Course Objectives

At the end of this training, participants will be able to:

- Identify the goal and purpose of the Reflective Practice Survey
- Review the process for completing a Reflective Practice Survey
- Practice the scoring element of the Reflective Practice Survey

Slide notes

At the end of this training, participants will be able to: Identify the goal and purpose of the Reflective Practice Survey, Review the process for completing a Reflective Practice Survey, and Practice the scoring element of the Reflective Practice Survey.
The Reflective Practice Survey is a tool that provides a qualitative analysis of intervention and/or case management services by scoring specific aspects of a case; the tool also assesses and objectively measures a Family Case Manager’s use of the DCS Practice Skills. The goal of the RPS is to achieve better outcomes for children and families.
Each quarter, The Office of Data Management will randomly select an assessment or case for each FCM.

RPS case selection consists of:

- 24-hour and 5-day Assessments as they are reported
- Ongoing cases opened during the previous quarter

Slide notes

Each quarter, The Office of Data Management will randomly select an assessment or case for each FCM.

RPS case selection consists of 24 hour and 5 day assessments as they are reported and ongoing cases opened during the previous quarter.
Notification & Locating the RPS

Assessments:
- Both the Supervisor and the FCM will receive an e-mail stating that the assessment has been selected
- Locate the RPS in MaGIK under the “Assessment” tab

Ongoing:
- Ongoing cases can be found in the “Case” tab
- The ongoing cases will be automatically assigned at the beginning of each quarter
- There is no e-mail sent for ongoing cases

Slide notes
Receiving notifications for the assessment RPS and the on-going RPS will be different. For assessments, both the supervisor and the FCM will receive an e-mail stating that the assessment has been selected. To locate the RPS in Magik, first, log into Magik, then select "RPS" from the jump menu. You will then be able to view the Assessment RPS by selecting the "Assessment" tab. On-Going cases can be found in the “Case” tab. The On-going cases will be automatically assigned at the beginning of each quarter. There is no e-mail sent for On-Going cases.
For both the Assessment and On-going RPS, there are two categories to measure each of the practice indicators. Case Observations which include the exploratory questions which assess each of the practice indicators, and the Skills observations which include the job-related competencies for each practice indicator.

An Expanded RPS Skills tool, which includes the questions and job-related competencies for each practice indicator, is available through the DCS SharePoint. Or by clicking on the buttons.
Completing an RPS

Policy 2.18: Reflective Practice Survey (RPS)

Slide notes

Completing an RPS is a seven step process. These steps are the same for both assessment and on-going cases and are explained in DCS Policy 2.18.

First, Review the Case Assignment;
Second, Notify the FCM and schedule the Observation; Third, Conduct the field observation;
Fourth, conduct an interview with the FCM; fifth, score the RPS;
Sixth, Provide feedback to the FCM;
And lastly, submit a list of case characteristics to the Division Manager or Local Office Director.
Once a case is chosen for a Reflective Practice Survey, you will need to Review the assigned assessment or ongoing case details and demographic information in MaGIK. During your review of the case, you may recognize that an RPS cannot be completed on the case. If you are not able to complete the RPS as requested, you will need to choose the reason why the RPS cannot be completed in Magic.
After you have reviewed the facts of the case in Magic, notify the FCM that his or her assessment or ongoing case has been selected for review then schedule a time to complete your observation. Prior to the observation you should review the RPS tool with your FCM so they understand the criteria you will be assessing; this will also alleviate many of their concerns.

If the selected assessment has already been initiated by the FCM, then you can observe a follow up visit or a CFTM; however, the initial visit is recommended.
Slide 10 - Slide 10

3- Conduct Field Observation

- During this observation gather information to assess both the case outcomes and the skills of the FCM
- When observing FCM skills, focus on the FCM's use of Practice Skills and the core values for building trust-based relationships
  
  ![Diagram showing Practice Skills]

- Use the RPS tool to help you take notes during your observations to keep your thoughts organized for scoring later on
- You may ask questions during the observation if you need additional information

Slide notes

Next, conduct the field observation by accompanying the FCM to their assessment, home visit, or Child and Family Team meeting. During this observation gather information to assess both the case outcomes and the skills of the FCM. When observing FCM skills, focus on the FCM's use of practice skills and the core values for building trust-based relationships. Use the RPS tool to help you take notes during your observations to keep your thoughts organized for scoring later on.

You may ask questions during the observation if you need additional information. ;;
After the observation, conduct an interview with the FCM. Use the RPS practice indicator questions, located in the Case Observations section, as a guide to gain information about the case from the FCM's perspective.
Next, you will score the assessment or ongoing case in magic using information from the field observations and the FCM interview. The RPS must be completed in Magic within the quarter in which it was assigned for review.

Each Indicator and Skill is scored on a scale of 1 to 6. The RPS tool provides an explanation of each of these skill levels. Overall, scores are divided into two major action steps: "refine, Maintain" or "concerted action needed."

It is important to understand the difference between "refine, Maintain" and “Concerted action needed”. If you are unsure, ask the question: "Is there something that needs to be done to improve the outcome or results for this family?" If the answer is "Yes", then this indicates that the indicator should be scored in “concerted action needed”. If the answer is "No", then this indicates that the indicator should be scored in "refine, maintain".

If you are unable to decide between a 3 and a 4, ask the question, "If this case were frozen in time as it is today, would it continue to move forward?" If there are action steps which must be completed for improvement in the outcomes for the child or family, then score the case in concerted action needed. If there are only slight adjustments to existing action steps which enhance plans and outcomes for the child or family, then score the case in refine, maintain.

Scoring the RPS should focus on the most recent segment of Practice. Child and family status indicators look at the last 30 days. Exceptions are stability, which looks at both the past 12 months and the next 6 months, and permanency. Recent performance improvements have some influence on scores. System performance looks at the past 90 days.
After scoring the RPS tool, you should provide feedback to the FCM. Share your observations beginning with strengths and affirmations. Then identify areas of opportunity to achieve better outcomes for the child and family. Review the Skills Observation and Case Observation score for each Practice Indicator. Summarize your findings and clarify any trends. Use the Case Summary Questions, located at the end of the RPS tool to help create a narrative of your review. Finally, discuss any possible next steps. Providing feedback is a coaching opportunity and the RPS tool can be used as a structure for use during clinical supervision.
The final step in completing the RPS is to submit a list of case characteristics to your Division Manager or Local Office Director. This should be completed within 30 days of the review quarter.

- Pinpoint what worked and what didn't work for the family;
- Identify the trends and write a summary with a focus on how the system's performance contributed to the child and family results;
- When describing a particular finding, it is most helpful to clearly state its impact on the outcomes of the case.
- It is not necessary to address every trend you identified but to focus on the most important ones.

Evaluating trends will assist the region in moving cases forward to sustainable, safe case closure by justifying indicator and skill ratings, linking systemic barriers to case outcomes, and indicating training needs. Ask your Division Manager or Local Office Director how they prefer to have the information presented to them.

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**Slide notes**

The final step in completing the RPS is to submit a list of case characteristics to your Division Manager or Local Office Director. This should be completed within 30 days of the review quarter. Pinpoint what worked and what didn't work for the family; identify the trends and write a summary with a focus on how the system's performance contributed to the child and family results. When describing a particular finding, it is most helpful to clearly state its impact on the outcomes of the case. It is not necessary to address every trend you identified but to focus on the most important ones. Evaluating trends will assist the region in moving cases forward to sustainable, safe case closure by justifying indicator and skill ratings, linking systemic barriers to case outcomes, and indicating training needs. Ask your Division Manager or Local Office Director how they prefer to have the information presented to them.
Practice Scoring an RPS

Case Scenario PDF

⇒ This activity is just practice, however, if you have any questions about the results, or have additional questions, you will need to write them down and bring them to your Supervisor Core training.

Slide notes

You will now have the opportunity to practice scoring an RPS. In this activity, you will first listen to the case scenario. If you would like to open the case scenario document in a new window, to utilize during the activity, click on the button. After listening to the case scenario, you will be provided with the Supervisor's observation and interview notes to use as you score the RPS for the assessment. This activity is just practice, however, if you have any questions about the results, or have additional questions, you will need to write them down and bring them to your Supervisor Core training.
Family Composition: Henry is a 12-year-old male who lives with his mother, Shelly and her boyfriend, Thomas whom she has lived with for the last two weeks.

Her former boyfriend moved out approximately one month ago. Henry also has a younger brother, Max age 10 and sister Carrie age 7. The family lives together in a 3 bedroom apartment.

Henry’s father, Sam and his mother divorced two years ago. Sam is the father of all three children. Sam is actively involved in his children’s life and has visits with the children every Thursday evening and every other weekend.

Slide notes

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Her former boyfriend moved out approximately one month ago. Henry also has a younger brother, Max age 10 and sister Carrie age 7. The family lives together in a 3 bedroom apartment.

Henry’s father, Sam and his mother divorced two years ago. Sam is the father of all three children. Sam is actively involved in his children’s life and has visits with the children every Thursday evening and every other weekend.
Current CPS Assessment: DCS received a report regarding this family when Henry went to the school nurse to complain that something was “stuck” in his eye. The school nurse examined Henry’s eye and found a piece of bark. Henry reported to the school nurse that yesterday, Henry and Max took their BB guns outside to shoot birds. Henry stated, “Max missed the birds but hit the tree with a BB and the bark flew off the tree and hit me in the eye”. Henry claimed that he went to the house and told his mom what had happened and she told him that he would be fine and to go back outside and play.

The school nurse examined Henry’s eye and noticed that the bark had caused a slight scratch and was becoming infected. The nurse notified Henry’s mother, Shelly, about the injury and suggested that he needed to be seen by a doctor. Shelly reported that Henry was being a baby and he would get over it and she would not be taking Henry to the doctor because that costs money.

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The school nurse examined Henry’s eye and noticed that the bark had caused a slight scratch and was becoming infected. The nurse notified Henry’s mother, Shelly, about the injury and suggested that he needed to be seen by a doctor. Shelly reported that Henry was being a baby and he would get over it and she would not be taking Henry to the doctor because that costs money.
Upon DCS receiving the report and initiating the assessment with the family, Shelly agreed to take Henry to the doctor. Shelly reported that she has been taking her children to Dr. Becker, who has been the children’s pediatrician since Max was born. After the visit with Dr. Becker, it was noted that Henry had a scratch on his retina which required him to wear a patch over his eye for a month so the eye could heal.

During the assessment, Shelly admitted to not taking her child to the doctor and not being aware that they were playing outside with BB guns. While interviewing Shelly, the FCM noted that Shelly got up several times to check on the children and make sure they were doing what she had asked them to do. The FCM interviewed the school nurse and principal who reported that all three children attend school on a regular basis and do very well in school with no behavioral challenges.

DCS substantiated medical neglect and also a lack of supervision. DCS agreed to leave the children in the home as Shelly agreed to have a CFTM to discuss an Informal Adjustment. Shelly requested that the CFTM be scheduled around her new job. She reported that she had been out of work for approximately three months and was looking forward to being able to catch up on her rent. Shelly was able to identify several individuals who she would like to attend the meeting.

Slide notes

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Prior DCS Involvement: Three years ago, DCS became involved with this family when 7-year-old Max was found wandering the library alone. DCS substantiated environment life health/endangerment and lack of supervision on the family.

The family successfully completed an Informal Adjustment and obtained appropriate daycare for all three children.

Slide notes

Three years ago, DCS became involved with this family when 7-year-old Max was found wandering the library alone. DCS substantiated environment life health/endangerment and lack of supervision on the family. The family successfully completed an Informal Adjustment and obtained appropriate daycare for all three children.
The supervisor went to the home with the FCM to participate in the CFTM to develop a safety plan and Informal Adjustment. The family agreed to have the supervisor participate in the meeting and welcomed her input in the process.

Present at the CFTM were Shelly, Thomas, Sam, Paternal Grandmother Linda, Shelly’s sister Vicki and the FCM.

During the CFTM, the FCM explained the purpose of the meeting and provided the team with the goals of the meeting. The FCM and Shelly agreed that the goals of the meeting were to explore the family’s needs, which included Shelly’s ability to supervise Henry and Max and to ensure the children’s safety.

The supervisor went to the home with the FCM to participate in the CFTM to develop a safety plan and Informal Adjustment. The family agreed to have the supervisor participate in the meeting and welcomed her input in the process.

Present at the CFTM were Shelly, Thomas, Sam, Paternal Grandmother Linda, Shelly’s sister Vicki and the FCM.

During the CFTM, the FCM explained the purpose of the meeting and provided the team with the goals of the meeting. The FCM and Shelly agreed that the goals of the meeting were to explore the family’s needs, which included Shelly’s ability to supervise Henry and Max and to ensure the children’s safety.
During the meeting, Sam, the children’s father, raised concerns about the case. He asked why he was not consulted about Henry’s injury and why the children were still living with Shelly after Henry had gotten hurt. The FCM answered Sam in a respectful way reporting that she had called his home and left him two messages, which he had not returned. She stated that she left him the notice of the CFTM at his house in hopes to get a response from him. The FCM was respectful of Sam, but also firm in letting him know that he needed to be an active participant in finding solutions for his children’s safety.
During the meeting, the FCM was respectful and open to the communication of the parents. The FCM seemed to lead the discussion about safety and direct what should be done with the case, with the parents complying with these requests. The FCM suggested that when the boys were playing outside that they check-in with an adult on a regular basis and that the BB gun be locked up at Sam’s house and only used while Sam is supervising. Both Shelly and Sam agreed to this safety plan.

The family supports who were at the meeting provided little input and were not asked to assist in the safety planning or help with the plan for supervision of the children. The team agreed that Shelly would benefit from working with a home-based caseworker to establish supervision and overall parenting techniques and Henry would require ongoing medical treatment for his injury.

At the end of the meeting, both Shelly and Sam agreed that the children should stay with Shelly because they are happy and doing very well in school. Sam agreed to be active in the case and increase his communication with Shelly in regards to co-parenting the children. Sam also agreed to work with the home-based caseworker on consistent discipline and planning between his and Shelly’s home.
Practice Scoring an RPS Based on the Case Scenario

Supervisor’s RPS Notes

6. Parenting Capacities: Skills Observation

Favorable:
- FCM was able to identify and list 4 of the 10 protective factors.
- FCM was able to identify strengths and needs of the family.
- FCM demonstrated knowledge of the needs of the child and was able to identify what the parent needed to do in order to meet those needs.

Unfavorable:
- The FCM did not assess the father’s strengths and needs in order to assist in goal planning.
- There is an opportunity to further counsel the mother for any risks or needs.

We will now practice scoring an RPS based on the case scenario. Click on the button to open the supervisor’s RPS notes. In these notes you will see the supervisor's comments, in red. These notes are from the Magic review, field observation, and FCM interview; these notes will help you complete the activity. You will also see the supervisor’s notes listed with each question in two categories: Favorable and Unfavorable. This is just one way to organize your notes when you start scoring an RPS. Click next to start the activity. Remember, if you have any questions, take notes and bring them to Supervisor Core Training.
1. Safety and Behavioral Risk:
Case Observation

Favorable:
- Mother followed through with medical treatment
- Written safety plan was put into place
- Services put into place to support family in safety plan
- Although child was shooting at birds, he did not display any behaviors that were harmful to self or others-his behaviors were typical for his age

Unfavorable:
- Parents were “coaxed” into giving input on safety plan
- DCS intervention was reason for mother taking child to doctor
- Informal supports were not included in development of safety planning

6 - OPTIMAL
5 - GOOD
4 - FAIR
3 - MARGINAL
2 - POOR
1 - ADVERSE

Slide notes
### 2. Stability: Case Observation

<table>
<thead>
<tr>
<th>Favorable:</th>
<th>Unfavorable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Child has maintained same home environment and school setting</td>
<td>- Mother’s boyfriend recently moved into the home shortly after her former boyfriend moved out</td>
</tr>
<tr>
<td>- Mom has recently become employed and has gotten rent caught up, so upcoming disruptions are unlikely</td>
<td>- Mother had been unemployed, which caused her to become behind on rent and the family was facing eviction</td>
</tr>
<tr>
<td>- Home-based was put into place to support family and decrease risk of future disruptions</td>
<td></td>
</tr>
</tbody>
</table>

#### Slide notes

- 6 - OPTIMAL
- 5 - GOOD
- 4 - FAIR
- 3 - MARGINAL
- 2 - POOR
- 1 - ADVERSE
### 3. Permanency/Long-term View: Case Observation

<table>
<thead>
<tr>
<th>Favorable:</th>
<th>Unfavorable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child resides with mother, which is believed by most team members to be a sustainable home</td>
<td></td>
</tr>
<tr>
<td>• Child has an enduring relationship with mother, who is committed to raising her child</td>
<td></td>
</tr>
<tr>
<td>• Protective factors and supportive services are present that will ensure permanency</td>
<td>• Father has concerns about the permanency of the child in the mother’s home and believes the child should reside with him</td>
</tr>
<tr>
<td></td>
<td>• Action steps to achieve case closure are unknown</td>
</tr>
</tbody>
</table>

**Review Area**

**Intended Score: 6**

Although the child remained in his own home, the father continues to have concern. You must answer the question below in order to progress to the next question before the action steps can be continued.

Click anywhere or press the tab key to continue.

Select one of the following:

- 6 - OPTIMAL
- 5 - GOOD
- 4 - FAIR
- 3 - MARGINAL
- 2 - POOR
- 1 - ADVERSE

**Submit**
4. Appropriate Living Arrangement: Case Observation

**Favorable:**
- Protective factors were identified to ensure child was in most appropriate, least restrictive environment.
- Child remained at home, which allowed him to maintain essential connections.

**Unfavorable:**
- Mother did not recognize the urgency for medical treatment and only agreed to take him for treatment after DCS involvement.
- Since the boyfriend is a recent addition to the household, his role with the family and care giving to the child is unknown.

- 6 - OPTIMAL
- 5 - GOOD
- 4 - FAIR
- 3 - MARGINAL
- 2 - POOR
- 1 - ADVERSE

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Slide notes
5. Well-Being: Case Observation

Favorable:
- Child received medical treatment for his eye injury
- Child is attending school and doing well
- There are no emotional or behavioral issues identified

6 - OPTIMAL
5 - GOOD
4 - FAIR
3 - MARGINAL
2 - POOR
1 - ADVERSE

Slide notes
6. Parenting Capacities: Case Observation

**Favorable:**
- Mother complied with medical treatment and plans to follow-up on any ongoing needs
- Mother agreed to participate in the plan developed from the IA
- Father is active in his children’s lives and visits regularly
- Father demonstrated appropriate concerns regarding his children’s safety
- Parents have extended family who are willing to attend CFTM
- Parents possess protective strategies which allowed children to remain in home

**Unfavorable:**
- Mother did not immediately seek medical treatment and completed only after DCS involvement
- Father was not readily available during the initial stage of the assessment
- Mother has unstable relationships and recently moved a new boyfriend into the home
- Unclear how informal supports assist the family

- 6 - OPTIMAL
- 5 - GOOD
- 4 - FAIR
- 3 - MARGINAL
- 2 - POOR
- 1 - ADVERSE

Slide notes
7. Role & Voice: Case Observation

Favorable:
- Both parents were involved in the CFTM to create a safety plan for the children
- A trusting relationship was established with the mother

Unfavorable:
- Father did not feel that he was engaged and had a voice in the assessment
- Parents were passive during CFTM and did not provide a lot of input in goal setting
- Informal supports at the meeting had little to no input

- 6 - OPTIMAL
- 5 - GOOD
- 4 - FAIR
- 3 - MARGINAL
- 2 - POOR
- 1 - ADVERSE

Review Area

Intended Score: 3
Although both parents were present at the CFTM, they were passive and did not question the setting. In addition, the father did not engage or have a voice in the assessment.

Click anywhere or press to continue.

Submit
Slide 31 - Slide 31

8. Team Formation: Case Observation

Favorable:
- Informal supports were invited to the team meeting (each parent has a support there)
- Both parents and boyfriend were present at the CFTM and participated in the meeting
- FCM prepped mom for the CFTM

Unfavorable:
- The children were not present for the CFTM
- The school was not present for the CFTM
- The informal supports provided little to no input into the safety planning and were not asked to develop the safety plan or plan for supervision
- Ongoing worker was not present at the CFTM
- Some prep was done with mother for CFTM but with no other members

6 - OPTIMAL
5 - GOOD
4 - FAIR
3 - MARGINAL
2 - POOR
1 - ADVERSE

Slide notes
9. Assessing & Understanding: Case Observation

Favorable:
- FCM utilized protective factors to assess the children's safety in the home
- Collaborated with educational and medical professionals regarding child's injury
- Utilized the knowledge that mother had successfully completed IA before when determining if children could remain in the home

Unfavorable:
- Unclear what assessments were used when assessing the family
- Key family and household members were not assessed for strengths and needs
- Team members did not share a big picture understanding of the family's underlying needs

6 - OPTIMAL
5 - GOOD
4 - FAIR
3 - MARGINAL
2 - POOR
1 - ADVERSE

Slide notes
10. Child and Family Planning Process: Case Observation

Favorable:
- Protective Factors were utilized when planning for the children to remain in the home
- CFTM was utilized to develop the safety plan and the IA with the family
- Services identified in the plan were relevant to the needs of the family
- Mother and father were encouraged to provide input into their plan

Unfavorable:
- Without knowledge of underlying needs, it is unclear if the plan addressed all needs of the family
- Parents had to be 'coaxed' into participating in the planning
- There was an opportunity to engage father and other supports regarding the permanency plan and protective factors
- Plan did not include action steps necessary to achieve sustainable safe case closure

Options:
- 6 - OPTIMAL
- 5 - GOOD
- 4 - FAIR
- 3 - MARGINAL
- 2 - POOR
- 1 - ADVERSE

Slide notes
11. Interventions Tracking and Adjusting: Case Observation

**Favorable:**
- Child will receive ongoing medical treatment for his injury
- FCM referred family for home based services
- Family participated in CFTM for the development of their safety plan and IA
- Knowledge of successful completion of previous IA was utilized when determining appropriate interventions

**Unfavorable:**
- Family members did not have an understanding of the substantiated decision
- Goals and objectives for home based services were not identified, including identifying the target client
- Unclear what changes need to occur in the family to reach sustainable, case closure

- 6 - OPTIMAL
- 5 - GOOD
- 4 - FAIR
- 3 - MARGINAL
- 2 - POOR
- 1 - ADVERSE

**Review Area**

Intended Score

Appropriate services were referred in regards to the child’s medical treatment and the medical diagnosis, however; goals and objectives for the case were not identified. In addition, the family does not understand of the substantiated decision.

You must answer the question before continuing.

Click anywhere or press to continue.

Submit
1. Safety and Behavioral Risk: Skills Observation

**Favorable:**
- Protective factors were identified to make determination to leave child in home
- CFTM was utilized to create safety plan
- FCM assessed and determined the risks to the child

**Unfavorable:**
- There was an opportunity to engage the parents more in creating the safety plan
- There was an opportunity to involve informal supports in the creation of the safety plan
- There was an opportunity to involve the children in creating the safety plan

- 6 - OPTIMAL
- 5 - GOOD
- 4 - FAIR
- 3 - MARGINAL
- 2 - POOR
- 1 - ADVERSE

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**Slide notes**

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Intended Score: 4
The FCM utilized the CFTM tool and appropriately assessed and the child. There was an opportunity for the parents, children, and informal development of the safety plan.

You must answer the question before continuing.

Click anywhere or press to continue.
2. Stability: Skills Observation

Favorable:
- FCM was able to identify protective factors that allowed the child to stay in the home
- Utilized home-based worker to avoid future disruptions

Unfavorable:
- FCM under assessed and/or underutilized informal supports role in maintaining stability in the home
- Mother’s boyfriend and his relationship, involvement and support of the family fully assessed

6 - OPTIMAL
5 - GOOD
4 - FAIR
3 - MARGINAL
2 - POOR
1 - ADVERSE

Intended Score:
The FCM adequately identified protective factors that allowed the child to remain.
Opportunity remained to involve development of the safety plan for the child.
Click anywhere or press to continue.

Submit

Slide notes
3. Permanency/Long-term View: Skills Observation

Favorable:
- FCM utilized protective factors to determine most effective permanency plan for child
- FCM utilized Safety Homes, Families First when planning

Unfavorable:
- Action steps to achieve sustainable safe case closure were not developed and/or shared with the family
- Goals for home based counseling were not identified
- There was an opportunity to engage father regarding the permanency plan and protective factors that are in place

Review Area

Intended Scores:
The FCM demonstrated a limited understanding of options available for permanency. You must answer the goals and action steps to assist with question before forwarding were not developed or continuing.

Click anywhere or press to continue.

Submit

Slide notes
4. Appropriate Living Arrangement: Skills Observation

<table>
<thead>
<tr>
<th>Favorable:</th>
<th>Unfavorable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• FCM demonstrates the ability to identify and discuss protective factors</td>
<td></td>
</tr>
<tr>
<td>• FCM recognizes the importance of the child maintaining relationships and social connections and involved these individuals in the CFTM</td>
<td></td>
</tr>
<tr>
<td>• There is an opportunity to better assess the boyfriend's role in the household</td>
<td></td>
</tr>
</tbody>
</table>

Intended Score: 6

The FCM demonstrated a satisfactory understanding of protective factors and was able to allow the child to remain in his environment. There is an opportunity to further assess the boyfriend's role in the child's life.

You must answer the question before continuing.

Click anywhere or press Enter to continue.

Submit
5. Well-Being: Skills Observation

Favorable:

- FCM identified and utilized protective factors when ensuring well-being of children
- FCM was able contact school professionals to assess child’s performance in school
- FCM was able to access professionals, such as school nurse and physician, to ensure child’s medical needs were met

Slide notes
6. Parenting Capacities: Skills Observation

Favorable:
- FCM was able to identify and utilize mothers protective factors
- FCM was able to identify strengths and needs of the family
- FCM demonstrated knowledge of the needs of the child and was able to identify what the parent needed to do in order to meet those needs

Unfavorable:
- The FCM did not fully assess the father’s strengths and needs in order to assist in goal planning
- There is an opportunity to further assess the mother for any risks or needs

6 - OPTIMAL
5 - GOOD
4 - FAIR
3 - MARGINAL
2 - POOR
1 - ADVERSE

Slide notes
7. Role & Voice: Skills Observation

Favorable:
- FCM engaged parents to be a part of CFTM
- FCM engaged parents to include informal supports in CFTM
- FCM was respectful and open to communication of the parents

Unfavorable:
- There was an opportunity to engage the father prior to the CFTM
- There was an opportunity to engage team members to be more involved in planning and goal setting during the CFTM
- There was an opportunity to engage the parents to be the drivers of the CFTM and planning

6 - OPTIMAL
5 - GOOD
4 - FAIR
3 - MARGINAL
2 - POOR
1 - ADVERSE

Slide notes
8. Team Formation: Skills Observation

Favorable:
- FCM prepped mom for the CFTM as she discussed the purpose of the meeting with mom
- FCM identified and got appropriate informal supports to attend the meeting from both sides of the family

Unfavorable:
- No other team members were prepped for the meeting
- FCM did not identify the formal supports for the CFTM
- FCM did not identify the children should attend the CFTM
- Needs to arrange for the ongoing worker to be present and prepped for the CFTM and case

Slide notes

Favorable:
- FCM utilized protective factors when determining the outcome of the assessment
- FCM accurately documented the information she gained during the assessment

Unfavorable:
- Use of the CANS was not evident in discussions with the FCM and documentation in MaGIK
- FCM was not able to interview all family and household members in order to determine their strengths and needs
- Assessments utilized did not identify underlying needs of the family

Slide notes

Favorable:
- FCM was respectful and open to the communication of the parents
- FCM was able to develop a safety plan and IA with the family
- FCM was able to utilize protective factors when developing a plan for the children to remain home
- Parents and informal supports were included in the CFTM

Unfavorable:
- FCM did not develop a plan that included goals/objectives for services and action steps necessary to reach sustainable, safe closure
- FCM lead the discussion about safety and directed what should be done with the case
- FCM did not utilize the informal supports that were present when developing the family’s plan
- Without clarity of underlying needs, it is unclear if these will be addressed in the developed plan

Question 21 of 29

Intended Score 3
The FCM demonstrated a limited ability to communicate regarding the plan. You must answer the family. There was an opportunity to question before supports when creating a plan for continuing.

Click anywhere or press enter to continue

Submit

Slide notes
### 11. Interventions Tracking and Adjusting: Skills Observation

#### Favorable:
- FCM identified services to assist the family with input from parents.
- FCM utilized protective factors in the development of a plan to address family needs.

#### Unfavorable:
- There was an opportunity to engage father regarding the permanency plan and protective factors that are in place.
- FCM had to ‘coax’ parents into participating in the identification for services.
- FCM underutilized the informal supports of the family when developing a plan for interventions.

---

**Intended Score:**
The FCM identified services to assist the family, but there was an opportunity to engage the father regarding the permanency plan and protective factors. The FCM underutilized the informal supports of the family when planning interventions.

You must answer the question before continuing.

Click anywhere or press the space bar to continue.

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**Question 22 of 29**

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Slide notes
12. Quality of Contacts between FCM and Child/Parent: Skills Observation

<table>
<thead>
<tr>
<th>Favorable:</th>
<th>Unfavorable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• FCM was respectful and open to communication from the parents</td>
<td>• FCM seemed to lead the discussion about safety and directed what should be done with the case</td>
</tr>
<tr>
<td>• FCM was respectful of father when he asked questions the outcome of the assessment but firm regarding the need for his participation in the family plan</td>
<td>• FCM needed to ‘coax’ parents for suggestions regarding their case</td>
</tr>
<tr>
<td>• FCM stayed on topic and was focused on developing a plan for the family</td>
<td>• FCM did not engage informal supports who were present at the meeting to assist with safety planning and help with the boys</td>
</tr>
</tbody>
</table>

Review Area

Intended Score: 8
The FCM demonstrated a limited ability to conduct quality visits with the family. They must answer the questions before continuing.

Submit

Question 23 of 23

Slide notes
Quiz Results

You Scored:  {score}

Maximum Score:  {max-score}

Review Quiz  Retake Quiz  Continue
Questions?

Contact the Performance and Quality Improvement (PQI) Team at:

PQIquestions@dcs.IN.gov

Slide notes

If you have questions about the RPS, you can contact the Performance and Quality Improvement team at PQIquestions@dcs.IN.gov.
Thank you for taking the Reflective Practice Survey Supervisor Training. ELM will reflect your completion in 24 - 48 hours.

Developed by: Colbi Lehman, Instructional Technology Developer

Slide notes
Thank you for taking the Reflective Practice Survey Supervisor Training. ELM will reflect your completion in 24 to 48 hours.