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TAY Triage Tool Pilots Report

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Inquiries

To access TAY Triage Tool reports, briefs, and implementation tools or for information on CSH, please visit www.csh.org for on-line resources and materials.

TAY Triage Tool Pilots Report

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Executive Summary

With the generous support of the Conrad N. Hilton Foundation, the TAY Triage Tool was developed by Dr. Eric Rice for Corporation for Supportive Housing (CSH) in conjunction with community partners in Los Angeles during 2012 and 2013. It has been widely recognized that vulnerability among homeless youth looks different compared to homeless adults, and tools that exist to assess vulnerability among homeless adults have not been developmentally appropriate for homeless youth. With the movement to better target supportive housing for homeless adults using screening and assessment tools, CSH approached Dr. Rice to create a tool that could identify homeless youth with particularly high vulnerabilities, in order to prioritize those youth for supportive housing interventions.

CSH partnered with Dr. Rice to implement a community-informed process to shape the approach for what is now the TAY Triage Tool. The initial community collaborations involved six site visits to providers of supportive housing (SH) for youth and two community advisory boards of community stake holders, including representatives from homeless youth drop in centers, the child welfare system, the juvenile justice system, and the mental health system. Input from the community advisory boards determined the purpose of the TAY Triage Tool would be to identify youth who are at greatest risk of experiencing "long term" homelessness, so as to better meet their needs in order to prevent them from becoming chronically homeless adults.

The outcome of preventing long term homelessness was selected by the community advisory boards and vetted with homeless youth-serving organizations. The tool is intended to be short and relatively non-invasive, so as to enable communities to quickly and easily identify homeless youth at the greatest risk of experiencing homelessness for long periods of time. With only six questions, the TAY Triage Tool is able to identify homeless youth who face multiple, complex barriers to accessing and retaining safe, stable, and affordable housing. Three previous reports and briefs discussing the methodology behind the TAY Triage Tool can be found on the CSH website (www.csh.org).

Ultimately, it is up to communities who implement this tool to decide how to use the tool in prioritization for housing and services or community planning efforts. We recommend that communities assess youth by integrating the tool questions in a broader intake or assessment process, and place youth with higher scores into longer-term, safe and stable housing that offers a high level of supportive services, such as supportive housing.

This report details the results of preliminary implementation of the TAY Triage Tool in six communities across the country, discusses generalizability of the tool outside of Los Angeles, provides detailed information on the validity of the tool, shares data from focus groups conducted with youth and providers surrounding implementation of the tool, and offers recommendations around implementation for communities interested in using the tool.

The six sites utilized the TAY Triage Tool in different ways, implementing the tool as a means to 1) inform organizational- or system-level planning around housing and services capacity; 2) incorporate into coordinated entry and assessment systems to prioritize high-scoring youth into low-barrier, longer-term housing; or 3) deliver the tool to youth while still in systems of care, such as child welfare and juvenile justice systems.

Report Highlights & Key Findings:

- The preliminary results from pilots in Chicago, Rural WA, New Haven, Clark County and among youth supportive housing providers in Los Angeles, suggest that the TAY Triage Tool can be effectively implemented in community practice settings, by agency staff. Delivering the tool required minimal training, particularly for staff who delivered intake assessments regularly and could employ a conversational approach to the process.

- Across communities, there is a range of responses to the TAY Triage Tool that reflects differences in the youth who access the variety of different services at the pilot sites, as well as regional differences in the composition of homeless youth. About 10% of youth at each site endorsed four or more items on the Tool, which on the Tool's

scale of 0-6, indicates a very high risk of experiencing long term homelessness.

- By examining the largest dataset available among the pilot sites, which was from Clark County, NV, we can see that the TAY Triage Tool is generalizable, in that youth with higher scores report more time homeless.

- The data provide a great deal of support for the validity of the TAY Triage Tool. With respect to construct validity, the case is clear: the TAY Triage Tool not only is associated with long term homelessness, but also a host of issues known to be associated with long term homelessness among homeless youth, including substance use, sexual risk taking, mental health problems, and disengagement from school.

- With respect to face validity, the tool is also highly valid. Each of the TAY Triage Tool items made a great deal of logical sense as risk factors, and were validated by youth themselves. Despite some initial concerns from the community advisory boards, the youth were able to provide a great deal of context for the item that captures religious conflict.

- Four main themes with respect to implementation emerged from focus groups with providers:

    - First, the tool is easy to use and requires minimal training.
    - Second, the tool works best when embedded within an intake or other agency-driven screening protocol.
    - Third, youth may not be fully honest in their answers if they do not trust agency staff.
    - Finally, building rapport with youth even at first meetings is important to get reliable information.

- Focus groups with youth provided several other important themes with respect to the implementation of the tool:
    - First, questions such as those on the TAY Triage Tool are very common in their experience.
    - Second, just because the questions are common does not mean that youth are happy about being asked such personal information. There is a sense among youth that interacting with systems of care forces a transparency with respect to personal information which is invasive, and commonly experienced.
    - Third, youth were clear that some youth will not be honest in their answers to these questions, particularly if they feel they are being judged or resources may be withheld or provided depending upon their answers.
    - Fourth, there was concern that there will always be questions, including some of these items, which could be traumatic triggers for youth who are having trouble with those particular issues.
    - Finally, while there was cynicism expressed by youth with respect to prioritization efforts for homeless youth, there was agreement that some youth, particularly youth with disabilities and youth who are pregnant or parenting, should be prioritized for housing.

Overall, the pilots and focus groups provide quantitative as well as qualitative data that reinforce the validity and generalizability of the TAY Triage Tool across different communities. Examining the outcomes of implementation in future years would provide further opportunities to collect data and lessons learned. Further research to evaluate the efficacy of different housing interventions for youth, compared to youth's score on the TAY Triage Tool could provide a dataset to understand the impact of housing interventions among youth at risk of long term homelessness.

Pilot Implementation and Generalizability of the Tool Outside of Los Angeles

The TAY Triage Tool was implemented in six different communities across the United States. The six communities utilized the TAY Triage Tool in different ways, implementing the tool as a means to: 1) inform organizational- or system-level planning around housing and services capacity; 2) incorporate into coordinated entry and assessment systems to prioritize high-scoring youth into low-barrier, longer-term housing; and/or 3) deliver the tool to youth while still in systems of care, such as child welfare and juvenile justice systems. The following section outlines those who participated, the distribution of TAY Triage Tool scores across those communities, and the generalizability of the tool outside of Los Angeles.

Participating Communities and Organizations:

The original Los Angeles data (LA – Drop Ins) came from 646 youth interviewed at drop in centers in Los Angeles, Fall 2011-2012, as part of a larger study funded by the National Institutes on Mental Health. Participating agencies were: My Friend's Place; Common Ground; and Safe Place for Youth.

The Los Angeles Supportive Housing (LA-SH) youth data came from 124 youth who were living in supportive housing apartments in Los Angeles, between Fall 2012-2014. The participating agencies were part of a local initiative to evaluate supportive housing for youth and young adults: Coalition for Responsible Community Development; Jovenes Inc.; Little Tokyo Service Center CDC; Pilipino Workers Center; Koreatown Youth & Community Center; Step Up On Second; My Friend's Place; and Women Organizing Resources Knowledge and Services.

The Rural Washington State data came from 25 youth who were either in a housing program, working with a case manager seeking housing, or were attending a drop in center for homeless youth in Whatcom County, WA a rural area north of Seattle in Summer and Fall 2014. The participating agency was Northwest Youth Services.

The Chicago data came from youth who were receiving services from one of several agencies who are part of the Chicago Coalition for the Homeless Youth Committee in Spring and Summer 2014. Participating agencies were: Teen Living Program; La Casa Norte; Heartland Human Care Services; and Unity Parenting & Counseling.

The New Haven data came from 51 youth who were accessing services at a homeless youth drop-in center in Fall and Winter 2014. The participating agency was Youth Continuum.

The Clark County data came from youth who were receiving services in Fall 2014 from the main agencies that serve foster youth, probation youth, and homeless youth in Clark County, NV. Participating agencies were: Eagle Quest; Southern Nevada Children First; Nevada Partnership for Homeless Youth; Nevada Partnership for Homeless Youth; Clark County Department of Family Services; St. Jude's Ranch for Children; and Clark County Department of Juvenile Justice Services.

Table 1: Implementation Type at Each Site	
SITE	GOAL FOR IMPLEMENTATION
LA – Drop Ins	Original dataset for National Institute of Mental Health (NIMH) Study
LA – SH	Inform planning around housing and services capacity
Chicago	Incorporate into Central Referral System for Supportive Housing and Homeless Youth Count survey.
Clark County, NV	Deliver to youth in care; and Inform system-level planning around housing and services capacity.
New Haven, CT	Inform planning around housing and services capacity
Rural Washington State	Inform organizational planning for, and prioritization into, housing.

Scoring the TAY Triage Tool:

The following questions were assessed in each community, by agency staff working with youth in their particular program. An affirmative answer to any question resulted in a one point increase in a youth's score. Question, 3 has two parts and answering in the affirmative to either question resulted in a one point increase, but only 1 point is awarded even if youth answered yes to both 3a and 3b. In the original survey from which the tool was created, running away from foster care or running away from home were assessed with a single item, but have been separated for added clarity in the subsequent administrations of the tool described here.

Table 2: TAY Triage Tool Questions
1. **Have you ever become homeless because:** There was violence at home between family members
2. **Have you ever become homeless because:** I had differences in religious beliefs with parents/guardians/caregivers
3a. **Have you ever become homeless because:** You ran away from my family home? 3b. **Have you ever become homeless because:** You ran away from a group home or foster home?
4. If you have ever tried marijuana, how old were you the first time you ever tried it? *(1 point if youth reports age 12 or younger)*
5. Before your 18th birthday, did you spend any time in jail or detention?
6. Have you ever been pregnant or got someone else pregnant?

Not surprisingly, the scores vary by community. These differences in score likely reflect both regional differences in homeless youth populations as well as differences in the specific service settings in which youth were interviewed. As the original LA data was collected exclusively from drop-in centers which see a larger percentage of youth who are actively sleeping outside and who are often very high risk, it is not surprising that more youth scored higher in that sample relative to the sample recruited in Chicago, which included housing programs and parenting programs.

Table 3: TAY Triage Tool Scores Across Communities, 2011–2014

Score	LA - Drop Ins		Chicago		LA - SH		Clark County		New Haven		Rural WA	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
0	109	16.9	37	39.4	35	28.2	58	29.2	6	11.8	4	16.0
1	183	28.3	27	28.7	42	33.9	59	29.7	13	25.5	9	36.0
2	170	26.3	16	17.0	18	14.5	47	23.6	22	43.1	4	16.0
3	118	18.3	10	10.6	17	13.7	15	7.5	7	13.7	5	20.0
4	51	7.9	3	3.2	7	5.6	13	6.5	3	5.9	3	12.0
5	13	2.0	1	1.1	4	3.2	6	3.0	0	0.0	0	0.0
6	2	0.3	0	0.0	1	0.8	1	0.5	0	0.0	0	0.0

Interestingly, in most communities, approximately 10% of youth score 4 or higher, with the exceptions being New Haven and Chicago. The most encouraging feature of these results is that across several communities, in different parts of the country, the TAY Tool has sufficient sensitivity to generate a distribution of scores in each community. This is particularly apparent when visually assessing the distribution of scores in the chart below (Figure 4).

Figure 4: TAY Triage Tool Scores by Community
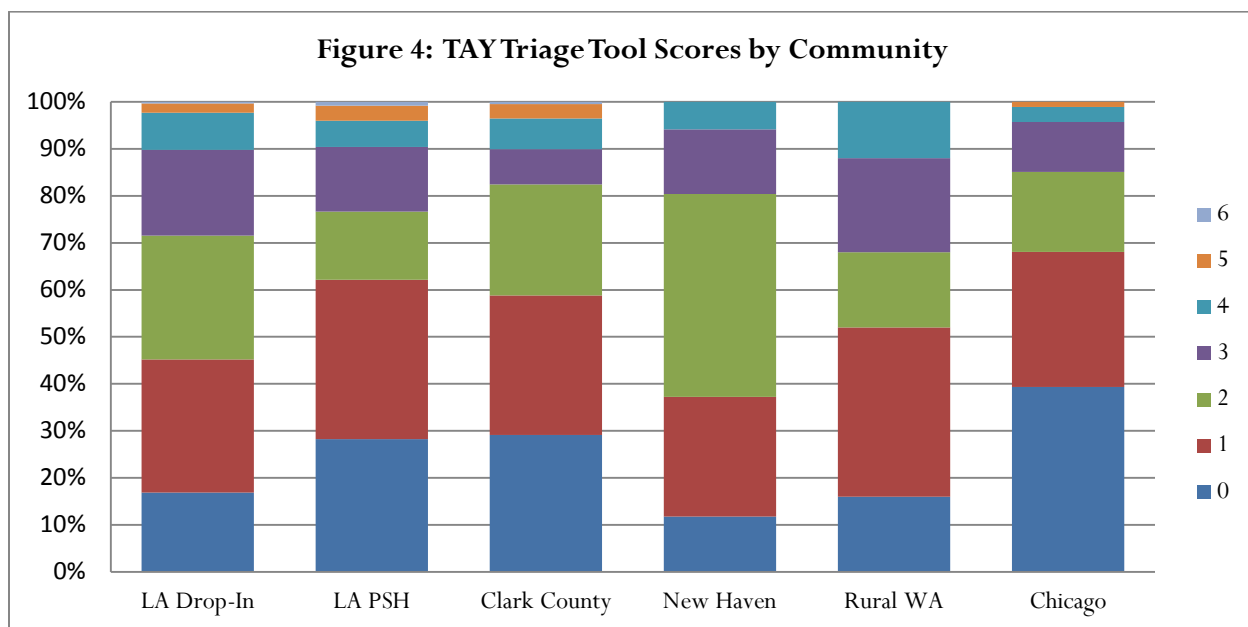
Generalizability of the TAY Triage Tool Beyond Los Angeles:

Determining generalizability requires a significant sample size to run the data analysis. In our case, the largest data sample came from the Clark County site (n=199). The most critical question to ask of the data from Clark County is: does an increasing TAY Triage Tool score show an association with "long term" homelessness, as was the case in the LA data? To assess this, youth in Clark County were asked "In thinking about your whole life, how long in total have you been without a home, or a regular place to stay/sleep, or been homeless?" Answers were transformed into years homeless.

From October to December 2014, 199 youth, ages 13 - 24, were surveyed by support service providers in Clark County, using a questionnaire that had the TAY Triage Tool questions embedded within it. Data was collected from 10 unique provider programs that were the main organizations in the community serving homeless youth, foster care-involved youth, and juvenile justice-involved youth. The data are a convenience sample of youth available in programs during the time of recruitment. Surveys were administered in person by trained providers and data was entered into a SurveyGizmo online data entry form. De-identified data was subsequently analyzed by Dr. Rice using SAS.

To assess the generalizability of the TAY Tool it is not important that the populations under study have the same distribution of time homeless, but rather that the TAY Triage Tool score shows a consistent association between time homeless and increasing TAY score. In the original Los Angeles study, Rice found 18% of homeless youth recruited from drop-ins reported 5 or more years homeless, whereas in Clark County 4.5% reported 5 or more years and 15.6% reported 2 or more years. In the original Los Angeles drop in center data, the correlation coefficient of the association between years homeless and TAY Triage Tool score was 0.345, significant at the $p<.001$ level. In Clark County this correlation is 0.256, significant at the $p<.001$ level. In Rice's LA sample, controlling for age, a one point increase in the TAY Triage Tool was associated with a 1.64 increase in the odds of being homeless for two or more years (95%CI : 1.40, 1.92). In the Clark County data, we observed a 1.50 increase in the odds of being two or more years homeless with every added point on the TAY Triage Tool (95% CI: 1.14, 1.99). There was a trend toward significance in the correct direction for five or more years. While the distributions shown in Figure 4 are encouraging, tying these data to outcomes, would allow for deeper assessment of the generalizability of the TAY Triage Tool. Overall, these results provide compelling evidence for the generalizability of the TAY Triage Tool outside of Los Angeles.

Determining Validity of the TAY Triage Tool

Collectively, these data provide a great deal of support for the validity of the TAY Triage Tool. With respect to construct validity, the data is clear that the TAY Triage Tool not only is associated with long term homelessness, but also a host of issues known to be associated with long term homelessness among homeless youth, including substance use, sexual risk taking, mental health problems, and disengagement from school. With respect to face validity, the tool is also highly valid. Despite some initial concerns from the community advisory boards, the youth were able to provide a great deal of context for the TAY Triage Tool item which captures religious conflict.

Face Validity:

To assess the face validity of the tool, we shared the tool and its items with a large array of researchers, providers, and advocates to obtain their feedback. In addition, we conducted six focus groups, four with youth and two with providers, to dive more deeply into the face validity issues raised by providers and researchers.

Preliminary Response from the Community Advisory Board

When we shared the results of the TAY Triage Tool analysis with the community advisory board, there were three issues surrounding face validity which emerged. First, four of the six items were perceived to be valid on their face. Two items, marijuana use prior to age 12 and leaving home due to religious conflict were perceived as unexpected. The third surprise that arose was that LGBT youth and foster care involved youth were not more likely to experience long term homelessness. We address each of these three issues.

First, four out of the six items on the TAY Triage Tool were all found to have obvious face validity. Specifically, it was not surprising that early incarceration, family abuse, runaway experiences, and pregnancy were associated with longer term homelessness.

Second, two of the items were not perceived to be obvious in their face validity. Due to the perception that marijuana is relatively low risk as compared to other street drugs, such as methamphetamine or heroin, providers questioned why early marijuana use might be important as a predictor of long term homelessness. Discussions on this issue raised a number of assumptions about the environment in which a youth might try marijuana at age 12 or younger. What is important to remember from previous research is that early initiation of marijuana has been repeatedly shown to be associated with increased risk for substance abuse problems later in life (e.g. Hawkins, Catalano, & Miller, 1992; Gfroerer & Epstein, 1999). As such, from the perspective of prior research, this item has much face validity.

The community advisory boards were also perplexed by the presence of religious conflict as being associated with long term homelessness. The face validity of this item can be reconciled with an understanding of two issues. One, many youth who are LGBT are not homeless because of their sexual identity unto itself, but rather because of the conflict that such identities engender in households and communities where homophobia persists. Moreover, issues around morality and "problematic" adolescent behaviors, such as sexual activity and substance use can create family conflict even in the absence of issues of sexual identity. These issues were explored in great detail with youth in our focus groups, which we report on below.

Finally, the community advisory boards expressed concern over the fact that neither a history of foster care involvement, nor sexual minority status, were included in the TAY Triage Tool. Both factors were tested as part of the construction of the tool, but were not found to be statistically significantly associated with long term homelessness. This result requires some contextualization. First, research has clearly demonstrated that in the general population of youth, youth in the foster care

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What is Validity?
Validity refers to the extent to which a measure, such as a scale or an index, is in fact measuring what it is intended to measure. For the purposes of this report, we examined two types of validity:
1. Face Validity – This is the sense of confidence by researchers that a measure seems appropriate "on its face." This is the weaker and most superficial form of validity.
2. Construct Validity – This is the more rigorous form of validity testing, where one examines if the measure behaves "as it should" with respect to other constructs, or concepts. Data analyses are run to see if the measure is associating with other issues that are known to be associated with that construct.

system (Barth, 1990; Dworksy et al., 2013) and LGBT youth (Corliss et al., 2011; Rice et al., 2013) are disproportionately likely to experience homelessness. What must be remembered is that these studies are based on looking at youth in foster care or youth in school settings, not youth who are already on the streets. The data which was used to generate the tool was collected from youth who were actively homeless and accessing drop-in centers. So although the research is clear that youth who identify as LGBT and youth in the child welfare system are more likely to experience homelessness, these youth are not more or less likely to remain homeless for longer compared to youth without these experiences. LGBT youth and youth with child welfare histories are just as likely as youth without those histories to experience long term homelessness once they enter homelessness.

Focus Groups

A total of six focus groups were conducted in 2014 in two distinct neighborhoods in Los Angeles. Two of the focus groups were with agency staff using the TAY Triage Tool, and four focus groups were conducted with youth who were clients at the participating agencies. The first agency operated a drop in center for homeless youth in Hollywood, and the second agency operated a drop in center and a range of housing for homeless youth in Boyle Heights.

For the staff focus groups, all staff who were involved in administering the TAY Triage Tool with youth at their agency were invited to participate. In Hollywood, this included four case managers and two peer outreach workers who were former homeless youth. In Boyle Heights, this included two case managers. Staff were invited by Dr. Rice and were not provided any financial compensation to participate. Youth were recruited by Dr. Rice at the agency with the assistance of staff. Youth were compensated $20 in the form of a gift card for their participation in the focus group. There were a total of 18 youth in the 4 focus groups. Four were Latino, 4 were white, and 10 were African American. Four were female and 14 were male, all were between 18 and 24 years old.

For both youth and provider focus groups, an Information Sheet for non-medical research was used, as signed consent would have been the only place where identifying information would be collected. The information sheet detailed the scope of their participation, the voluntary nature of their participation, including the right to refuse to answer any questions, and contact information for the investigator.

All focus groups were audio recorded and professionally transcribed. Two researchers (Dr. Rice and Mr. Morgan) then coded through a process of selective open coding focused on themes relevant to the TAY Triage Tool. For the first stage of the coding process, each researcher read several transcripts and met to discuss emergent patterns. Codes were compared and a codebook was created by consensus. After finalizing the codebook and establishing a high degree of intercoder agreement, all 6 transcripts were coded independently by both researchers. All procedures for these focus groups were approved by the University of Southern California's Institutional Review Board.

Several key themes emerged with respect to issues relevant to face validity of the TAY Triage Tool. Most youth found the questions in the tool to be understandable. Without any prompting, many began to relate the items to their own experiences. As one youth said, "To me two of them make sense. The one about the religious belief, I mean one and two because I can relate to one and two."

A typical response to our inquiries about whether the wording of the items was clear was a declaration of yes, followed by a statement about how common the issue was, for example, youth would respond, "That makes sense to me. I've definitely heard about that. "

In our preliminary work with our Community Advisory Boards, some surprise emerged around the item which assessed religious conflict as a reason for leaving home. As a result, a deep dive into this item was an explicit priority of the focus groups with youth. The youth were quickly and easily able to explain how this item related to their experiences. As one youth put it, "A lot of kids run away due to religious beliefs."

Table 5: Demographic Profile of Drop-In Center Youth, Los Angeles CA 2011-13		
Gender	**n**	**%**
Male	460	72.21
Female	166	26.06
Transgender (Male to Female)	8	1.26
Transgender (Female to Male)	3	0.47
Sexual Orientation		
Gay/Lesbian	47	7.48
Queer	4	0.64
Bisexual	94	14.97
Heterosexual	467	74.36
Questioning/Unsure	16	2.55
Race		
American Indian	14	2.2
Asian	3	0.47
African American	168	26.42
Native Hawaiian/ Pacific Islander	4	0.63
White	220	34.59
Latino	103	16.19
Mixed Race	124	19.5
Place of Origin		
Los Angeles	286	46.43
Southern California, but not Los Angeles	55	8.93
California, but not Southern California	25	4.06
United States, other than California	210	34.09
Outside of the United States	40	6.49
Age		
18	54	8.48
19	87	13.66
20	111	17.43
21	97	15.23
22	96	15.07
23	86	13.5
24	80	12.56
25	26	4.08

Youth described how not adhering to the prevailing religious beliefs of a community or a given family could lead to conflicts which resulted in running away or being thrown out of the home. As one youth said, "I'm from the South so if you aren't Christian you have to leave the household, pretty much." And as another youth stated of her own experience, "One of the foster homes I was in there was like there were like they're Baptist and they forced me to go to their church every Sunday. And I'm pagan so it was kind of not…that's one of the reasons why I ran away. One of the many reasons along with them hating gay people."

Youth described how conservative religious backgrounds and sexual minority status of youth often conflicted. As implied by the previous quote, sexual identity issues were a part of the religious conflict. Other youth were even more explicit about this issue, for example as one youth bluntly stated, "Like if you're Christian and you're gay sometimes they'll kick you out immediately after you tell them."

Construct Validity:

There are several types of validity which can be used to assess whether an index like the TAY Triage Tool is valid. One of the strongest forms of validity is what researchers refer to as *construct validity*. This type of validity assesses to what extent a scale or index has the relationships with other variables that we would expect the scale to have. The tool was designed to assess those youth who are likely to experience long term homelessness. If the index has *construct validity*, then it should also have associations with other variables which are known to have associations with long term homelessness. For example, mental health issues, substance abuse issues and sexual risk taking have all been observed to have relationships with how long youth spend homeless (e.g. Kipke et al., 1997; Tyler et al., 2004; Rice et al., 2008).

A sample of 646 homeless youth (aged 13-29 years) were recruited from three drop-in centers located in Santa Monica, Venice and Hollywood, CA, from October 2011 and January 2013. All youth receiving services at these agencies during the data collection period were eligible to participate in completing a two-part survey (a self-administered survey and a social network interview).

The study consisted of two parts: a social network interview and a computerized self-administered survey. The latter included an audio-assisted version for those with low literacy, and both parts of the study could be completed in English or Spanish. Participants received a total of $20 in cash or gift cards as compensation for their time. The Institutional Review Board (IRB) at the University of Southern California approved all survey items and procedures.

Recruiters were present at each agency for 19 days to approach youth for the duration of service provision hours. Each agency has one main entrance where youth sign-in for services for the day to ensure all youth were approached. Youth who were new to the agency first completed the agency's intake process before beginning the study, to ensure they met the eligibility requirements for the study. A consistent set of two research staff was responsible for all recruitment, to prevent youth from completing the survey multiple times.

Signed voluntary informed consent was obtained from each youth, with the caveats that child abuse and suicidal and homicidal intentions would be reported. Informed consent was obtained from youth 18 years of age and older and informed assent was obtained from youth 13 to 17 years old. The IRB at the University of Southern California waived parental consent, as homeless youth under 18 years are unaccompanied minors who may not have a parent or adult guardian from whom to obtain consent. Interviewers received approximately 40 hours of training, including lectures, role-playing, mock surveys, ethics training, and emergency procedures.

Turning to Table 6, one can see that the TAY Triage Tool is strongly associated with several other markers of vulnerability which are known to be associated with long term homelessness. To assess these associations, we broke the sample into two groups, youth who scored 0 through 3 on the tool and those who scored 4 through 6. In particular, we assessed current (past 30 days) substance using behaviors, current mental health status, history of traumatic experiences, educational attainment and foster care experience.

Table 6: Construct Validity of the TAY Triage Tool			
	Scored 0-3	Scored 4-6	
	n=549	*n=65*	
	%	**%**	
Recent substance use			
Drank 5 or more drinks in a row	45.9	50.0	
Used marijuana on a daily basis	45.9	66.7	**
Used methamphetamine	23.7	40.9	**
Used cocaine	15.4	13.9	
Used heroin	9.7	10.6	
Injected drugs	2.8	4.6	
Traumatic experiences			
Being hit, punched, or kicked very hard at home. (Do not include ordinary fights between brothers and sisters.)	39.5	64.6	***
Seeing a family member being hit, punched or kicked very hard at home. (Do not include ordinary	35.7	60.9	***
Being beaten up, shot at or threatened to be hurt badly in your town.	42.5	76.2	***
Seeing someone in your town being beaten up, shot at or killed.	54.6	79.7	***
Seeing a dead body in your town. (Do not include funerals.)	36.8	73.4	***
Having an adult or someone much older touch your private sexual body parts when you did not want them to.	23.3	46.8	***
Hearing about the violent death or serious injury of a loved one.	48.4	76.2	***
Physically forced to have sex when you did not want to.	19.0	42.6	***

Mental Health Status			
PTSD	30.4	46.7	*
Depressed	51.2	66.7	*
History			
High School dropout	38.5	53.0	*
Recent Sex Risk-Taking			
Unprotected sex last intercourse	45.5	65.2	**
Exchanged sex for money, food, drugs, housing in past three months	7.2	15.2	*
* = p<.05; ** = p<.01; *** = p <.001, chi-squared tests			

Overall the TAY Triage Tool does a very good job in identifying, not only youth who are at risk for long term homelessness but also a great many other problems. 47% of youth who score 4 or higher scored as suffering from post traumatic stress relative to 30% of youth who scored less than 4. Likewise, 67% of the youth who scored 4 or higher, relative to 51% or youth who scored less than 4 can be classified at depressed. Across all eight traumatic experiences which were assessed, youth who scored 4 or higher reported more of these experiences relative to youth who scored less than 4. All of these mental health results are statistically significant.

With respect to substance use, the picture is slightly less clear. Youth who scored 4 or more on the triage tool were more likely to report daily marijuana use (67%) and past month methamphetamine use (41%) relative to youth who score 3 or less (46% daily marijuana and 24% past month methamphetamine use). These results were statistically significant, however, no statistically significant results were found with respect to binge drinking, cocaine, heroin, or injection drug use in the past month by TAY Tool score.

Two items were used to assess sexual risk taking in the recent past. Youth reported whether or not the had "exchanged sex for money, drugs, a place to stay, food or meals, or anything else?" in the past three months. Fifteen percent of those who scored 4 or higher responded yes, whereas only 7% of those who scored 3 or lower did so. Likewise, youth were asked whether or not the last time they had sex whether they used a condom during anal or vaginal intercourse. Among those who scored 4 or higher, 65% reported either vaginal or anal a sex without a condom, whereas only 46% of those who scored 3 or lower reported unprotected sex during their last sexual encounter.

Finally, it is noteworthy that youth who scored higher on the TAY Triage Tool were also drawn significantly and disproportionately from a group of high school drop outs. Approximately 53% of those who scored 4 or higher were drop outs while among those who scored 3 or less 38% were drop outs.

Overall, these results indicate a high degree of construct validity for the TAY Triage Tool based on the analyses conducted with the original data collected in drop in centers in Los Angeles. As one would expect, youth who score high on the TAY Triage Tool are not only more likely to report longer time spend homeless, but also poorer mental health, increased substance use, increased sexual risk taking, and decreased high school completion.

Additional Construct Validity Results from Clark County, NV

Turning to the results from Clark County, we find additional support for the construct validity of the TAY Triage Tool. Youth in Clark County were given two different mental health assessments, the CES-D to assess symptoms of depression and the PC-PTSD to assess symptoms of post traumatic stress. As was the case in Los Angeles, youth with higher scores reported more depressive symptoms (r=0.32, p<.0001) and symptoms of post traumatic stress (r=0.29, p<.0001).

Table 7: Demographic Profile of Youth Surveyed in Clark County						
	%	**n=199**			**%**	**n=199**
Race/Ethnicity				**Age**		
American Indian or Alaskan Native	1.0	2		13	0.51	1
Asian	1.5	3		14	1.02	2
Black or African American	33.3	65		15	9.14	18
White	26.7	52		16	19.29	38
Native Hawaiian or Other Pacific Islander	2.1	4		17	20.3	40
Latino/Hispanic	18.0	35		18	22.84	45
Mixed race	17.4	34		19	8.63	17
Refused to answer		4		20	12.18	24
				21	3.55	7
Gender				22	1.52	3
Male	49.2	97		23	0.51	1
Female	50.8	100		24	0.51	1
Transgender	0.0	0		Refused to Answer		2
Refused to answer		2				
Sexual Orientation						
Gay, Lesbian	4.1	8				
Bisexual	10.7	21				
Straight	84.8	167				
Questioning/ Unsure	0.5	1				
Refused to answer		2				
Region of Origin						
Clark County area	68.56	133				
Nevada, but not Clark County	1.55	3				
State other than Nevada	27.84	54				
Outside the U.S.	2.06	4				
Refused to answer		5				

Implementation Feedback from Youth and Providers

Issues of implementation of the tool were discussed during focus groups with both youth and providers. A total of 6 focus groups were conducted in 2014, two with providers using the TAY Triage Tool and 4 with youth who were clients at the participating agencies. All focus groups were audio recorded and professionally transcribed. Two researchers (Dr. Rice and Mr. Morgan) then coded through a process of selective open coding focused on themes relevant to the TAY Triage Tool. For the first stage of the coding process, each researcher read several transcripts and met to discuss emergent patterns. Codes were compared and a codebook was created by consensus. After finalizing the codebook and establishing a high degree of intercoder agreement, all 6 transcripts were coded independently by both researchers. All procedures for these focus groups were approved by the University of Southern California's Institutional Review Board.

Provider Feedback

There were four main themes raised in the provider focus groups with respect to implementation. First, the tool is easy to use and requires minimal training. Second, the tool works best when embedded within an intake or other agency-driven screening protocol. Third, youth may not be fully honest in their answers if they do not trust agency staff. Finally, building rapport with youth even at first meetings is important to get reliable information.

The providers who had experiences implementing the tool in their agencies all reported that the TAY Triage Tool was easy to use. The groups reported that most of the questions within the tool were very similar to questions used in screening instruments which they had been using previously. "Well, these are pretty common questions that we also ask as part of our intake process." Moreover, the providers reported that the tool could be delivered very quickly, "I'd say one to three minutes tops…. Five at the most." When asked if additional training around the tool was needed providers responded that the tool was intuitive and did not require much specialized training to deliver. As one provider responded when asked if more training was needed, "I don't' think so…It's pretty, I mean, it's just questions."

Providers were quick to offer that embedding the tool into existing screening or intake tools was the easiest way to actually deliver the tool. One provider offered the following, "when you kind of incorporate it with the intake process and make it seem like it's part of the process, that it's part of our program that you kind of have to answer these questions it's a little bit easier."

There was some concern on the part of providers that some youth may not be completely honest in answering all the items on the tool. As one provider said, "…at the beginning they tend to be very guarded because they feel like if they say something […] they're not going to get housed." As one provider further elaborated, "Once they get to know you they kind of disclose more information about themselves and their answers can kind of change." And another suggested, "Maybe we should just include some sort of thing like being able to mark off 'I know this person is lying to me. This is not an accurate answer.'"

To overcome this problem of honest responses, providers suggested that building rapport was key. The following three quotes provide language used by these providers to build rapport with new clients and help to elicit honest responses.

- "I usually just take a pause and be like, 'Look the reason that we're doing this is because you expressed to me that you really, really, really want housing. The best thing that you can do to help that happen is to be completely brutally honest with me.'"

- "I'm not here to judge you. I'm here to listen to you. You don't have to explain anything. I just need you to be accurate in your responses."

- "I'm going to have to ask you a bunch of questions. They're really kind of intense. They're pretty personal." that whole thing. But then I do "And for the purpose of this… Like I know you have so many f- [expletive] strengths

and I know that you've survived on these streets for a really long time, but for the purpose of this I actually need to know about the times that it was a complete struggle."

Youth Feedback

In the context of the focus groups with youth, several important themes emerged with respect to the implementation of the tool. First, questions such as those on the TAY Triage Tool are very common in their experience. Second, just because these questions are common does not mean that youth are happy about being asked such personal information. Rather, there is a sense that interacting with systems of care force a transparency with respect to personal information which is invasive, and generally common. Third, youth were clear that some youth will not be honest in their answers to these questions, particularly if they feel they are being judged or resources may be withheld or provided depending upon their answers. Fourth, there was concern that some of these items could be traumatic triggers for youth who are having trouble with those particular issues. Finally, while there was cynicism expressed by youth with respect to prioritization efforts for homeless youth, there was agreement that some youth, particularly youth with disabilities and youth who are pregnant or parenting, should be prioritized for housing.

Youth were very clear that questions such as those on the TAY Triage Tool were a very common part of their experience in interacting with social service agencies. As one youth bluntly stated, "There's not a question that I haven't been asked."

Just because questions such as these are very common, does not mean that youth are always comfortable providing this information. Many of the youth have a long history of engagement with systems of care that force a transparency and require disclosure of much private information. As one youth sarcastically stated "Oh, oh I'm sorry. I just, I love these questions, I guess, I've been in the system since I was four, after a couple of horrible incidents so it's just, it makes me giggle." While answering these private questions is common, it is not comfortable for many. As another youth stated, "…do you really need to know if my mom hit my dad or if my dad hit my mom twenty years ago?"

The focus group participants reported that many youth may be dishonest in their responses. They reported that youth have been dishonest about mental health conditions in order acquire housing, "People with mental health qualifications are being prioritized. And what I've seen a lot of is people like youth are sort of encouraged to say that they have mental health issues to go through… just go through therapy on a regular basis and say "I'm depressed" or this and that. And in essence they're really just regular people." And as another youth bluntly stated, "You tell me to get housing, s-[expletive], I'm gonna pretend to be mental."

Youth also expressed concerns that some of the items in the TAY Triage Tool, particularly the items asking about reasons for becoming homeless could be traumatic triggers for some youth. As one youth stated, "That can bring up a lot of bad traumatic experiences with certain people…" and another said, "…for people that did have violence in the household and just sitting there talking about it, break down crying…"

Finally, many youth expressed a certain cynicism about prioritization efforts for youth. It is difficult to know if this was because youth feared that prioritization efforts might leave them without housing resources or if it was a larger concern about equity in the distribution of resources. Both issues seemed to factor into responses. The following quote articulates this this stance well:

> "You're still homeless. You're still homeless so it's like that's the… No matter what these questions don't change the homeless to a capital "H" homeless: You're a capital "H" homeless. You're not a lower case "homeless." You're a capital "H" homeless. You're still f-[expletive] homeless. Excuse my language."

Recommendations Based on Youth and Provider Feedback

Based on the feedback from the youth and providers we offer the following recommendations regarding an effective and sensitive implementation of the TAY Triage Tool.

- **Embed the tool within an existing intake form or screening tool.** This will allow the items to be incorporated into existing workflow. The questions should be placed in sections of the existing form that have similarities to the specific questions. We developed a screening tool which was piloted by partners in Nevada and Connecticut, and it is available on the CSH website. Other communities, such as Chicago, have integrated the questions into their Central Referral System for accessing supportive housing.
- **Rapport building with youth is crucial to elicit honest answers and to overcome cynicism about prioritization efforts.** The three quotes from providers above are good examples of language which can be used to frame the screening process. Providers express that delivering assessment tools with a more conversational approach can elicit more honest answers and feel less formal to youth. A conversational approach also helps with building rapport, as the conversation is more about getting to know the youth and their needs.
- **Sensitivity to youth is crucial in this process.** Youth have been asked questions like these over and over, yet still find them to be an invasion of their privacy. Moreover, for some youth, particular items may trigger reminders of traumatic experiences. Sensitivity training for staff as well as access to case workers and therapists is important when working with youth, even in the context of screening.
- **Minimal training is needed** to implement this tool and mostly should focus on issues of rapport building and sensitivity to youth needs.

Final Thoughts

Overall, the pilots and focus groups provide quantitative as well as qualitative data that reinforce the validity and generalizability of the TAY Triage Tool across different communities. Examining the outcomes of implementation in future years would provide further opportunities to collect data and lessons learned. Ultimately, it is up to communities who implement this tool to decide how to use the tool in prioritization for housing and services or community planning efforts. We recommend that communities assess youth by integrating the tool questions in a broader intake or assessment process, and place youth with higher scores into longer-term, safe and stable housing that offers a high level of supportive services, such as supportive housing. Further research to evaluate the efficacy of different housing interventions for youth, compared to youth's score on the TAY Triage Tool could provide a dataset to understand the impact of housing interventions among youth at risk of long term homelessness.

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