F.A.S.T.
Family Assessment and Stabilization Team

A Brief Description

The CCSWW Family Preservation System provides an array of mental health and social services to children, youth and their families using two different frameworks depending on the needs and circumstances of the intervention.

"Wraparound" is a family- and team-driven approach where individualized supports and service strategies are designed, incorporating needs and strengths across multiple life areas. CCS began providing interventions using a Wraparound approach in 1991. Another type of intervention, the "FAST" approach (Family Assessment and Stabilization Team), is based on a framework of values and guiding principles similar to those pertaining to Wraparound, and was implemented in October 2000. Both approaches are strengths-based, family oriented, and tailored to the unique needs of the child and family members.

Youth referred for Wraparound tend to be between the ages of 9 and 17, but may be younger, and are involved with multiple child-serving systems. Wraparound referrals tend to be made on a non-emergent basis to avert a long-term institutional placement or to interrupt (and bring to an end) a cycle of acute psychiatric hospital admissions.

The child served in Wraparound has often experienced numerous failed foster, group and/or residential placements, or has been repeatedly admitted for acute care psychiatric hospitalizations. Children and families involved with Wraparound interventions tend to have multiple and complex needs across several life areas with long histories of difficulty. Families tend to be isolated, and all are Medicaid eligible. The length of services for Wraparound interventions averages 15 months.

Children and youth referred for "FAST" also tend to be between 9 and 17 years old (but sometimes younger), and are referred by a regional child welfare worker or a county mental health worker. Youth referred are in crisis, and are at risk of imminent admission to a hospital psychiatric unit, or are homeless as a result of severe family conflict or ejection from a foster or group placement.

When a dependent child is referred for a FAST intervention, the referent often states with certainty that the child has no family, either extended or immediate. These children and youth tend to be very alone, with no loving family connection and frequent changes in caregivers. The focus of the FAST intervention is on safety, stabilization/well-being and permanency. The length of the FAST intervention averages less than 90 days.

Every intervention provided by CCS Family Preservation is guided by the values and principles consistent with a number of different approaches, including Individualized and Tailored Care/Wraparound, Family Group Decision Making, Family to Family, and other strengths-based frameworks supporting child and family inclusion and family unity. Though based on similar values and guiding principles, FAST and Wraparound are each uniquely defined, and serve distinctly different populations.

This document focuses on FAST interventions in Pierce County, in order to prevent confusion between the two approaches and differences between regions.

CCS staff operate with the belief that every child has a family, every child deserves to be with family, and that every family should be provided the opportunity to rear their children safely. For dependent children separated from family and served in FAST, the single most identified variable contributing to positive outcomes involves meaningful connections with family members. If the child's biological (or adoptive) parents cannot be a resource, CCS staff begin an extensive search for family, broadening the search to all relatives of specified degree and paying equal attention to the paternal side of the family that has sometimes been overlooked.

Target Youth

Adolescents represent 68 percent of the 950 children completing FAST services over the last three years; the remaining 32 percent are younger. Referred children include those that have experienced suicide attempts and failed adoptions. Some have been registered sex offenders released from an institution without a living arrangement; others are youth in police protective custody or dependents of Washington State living in other states whose placements have disrupted. Some are troubled adolescents with severe behavioral issues and a parent who is exhausted or angry and refusing to allow the youth to return home.

Numerical Goal and Success to Date

The total number of children served in FAST in 2003 in Pierce County was 329. Of these, 288 completed services prior to the end of 2003.

Of the 288, 141 (49 percent) were referred because they were at imminent risk of hospitalization. Most were referred from a hospital ER or Crisis Triage Center. All met criteria for hospitalization; however, FAST staff were able to safely divert all from hospitalization.

One hundred-forty (140) were referred because of an emergent need for placement stabilization. The majority had lost their current foster placement and had a history of disruptions, with behaviors that created obstacles to a subsequent foster placement. Each of these 140 youth were stabilized in their living situation at exit, with 75 percent of them uniting or reuniting with a parent or extended family member, and the remainder stabilized in a foster home. Thirty-three youth in that group moved to live with extended family living in other states.

Finally, seven children were referred because of a failing adoption. The situations were stabilized in five of the interventions (86 percent). Of the total number of children/youth completing services in 2003, 88 percent were living with family or extended family at exit.

	Jan-Jun 03	%	July-Dec 03	%	Total	%
Who Received Services						
Consumers Served	187		201		329	
Consumers Exiting Services	144		144		288	
Age of Consumers						
0-5	2	1%	7	5%	9	3%
6-12	43	30%	48	33%	91	32%
13-17	99	69%	88	61%	187	65%
18+	0	0%	1	1%	1	0%
Medicaid Eligible						
Yes	96	67%	91	63%	187	65%
No	48	33%	53	37%	101	35%
Ethnicity						
African American	10	7%	18	13%	28	10%
Asian/Pacific Islander	4	3%	3	2%	7	2%
Caucasian	98	68%	93	65%	191	66%
Hispanic	4	3%	1	1%	5	2%
Multi-Racial	16	11%	26	18%	42	15%
Native American	12	8%	3	2%	15	5%
DCFS Involvement						
Yes	61	42%	74	51%	135	47%
No	83	58%	70	49%	153	53%
Primary Referent						
DCFS	52	36%	64	44%	116	40%
RSN	92	64%	80	56%	172	60%
What They Received						
Average Face-to-Face Response Time	1 hour		1 hour		1 hour	
Average Face-to-Face Time	88 hours		134 hours		111 hours	
Average Non-Face-to-Face Time	36 hours		52 hours		44 hours	
Average Days of Service	79 days		89 days		84 days	
Consumers Receiving Medication Management/Psychiatric Evaluation	49	34%	67	47%	116	40%
Consumers Receiving Formal Respite Services	20	14%	28	19%	48	17%
Consumers Receiving Active Family Search	46	32%	93	65%	139	48%
With What Result						
Referral Reason/Service Goal						
Hospital Diversion	84		57		141	
Met	84	100%	57	100%	141	100%
Unmet	0	0%	0	0%	0	0%
Stabilized Placement	58		82		140	
Met*	58	100%	82	100%	140	100%
Unmet	0	0%	0	0%	0	0%
Failing Adoption Prevention	2		5		7	
Met	2	100%	4	80%	6	86%
Unmet	0	0%	1	20%	1	14%
* Jan-Jun '03 - 44 children living in family/relative home; 14 living in a foster home						
* Jul-Dec '03 - 61 children living in family/relative home; 21 living in a foster home						

School Involvement						
Enrolled						
At Intake	102	71%	96	67%	198	69%
At Exit	137	95%	123	85%	260	90%
Connection With On-Going Supports						
No Formal Systems						
At Intake	60	42%	65	45%	125	43%
At Exit	18	13%	28	19%	46	16%
On-going Mental Health Services						
At Intake	47	33%	34	24%	81	28%
At Exit	68	47%	53	37%	121	42%
Other System Services						
At Intake	37	26%	45	31%	82	28%
At Exit	58	40%	63	44%	121	42%
Consumers Relocated Out-of-State to Live With Family at Exit	9	6%	19	13%	28	10%
Consumers Living With Family or Relatives at Exit	130	90%	123	85%	253	88%

Duration of Services

FAST was developed in Pierce County, Region V in October 2000 and continues to the present. In 2003, FAST expanded to additional Western Washington counties in Region VI, and in 2004 to Region II in Central/ Eastern Washington.

Genesis

There is a long history involving MH and DCFS working together effectively in Pierce County. In the early ’90s the two systems began collaborating together to support Wraparound interventions. A number of different endeavors and collaborations have developed since.

Prior to the implementation of FAST, DCFS and MH had maintained separate but nearly identical intensive crisis stabilization services with multiple and confusing access points. MH and DCFS wanted to centralize the crisis response system. The local state child welfare agency (DCFS Region V) and Pierce County Mental Health (RSN), as well as related providers, recognized a significant gap in services for youth who were experiencing acute mental health crises and for adolescent youth who had disrupted from multiple out-of-home care settings. These youth were cycling between hospitals, group/foster homes and juvenile justice facilities with increasingly poor outcomes.

In 1999 a representative work group from DCFS, MH, CCS and another mental health/child welfare provider met for several months to develop a response to these identified issues. The three organizations recognized that a new approach to partnership was needed to obtain improved outcomes for adolescents in crisis, needing immediate assessment and stabilization. As a result of intensive collaboration and planning between DCFS, the RSN and Catholic Community Services, the FAST Team was up and running by October 2000. CCS implemented services through an interdependent contract arrangement. Child welfare contracted directly with the Pierce County RSN (mental health) and mental health contracted with Catholic Community Services. The result was a different and initially challenging experience for child welfare workers as they no longer directly authorized payment for services or acted as monitor of the service provider contract.

How did the FAST team decide to spend resources and time on the reunification route? Family connections have always been the essence of Family Preservation interventions through CCS. However, the *extensive* family searches and connections that are a current strategy incorporated evolved over time. Family search, engagement, connections, reunification and ongoing supports resulted in increasingly positive outcomes and further strengthened Family Preservation philosophies.

Initially, the assumption was that at least 50 percent of the 40 to 60 youth served at any given time would need to be temporarily placed in a licensed foster home. Ten FAST homes were developed, with capacity for two children each. The role of the foster family was to work with CCS staff to successfully return the child to his or her family or extended family. FAST families were to function as supports and mentors to the child's family members. Because of the concern about maintaining enough capacity in FAST homes, placement was a last resort, and when it occurred staff worked rapidly to access family members and keep placements as brief as possible (sometimes just one night).

For children/youth referred while living with family, staff worked intensively (24/7) to return the child to the home and provide whatever level of supports were necessary. If a child was referred at 11 p.m. and no local family member was available, willing (or able) to have the child return to the home, CCS staff were likely to be on the phone within an hour or two searching for extended family members. These crises were treated as medical emergencies. As such, staff called in the middle of the night, if necessary, and explained: "Your nephew is having a really rough time right now. He's very lonely for his family. Is there any way you could come and spend some time with him? If we can get an airline ticket (or bus ticket, gas money, etc.) for you tomorrow, will you come?"

Therapists and Care Coordinators were quite surprised at the high percentage of extended family members who said: "Absolutely I will help. I can come." Staff were equally surprised (and a little saddened) to hear: "I've been searching for my grandson for 10 years. I tried to take him in when his mother went to prison, but the state said he had to go to foster care. I've been here the whole time, wanting him." Frequently several family members have come, and during family team meetings a plan is developed involving a family/extended family member as the caregiver. As a result, placements remain very brief and outcomes have exceeded expectations. CCS staff were surprised to learn that the limited foster homed capacity developed met the need.

It is important to note that, first and foremost, staff work to strengthen the parent(s) so that they can provide a home for their child, as this is the most desirable and normative living solution for most children and youth. At times, however, due to termination of parental rights or other serious legal and safety barriers, it is not possible for the youth to live with his or her parent. In those situations, every effort is made to at least engage parents in the planning. Obviously, safety is paramount, and all background clearances, home studies (as needed), etc., are completed prior to moving a child to a relative's home. State dependent children moving with relatives to other states must first have an Interstate Compact for Placement of Children (ICPC) agreement completed.

<u>Leadership Ultimately Responsible for Implementation</u>
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Structure

FAST is comprised of two teams, each with six to eight Care Coordinators and Therapists, and one Family Support Specialist. Teams have access to a paraprofessional pool of Community Support Specialists as well as FAST Homes (licensed short-term foster homes). FAST Teams share a full-time Child and Adolescent Psychiatrist (medical director) with two Wraparound Teams. FAST teams also have access to two Family Partners and a Licensor. FAST Teams are supervised by Team Leaders who report to the Intensive Resources Director, and ultimately the FP System Director/Vice-President, CCSWW. A total of 50 or more staff work with families referred to FAST, but many of them also work with Wraparound families, as Family Preservation is an integrated system.

Referral Protocol

Children and youth are referred on an emergent basis: to avert a hospital admission; in response to a need for an emergency placement (i.e., a youth has been ejected from a foster placement and needs a place to live); in response to a crisis pertaining to a failing adoption; or in response to a severe crisis in the home resulting in an immediate need for an emergency placement.

Children are referred by a limited number of gatekeepers from the mental health and child welfare agencies. CCS Family Preservation provides unconditional care – absolutely "no eject, no reject." No child is denied access when referred by a gatekeeper and no child has ever been ejected from either CCS FAST or Wraparound. The average face-to-face response time is one hour, though the contract allows for a six-hour response.

Design

MH, DCFS, and Catholic Community Services developed the service framework, including target population, access/gatekeeping, service philosophy, parameters and outcomes. Essential elements in the contract were programmatic flexibility; administrative simplicity (a single contract and a minimum of process regulation and monitoring); financial flexibility; and performance, based on a small number of selected outcomes. An intergovernmental agreement was made between DCFS and the RSN (MH) that determined the competitive process was not required. They used basic state contract boilerplate requirements and a rate payment for a minimum number of youth served. A framework for performance monitoring was established. Every six months, the following outcomes are measured: reason for referral met, school participation attained, family satisfaction, living situation, and involvement with other child serving systems, i.e., juvenile justice, etc.

Upon referral, FAST staff seek to stabilize the situation, approaching each intervention with an individualized and tailored, and innovative response. Services are home- and community-based (rather than facility-based) and are provided at times most convenient to the youth and family members (generally evenings and weekends). Interventions are approached with a clear sense of urgency toward stabilization and permanency.

Staff look for the “unmet need” that may be related to the child’s behaviors or mental health issues. Most frequently, it seems that unmet need is related to loneliness. Children and youth who are state dependents often have a need for immediate meaningful family connections. The youth referred with severe mental health issues, meeting criteria for psychiatric hospitalization, may or may not appear to have a need for new connections with family members. For these interventions, the unmet need may still be related to loneliness, but may stem from isolation in school, disconnection in family relationships, drug/alcohol involvement, or severe family conflict.

Severe behavioral issues of youth improve dramatically when the child gains or regains a meaningful connection with a family member, makes a friend, gets help with serious issues related to school, or when family conflict is successfully addressed.

For children and youth meeting criteria for hospitalization or simply presenting with mental health needs, an assessment with the CCS psychiatrist can be scheduled as soon as needed. In an urgent situation, where the child or youth is at immediate risk of harm to self or to others, the psychiatrist is accessed that same day. When a child/youth is referred from a community location (i.e., an ER), the CCS therapist or care coordinator is available to accompany the child/youth back to his or her home, along with any other supports needed (i.e., paraprofessionals) and can stay for as long as necessary. If the child and family are in need of immediate rest and relief from one another, staff can access a brief respite for a youth in a FAST home. In addition, natural supports are identified and engaged to help.

For youth referred who are feeling disconnected and alone (generally dependent children) and struggling in placement, the immediate response is to research extended family, paying particular attention to the father’s side of the family because it is so frequently overlooked. Family members are then contacted, and the engagement process is carefully but immediately initiated.

Youth and family voice is critical to the success of the intervention. As family members are engaged, CCS staff work in tandem with DCFS social workers in order to ensure connections with family members will be supported. Background checks are completed prior to making decisions regarding introductions. Family members come together (sometimes by conference call if family members reside in different states) to discuss ways to best help and support the youth, and several plans are developed, to be worked concurrently. Every plan or option ultimately leads the child back to family, extended family, fictive kin, adoptive family, etc. When youth move in with a family member, CCS staff continue to support the intervention to ensure that appropriate services and supports are engaged.

When a family search is necessary, staff generally begin with an intensive review of the child welfare files, followed by conversations with family members, even if that family member cannot be a resource for the child. Through conversations with the youth and family members, staff gather information that may lead to additional family members, i.e., “Does the family have reunions? If so, who organizes the events?” Birth certificates, death certificates, and obituary notices are also helpful sources of information. At times, Internet search sites are used (i.e., Prison Locator Services, etc.).

CCS staff are able to locate numerous relatives for each child. Often, five or more relatives turn out to be viable options for the youth. Staff initially collect information in a way that minimizes expectations about reunification. It is important not to create false hopes for the youth or family members before background information has been researched, state social workers and guardian ad litems are consulted, etc. Staff inform key decision-makers as information comes forward. After reunification, CCS staff remain in touch with the youth and family and provide follow up services or connections with appropriate services and supports as needed.

An Intervention Example

Eli (15) was referred following threats against his mother with a carving knife. After his mother called law enforcement, Eli locked himself in the bathroom and ingested every pill he could find in the medicine cabinet. Due to assaultiveness with police, Eli was transported in restraints to a local emergency room for treatment. After a medical assessment and treatment, a mental health professional determined that Eli met criteria for a psychiatric hospitalization, and FAST was called.

Eli's mother, Gina, tearfully refused involvement, insisting that her son return to foster care, where he had lived during her recent stay in prison. Eli initially sat in silence, but eventually interacted with FAST staff. He talked about his frustrations in school, at home and with friends. He stated he had taken the pills because he was angry with his mother, who had been battling addictions for many years. As Eli's behavior escalated, his mother would threaten foster care, angering Eli further. He said he would never live in a foster home again, no matter what he had to do.

He was asked about a time he had fun with friends or family members, and whether he had a favorite grandparent, aunt, uncle, etc. Staff learned his father may be living in Spokane, just five hours away, and that he had a favorite uncle whom he hadn't seen since age 7 when his dad (James) left suddenly. With the exception of one visit from his grandparents in one of his foster homes, Eli had not had any contact with his father's side of the family since.

Eli's mother agreed that his dad might be able to help, but didn't know how to locate him. By 11 PM, FAST staff initiated a family search, and by 1:00 AM had located him in Central Washington. The grandparents live just 60 miles east of Eli's father. The FAST care coordinator contacted James, explaining that his son missed him and needed his support. James responded tearfully, saying he had missed his son every day for eight years. Hearing this, Eli seemed to feel more hopeful, and agreed to a short stay in a FAST home.

Following background clearances the next day, the CCS care coordinator drove across the state to visit Eli's father and grandparents. During the visit, James called his brother Joe, who agreed to join James on his visit with Eli the following weekend. Within a few days, Eli's grandparents arranged to get involved, and all came together for a family meeting (including Gina and Eli).

Following meetings, clearances, and a home study, and with Gina's approval, the decision was made that Eli would move to his father's home in Central Washington. An evaluation by the CCS psychiatrist concluded that Eli might benefit from a change in his medication, and that he would continue to be at risk without adequate structure and supervision. In order to help meet this need, Eli's Uncle Joe elected to move in with James in order to be a support when James was working. Eli's mother, Gina, began attending AA meetings, hopeful that she could begin

recovery and improve her relationship with her son over time. FAST staff worked with the school Eli would be transferring to and connected him with mental health (and medication monitoring) services in his new neighborhood.

Focus on Youth Permanence

The focus is on connections and reunification with family and promoting healthy family relationships, based on the belief that: (a) every child has a family; (b) loneliness is the primary issue many of these children and youth face, with the "unmet need" being meaningful family connections; and (c) the single most identified variable contributing to positive outcomes for children involves meaningful connections and lifelong relationships with family members (including fictive kin).

Youth Involvement in Finding Permanency

Information comes from DCFS files, parents, relatives, social workers, past foster parents, and the youth. Staff consider all information as potentially relevant. Staff reserve judgment and avoid assumptions based on old or inaccurate historical data, focusing instead on all the possibilities.

Post Unification or Re-Unification Services and Supports

After reunification, CCS staff remain connected with the family and ensure that follow-up services and supports are provided as needed. For children who have moved with family out of the area, staff work to arrange services in that community. Services and supports are designed based on the unique needs of each child. Often they include mental health services, medical services, educational connections, etc. Of equal importance is engagement of and connections with natural supports.

Partnership

FAST is a partnership between Catholic Community Services, the Pierce County Regional Support Network (Mental Health), and the Division of Children and Family Services Region V.

Implementation Challenges, System Barriers, and Solutions

As with any new endeavor, the implementation of FAST in Pierce County created some ripples with professionals in mental health and child welfare. From the beginning, Region V DCFS and the Pierce County RSN sent a clear message to all stakeholders: our current approach with youth in crisis is not as effective as we need it to be, so we are trying something new. The FAST Team and the family will have the responsibility and authority over intervention decisions, and will involve others through family team meetings.

Initially, DCFS social workers, CASAs, and the courts had difficulty accepting placement other than traditional foster care because of the perception of a lesser risk in out-of-home care. There was a long-term distrust of relative placements, especially among staff in child-serving systems working with adolescents. Social workers had a limited understanding of the managed care approach in the contract. Staff working in child-serving systems initially had a tendency to label youth "RSN kids" and "DCFS kids," thus perpetuating the battle over who had responsibility for the youth.

For dependent youth, the DCFS social workers have ultimate placement authority, but are expected to make these decisions in the context of teaming, with an openness to returning children to family as well as kinship care possibilities. Included in the message to stakeholders

was information pertaining to what could be expected during a FAST intervention, as well as intended outcomes. Roles for various professional participants were initially defined, and then refined as the approach evolved and matured.

Throughout the first year, there were some areas of adjustment resulting in a need for administrative involvement. In order to locate and engage family and extended family, FAST staff needed immediate access to information. At times, that was a problem. The Regional Administrator (DCFS) resolved the issue by directing her staff to make the full case record available for FAST staff to review within 24 hours of the referral or the next business day.

A few early misunderstandings arose between CCS and DCFS around confusion over court order content, and dependency court strategies. FAST staff didn't always receive court orders from the DCFS social worker in a timely manner, and at times had difficulty sorting out expectations of the orders or misunderstood the orders, creating difficulties for the DCFS social workers in court. In the beginning, FAST staff didn't always maintain frequent and complete communications with the DCFS social workers. Both the court order issue and the communication issue were resolved through additional training. DCFS social workers initially had difficulties when placement with relatives was explored, even though that relative may have been "written off" as not a viable option many years earlier. FAST staff explained that a family member who may not have been able to care for a young child might be fully capable of caring for an older child. Circumstances change over the years, and often family members' living situations have improved over time. This issue was resolved for the most part during the initial six months of the FAST contract through strong administrative support.

Another issue arose when the more traditional mental health centers had difficulty when youth they were serving entered FAST (in crisis).Youth are most frequently referred late at night and on the weekends when the mental health centers are closed. As a result, FAST therapists and care coordinators must proceed without consulting with the previously involved clinician.

The pace of FAST's involvement was also a struggle for mental health providers. For example, a therapist who has worked for months or years with a child around issues having to do with her long lost father tends not to want the treatment plan changed when FAST staff enter the picture. With these issues, RSN administrators clarified and reiterated the role of CCS providing a FAST intervention, stating that CCS staff and family members would be the "drivers" of the interventions, and would team with other professionals and natural supports as appropriate. They were clear that the FAST Team would jump in with an innovative approach and a sense of urgency toward resolution. FAST staff were not expected to wait until the current clinician was available for consultation, but would set up a team meeting within a few days of the referral.

As the roles were re-clarified, and relationships developed, mental health center staff became increasingly comfortable with the FAST teams. Difficulties continued to arise at times, but tended to be increasingly resolvable. On occasion, administrative intervention on an individual case-by-case basis was necessary in order to ensure that an individual provider or caseworker cooperated with the goals and strategies of the intervention.

Other conflicts pertained to communication. CCS services are provided in the home and community, rather than in a facility. Staff carry cell phones and pagers; however, at times it is difficult to reach therapists in facilities between sessions while CCS staff are out in the field.

Both issues tended to be problematic only during the first 6-12 months of the contract. Through extensive and persistent efforts to maintain clear communication, conflicts of this nature are currently infrequent.

Current struggles internal to CCS pertain to ensuring that the work does not negatively impact the quality of life of those who provide FAST interventions. CCS staff tell us that FAST work is always an adventure, is rewarding, exciting, and they love the mission. However, it is also unpredictable (with regard to scheduling), intense, and frequently involves long evening and weekend hours. CCS leadership and staff work together on this issue to develop innovative strategies that encourage and allow staff to have sufficient personal time. Barriers to flexible, innovative and non-traditional services are not an issue within CCS, most likely because of the agency's history. The original Homebuilder Program was created at CCS in Pierce County in 1974.

Reasons for Success

System specific:

1. Without question, the most critical element for success is the consistent support and commitment of our funders; the Pierce County RSN and DCFS in Region V. Most important are the underlying relationships that have developed between the RSN Children's Services Manager, the DCFS Region V Administrator and CCS leadership. The mutual support, commitment and relationships have allowed open and straightforward communication, problem solving and continued innovation and evolution.
2. Outcomes were tracked from the inception, strengthening the likelihood of continued funding and resulting in widespread support for the service.
3. The flexibility and simplicity of the contract was essential, as was the willingness of DCFS and the RSN to coordinate one contract so that CCS did not have to provide services under two separate (and different) contracts.
4. Because FAST is contracted through the RSN mental health system, payment is electronic and immediate.
5. Access to FAST by gatekeepers is simple and efficient 24/7. Response is immediate. Gatekeepers make one call to the FAST pager, the call-back is immediate, and the amount of information necessary is minimal. At times, the information consists of "His name is James Williams. He is 15. He has been assaultive in the foster home and cannot go back and says he has no reason to live. He's in the Triage Center and has been restrained." Staff are dispatched immediately and generally arrive in less than one hour.

Provider specific:

1. CCS communicates a sense of urgency to family and other professionals concerning meaningful and lifelong family connections.
2. CCS hires staff who are free to pursue reunification and stabilization day and night, who can work as intensively as necessary in order to ensure safety (i.e., all night), are willing to respond immediately to crises, and are willing to travel to find family (unfailing flexibility to identify unmet needs and act instantly). CCS looks for mission driven, adventurous individuals who prefer flexible hours and have little need for predictable schedules.
3. Absolute Unconditional Care. CCS takes any youth referred by FAST gatekeepers and never ejects a child/youth from services.
4. Specific skill sets are developed pertaining to extensive family search, enthusiastic engagement, careful connections, and strong ongoing support.

5. Immediate access to flexible funding as necessary for emergency needs, concrete supports, travel, etc.
6. An informal open culture with on-the-spot supervision and acceptance of mistakes as part of the process. Noisy celebrations of successes.
7. Frequent trainings and recurrent trainings with proficiency measured by testing.
8. A culture within the organization of energy and optimism – sincere belief in the strengths and gifts every child, youth and family member contributes. Ability and motivation to draw out hidden strengths and talents in those we serve. Belief in the possibilities.

Formalization of Practice

FAST is currently funded in Pierce County and is spreading to other counties in Western and Central Washington. Increased formalization of guidelines regarding essential service components and processes is ongoing.

Recommendations

1. Develop relationships with child-serving system leadership by serving children and families unconditionally.
2. Track and report outcomes.
3. Create a flexible and uncomplicated contract with as little time as possible needed for administrative activities.
4. Ensure that payment to the provider agency is immediate in order to protect cashflow (essential to meeting families' concrete needs).
5. Immediate access to services (for gatekeepers). Immediate response to gatekeeper. Face-to-face response to youth/family within two hours or less.
6. Communicate urgency in identifying and meeting unmet needs.
7. Hire adventurous and innovative staff with excellent skills in engagement.
8. Absolute unconditional care. No eject and no reject. Ever.
9. Design a system with immediate access to flexible funding. Include safeguards to ensure excellent stewardship of the dollars.
10. Prioritize constant and ongoing training and support for staff to develop and improve specific skill sets. Include "think tanks" when staff are stuck. Make trainings entertaining and engaging. Teach non-traditional skill sets as well (i.e., hire a magician to teach staff magic tricks to use in engaging children, youth and family members).
11. Nurture an open culture where staff feel supported when mistakes are made. Have noisy celebrations of successes. Create a culture of energy and optimism focusing on strengths and gifts of staff as well as those we serve. Post banners with mission-driven statements (i.e., "whatever it takes," "never ever give up," "color outside the lines – there's more room there").
12. Most important is for leadership to believe passionately and sincerely in the mission, and to communicate that belief to all who work together to serve children and families.

Budget and Funding

The Family Preservation System annual budget is $12 million annually, including Wraparound, FAST, and other related services provided in 8-10 counties in Washington State. FAST in Pierce County is funded at $3 million/year. Funding is shared equally by the RSN and DCFS. The approximate cost of each FAST intervention per month is $4,600. Most interventions are less than three months.