A brief overview of the Regional Practice Consultant (RPC) Role within the Indiana DCS Practice Model.
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Manual Overview

This manual is a brief overview for the Regional Practice Consultant (RPC) position within the Indiana Child Welfare Practice Model. The manual thoroughly covers the expectations and development process for RPC.

All RPCs will receive a copy of this manual and will sign an acknowledgement of receipt. RPC will be required to follow the manual during their development process and refer to the manual as a resource.

Any questions regarding the expectations or development of a RPC should be forwarded to one of the following staff:

**MB Lippold**
Deputy Director of Staff Development
MB.Lippold@dcs.in.gov

**Maria Wilson**
Indiana Practice Model Director
Maria.Wilson@dcs.in.gov
**DCS Mission Statement**

The Indiana Department of Child Services protects children from abuse and neglect. DCS does this by partnering with families and communities to provide safe, nurturing and stable homes.

**Vision**

Children thrive in safe, caring and supportive families and communities.

**Values**

- We believe every child has the right to be free from abuse and neglect.
- We believe every child has the right to appropriate care and a permanent home.
- We believe parents have the primary responsibility for the care and safety of their children.
- We believe the most desirable place for children to grow up is with their own families, when these families are able to provide safe, nurturing and stable homes.
- We believe in personal accountability for outcomes, including one’s growth and development.
- We believe every person has value, worth and dignity.

**Core Values**

- Respect
- Genuineness
- Empathy
- Professionalism
History of the Indiana DCS Practice Model

BACKGROUND

Since the Governor created the Department of Child Services in January 2005, DCS has sought to build a child welfare agency that reflects our mission and beliefs about serving and protecting the children and families of Indiana. Lasting change and better outcomes can only be achieved if our work is grounded in strong principles and values. And, translating those values into our every day actions and decisions requires us to rethink every aspect of how we work together with families and each other. That was the Governor’s charge to us when he created DCS.

PRACTICE

As part of a massive statewide transformation, the Indiana Department of Child Services (DCS) fundamentally changed the way it works with families involved in the child welfare system.

The Governor’s commitment to DCS resulted in hundreds of new Family Case Managers (FCMs) hired in Indiana. These new workers allowed all DCS FCMs to return to the kind of social work that drew many of our workers to the field in the first place. Thus, “practice” really means a renewed commitment to social work practice that makes the FCM a critical service and support to the child and family. As caseloads decrease over time, it is our expectation that DCS workers will use their increased time per child and family to achieve better results for those in our care.

Our practice was based on our vision, mission and values and built upon case practice efforts that have significantly improved child safety and family reunification in other states. To implement the practice, DCS built trust-based relationships with families and partners by exhibiting empathy, professionalism, genuineness and respect. Importantly, Indiana identified five essential practice skills necessary to effectively implement our vision, mission and values. These skills are:

- **Engaging.** The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.

- **Teaming.** The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.

- **Assessing.** The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This discovery process looks for the issues to be addressed and the
strengths within the children and families to address these issues. Here we are determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.

- **Planning.** The skill necessary to tailor the planning process uniquely to each child and family is crucial. Assessment will overlap into this area. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and facing consequences in response to lack of improvement.

- **Intervening.** The skills to intercede with actions that will decrease risk, provide for safety, promote permanence, and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from finding housing to changing a parent's pattern of thinking about their child.

As our new practice unfolded, DCS developed a different array of services for families, new policies to guide our work, and continuous training and quality improvement to improve our skills.

**Regional Practice Consultants within the Practice Model**

Regional Practice Consultant positions were created in order to assist with communication between communities, Peer Coaches, Peer Coach Consultants, System Partners, and DCS Central Office regarding the Indiana Department of Child Services’ Practice Model. RPCs are considered to be “Practice Experts” in that they have mastered the TEAPI skills and other pertinent skills needed for sustainability of the Practice Model. RPCs also embody DCS’ desired best practice which is transferred to staff throughout the Indiana Department of Child Services. RPCs ensure that consistency and fidelity to the DCS Practice Model is maintained. RPCs supervise the productivity of the Peer Coaches in the region. This manual contains a brief overview of the RPC’s role, training, and expectations.
Practice Model Expectations: Regional Practice Consultants

2011

The purpose of this document is to set forth the goals and expectations for Regional Practice Consultants regarding the Indiana DCS Practice Model.

1. Convene the region’s peer coaches quarterly for debriefings and ongoing support, provide agendas and minutes to the Project Manager for Practice Model
2. In consultation with DCS Staff Development, manage and coordinate the region’s practice training including scheduling staff for training, securing training location when requested and coordinating schedule changes based on the established calendar.
3. Assess peer coaches’ coaching abilities and provide feedback to them, their supervisors and Local Office Directors
4. Supervise peer coaches in their coaching function
5. Track that peer coaches are creating Facilitators, as set forth in the Facilitator Expectations
6. Assign Peer Coaches to newly hired FCMs upon release from new hire training to the region with the expectation that all new hired FCMs will complete facilitation training within 90 days once they have graduated
7. Act as the centralized resource person for information about the practice model
8. Along with Regional Managers, actively participate in state level discussions about case practice
9. Work with DCS central office on field issues relating to the practice model
10. Along with the Regional Manager, serve as a point person with external practice consultants and trainers
11. Act as Spokesperson for the practice model at Regional Services Council meetings and community presentations upon request
12. Be a “Cheerleader” for peer coaches and all staff to encourage use of the model and maintain enthusiasm for the practice
Training Outline for
Regional Practice Consultant
*One day training with State Practice Director

- History of Practice Reform

- Collaboration with Regional Practice Consultants
  - Bi-Annual Meetings
  - Brainstorming Practice Needs
  - Peer Support

- Review of Staff Expectations
  - Practice Consultants
  - Facilitators
  - Peer Coaches
  - Peer Coach Consultants
  - Practice Director

- Practice Training
  - Practice Calendar / CFTMs
  - Scheduling
  - Location
  - Monitoring

- QSR
  - Role of Regional Practice Consultant
  - Role of Peer Coach Consultant (Grand Rounds)

- Practice SharePoint
  - Forms
  - Practice Tips
  - Resources
  - Practice Contacts
  - Regional Folders on SharePoint
  - Practice Presentation Power Point
• **Resources**
  - Practice Coloring Book for Children
  - CFTM DVDs
  - Family Functional Assessment Tool
  - Observation Tool
  - Peer Coach Consultants and State Practice Director
  - P-FACT
  - Practice Team
  - STAR

• **Interaction with Peer Coaches**
  - Selection of Peer Coaches
  - Peer Coach Commitment
  - Peer Coach Manuals
  - Quarterly Meetings
    - Quarterly Agenda Items from Practice Directory
  - Motivation
  - Monitoring Expectations
  - Liaison (Community, Providers, Etc…)

• **Misc.**
  - Facilitation Certificates
  - New Facilitators – Post 90 days of graduation
  - Facilitation Report – Monthly Reporting to PCC

• **Q&A**

• **Schedule time with PCC**
Regional Working Agreement

PCCs will have a working agreement with each of their regions. This working agreement should be monitored and updated as changes occur within the region.

The working agreement plan should be developed with the Regional Manager and **Regional Practice Consultant**. It should outline specific tasks to be completed within the region. The tasks developed need to be outcome based and have timeframes associated for completion. The regional working agreement should be visited on a quarterly basis and reviewed for completion of outcomes. If revisions need to be made, this should be done within a reasonable time frame. Updates should include information from QSR reviews, STAR, ICWIS data, Child and Family Team Meeting Reports and Practice Indicators Reports.

If a region needs Peer Coaches developed, a PCC must complete this within 60 days of initiation of the training. An initiation of training will be considered the time when a PCC develops a working agreement with the staff member. If there are significant challenges with completing a Peer Coach’s training, detailed documentation needs to be sent to the worker’s Supervisor, Regional Manager, **Regional Practice Consultant**, and Practice Director on what efforts have occurred to ensure that the worker’s training was completed in a timely manner.
**Practice Definitions and Positions**

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<th>Description</th>
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<td><strong>Child and Family Team Meetings (CFTM)</strong></td>
<td>Meeting established with family and family’s formal and informal supports to assist with achieving the family’s goals.</td>
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<td><strong>Clinical Consultant</strong></td>
<td>Assists with providing clinical support within supervision.</td>
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<td><strong>DCS Practice Model</strong></td>
<td>Best Practice established by the Indiana Department of Child Services to better serve families that enter into the child welfare system.</td>
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<td><strong>Facilitator</strong></td>
<td>Staff trained to facilitate a CFTM.</td>
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<td><strong>Peer Coach</strong></td>
<td>Trains all new CFTM Facilitators; Assists the regions with maintaining practice fidelity; Several Peer Coaches throughout the state; All regions have Per Coaches.</td>
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<tr>
<td><strong>Peer Coach Consultants</strong></td>
<td>Trains all Peer Coaches; Assists regions with the practice model; Six Peer Coach Consultants for the state.</td>
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<td><strong>Regional Practice Consultants</strong></td>
<td>Serves as liaison between Peer Coaches, Peer Coach Consultants, Community and Region; Leads Quarterly Peer Coach Meetings; Oversees on-going practice trainings; Each region has a Practice Consultant.</td>
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<td><strong>Practice Model Director</strong></td>
<td>Oversees and monitors practice fidelity, opportunities and development.</td>
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<td><strong>Practice Share Point</strong></td>
<td>Intranet site where all practice resources and information can be found.</td>
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<td><strong>Prep Meeting</strong></td>
<td>Meeting with primary caregivers to prepare for the CFTM; Goals are set; Team members are selected; Location, date and time for the CFTM are established.</td>
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<td><strong>TEAPI</strong></td>
<td>Abbreviation for Teaming, Engaging, Assessing, Planning and Intervening.</td>
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APPENDIX

(TRAINING FORMS - Insert)
Acknowledgment of Manual Disbursement

This form is to acknowledge that ___________________________ has received a copy of

Name of Regional Practice Consultant

the Regional Practice Consultant Manual on _____________________.

Date

__________________________________________
Practice Director - Signature

A copy of this document will be kept in the Regional Practice Consultant’s fact file.