



Intake, Screening, and Assessment Tools  
for Working with Runaway and Homeless (RHY)  
LGBTQ Youth



## Intake, Screening, and Assessment Tools for Working with Runaway and Homeless (RHY) LGBTQ Youth

These recommendations for intake, screening, and assessment tools have been drawn from a multicity project conducted to understand the unique challenges of LGBTQ youth experiencing homelessness. Part of a larger initiative, *3/40 Blueprint: Creating the Blueprint to Reduce LGBTQ Youth Homelessness*, this summary describes how effective intake and screening processes can better serve these populations.

The project team researched intake, screening, and assessment tools, curricula, and promising practices used by transitional living programs (TLPs) working with LGBTQ RHY. While the team found some noteworthy examples of respectful and appropriate tools, very few tools and practices specifically focused on the challenges faced by this population. Some tools used language steeped in the male/female dichotomy, conflated gender identity and sexual orientation, or had language and assumptions unwelcoming to LGBTQ youth and their families.

### **Key Findings: Intake Forms**

The intake forms reviewed enabled programs to obtain basic information about youth, as well as gather data necessary for grant reporting, determining program eligibility, assessing immediate health and risk factors such as suicidal ideation, and gauging the general fit of youth with the program. Some intake forms collected only basic information, while others incorporated initial assessment questions.

The best forms included no more than four pages of intake information, not including consent forms

### **Positive features:**

- Inclusive, gender-neutral, strength-based, positive language regarding:
  - Sexual orientation and gender identity and expression (SOGIE)
  - Race and ethnicity
  - Reading ability (e.g. language was comprehensible and youth-friendly)
- Youth were given the opportunity to decide what individuals they would include on their support team
- Open-ended questions or an option to check all that apply
- Use of a self-administered form for youth

### **Concerning features:**

- Long forms (e.g. 20 pages) with extensive, intrusive questions that were more appropriate for an assessment tool
- Negative, accusatory, or unwelcoming language, such as “Are you an illegal alien?”
- Inconsistent questions about race and ethnicity, or too many boxes from which to choose
- Incorrect categorizations, particularly regarding race or SOGIE
- An emphasis on biological parents rather than more inclusive language that would apply to all parents including adoptive and foster
- A request for mandatory documentation such as driver’s licenses, Social Security cards, or other identification a youth may not have
- SOGIE included in a list of risk-taking behaviors, or left off completely
- Probing questions about substance use and sexual health, which may not be appropriate at intake

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### Key Findings: Screening and Assessment Tools

Screening and assessment tools varied from program to program. Nearly all assessment forms were designed to be filled out by the youth or a front-line staff member. Only one assessment was designed to be filled out by a trained psychologist, and it concluded with a determination of mental health diagnoses (if applicable). Some forms resembled screenings—they were brief and usually labeled as a screen or a “diagnostic assessment.” Some were longer, more in-depth explorations of what may be occurring with a youth, such as the Casey Life Skills Assessment, and could be filled out in multiple sittings. Some assessments included the youth working with others to create safety plans and identify next steps, but most did not.

Each assessment tool examined a variety of commonly included domains:

- Family structure and situation
- Current living situation
- Employment
- Education status
- Physical health
- Mental health
- Substance use
- Housing history
- Court involvement

Not all inquired about SOGIE, although some, but not most, broadly inquired about cultural factors that might affect a client’s treatment, such as:

- Ethnicity
- Immigration
- Acculturation
- Language
- Religion
- Sexual orientation

Aside from the Casey Life Skills Assessment, and the Learning Inventory of Skills Training, agencies used unique tools that did not appear to be validated. This practice may be because programs used their own tools to better fit the population served. However, few of those tools screened or assessed youth for current and past trauma, involvement in sex work, and current or past relationships where intimate partner violence occurred. This is concerning due to the experiences often had by LGBTQ RHY.

### Recommendations for Intake, Screening, and Assessment Tools

Intake forms and screening and assessment tools should include:

- Gender-neutral pronouns throughout
- Respectful questions about gender identity such as, “What was your sex assigned at birth?” “What sex did your doctor put on the birth certificate?” or “What is your current gender identity?” in which the word “current” recognizes fluidity
- Questions with response options that are not dichotomous or mutually exclusive, such as male/female
- An “Other” category with space to write in a response
- The ability for youth to enter a chosen or preferred name in addition to their legal name
- Questions about culture and identity
- Flexibility in asking about who are important people to the youth, such as intimate partners, extended family, mentors, etc.
- Language that lets youth know they can refuse to answer or ask questions
- SOGIE questions as part of the demographic inquiry
- Information regarding why the TLP needs to know the requested information

Note: Examples can be found in Report on Tools, Curricula, and Practices.

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These tools should NOT:

- Ask about a father or mother; instead, questions should offer broader options such as parent, head of household, second adult, caregiver, etc., and provide the opportunity to discuss family beyond biological family
- Conflate sexual orientation identity with gender identity—for example, transgender should not be categorized with lesbian, gay, and bisexual
- Group questions about sexual orientation and gender identity with questions about mental health concerns, criminal justice involvement, drug use, etc.
- Assume gender roles when asking questions about youth parenting

### **Additional Recommendations for Creating a Helpful and Supportive Intake Process**

Project findings provided specific guidance that can be used to create a helpful and supportive intake process, such as:

- Making intake forms brief, engaging, and accessible
- Ensuring that, whenever possible, youth can complete the intake forms
- Allowing intake forms, when they are long, to be completed in phases to allow youth time to develop relationships and acclimate to a program
- Asking youth if they need support with obtaining or providing documentation or any other issues related to their identity
- Allowing deeper, more intense questions to be staggered over sessions
- Ensuring the intake experience, and tools used by programs, are welcoming, engaging, and useful
- Evaluating whether the tools used with current and former clients meet these criteria

### **Additional Recommendations for Screening and Assessment**

Assessment tools and processes should have common categories for capturing demographic data, particularly SOGIE, racial, and ethnic data, in order to allow more in-depth understanding of the needs of various populations. They should address a core set of domains, such as:

- Family structure and situation
- Current living situation
- Current and past experiences with trauma and violence
- A history of involvement in sex work

Specific guidance may also help ensure more effective screening and assessment, including:

- Assessment tools that can be completed in phases and allow clients time to develop relationships and acclimate to a program
- Staggering deeper, more intense questions over sessions versus asking all questions at the same time
- Questions about sexual risk behaviors that are not pathologizing
- Questions that are actionable—information provided by the youth should be used to develop a plan, and the intent clearly explained

Because of the wide variety of tools being used, and the inconsistent questions in them, additional materials should be created to help TLPs better help LGBTQ youth in their programs. For example, a video to demonstrate work best practices for effective screening would be highly informative.

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Disclaimer: The person depicted in this report is a model and the image has been used solely for illustrative purposes.

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