management	15	42.9%	13	37.1%
Legal Services	8	22.9%	4	11.4%
Family Reunification	3	8.6%	3	8.6%
Medical	24	68.6%	3	8.6%

*Source: Baseline surveys with First Place Youth

Of the services offered, mental health counseling was by far the most commonly used service by the young people in the First Place evaluation. At the time they began to participate in the evaluation, 80 percent of youth reported receiving those services, with an additional 11 percent reporting that they needed them, but had not yet accessed them.

1.3 Findings from Prior Study Briefs

The first three briefs in this series described youth experiences in the areas of housing stability, employment, and educational achievement. The health and well-being of youth played a critical role in the experiences of youth across all three domains. Mental health issues, in particular, were repeatedly identified as complicating progress or challenging the ability to maintain achieved benchmarks.

Housing Stability

Pathways into homelessness for youth in the study were characterized by trauma, familial instability, and lack of positive social supports. Many youth reported parental substance use, abuse, or neglect. Half of youth had at least one foster care or group home placement before the age of 18, with an average of three placements per youth.

Sixty percent of youth returned to homelessness at some point after exiting the program. Youth who were provided a First Place unit returned to homelessness at lower rates than youth in other living situations while receiving First Place services, even though they were the highest need group. The number of youth in the study was too small to make a definitive conclusion, but it is likely that having a First Place housing unit helped youth remain stably housed.

Most youth in the study were working on securing and maintaining housing while also working on mental health issues, overcoming substance use disorders, and addressing prior trauma. While housing alone cannot solve those problems, it serves as a critical foundation upon which youth can address these needs.

Employment

Employment experiences of youth ranged from no involvement in the labor market to reliably employed throughout the study period, with most youth falling somewhere in-between. Higher levels of regular substance use at baseline were found among youth without any known employment than among those who had at least some connection to the workforce. While youth with mental health issues were able to secure employment, many reported maintaining employment and staying healthy as a balancing act, often having to choose one in favor of the other. Mental health issues were among the reported reasons for leaving or losing jobs.

Education

Many youth identified the need for additional education in order to secure higher paying, career-oriented jobs. However, barriers persist for youth interested in pursuing post-secondary educational or vocational training. While financial barriers were most commonly cited as reason for not pursuing additional education or for leaving post-secondary education, mental health issues and histories of trauma were also identified as barriers to the transition back to school.

1.4 Policy Context during the Study Period

During the study period (2015-2018), significant changes were made to the social safety net in the State of Maine. Enrollment in the Food Supplement Program (Maine's Supplemental Nutritional Assistance Program, formerly known as food stamps) and MaineCare (Maine's implementation of Medicaid) dropped by 20 percent, following narrower eligibility requirements and the addition of work requirements for able-bodied, childless adults. These restrictions affected the youth population. A major assessment of children's behavioral health services in Maine (which includes young people up to age 21), revealed several service gaps related to children's behavioral health in Maine, including lack of overall healthcare availability, geographic barriers to accessing critical care, inconsistent quality of services, and inadequate coordination as youth transition to adult services.

"[Challenges are] the lack of Medicare expansion, lack of MaineCare available, fractured and functional mental health and substance abuse disorder systems – resources are not user friendly... The services that are available and the population they are designed to serve don't line up, they are not designed in a way that serves those people"

-STAFF AT PREBLE STREET RESOURCE CENTER

Gaps in medical coverage are related to Maine's aging population. With nearly a fifth of the state's population 65 or older and a decline in the number of young workers in the state, fewer working-age people are trained as healthcare professionals. This shortage of workers is particularly acute in the behavioral healthcare workforce, where wages are often too low to attract and retain workers to a stressful job.

These issues were emphasized by providers in Portland. During interviews with local stakeholders, insufficient primary and mental health care was repeatedly identified as a major challenge to serving youth experiencing homelessness. As one provider noted, "Most of our people don't have insurance so they don't have access to [the right services]. There is a lack of mental health treatment providers, lack of substance disorder treatment, [and] there is way less housing than there was four years ago..." This lack of appropriate mental health and substance use treatment in Maine emerged as a primary challenge to helping youth succeed across the domains of employment stability, housing stability, and education and was reported by providers of housing, legal services, homeless services, and employment services.



2. Health and Well-being Characteristics of Youth in the Study

This section presents information on the health and well-being of First Place youth enrolled in the study, based largely on information gathered through surveys conducted with youth close to the time of program enrollment and one year later.

2.1 Demographic Characteristics

Age

While the First Place program serves youth ages 18 to 23, more than 8 in 10 (83%) youth in the study were 20 or younger at the time they enrolled in First Place. This reflects the structure of the homeless service system in Portland, ME, which requires people age 21 and older to seek services from the adult shelter and those 20 and younger from the teen shelter. Most program participants are referred from the teen center.

Race and Ethnicity

Youth were predominantly non-Hispanic/non-Latino and white. More than three in four (77%) were white, 11 percent were more than one race, 9 percent were black or African American, and 3 percent (or 1 youth) identified as Native American. While youth served by First Place were much more likely to be white than homeless youth nationally, youth of color were overrepresented compared to the state's racial composition and the composition of the state's homeless population.

Gender Identity and Sexual Orientation

Reported gender identity and sexual orientation changed for some youth over the study period, and this may reflect increased comfort in reporting their identity or greater understanding of themselves over time. Accounting for those changes, 42 percent of youth identified as female, 30 percent identified as male, 12 percent identified as transgender, and 17 percent of as gender non-conforming.

Half of youth identified as straight or heterosexual throughout the study period. Among the remaining 50 percent, 6 percent identified as lesbian or gay, and 21 percent identified as bisexual, and 24 percent identified as something other than straight, bisexual, or homosexual, e.g. pansexual and asexual.

Taken together, more than two-thirds (68%) of youth were LGBTQ+.

2.2 Health and Well-being

The surveys collected information on mental health, physical health, risk behavior, and other factors related to well-being: social connection to peers, civic engagement, and perspectives on the future.

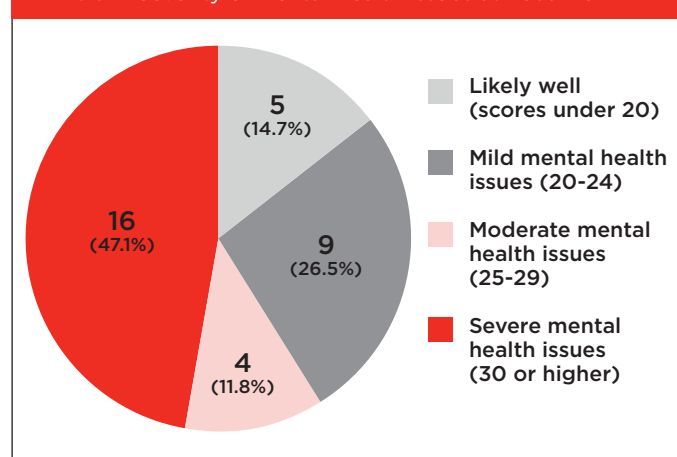
Mental Health

Mental health issues were pervasive among the 35 homeless youth in the study. Youth were asked about their feelings of depression using the Kessler Psychological Distress Scale (K10). This validated scale measures how often people feel various dimensions of depression and anxiety such as depressed, worthless, hopeless, tired, and nervous. Cumulative scores across 10 such dimensions revealed a high level of mental health issues. More than half (59%) had cumulative scores over 24 shortly after enrolling in First Place, indicating moderate to severe mental health issues, and almost half (47%) showed signs of severe mental health issues.

"I have a disability and mental health problems. I need medication and [to be] able to go to counseling and I can't. Right now I'm fighting for my benefits so I can go to the doctor."

-FIRST PLACE PARTICIPANT

Exhibit 4. Severity of Mental Health Issues at Baseline



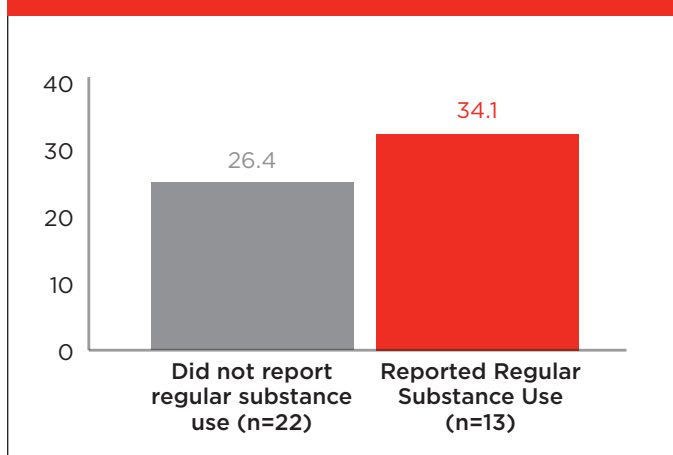
In addition to the depression and anxiety scale, youth were asked whether they had spent any time in a mental health facility. Sixty percent reported they had spent at least one night in a mental health facility or other facility because they could have been a danger to themselves or others.

Mental health scores improved slightly over time. Comparing the scores of the 14 youth who completed both baseline and follow-up surveys, average scores on the Kessler Scale improved, from an average cumulative depression score of almost 30 to 27 one year later. For those eight youth with whom surveys were conducted two years after baseline, the average scores decreased further to 25. Despite some improvement, the average score still indicated moderate mental health issues.

Substance Use

Substance use was closely associated with mental health. Youth were asked about substance use using a modified version of the Youth Behavior Risk Survey, focusing on marijuana use, alcohol use (including binge drinking), and “other drugs or medications.” The survey measures how many of the last 30 days youth used various substances. Nearly 4 in 10 youth (38%) reported regular substance use at the time of their enrollment in First Place, with marijuana being the most common substance reported. Only a few youth reported using substances other than marijuana or alcohol, but it is possible that youth chose not to report use of more serious substances, despite the assurance that their answers would be kept confidential. All youth who reported regular use of substances also reported mental health issues, and they were likely to have Kessler scores in the severe range. Exhibit 5 shows the average depression and anxiety scores for youth reporting regular substance use compared to those who did not.

Exhibit 5. Severity of Mental Health Issues by Regular Substance Use



Six of the 14 youth with 12-month follow-up surveys has reported regular substance use at baseline. Of those six, three reported regularly using substances one year later and three did not. One youth who did not use substances at baseline reported regular use at follow-up.

Risk Behaviors

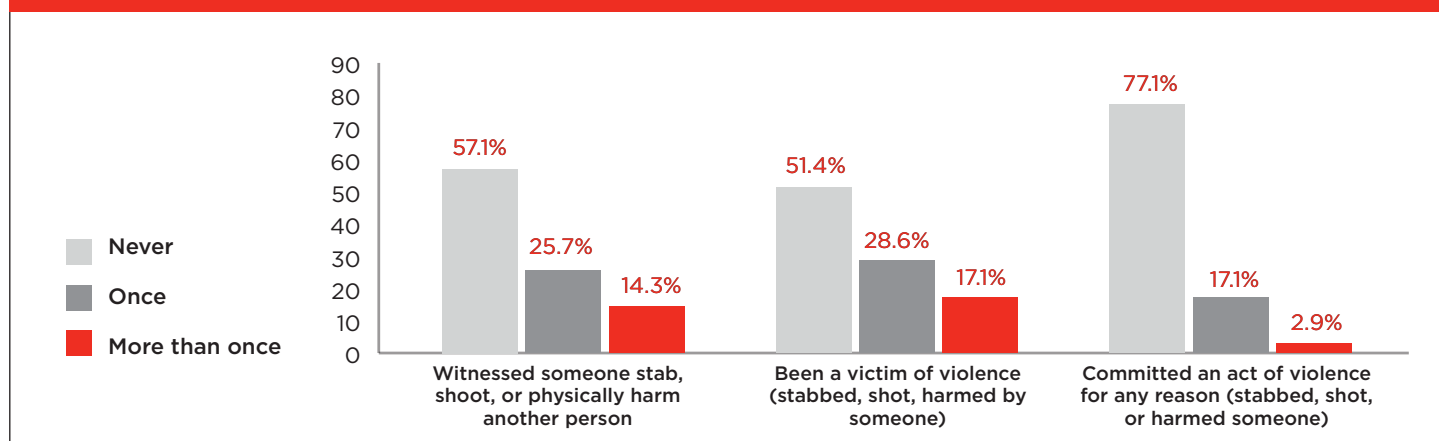
Homeless youth can be both more vulnerable to risk and more likely to engage in certain risk behaviors. First Place youth were asked selected questions from the Youth Behavioral Risk Survey (YBRS) on sexual risk behaviors such as condom use and selling sex. Sexual risk behaviors are extremely common among youth experiencing homelessness, who often are approached by human traffickers within days of becoming homeless. In the study’s baseline survey, youth were asked about these selected risk behaviors only during the last 90 days. Of the 35 youth in the study, 5 (14%) self-reported selling sex within the last three months. None identified themselves as straight, emphasizing the additional risk for LGBTQ+ homeless youth. The Kessler mental health scores for this group of youth showed them to have severe mental health issues, with an average score of 35. One year later, no new youth reported selling sex, but two youth who had sold sex at in the three months before the baseline survey also reported selling sex in the three months prior to the follow-up survey.

Youth were also asked about the frequency of condom use. Of the 27 youth who reported having sexual intercourse in the three months prior to the interview, only four (15%) reported always using condoms. Youth identifying as male reporting using condoms more often than youth with other gender identities. None of the youth identifying as female reported used condoms “all the time,” and all three gender non-conforming youth reported never using condoms.

Over time, reported condom use did not improve. Of the 14 youth with whom 12 month follow-up surveys were conducted, only one reported more frequent condom use than at baseline. The rest either reported that it was not applicable (i.e., they had not engaged in sexual activity in the prior three months) or that they used condoms less frequently. Condom use among First Place youth is consistent with research that has found that between 40 and 70 percent of youth experiencing homelessness reporting unprotected sexual intercourse.

Youth experiencing homelessness also have heightened exposure to violence and risk behaviors related to violence. Of the 34 youth who responded to questions about violence at baseline, seven reported committing an act of violence at least once in the three months prior to enrolling in the program (Exhibit 6). Fourteen youth had witnessed someone

Exhibit 6. Exposure to Violence in the 3 Months Prior to Enrollment (n=34)



physically harm another person in the prior three months at least once. And half (16 youth) had been a victim of violence. A particularly high percentage of LGBTQ+ youth had been a victim of violence compared to non-LGBTQ youth (56%). For the 14 youth surveyed a year later, exposure to violence in most recent three months was lower.

During both baseline and 12-month follow up surveys, First Place youth were asked how many of their friends committed particular criminal acts, including stealing something worth less than \$100, going into housing or buildings that did not belong to them without the owner's permission, stealing a car, and use of force to get money or things from people. Nearly two-thirds (64%) reported that at least some of their friends had stolen something worth less than \$100 in the last 30 days. More serious criminal activity by friends was less common but still reported at high rates: car theft (11%), using weapons to take things from people (26%), and breaking and entering (28%).

Physical Health

Access to medical care was an issue for youth, with more than one in three reporting that, in the year prior to enrolling in the First Place program, they should have sought out medical care but did not. The most common reason by far was lacking or losing their insurance because of the MaineCare eligibility changes enacted in 2015. Other reasons reported were: lack of energy, the chaos of homelessness, and inability to take the time to go to the doctor.

Cigarette use was extremely common. Nearly 60 percent reported smoking every days or nearly every day. For the youth with follow-up interviews (at one year and at two years), the rate of smoking persisted. Those who did not smoke at baseline had not started, but those who reported smoking every day at baseline still smoked every day.

Most youth reported at least some difficulty sleeping in the 30 days prior to entering the program. More than half had trouble sleeping more than three days per week (54%). Reasons for this difficulty related to mental health issues and anxiety, noise or disruption where they were staying (at baseline, this was often the teen shelter), and insomnia. Of the 14 youth with follow-up interviews, difficulties sleeping persisted, with 10 of the 14 reporting difficulty sleeping 5 or more days a week.

Social Connection with Peers

Most youth in the study reported having a social support network. Using the Perceived Social Support Scale, youth were asked about their connection to peers and mentors. At baseline, nearly all youth reported they had someone in their life who cared about their feelings (91%), with whom they could share their joys and sorrows (89%), and who was around when they were in need (83%). Slightly fewer reported having a peer who was a source of comfort (74%). Having strong social connections persisted for the 14 youth with follow-up interviews, though it is not clear whether the peer group remained constant over time. Narrative interviews with three youth give a nuanced picture of connections with peers in the teen shelter (Exhibit 7).



Exhibit 7. Perspectives on Social Connection at the Shelter

Are you friends with the same people you used to be friends with when you stayed at the teen shelter?

“ Cassie

No. The friends that I have made are all friends through recovery. I never made any connections through [First Place]. It was a solo journey for me, which made it work for me. I have no friends from high school either, all my friends are new.”

“ Jennifer

Yeah, I made friends while I was at the teen center and one of them is my best friend today. When we met here we started talking right away... We had a lot of good, long talks. We would hang out all the time...It was really important [to have friends at the shelter]. At the same time, I would distance myself in some ways. The biggest thing that would breathe life into me [at the shelter] was that I had friends. Even if we weren't [real] friends, we had respect and comfort with each other.”

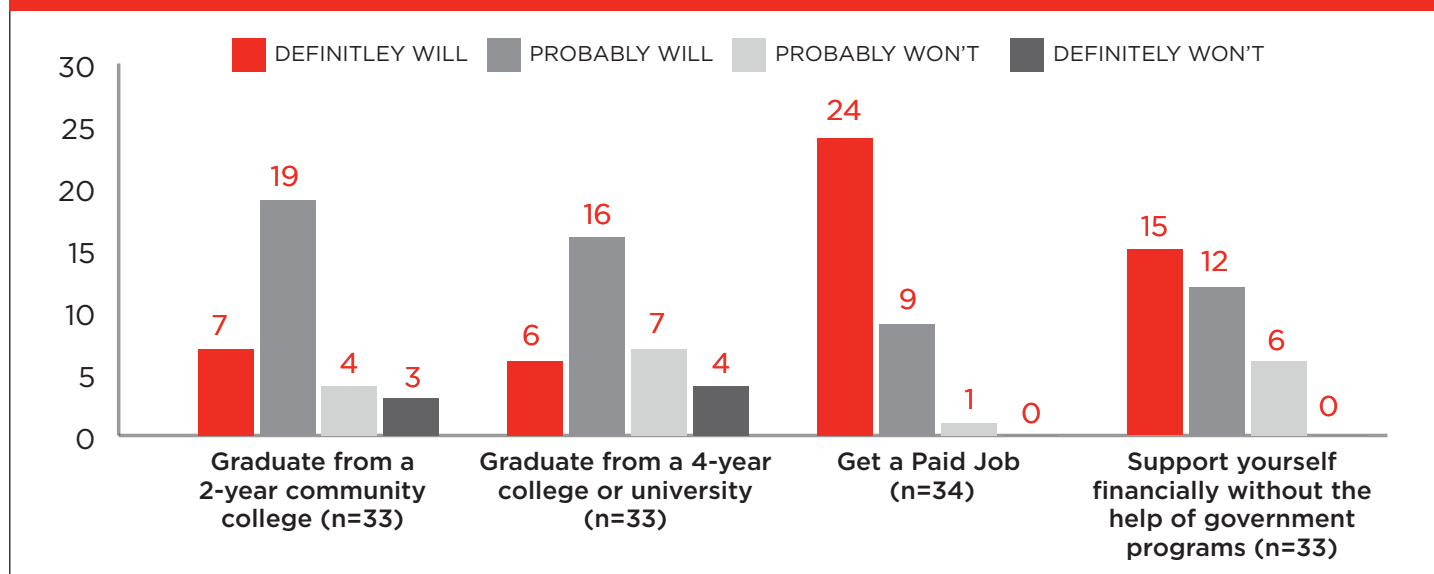
“ Stacey

No. Not anymore. I legit probably only have like 3 friends, and it's not all the time. We are all busy.”

Self-Efficacy

People with high self-efficacy believe that they have control over their future and will be able to accomplish specific benchmarks. Research has shown that self-efficacy can affect the willingness of homeless youth to engage in services. Shortly after they enrolled in the First Place program, youth in the study were asked about the likelihood that they would earn a 2-year degree, earn a 4-year degree, get a paid job, and supporting themselves financially without the help of a program. Most youth reported that they “probably” or “definitely” would graduate from a 2-year community college (79%), and 66 percent reported that they “probably” or “definitely” would graduate from a 4-year college (Exhibit 8).

Exhibit 8. How likely do you think it is that you will do each of the following things?



The in-depth interviews revealed that, while cost and information barriers were of considerable concern, these young adults thought they would be able to achieve additional education or career-based employment. All three women included in these case stories reported improved self-efficacy over time, as well as a clearer view of their career interests and the pathways to get there, but with some differences in their level of certainty about the future (Exhibit 9).

Exhibit 9. Perspectives on the Future

What do you think your future might look like?

“ **Cassie**

It is going to be really great. I'm going back to school and make a career out of something I love. I'm going to have a relationship that will become a family. It will be proof that my cycle will be broken. I'm going to cry. For the first time I see my future as something positive.”

“ **Jennifer**

Going to a 4 year college! I'm really inspired and found...a program that [has my perfect] major! I already called to see if I could find out more. I went to an info session and talked to people there. I got some materials and I mostly have to get my application stuff together for the fall. They have family housing, and very good scholarships. And they don't make you have a work requirement if you have kids.”

“ **Stacey**

Hopefully better than I anticipate, I guess. [I anticipate] working all the time. I hate having to spend all this time working. I feel like I'm not living or living, but not the way I want. If I could spend less time working and making the same amount of money, I would.”

Positive Social Outlook

Positive social outlook was explored through a measure of optimism and a civic attitudes scale. A modified version of the Optimism Scale was used to measure youth attitudes about whether good things would happen in their lives. Youth were asked how strongly they agreed with statements such as, “In uncertain times, I usually expect the best” and “I rarely count on good things happening to me.” Youth in the program reported average cumulative optimism scores of 10.1 out of 16 around the time they joined the program, representing moderate levels of optimism. Optimism scores among the 14 study participants with follow-up interviews increased, from an average score of 10.2 to 10.7.

Research has found a relationship between optimism and mental health. A correlation analysis of baseline cumulative optimism scores and cumulative scores on the depression scale revealed a significant relationship between these two factors of well-being – that is, as optimism increased, severity of depression decreased.

Exhibit 10. Responses to Questions about Self-pride

What are three qualities that you are most proud of?

“ **Cassie**

1. *I like how confident I've become.*
2. *I like how trusting I am of people in my circle.*
3. *I like that I have hobbies and take time to do things I want to do.*

“ **Jennifer**

1. *Self-awareness.*
2. *Perseverance.*
3. *And my accomplishments and planning; the way I map things out, knowing things I'm doing will be valuable and moving toward something.*

“ **Stacey**

1. *Being a parent.*
2. *Handling stress as well as I do.*
3. *I'm good at my job.*

Civic engagement was also measured at baseline and one year later. Participants were asked how strongly they agreed with statements such as, “People should give time for the good of the community” and “People should help others even if they don't get paid for it.” This group had high civic engagement scores at baseline, with an average score of 22 out of a possible 25. Scores on this measure were not significantly correlated with either mental health or optimism. This high level of civic engagement persisted for those youth with 12 month follow up surveys.

3. How Health and Well-being Affect Youth Experiences

The young adults who participated in this study had considerable mental health issues at the point of their enrollment in the First Place program, often resulting from years of instability and trauma. Accessing behavioral health services to address these issues was made much more difficult during the study period by the tightening of eligibility requirements for MaineCare. This left many young adults with few options and, for some, their health issues worsened because of these changes. For example, an interview with a program participant had to be stopped when, after reporting that she had lost her MaineCare benefits and could no longer see her psychiatrist or afford her medications, she expressed suicidal ideation. (She was immediately connected to crisis services). While safe and stable housing is a starting point for young people to address their myriad issues, available, accessible, and on-going mental health services are vital to overall stability.

Maintaining housing stability is difficult for most young people between the ages of 18 and 23, and it is especially difficult for those with histories of homelessness, mental health issues, substance use, and limited social networks. The First Place program prioritized housing for chronically homeless youth and youth with intense service needs. This was confirmed by the study, as youth placed in units controlled by the First Place program had high depression and anxiety scores. However, compared to youth in other permanent housing situations, youth in First Place units returned to homelessness at lower rates, and the longer-term engagement in case management and services required of youth in these units may have contributed this outcome.

“...it’s really hard to adjust from going from finding your next meal and being on survival mode to having a place that’s secure and safe. I was always wondering whether it was safe and worth it and – there’s lots of mental stuff around it. Homelessness stays with you. It’s very traumatic even that doesn’t just go away [with housing]. I still have a backpack under my bed [from my time spent homeless]. I have no plans to move, but I just can’t unpack it.”

-CASSIE

Mental health and substance use issues can complicate employment, a frequent measure of progress toward stability and self-sufficiency. Several youth in the study reported that their mental health issues either impeded their ability to secure jobs or made it challenging to maintain them. As one participant noted, “How much did depression and anxiety contribute to my financial problems? It was crippling. I have lost jobs because of my depression and anxiety. I would lock myself in my apartment; I wouldn’t leave. I couldn’t do anything. I had First Place as a buffer, so I didn’t ever lose the apartment.”

In recognition of these challenges, the First Place program was designed with the understanding that housing stability is not something that is automatically maintained once it is achieved. Young people in the program were given the opportunity to access First Place services for up to a year after exiting the program. Programs aimed at helping youth move toward stability may assist youth in this transition by adjusting their perspectives of self-sufficiency and making ongoing supports accessible to youth as they achieve key benchmarks.



Youth and local service providers consistently identified the lack of behavioral health providers and substance use treatment as a primary challenge to adequately serving youth who experience homelessness. While depression and anxiety scores of youth improved over time, these improvements were fairly modest. Recent changes may eliminate some of the coverage-based challenges associated with accessing healthcare for young people in Maine. Medicaid expansion will allow an additional 70,000 low income adults (including many youth in this study) to access the physical and behavioral health care they need. However, even with Medicaid expansion, the shortage of critical health care providers in Maine will still affect the ease of access to behavioral health care for this population.

Beyond health, other factors related to the overall well-being of youth are important to understand. Housing insecurity and homelessness increase exposure to risk factors in a young person's life. Unhoused youth, particularly LGBTQ+ youth, face increased rates of sexual transmitted diseases (STIs) and exposure to traffickers, sexual exploitation, and violence. Sexual risk behaviors are of particular concern for LGBTQ+ youth. Some risk behaviors such as unprotected sex did not improve over time.

These findings suggest that programs that support young people in achieving stability—such as the First Place program—may need to consider providing additional support and resources to help youth reduce or eliminate certain risk behaviors that may interfere with their long-term stability and well-being. Condom use, for example, may have declined once youth left the teen center because condoms were not as readily available. The findings on exposure to sexual risk, street-based violence, and exploitation in the period before youth joined First Place underscore the importance of street outreach to bring youth into housing and service programs. The findings on the persistence of risk behaviors so suggesting that those efforts must continue after youth are placed in housing. All programs serving youth must prioritize staff competency in recognizing the signs of trafficking and abuse.

Most youth enrolled in the study had high measured levels of self-efficacy, civic engagement, and, to a slightly lesser extent, optimism. Young adults in the study widely reported they believed they could achieve positive educational and financial outcomes. These perceptions must be contextualized within the reality that, even with a positive outlook and high self-efficacy, many young people will struggle to achieve their when facing systemic barriers outside their control of each young person. This reality is recognized by the youth themselves. While expressing a strong sense of self-efficacy, optimism, and civic engagement, they also

reported that the cost and information barriers associated with the type of education and training that would lead to a career often seemed insurmountable. Youth who do not experience homelessness and are between the ages of 18 and 23 also struggle with these barriers, but they more often have access to informal career networks and information on employment opportunities. Programs can assist in reducing the information barriers disparately experienced by homeless youth by providing more detailed information related to education and employment opportunities, and ways to overcome cost barriers.

The three prior briefs produced by the evaluation of the First Place program provide important information on the housing stability, employment experiences, and education achievement of youth in the study. Across all four briefs, two key themes emerge: first, the importance of health and mental health in helping youth meet benchmarks that denote transitioning to self-sufficiency; and, second, the reality that these benchmarks need to be re-examined. Housing and employment for people under the age of 24 tend to be unstable, and the expectation of full self-sufficiency at this stage may result in doing more harm than good. Further, youth-centered programs should align their definitions of success with those identified by youth themselves, particularly when identifying what signifies progress. Programs serving this population and those that fund them should keep this in mind when defining what it means for a program to be successful.

Endnotes

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John T. Gorman Mission

The John T. Gorman Foundation advances ideas and opportunities that can improve the lives of disadvantaged people in Maine. To achieve the greatest impact, the Foundation has a special interest in strengthening families and helping communities provide them with the supports and opportunities they need to thrive.

One area of the Foundation's work is helping Maine's older youth develop the skills, build the knowledge and gain access to the support systems required to meet key milestones associated with successful adult transition: achieve a post-secondary credential, secure employment, and live independently. Within the scope of this work, we are focused on older youth involved in the juvenile justice system, those aging out of foster care, youth experiencing homelessness, young parents, and youth who are at-risk of or disconnected from school and or the workforce — the young people that research and experience tell us are likely to face the toughest challenges to successful adult transition.

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