Introduction

Colorado’s Adapted TAY-Triage Pre-Screen Risk Assessment Tool is designed for transition-aged-youth (TAY) ages 18-24 and unaccompanied minors ages 16 to 17. The tool utilizes the validated TAY-Triage and incorporates Colorado-specific questions based on state data. This tool helps to assess both risk and need for youth.

Youth who request services or are identified in the community will first meet with staff or a volunteer in an identified safe space to complete Colorado’s Adapted TAY-Triage Pre-Screen Risk Assessment, known as the TAY-Triage Assessment. The TAY-Triage Assessment is an adaptation of the research-based Transition-Age Youth Triage tool used to identify youth most at risk of chronic homelessness and is informed by Colorado-specific research on homelessness among foster youth. The TAY-Triage Risk Assessment also incorporates trafficking questions from the Vera Institute. Typically, there are very limited options for shelters and housing resources for communities served by the Rural Collaborative and the Continuum of Care, so this assessment also helps the youth and service providers to better understand whether or not a youth might require more advanced interventions.

Conducting the TAY-Triage Risk Assessment and Scoring

The higher number of “yes” responses in the tool equals higher risk. During the validation of the TAY-TRIAGE tool, youth who endorse 3 items were found more than 5 times as likely to experience 5 or more years homeless relative to those who score 0. High scores on the TAY Triage Tool were also correlated with increases in depressive symptoms and symptoms of PTSD, mental health, substance use, trauma, etc.

1. **Here are general scoring guidelines, check the appropriate box based on the score:**
   - ☐ Youth who respond yes on 0-1 risk items: Preventative services, Community supports. This may be a family conflict situation and can be resolved with light diversion practices without needing to move towards Step 2. Use discretion on whether you complete the Prevention & Diversion Interview form.
   - ☐ Youth who respond yes on 2 risk items: Time-limited supports with moderate intensity. Youth with this score tend to need stabilizing supports.
   - ☐ Youth who respond yes on 3-4 risk items: Higher service intensity. Most likely more efforts around youth in conflict, family reunification, tenancy support and time limited housing supports.
   - ☐ Youth Scoring 5+: Youth often have complex needs and need more intensive services. This can include non-time limited housing strategies. Youth scoring 5+ are more at risk of becoming chronically homeless.
   - ☐ Literally Homeless: For any Youth who are identified as Literally Homeless or without appropriate shelter, a TAY-VI-SPDAT should be completed. The Coordinated Entry process can occur concurrently with any other, we want to try and assist youth with accessing any service they qualify for and choose.

2. **Move to Step 2, “CES for Youth & Young Adults: Prevention & Diversion Interview” form to help identify all intervention options with youth.**

*See next page for some additional information...*
Additional Information regarding Colorado’s Adapted TAY-Triage Risk Assessment for Access Points

Colorado’s Adapted TAY-Triage is appropriate for youth ages 16 – 24 who meet:

- **Category 1 - Literally Homeless**: If youth meets this and is living in a place not meant for human habitation, the access point will administer a TAY-VI-SPDAT and engage the youth in the local CES if they choose this intervention.
- **Category 2 Homeless**: Imminent risk of becoming homeless
- **Category 3 Homeless**: Homeless under other federal statutes
- **Category 4 Homeless**: Fleeing for attempting to flee domestic violence
**Purpose of the Assessment:** This assessment tool is used to identify youth at risk of homelessness.

Homelessness is defined as living in a place that is not permanent, predictable or consistent or moving from place to place and/or relying on the kindness of others for a place to stay or couch surfing.

<table>
<thead>
<tr>
<th>Question</th>
<th>Doesn't Apply</th>
<th>Youth Refused</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you a current foster youth or were you at any time in the foster care system?</td>
<td>☐</td>
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<tr>
<td>2. Have you ever become homeless because you ran away from your family home, group home, a foster home or placement?</td>
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<td>3. Have you ever become homeless because there was violence at home between family members?</td>
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<td>4. Have you ever become homeless because you had differences in religious beliefs with parents, guardians or caregivers?</td>
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<td>5. Have you ever been pregnant or got someone else pregnant?</td>
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<td>6. Have you used marijuana? If yes, how old were you when you first tried marijuana? (age: _____)</td>
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<td>7. Before your 18th birthday did you spend any time in jail or detention?</td>
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<td>8. Have you ever been homeless, used an overnight shelter, or got housing assistance like public housing or a housing voucher?</td>
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<td>9. Has your mother ever spent time in jail or prison?</td>
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<tr>
<td>10. Has your father ever spent time in jail or prison?</td>
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<tr>
<td>11. Has your mother ever been in foster care?</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>12. Has your father ever been in foster care?</td>
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<tr>
<td>13. Have you ever engaged in a sexual act for something of value, such as money, food, housing, gifts or favors?</td>
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</table>

Enter Total Number of Yes Responses: [ ]

Youth First and Last Name: ____________________________________________
Youth Date of Birth: _____/_____/__________
Youth Gender Identity: 
- Woman
- Man
- Genderqueer (non-binary)
- Trans woman (male to female)
- Trans man (female to male)
- Other (Describe: ___________________________)

Referring organization: ____________________________________________
Date: _____/_____/__________

Referring Caseworker/Chafee-worker/Community-worker/Client Manager (circle one)
Name: ____________________________________________
Phone: ____________________________________________
E-mail: ____________________________________________

Coordinator’s Name: ____________________________________________
Phone: ___________________ E-mail: ___________________

☐ Assessment completed  ☐ Youth declined