

Spaced Education 2018: Scoring and Best Practices Uses for the FAST

*Target audience: all non-custodial frontline professionals (i.e., CPS, FSS)

1. The CPS Case Manager is working on an initial FAST 2.0 for a newly assigned case. The allegations of the referral were Lack of Supervision and Environmental Neglect. This is the family's first CPS referral. The family is composed of a 23-year-old mother, a 3 week old newborn, and a 3-year-old. The mother had an infant who died a year ago due to prematurity, and her mother (i.e., maternal grandmother) died six months ago from cancer. The mother reported having trouble sleeping at night for the last several weeks; as a result she is having a hard time keeping the children on a schedule and meeting their daily routine needs. The children appear healthy with no missed medical appointments. Based on the information you have, what Caregiver items would you score as actionable (i.e., 2/3) for the mother, and/or what items would you score for continued monitoring or assessment (i.e., 1)?
 - a. **Adjustment to Traumatic Experience 0**
 - Medical/ Physical 0
 - Developmental 0
 - Mental Health 0
 - Substance Abuse 0
 - Parental Criminal Activity 0
 - Supervision 0
 - Discipline 0
 - Involvement in Care 0
 - Knowledge of Family & Child Needs 0.
 - a. *Consider this: This is not a complete assessment. The mother experienced the loss of her child and mother. She has been unable to sleep, and is having a hard time parenting.*
 - b. **Adjustment to Traumatic Experience 0**
 - Medical/ Physical 1
 - Developmental 0
 - Mental Health 2
 - Substance Abuse 0
 - Parental Criminal Activity 0
 - Supervision 2
 - Discipline 0
 - Involvement in Care 1
 - Knowledge of Family & Child Needs 1
 - a. *Consider this: The mother recently lost her child and mother, so this would be a 2 for Adjustment to Traumatic Experience.*
 - c. **Adjustment to Traumatic Experience 2**
 - Medical/ Physical 1**
 - Developmental 0**
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Mental Health 0
Substance Abuse 0
Parental Criminal Activity 0
Supervision 1
Discipline 0
Involvement in Care 2
Knowledge of Family & Child 1

a. Great!

d. Adjustment to Traumatic Experience 1

Medical/ Physical 1

Developmental 0

Mental Health 0

Substance Abuse 0

Parental Criminal Activity 0

Supervision 1

Discipline 0

Involvement in Care 1

Knowledge of Family & Child Needs 0

a. Consider this: The mother does have some actionable risk factors, such as Adjustment to Traumatic Experiences and Involvement In Care. These should be 2s.

2. It is day 75 of your CPS assessment case. When you completed the initial FAST assessment, you had not yet made contact with the mother's paramour. He occasionally resides in the home and supervises the children while the mother is at work. You included the paramour in the initial assessment, but criminal activity was unknown at the time and therefore scored as zero. You recently discovered the paramour accrued several criminal charges within the past year, including drug possession, DUI x 3, and theft, although no charges occurred since he became involved with the mother two months ago. In terms of the FAST, what is your next step?

a) Do nothing. The paramour does not always reside in the home, so he can be eliminated from the household composition. The FAST captures full-time household members only—not recurrent visitors.

a. *Consider this: While the paramour does not stay in the home daily, we know he acts as a caregiver for the children when the mother is working. Comprehensive risk assessment would include him as a member of the household. Also, a reassessment of the FAST may occur at any time during the life of the case to indicate a change in safety, risk, trauma or service need.*

b) Consider the criminal charges and rate the paramour's Criminal Activity as "2" within a FAST reassessment. Engage the family to implement services accordingly.

a. *Consider this: While a rating of 2 would capture this concern, there are also other core items within the FAST possibly affected by the new information obtained from the criminal history. Another choice is better.*

- c) **Consider the criminal charges and rate the paramour's Criminal Activity and Substance Use as "2" within a FAST reassessment. Engage the family to implement appropriate services.**
 - a. ***Great job! This choice ensures both criminal history and A&D concerns are considered within a holistic assessment of risk.***
 - d) Wait until case closure to complete the FAST reassessment. If no safety concerns are noted regarding the paramour, leave the initial ratings as is and close the case.
 - a. *Consider this: While policy states FAST reassessments for CPS assessment cases should occur every ninety days, or within 30 days of case closure, waiting until the last minute to update the FAST is not the best use of the tool. The FAST should be updated regularly to help guide and inform case decisions and service provision around needs and identified risks throughout the life of the case. There is a better choice.*
3. You are completing an initial home visit on a case involving a youth with a history of depression and past overdose attempts. The home is very clean and well kept. No observable environmental or safety hazards were noted. While speaking with the caregiver you learned the household members included the caregiver's father (i.e., paternal grandfather of youth), who has terminal cancer. How might the FAST aid your assessment of risk in this circumstance?
- a) The FAST will provide a secondary location, other than case recordings, to document you considered safety and had no concerns regarding the home environment or safety.
 - a. *Consider this: While this is true, the FAST is more than a record to store information. It is useful in ensuring you systematically consider the domains of safety and risk while initially engaging a family. When used correctly, it can remind you to consider safety and risk outside of the allegation area, to inform a more holistic assessment of the family's needs.*
 - b) **You can use the FAST as an intervention to engage each family member in conversation around home safety, including medication storage, as well as plan services around the youth's behavior.**
 - a. ***Correct! When a child or youth has history of depression and suicidal ideation, knowledge regarding medications present within a household, and the safe storage of those medications is vital when assessing for safety and risk. If the caregiver's father had not previously placed his pain medications in a lock box, the FAST presents the opportunity to naturally have that conversation and ensure compliance. Additionally, the youth's previous overdose attempts could be rated within the High Risk Behavior item, with service implementation. Also consider potentially including preventative services to help the youth deal with the grief/loss situation with the impending death of his grandfather. As the goal is prevention, if this death is going to significantly impact the youth (who has a history of depression/suicide), it would benefit to address this possibility in counseling so as to increase his coping skills/support for when the death occurs.***
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- c) The FAST would not be useful in this circumstance. It does not capture these types of circumstances.
- a. *Consider this: The FAST is a useful resource beyond the assessment of safety and risk. It can ensure quality engagement in order to systematically consider other domains of safety and risk outside of the allegation area, promoting a holistic assessment of the family's needs.*
- d) You can rate the youth's high risk behavior within the FAST and plan services around this need.
- a. *Consider this: While the FAST does include a High Risk Behavior item for each child/youth, another answer both captures this need and addresses safety concerns present within the home.*
4. A Case Manager is working towards closing a 79-day-old case. While conducting the closing/reassessment FAST 2.0, the professional noted the initial Safety scored Immediate Intervention Not Recommended, and the FAST 2.0 scored No Need/Risk. Since that time the Case Manager learned the 11-year-old ACV is diabetic has started manipulating her blood sugar levels. Her mother says the ACV seems sad and aloof a lot of the time. Which of the following Youth Core Items would you score as actionable with this new information?
- a. Physical Health
 - i. *Consider this: Mental Health and High Risk Behaviors are appropriate to score also.*
 - b. Physical Health, Mental Health, and High Risk Behaviors**
 - i. ***Great work! This would a complete assessment of the youth's entire Well-Being.***
 - c. Physical Health and High Risk Behaviors
 - i. *Consider this: The ACV is reportedly "sad and aloof," so Mental Health should be scored here as well.*
 - d. High Risk Behaviors
 - i. *Consider this: Physical Health & Mental Health need to be scored as well.*
5. You are completing an initial FAST assessment for a CPS case regarding sexual abuse. The Alleged Perpetrator is the stepfather. The household consists of the mother, stepfather, Alleged Child Victim (ACV), and ACV's half-sister, with the stepfather's children visiting the home every weekend. Which family members should be included within the FAST?
- a) The mother, stepfather, ACV, half-sister, and step-siblings.**
 - a. ***Excellent choice! The FAST should include all household members. While the step-siblings are only in the home on the weekends, their safety should also be considered. Are they possible witnesses or corroborators to other abuse in the home? Do they have risks or needs outside of the reported allegation that need to be considered?***
 - b) The mother, stepfather, and ACV.
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- a. *Consider this: The FAST should always include non-ACV children in the home as well. The other children could be possible witnesses to abuse or could have experienced abuse/neglect themselves, outside of the reported allegation.*
 - c) The mother, stepfather, ACV, and half-sister.
 - a. *Consider this: While these family members include the primary household, do not forget the step-siblings. Are they possible witnesses or corroborators to other abuse in the home? Do they have risks or needs outside of the reported allegation that need to be considered?*
 - d) The ACV and stepfather.
 - a. *Consider this: While these family members should be included and are the primary case participants as the ACV and AP, the FAST should consider safety and risk around other household members as well.*
6. You are completing an initial FAST assessment. The father has a history of 8 DUIs in the past 15 years. He has a pattern of completing months or years of sobriety at a time, before drinking and starting the cycle again. He has currently been sober for 2 years by attending AA meetings weekly, participating in A&D counseling services, completing random alcohol drug screens, and through use of prescribed Antabuse, a medication that makes him sick nauseous if he consumes alcohol. How would you rate Substance Use for the father on the FAST?
- a) 0. He has been sober for 2 years and is already fully engaged in services.
 - a. *Consider this: While this is true, the FAST assessor should always consider if a current intervention is present and masking a need. Ratings should describe the child and family, not the child and family in services. There is a better choice.*
 - b) 1. He has history of alcohol abuse, even though he is currently sober and engaged in services.
 - a. *Consider this: The father does have an extensive history of alcohol abuse, but does this rating accurately capture the ongoing need for services? There is a better choice.*
 - c) **2. The father has clear problems with alcohol that interferes with his life. Intervention is required, although already occurring, to ensure the need is addressed.**
 - a. ***Great answer! This choice recognizes current and ongoing intervention is necessary in order for the family to remain safe. Ratings should always describe the child and family, not the child and family in services.***
 - d) 3. The father's problems are dangerous and disabling, making it difficult or impossible for him to parent at this time.
 - a. *Consider this: While the father has a history of issues around substance use, he is currently 2 years sober with no parenting concerns. Another rating better captures his current level of risk/need.*
7. An 8-year-old female is diagnosed with a seizure disorder, cerebral palsy, and failure to thrive; the seizures are controlled by medication. The child has a g-tube and has been living with her grandmother the past three months. The grandmother is compliant with all medical needs. She
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receives occupational, physical, and speech and language therapy. Though the school year is almost over, she has missed 88 days of school the past two semesters. She has a current Individual Education Plan (IEP) and is in a CDC classroom. Please rate Education, Developmental, and Physical Health for the FAST 2.0.

- a. Education 1, Developmental 1, and Physical Health 2
 - i. *Consider this: The child has an IEP, has missed many days of school, and is in a specialized classroom.*
- b. Education 2, Developmental 2, and Physical Health 2**
 - i. *Great work!!! This is correct.***
- c. Education 3, Developmental 3, and Physical Health 3
 - i. *Consider this: These score a little high as educationally the child does not have significant education problems. She is not profoundly intellectually disabled, and her physical health problems are not life-threatening.*
- d. Education 1, Developmental 1, and Physical Health 1
 - i. *Consider this: The child has more actionable needs than the current selection suggests. With the information provided, each of these items should be scored a 2.*

8. You received a referral citing abuse of a 3-year-old child and the household consists of mom, a 5-year-old sibling, a 1-year-old sibling, and grandparents. All the adults work and mom says her boyfriend, who reportedly does not live in the home, babysits infrequently. The grandparents and boyfriend were not included in the initial FAST because mom said they have no consistent childcare responsibilities. However, within about 3 weeks it becomes clear the boyfriend and the grandparents provide childcare, although you still aren't sure the boyfriend lives there. Should you:

- a) **Update the FAST now to reflect the new information and rate the boyfriend and grandparents.**
 - i. *Good job! Even though the boyfriend may not live in the house, he provides childcare and should be rated as a caregiver. Updating your assessment provides the opportunity to positively impact the household and needs experienced by the children.***
 - b) Wait until you are ready to complete the closing FAST to include the boyfriend and grandparents because policy only requires a FAST every 90 days or at closure.
 - i. *Consider this: Waiting may delay needed services for the family or entirely miss an opportunity for intervention to avoid future abuse.*
 - c) Nothing is required.
 - i. *Consider this: While policy only requires a FAST every 90 days or at closure, best practice would encourage you to score another FAST now to include the grandparents and the boyfriend as caregivers. Addressing potential issues now may prevent another case on this family in the near future.*
 - d) Add the grandparents to the closing FAST because the boyfriend does not live in the house.
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- i. Consider this: *Partially correct! All caregivers, including the boyfriend should be rated on the FAST. Also consider that by updating the FAST prior to closure even though it is only required by policy every 90 days, opportunities are created for intervention that may avoid future abuse.*

9. You are scoring the initial FAST on one of your cases where the referral alleged environmental neglect. On your initial visit, you noticed items (i.e., several empty prescription medication bottles, two hospital discharge summaries from nearby hospitals) that might be associated with drug use. The home was in need of cleaning, but no safety concerns were evident. The father was the only caregiver home at the time of your visit. While he was cooperative and appeared sober, he spoke very little and wanted to schedule another time to meet with you, when the mother would be present also. The father was also about to leave for work, so your visiting time was short. Do you—

- a) Score a zero on Substance Use because the referral only talks about environmental issues.
 - ii. Consider this: *You must look at the big picture, fully using the tool for assessing potential needs that might otherwise go unnoticed.*
- b) Score Substance Use as a 1 because it is not yet clear what is going on in the home.**
 - iii. Great work! This is the best answer until you can investigate further and determine whether drug use is an issue. You have preliminary evidence that suggests possible drug use. Further assessment is needed to determine whether to revise the score up or down.**
- c) Score Substance Use a 2 because "better safe than sorry!"
 - iv. Consider this: *While safety is paramount in assessing the needs of families, there must be reasonable evidence to support the score. The family must be engaged to explore their history and current functioning.*
- d) Score Substance Use a 3 because no one can parent if they are using drugs and children are in danger.
 - v. Consider this: *While safety is paramount in assessing the needs of families, there must be reasonable evidence to support the score. The family must be engaged to explore their history and current functioning.*

10. An ACV, siblings, and their parents are currently living with an aunt but the parents' plan to secure their own family housing soon. Who should be scored on the FAST?

- a) The aunt, parents, and ACV are scored.
 - i. Consider this: *Scoring the siblings provides the big picture view needed for thorough assessment.*
 - b) The parents and children are scored.
 - i. Consider this: *The current situation puts the aunt in the role of a caregiver, so her circumstances should be part of a holistic assessment.*
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- c) The ACV and parents are scored.
 - i. Consider this: *It is important that the entire family is assessed to potentially avoid future referrals. Other siblings can provide information concerning parenting needs or individual behavioral/psychological needs. Also, the aunt is a current caregiver and should be scored in the FAST.*
 - d) **The parents, ACV, siblings, and the aunt are scored.**
 - i. ***Great answer! This is the best way to ensure the best chance for success in working with the family and addressing issues not readily apparent.***
11. You are ready to complete a Family Permanency Plan (non-custodial) with a family on your caseload and you know they will be resistant to issues you identified. You—
- a) Take cookies to the CFTM and pass them around before any discussion.
 - i. *Nice try. It might work, but engaging the family before the CFTM is more likely to help them understand the goals of the NCPP.*
 - b) Tell the family what the tasks will be for them on the NCPP and that it will be discussed at a CFTM on a specific date.
 - i. *Remember that we work with families and they are best suited to helping us understand the dynamics in their family. Less engagement of the family lessens the probability of success.*
 - c) **Use the FAST as an intervention for engagement with the family and to lend support for tasks to be developed on the FPP.**
 - i. ***Excellent! Actually scoring the FAST in collaboration with the family enhances engagement, ensures better assessment, and increases the probability of success.***
 - d) Talk to the professionals that will attend the CFTM and enlist their help in convincing the family the team knows what is best for the family.
 - i. *It is important for everyone to be on the same page but if the family isn't enlisted to provide input throughout the process, success may be compromised.*
12. A 6-year-old male is in the care of his grandparents; the grandmother reports the child is diagnosed with Autism Spectrum Disorder and Prader-Willi Syndrome. He is non-vocal verbal and non-ambulatory. He is totally dependent for all activities of daily living (ADL) and requires a G-tube for all nutrition and medication. How would a FSS Case Manager score the FAST 2.0 for Physical Health, Developmental/Intellectual, and Mental Health?
- a) Physical Health 2, Developmental/Intellectual 3 , and Mental Health 0
 - i. Great work! We agree.
 - b) Physical Health 1, Developmental/Intellectual 1, and Mental Health 1
 - i. Consider this: According to the FAST 2.0 manual, the youth could rate a 2 for physical health as his genetic condition is chronic and will require ongoing medical attention. His developmental/intellectual fits the criteria definition of a 3 as well. However the youth does not fit criteria for Mental Health as all developmental/intellectual delays are captured
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under the developmental/intellectual item.

- c) Physical Health 2, Developmental/Intellectual 3, and Mental Health 2
 - i. Consider this: According to the FAST 2.0 manual, the youth could rate a 2 for physical health as his genetic condition is chronic and will require ongoing medical attention. His developmental/intellectual fits the criteria definition of a 3 as well. However the youth does not fit criteria for Mental Health as all developmental/intellectual delays are captured under the developmental/intellectual item.
 - d) Physical Health 3, Developmental/Intellectual 2, and Mental Health 0
 - i. Consider this: According to the FAST 2.0 manual, the youth could rate a 2 for physical health as his genetic condition is chronic and will require ongoing medical attention. His developmental/intellectual fits the criteria definition of a 3 as well. However the youth does not fit criteria for Mental Health as all developmental/intellectual delays are captured under the developmental/intellectual item.
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