



Creating a TAY Triage Tool: Prioritizing Transition Age Youth (TAY) for Permanent Supportive Housing

With the generous support of the Conrad N. Hilton Foundation and the W.M. Keck Foundation, CSH partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless transition age youth for permanent supportive housing. This brief describes the methodology for developing the tool and outlines next steps for learning about the usability and efficacy of the tool.

SUMMARY

A Triage Tool for assessing vulnerable transition age youth (TAY) age 18-24 was developed by Dr. Rice, in conjunction with Corporation for Supportive Housing (CSH). The tool was developed in consultation with providers of permanent supportive housing (PSH) to youth, consultation with stake holders from youth systems of care, and site visits with six providers of permanent supportive housing to youth, that at the time of this report, operate approximately 75% of the total PSH units available for TAY in LA County. Data from Rice's NIMH-funded survey of approximately 700 homeless youth, recruited from drop-in centers in the Los Angeles communities of Hollywood, Santa Monica, and Venice, from 2011 to 2012 was used to conduct the subsequent analyses. The results of the analysis were then vetted with youth housing providers and key public systems of care stakeholders. The resulting tool consists of six items. Each item unto itself is associated with "long-term" homelessness among homeless TAY. For the purposes of this report, "Long-term homelessness" is equivalent to five or more years of homelessness. Permanent supportive housing refers to a housing intervention where the housing unit is permanently affordable with no time limits on how long a tenant can stay. Services are voluntary and each tenant has their own lease. We suggest prioritizing youth who endorse multiple items for permanent supportive housing.

BACKGROUND

What is a triage tool for transition age youth?

In the most basic of terms a triage tool is an assessment of vulnerability used to assign housing priorities for street-living persons. Several indices have been created that target homeless adults neediest of permanent supportive housing. To our knowledge, this is the first attempt to create a youth-specific tool, designed to provide priorities for placing youth into permanent supportive housing. Vulnerability assessments for adults have relied on associations with pre-mature mortality (Swanborough, 2011; Juneau Economic Development Council, 2009; Hwang, Lebow, Bierer et al., 1998) and greatest system costs (Economic Roundtable, 2011). Youth ages 18 to 24, also known as "transition age youth (TAY)," are unlikely to experience health-related premature mortality, nor are they likely to have yet incurred enormous system costs.

METHODOLOGY

Vulnerable to what?

Unlike the adult tools, which are based on developing predictors of system cost or pre-mature mortality, the TAY Triage Tool is "anchored" in assessing which youth are most likely to experience "long-term" homelessness. This decision was determined in consultation with key stake holders in the systems of care working with homeless transition age youth. Separate discussions were held with a Research Advisory Council consisting primarily of providers from systems of care, and with six teams of TAY PSH providers who are grantees of Corporation for Supportive Housing's TAY initiative. Both groups concluded that prevention of long term, chronic homelessness was the outcome most desired for TAY and hence, vulnerability to "long-term" homelessness was deemed the most appropriate focus of the triage tool development.

How long is "long term"?

We determined that five or more years of total time homeless would be our working definition of long-term homelessness. Data from Rice's NIMH-funded survey of 646 homeless youth, recruited from drop-in centers in Los Angeles from 2011 to 2012 was used. 18% of the youth reported five or more years of homelessness. The Housing and Urban Development definition of chronic homelessness "either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least

four episodes of homelessness in the past three years,” includes far too many youth, as 41.64% of the sample fit this definition based only on being able to count youth with PTSD or Depression and no other disabling conditions. “Long-term” homelessness for TAY should not be confused with HUD’s definition of chronic homelessness, although only 6.4% of the sample qualified as “long-term” homeless but not chronic homeless.

What variables were examined?

Based on the literature on vulnerability and risk-taking among homeless youth (e.g. Milburn, Rice, Rotheram-Borus et al., 2009; Toro, 2011), we assessed a large number of possible variables to be included in the triage tool. We wanted to avoid complex issues of causal interpretation where possible. We attempted whenever possible, to focus on specifications of variables that were likely precede long-term homelessness. For example, rather than assessing current levels of alcohol use, we assessed if the youth had consumed alcohol at age 12 or younger. High levels of alcohol use could lead to long-term homelessness, but just as easily long-term homelessness could lead to high levels of alcohol use. Whereas, using prior to age 12 is unlikely to be an effect of long-term homelessness among a sample of 18 to 24 year olds.

We examined:

- 19 different reasons for becoming homeless (e.g. “I experienced sexual abuse.”; “my desire for adventure”)
- Alcohol use, marijuana use, first sexual experience at age 12 or younger
- Foster care involvement, incarceration prior to age 18
- 8 different traumatic experiences (e.g. “being hit, punched or kicked very hard at home.”)
- A brief 4-item screen for PTSD symptoms
- Employment, high school drop out, HIV positive status, testing positive for other STI’s, sleeping on the streets currently, having children, being pregnant (or impregnating someone), trading sex for money, food, drugs, housing or other resources
- Sexual orientation, gender, race/ethnicity

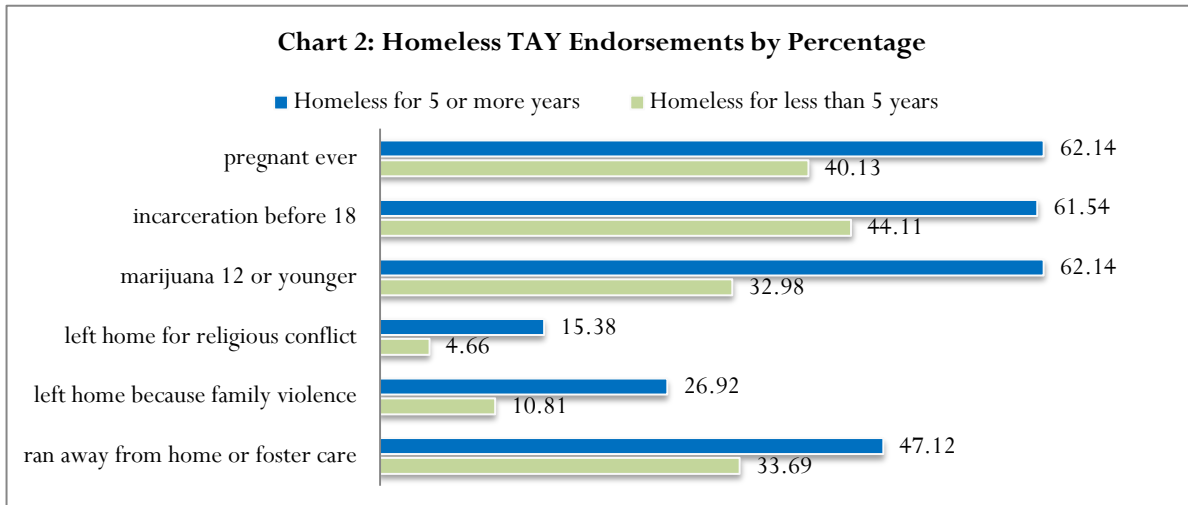
How were variables selected?

The final variables which we suggest using as part of the Triage Tool were selected in a two stage process. First, all associations with each variable were taken one-at-a-time, controlling only for age. Variables which were found to be statistically significant at the $p < .10$ level or higher were retained for stage 2. Second, the reduced set of variables was entered into a multivariate logistic regression model. We retained gender, race, age, and sexual orientation, but all other variables which were not significant at the $p < .05$ level were removed from the model. As shown in Table 1, the resulting model indicates which variables are independently associated with long-term homelessness for TAY.

Table 1: Items most associated with risk for experiencing 5+ years homeless

Reasons for becoming homeless:	Odds Ratio
1. Ran away from family home, group home, or foster home	1.65
2. There was violence at home between family members	2.23
3. Had differences in religious with parents/guardians/caregivers	2.62
Early risk taking:	
4. First marijuana use at age 12 or younger	3.05
5. Incarcerated before age 18	1.86
Other issues:	
6. Pregnant or have gotten someone pregnant	1.94
Note: The analysis controls for age, gender, sexual orientation, foster care history, and race. Confidence interval is 95% ($p < .05$).	

The Odds Ratio can be interpreted as in the following example: TAY who reported using marijuana at age 12 or younger were 3.05 times more likely to experience “long-term” homelessness, compared to those youth who used after age 12 or never used. Notice in most cases that youth who endorse any of these six items were between 1.7 and 3 times more likely to experience “long-term” homelessness. Chart 2 compares the endorsements of youth who experienced five or more years homeless and youth who experienced less than five years homeless.



Which variables were selected?

This strategy yields six variables which should be added to existing eligibility requirements for permanent supportive housing in order to determine prioritization for PSH units. Homeless transition age youth who endorse any one of these items are at a greater risk for experiencing five or more years of homelessness. In communities with a central assessment or referral system already in place, these variables should be used in place of prioritization tools that are specific to adults. The variables should be framed in the following questions:

Image 3: Homeless TAY Triage Tool Questions:

Did you ever become homeless because:

1. You ran away from your family home
2. You ran away from your group home or foster home
3. There was violence at home between family members
4. You had differences in religious or moral beliefs with parents/ guardians/ caregivers

5. How old were you when you tried marijuana for the first time?
6. Before your 19th birthday, did you spend any time in jail or detention?
7. Have you ever been pregnant or got someone else pregnant?

NEXT STEPS

How many endorsements is enough?

It is unclear exactly what the cut point should be using only the data available. It does seem most appropriate to prioritize youth who endorse more items over those youth who endorse fewer items. An accumulation of these items was also examined in a separate model. We found that with each item endorsed the likelihood of suffering “long-term” homelessness doubled (OR=2.1, p<.001). While each item, unto itself, is associated with an increase in the likelihood of reporting long-term homelessness, the most sensible use of the items will likely be to sum them so as to prioritize youth experiencing more issues over those experiencing less. As shown in Table 4, about 83% of all youth surveyed endorsed one or more items. Only about 10% endorsed four or more items. We recommend prioritizing youth who endorse four or more items.

Table 4: Percentage of youth w/ multiple endorsements

Total Endorsements	Percent Endorsed
0	16.87%
1	28.33%
2	26.32%
3	18.27%
4	7.89%
5	2.01%
6	0.31%

What do we still need to learn about the tool?

For homeless youth who endorse these items, our hypothesis is that permanent supportive housing provides the stable housing and wrap around services needed to end their homelessness for good. In Los Angeles, we are testing this hypothesis by collecting data on youths’ experiences getting into, and living in, permanent supportive housing.

To better understand if youth who endorse these items meet the eligibility requirements for the existing permanent supportive housing unit stock, CSH partnered with the Dept. of Mental Health, Penny Lane Centers, FPI Property Management, and L.A. Housing Partnership, to collect data collection during the lease-up process for permanent supportive housing units set aside for transition age youth. This process will allow us to see how far youth who endorse these items go in the lease up process and where they face barriers to accessing permanent supportive housing. Follow-up with the case managers who delivered the tool will allow us to learn about its usability, to further hone the tool and develop materials to support individuals or communities that wish to implement the tool.

In the longer-term, how do we know that permanent supportive housing is the right housing intervention for youth who endorse the items on the triage tool? To learn how youth who endorse these items thrive in permanent supportive housing, CSH will include the survey questions in a current evaluation of permanent supportive housing for transition age youth. Inclusion of these items in the evaluation will allow us to understand the service utilization and outcomes for youth served in permanent supportive housing.

We are currently identifying a number of Learning Pilot sites to learn more about implementing the tool in different communities. Organizations and communities interested in implementing the tool must contact CSH to discuss further.

For more information about the TAY Triage Tool, contact Angela Rosales at angela.rosales@csch.org.