

## Assessment Tools for Prioritizing Housing Resources for Homeless Youth

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### **Introduction, Context, and Evidence**

In almost all communities in North America, the number of youth experiencing homelessness exceeds the capacity of housing resources available to youth. This situation leaves communities with the terrible predicament of trying to decide whom to prioritize for the precious few housing spots available at any given time. For adults, this same dynamic exists and many communities have turned to vulnerability assessment tools to help them make these difficult decisions. Most of these tools have focused on assessing factors that are associated with either premature mortality (Hwang et al., 1998; Juneau Economic Development Council, 2009; Swanborough, 2011) or greatest system costs (Economic Roundtable, 2011). Youth aged 24 or younger are unlikely to experience health-related premature mortality, nor are they likely to have incurred enormous system costs. Thus in recent years a new set of tools was developed that specifically targets the needs and realities of homeless youth. The two most prominent of those tools are the TAY Triage Tool (Rice, 2013), developed by the Corporation for Supportive Housing (CSH) and me, and the Next Step Tool for Homeless Youth, which was developed by Orgcode in consultation with CSH and me (Orgcode, 2015).

The TAY Triage Tool is short 7-item (6-point) index based on extensive research I conducted in conjunction with CSH. Unlike the adult tools, which are based on developing predictors of system cost or premature mortality, the TAY Triage Tool is anchored in assessing which youth are most likely to experience long-term homelessness. This decision was reached in consultation with key stakeholders in the systems of care involving homeless youth, including providers of permanent supportive housing and representatives from foster care, juvenile justice,

housing, and mental health, who met with us to discuss what issues were most salient for youth (Rice, 2013).

Based on the literature on vulnerability and risk taking among homeless youth (e.g., Milburn et al., 2009; Toro, Lesperance, & Brackiszewski, 2011), we assessed a large number of possible variables to be included in the triage tool. We attempted whenever possible to focus on specifications of variables that were likely to precede long-term homelessness to avoid complex issues of causality. For example, rather than assessing current levels of alcohol use, we assessed whether the youth had consumed alcohol at age 12 or younger. High levels of alcohol use could lead to long-term homelessness, but long-term homelessness could just as easily lead to high levels of alcohol use. However, using alcohol prior to age 12 is unlikely to be a result of long-term homelessness.

In the process of selecting the final items included in the tool, we examined dozens of possible associations, including 19 reasons for becoming homeless (e.g., “I experienced sexual abuse” and “my desire for adventure”); alcohol use; marijuana use; first sexual experience at age 12 or younger; foster care involvement; incarceration prior to age 18; eight traumatic experiences (e.g., “being hit, punched or kicked very hard at home”); a brief 4-item screen for posttraumatic stress disorder symptoms; employment; high school dropout status; HIV positive status; testing positive for other sexually transmitted infections; currently sleeping on the streets; having children; being pregnant (or impregnating someone); trading sex for money, food, drugs, housing, or other resources; sexual orientation; gender; and race and ethnicity. For extensive details regarding the modeling strategy that resulted in the final scale, see the summary report on the tool’s development, which is available online (Rice, 2013).

This work was then followed by a 2-year period of pilot testing and assessment of the tool's generalizability and validity. Five communities pilot-tested the implementation of the tool, and we found that in most communities, approximately 10% of youth scored 4 or higher which we found to be associated with not only long term homelessness, but also substance use, and mental health risks (Rice & Rosales, 2015). More importantly, the generalizability of the tool was supported by data we collected in Clark County, Nevada, and the state of Connecticut, showing that TAY Triage Tool scores were associated with longer-term homelessness in those communities. We assessed the face validity of the measure in focus groups. More importantly, in data from Nevada and Connecticut, we also assessed construct validity. Again, for details regarding the testing of the tool, see the report on this work, which is also available online (Rice & Rosales, 2015).

Iain De Jonge and Orgcode were responsible for the creation of the Next Step Tool for Homeless Youth (Orgcode, 2015). They have described it as an evidence-informed tool, because its creation is based primarily on an extensive review of the scientific literature on vulnerability factors for homeless youth. In addition, in consultation with CSH and me, they incorporated items from the TAY Triage Tool into their larger assessment tool. It is worth noting that we eliminated some items they used from our tool because they did not differentiate between individuals who had experienced longer-term homelessness and those who had not. For example, one item we excluded was: "Have you been attacked or beaten up since you've become homeless?" Conversely, the Next Step Tool incorporated several items we did not consider, such as "Does anybody force or trick you to do things that you do not want to do?" Neither tool is perfect. Both, however, strive to identify vulnerable youth and help communities prioritize housing for youth based on objective criteria known to assess vulnerability.

## Intervention Components

Using either or both of these tools as an intervention requires several steps. First, a community must decide if a coordinated entry system (CES) should be developed or if the tool will be used by a single housing agency. Second, tools are then used either in the context of the CES or the sole housing agency to screen and assess the vulnerability of youth who are accessing services and in need of housing. Third, based on the scores, the community must decide which youth to prioritize for housing. This is not a trivial part of the process and one that is addressed in detail in a subsequent section. Fourth, communities must match youth to particular housing options available in their communities. This, too, is not a trivial task and is also described in greater detail. Fifth, communities must assess the outcomes of youth placed into housing with the tool and in an iterative fashion adjust the third and fourth steps to most effectively assist the greatest number of youth. Unfortunately, because these tools are very new and CESs for youth are just being enacted in many communities, there is still much debate about both prioritization and housing match, which is addressed in the following.

**Using a CES or not.** These two tools can greatly assist communities and even individual agencies with prioritizing youth for housing and perhaps matching youth to housing resources. As many communities, particularly in the United States, attempt to create CESs for youth, these tools are being incorporated into those systems. These systems usually cut across a continuum of care, in some instances a single city, county, or even state. Most CES efforts involve the majority of providers of basic care for homeless youth (e.g., drop-in centers, emergency shelters) and housing providers (including permanent supportive housing and transitional living programs). Although I do not have information about every community in the country, I have been on the steering committee for a nine-community collaborative called the Coordinated Entry Learning

Collaborative (CELC). This collaborative is led by Megan Blondin of MANY and includes Los Angeles, California; the state of Connecticut; King County, Washington; Colorado Springs, Colorado; Sacramento, California; Minneapolis, Minnesota; Washington, DC; Clark County, Nevada; and St. Louis, Missouri. This group is implementing the Next Step Tool and simultaneously collecting information on the specific items that comprise the TAY Triage Tool. The plan is to evaluate both tools as the data are collected simultaneously.

**Assessing vulnerability.** Both the TAY Triage Tool and the Next Step Tool are rapid vulnerability assessment tools. The Next Step Tool is a 28-item brief questionnaire that can be delivered independently. It can be obtained for free from Orgcode (2015). The TAY Triage Tool, on the other hand, is a 6 item tool and it recommended that communities embed the tool in a larger (but still short) assessment. Most communities have a brief screening tool that collects basic demographic and contact information and has some questions about program eligibility. Such a brief assessment is the ideal instrument in which to embed the TAY Triage Tool. Alternatively, CSH and I have posted a free example questionnaire online that can be downloaded and used with community-specific driven changes as need be (CSH, 2017).

Neither tool requires extensive training. In the case of the TAY Triage Tool, an online presentation is available that explains how to implement the tool effectively in a community context (CSH, 2017). Likewise, Orgcode describes the implementation of the Next Step Tool as very simple and not requiring extensive training. Orgcode has posted an online video on how to use the tool (De Jong, 2015).

In my work with the CELC, it has become clear that there is large variation in how communities are implementing the Next Step Tool, resulting in the assessment of very different groups of young people experiencing homelessness. Some communities are asking street

outreach workers to take the tool with them when they do street outreach and are thus assessing youth who may not be accessing any social services. Other communities are assessing youth in the context of drop-in centers. Thus many youth who are not accessing housing services are being reached, but youth who are entirely service resistant are not. Finally, other communities are using the tools only when youth present themselves at housing agencies looking for specific assistance with housing. This approach reaches an even smaller number of more highly service-engaged youth. The choice of method does seem to affect the distribution of scores.

Communities that use street outreach are seeing more high-scoring youth than those that use drop-in services as assessment points, which in turn see more high-scoring youth than communities that use the tools in the context of housing agencies. It is not clear what approach is the best, and each community should select a strategy based on its specific needs and resources.

Based on the research that went into the creation of both tools, youth who score higher on either tool are more vulnerable. In the case of the Next Step Tool, this is a general vulnerability not tied to a particular outcome. In the case of the TAY Triage Tool, youth who score higher are more likely to experience long-term homelessness, which was what was selected to anchor the question “Vulnerable to what?” Beyond long-term homelessness, youth who score higher on the TAY Triage Tool also have higher rates of depression, report more traumatic experiences, and report more problems with using drugs and alcohol. Again, details regarding these findings are available in the full report (Rice, 2013). One of the added benefits of the Next Step Tool is that it is based on a scoring system that has been calibrated to match the scoring systems of Orgcode’s tools for single adults and families. The TAY Triage Tool, on the other hand, is a standalone instrument that is not easily comparable to other assessment tools for other populations.

**Prioritizing youth.** Communities or particular housing organizations must decide how to use these scores to prioritize youth. This step depends largely on the housing resources available to a community. If a community has enough housing for every youth in need of housing, then a reasonable use of the prioritization tool may be to simply use it as a queueing mechanism, given that all youth will be placed. However, if there is an enormous gap between the need for housing assistance and the available housing resources, as is the case in Los Angeles County, then communities can use these tools to assign priority to youth for housing. Some youth who score low may never receive housing resources, whereas youth who score high will be prioritized for placements. For many providers and communities, this step is often painful because the desire to help all homeless youth is foremost in the minds of every provider I have ever known.

Perhaps the simplest way to think of prioritization is as a rank ordering of vulnerability. Youth who score higher are more vulnerable than youth who score lower. Thus to ensure that the most vulnerable youth are housed most quickly, an ideal situation would be one in which higher-scoring youth are placed before lower-scoring youth. This ideal situation is complicated by one important fact; research has shown that youth who exit homelessness to more stable housing quickly are less likely to experience negative mental health and substance use-related problems (e.g., Milburn et al., 2009; Toro et al., 2011). The benefit of the TAY Triage Tool in this context is that all the items are related to early life experiences that likely predate the first episode of homelessness and thus can be used to identify youth who are likely to experience many problems later in life, even if they have not yet manifested. Helping youth early in their homelessness experiences is important for long-term positive outcomes, and how this may or may not complicate the prioritization process is not entirely clear. The TAY Triage Tool (which is



embedded in the Next Step Tool) was built with an awareness of the importance of early intervention, which is why it focuses on early life experiences.

**Matching youth to housing.** Communities or housing organizations are then faced with the challenge of how to use these vulnerability scores in the context of making the decision about what specific programs are available to particular youth. With respect to the TAY Triage Tool, youth who score 4 or higher should be prioritized for high-intensity housing services, such as permanent supportive housing or high-intensity transitional living programs. This recommendation is based on research demonstrating that youth who score 4 or higher have a host of co-occurring issues such as mental health problems, substance abuse problems, and traumatic experiences. As such, youth who score 4 or higher are more likely to not only spend more time on the streets without intervention, but also have a host of other complex issues and challenges that will necessitate intensive case management in conjunction with housing resources. Orgcode recommends that youth who score 8 or higher on the Next Step Tool be assessed for long-term housing with high-intensity services. This decision was made to calibrate the youth tool to an equivalent scoring scale as the single adult and family tools.

The assumption behind both tools is that youth who are more vulnerable are in greater need of more intensive services, likely permanent supportive housing. Conversely, the assumption is that youth who score lower on these tools should need less-intensive services or may even be assisted with some basic diversion to other nonhousing support services. In theory, these assumptions seem reasonable. Unfortunately, as of the writing of this chapter, there is limited evidence to support these assumptions. A score of 4 or higher on the TAY Triage Tool does differentiate between youth who have more co-occurring issues and those who have fewer. Thus it seems reasonable to assume that the former will need high-intensity services. To date, I

am unaware of any statistical work conducted by Orgcode to help justify the 8-point cutoff score. As with the TAY Triage Tool, however, it seems reasonable to think that higher-scoring youth have greater need for intensive resources.

**Evaluating outcomes and refining the process.** I cannot stress enough the importance of this final step in the process. At the time of writing this chapter, even among the CELC communities, very few communities have placed enough youth into housing with the assistance of these tools to assess outcomes of housing placements after even 1 year. Thus we are in the uncomfortable position of not knowing exactly how well this entire process will work in the end. It is essential that communities conduct extensive qualitative and quantitative evaluations of the assessment, prioritization, and matching process to iteratively refine these processes. The lives of thousands of youth depend on the thoughtful and rigorous implementation of housing interventions.

In the context of outcome evaluations, communities should assess whether the tools are appropriately assessing, prioritizing, and placing all youth. It is possible that some youth who score high on either vulnerability tool will need only time-limited supports of moderate intensity, because they possess a host of personal resilience factors that outweigh their vulnerability. Likewise, there may be some youth who score relatively low on the tools for whom high-intensity services are very important. Based on my work with the CELC, the latter are likely to be youth with severe cognitive or developmental delays who may not be highly engaged in many forms of risk taking but nonetheless need high-intensity services to thrive. It seems reasonable that communities attempt to make allowances for these and other exceptional cases as they plan, evaluate, and iteratively adjust their housing systems for youth.

## **Implementation Considerations**

First, scores on these tools should not be translated into housing-placement decisions without plans to evaluate and adjust such score-based decisions over time. Those who score 4 or higher on the TAY Triage Tool should be prioritized for housing with high-intensity services, and Orgcode has recommended that youth who score 8 or higher on the Next Step Tool be prioritized for such services. The jury, however, is still out on whether these approaches will lead to successful housing placements and youth outcomes. More evaluation research must be conducted. Nevertheless, communities must start somewhere and these recommendations were created thoughtfully. As communities conduct their evaluation work, they should consider how these score-based placement decisions should be adjusted based on actual outcomes in their specific programs.

Second, youth who score higher on these tools are likely to have the most difficult time successfully remaining in housing and may have relatively poor outcomes. It is crucial that communities remember that high-scoring youth have a host of co-occurring issues with respect to mental health, trauma, and substance use. As such, these youth need intensive services and also face a great number of challenges. These challenges may make it more difficult for these high-scoring youth to easily attain employment or exit housing programs to stable, independent housing. Communities should recognize that program outcomes for the most vulnerable youth may not be comparable to those of less-vulnerable youth.

Third, housing providers should not fill an entire housing program, especially congregate-living programs, with only high-scoring youth. Decades of research with high-risk youth has demonstrated that interventions that only incorporate high-risk youth have the potential to enhance negative outcomes for the youth in those program through what has come to be known as deviancy training (e.g., Dishion & Dodge, 2005). The most effective youth

programs have a mix of high-risk and lower-risk youth coupled with active adult mentoring and supervision. This approach effectively downplays the normative importance of high-risk behavior and augments the normative importance of prosocial behavior. Thus communities must think very carefully about how to house the most-vulnerable youth, but do so in a way that does not promote high-risk behaviors, which can often result when only high-risk youth are placed into programs together.

### **Key Messages for Practitioners**

- Assessment tools such as the TAY Triage Tool or the Next Step Tool for Homeless Youth can assist communities in the prioritization of housing resources for homeless youth.
- Using these tools requires assessing youth, prioritizing youth based on scores, placing youth into housing programs, evaluating outcomes of placements, and iteratively refining the entire process.
- Most communities are early in the process of adopting these tools to improve the housing of youth, and more evaluation research is needed to refine the process.
- There are implementation challenges to be considered; specific threshold scores should be adjusted by communities based on evaluation work, youth who score high are likely to face more challenges once housed, and housing only high-risk youth together in congregate living programs may lead to deviancy training.

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