



Early Results of TAY Triage Tool: Confirming Validity Outside of Los Angeles

INTRODUCTION

With support from the Conrad N. Hilton Foundation, the TAY Triage Tool was developed by Dr. Eric Rice for CSH in conjunction with community partners in Los Angeles during 2012 and 2013. These community collaborations involved 6 site visits to providers of supportive housing for youth and two community advisory boards made up of key stake holders, including representatives from homeless drop-in centers, youth housing providers, the child welfare system, the juvenile justice system, and the county mental health department.

The purpose of the TAY Triage Tool is to identify youth who are at greatest risk of experiencing “long term” homelessness, which we defined as five or more years of homelessness. This outcome was selected by the community advisory boards and vetted with homeless youth-serving organizations. The intention of the TAY Triage Tool is to identify youth and young adults most in need of a long-term housing intervention with supportive services, such as supportive housing. In this case, the connection to supportive housing is predicated on the assumption that youth most at risk for experiencing long term homelessness face multiple barriers to accessing and retaining housing, and would be most in need of a low-barrier housing intervention that is available for as long as they need it. However, in working with different communities to utilize the TAY Triage Tool, it became clear that the tool could also be implemented to inform system-level housing and service planning.

Two prior reports on the tool have been made available online by CSH. The reports provide detailed descriptions of [the tool development](#) as well as [preliminary testing](#) as to the validity of that instrument. This report details the results of preliminary implementation of the TAY Triage Tool in several communities, and resulting findings regarding the validity of the tool and its generalizability.

The TAY Triage Tool was implemented in five communities, across diverse settings and populations experiencing and at high risk for homelessness. In all five communities the tool was able to assess a spectrum of homeless and at-risk youth. There was effective implementation of the tool outside of Los Angeles. The pilot in Clark County, Nevada provided us with access to de-identified data with sufficient sample size to assess the generalizability and validity of the tool in that community. The results suggest both generalizability of the tool as well as strong construct validity.

METHODS

Five different communities used the TAY Triage Tool to assess youth within their systems of care. The TAY Triage Tool was used in a variety of homeless youth serving settings.

The original Los Angeles data came from 646 youth interviewed at drop in centers in Los Angeles, fall

Table 1: Pilot sites

Pilot Location	Lead Implementation Agency
Clark County, NV	Dept. of Family Services
Chicago, IL	Chicago Coalition for the Homeless
Los Angeles, CA	Stable Homes, Brighter Futures initiative
New Haven, CT	Youth Continuum
Whatcom County, WA	Northwest Youth Services

2011-2012 (Participating agencies: My Friend’s Place, Common Ground, Safe Place for Youth).

The *Stable Homes, Brighter Futures* youth data came from 124 youth who entered Supportive Housing apartments in Los Angeles, Fall 2012-2014 (Participating agencies: Coalition for Responsible Community Development, Jovenes Inc., Little Tokyo Service Center, Step Up On Second, Women Organizing Resources Knowledge and Services).

The NWYS 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 (Participating agencies: Northwest Youth Services).

The New Haven data came from youth who were receiving services at a homeless youth drop-in and services center in Fall and Winter 2014 (Participating agencies: Youth Continuum).

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: Teen Living Program, La Casa Norte, Heartland Human Care Services and Unity Parenting & Counseling).

The Clark County data came from youth who were receiving services from agencies who are a part of Clark County’s pilot coordinated entry systems in Fall 2014 (Participating agencies: Eagle Quest-Probation/Parole, Eagle Quest - Foster care, Southern Nevada Children First-Supportive Housing, Nevada Partnership for Homeless Youth -Drop in center, Nevada Partnership for Homeless Youth -Supportive Housing, Clark County Department of Family Services - IL Program, Clark County Department of Family Services -voluntary jurisdiction, Clark County Social Services-Step up program, St. Jude's Ranch for Children -Crossings-supportive housing, DJJS).

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: I ran away from my family home 3b. Have you ever become homeless because: I 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?

IMPLEMENTATION RESULTS

The TAY Triage Tool scores vary by community. The differences in scores 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 taken exclusively from drop-in centers which see a larger percentage of youth who are actively sleeping outside and are often engaging in very high risk activities, 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 2: TAY Triage Tool scores across communities, 2011-2014

Score	LA - Drop Ins		Chicago		LA - PSH		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

It is interesting to note, that in most communities, approximately 10% of youth score 4 or higher, 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 Figure 1.

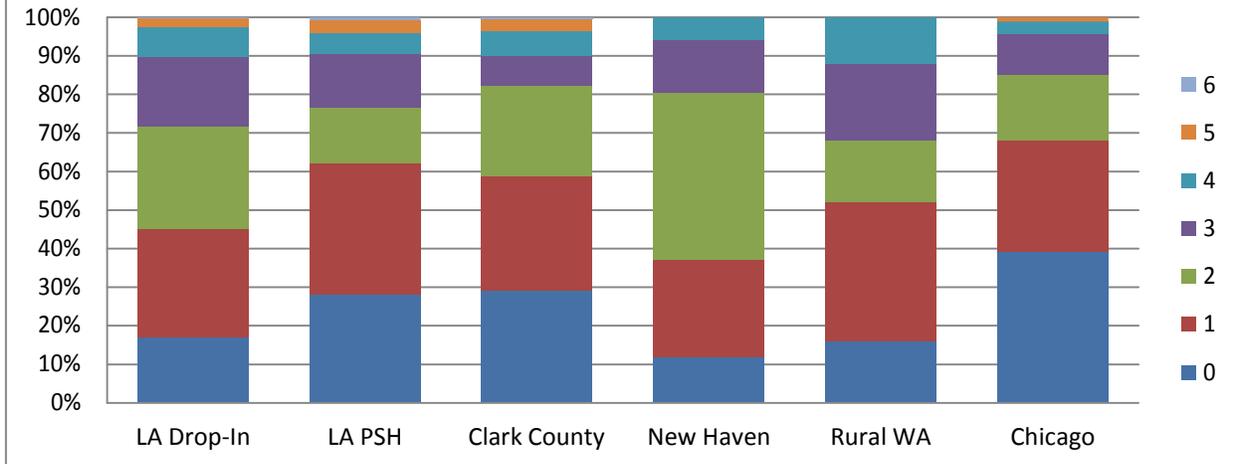
GENERALIZABILITY RESULTS

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.

The most critical question to ask of these data is: does an increasing TAY Triage Tool score show an association with “long term” homelessness, as was the case in the LA data? At this point, of the pilots, data from Clark County provides the most robust opportunity for answering this question. 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.

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. The correlation coefficient measures the strength and direction of the relationship between two variables. In the case of the Los Angeles drop-in center data and the Clark County data, the correlation coefficient shows a positive linear relationship between years homeless and TAY Triage Tool score.

Figure 1: TAY Triage Tool Scores by Community



In the original Los Angeles study, Rice found 18% of youth recruited from drop-ins reported 5 or more years homeless, whereas in Clark County only 4.5% reported 5 or more years and only 15.6% reported 2 or more years. In Rice’s LA sample, controlling for age, a one point increase in the TAY Triage Tool was associated with a 2.11 increase in the odds of being homeless for five or more years (95% CI: 1.72, 2.58). Not reported in prior reports, the adjusted odds ratio for reporting 2 or more years homeless for that sample was 1.64 (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. The odds were 1.45 (95% CI: 0.95, 2.23, $p=.088$). This lack of statistical significance, reflects the small number of youth reporting 5 or more years of homelessness. Overall, these results provide compelling evidence for the generalizability of the TAY Triage Tool outside of Los Angeles.

While the distributions in Figure 1 are encouraging, without tying these data to outcomes, we cannot properly assess the true generalizability of the TAY Triage Tool. While we are currently working to obtain more data to explore the issue of generalizability, as of now, we have access to the de-identified data collected in Clark County which has a sufficient sample size ($n=199$) for us to conduct additional statistical analyses.

VALIDITY RESULTS

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.

There is evidence from the original Los Angeles data that the TAY Triage Tool has strong construct validity. Rice reported in “The TAY Triage Tool: A Tool to Identify Homeless Transition Age Youth Most in Need of Permanent Supportive Housing” that youth who scored higher on the tool were more likely to report recent methamphetamine

use, to score as depressed, and to suffer from post traumatic stress. Substance use and mental health problems have long been shown to be associated with long term homelessness and provide strong evidence for the construct validity of the TAY Triage Tool.

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 ($r=0.29$, $p<.0001$).

CONCLUSIONS

These preliminary results from Chicago, Rural WA, New Haven, Clark County and supportive housing providers in LA, suggest that the TAY Triage Tool can be effectively implemented in community practice settings, by agency staff. Moreover, across communities, there is a range of responses to the TAY Triage Tool. The differences across communities likely reflect differences in the youth who access a variety of different services as well as regional differences in the composition of homeless youth. More importantly, based on the data available to use from Clark County, NV, we see that the TAY Triage Tool is generalizable in that youth with higher scores report more time homeless. But perhaps most promising, these data also show strong construct validity in Clark County, mirroring the results found in Los Angeles.

Our next steps are to acquire more de-identified data from more communities who are attempting to implement the tool so as to conduct additional analyses that can speak to the generalizability and validity of the tool. We plan to release a complete toolkit for implementing the tool in May 2015, which will include a comprehensive report with data from additional sites.