Beginning in October 2020, the Wisconsin DCF, Division of Safety and Permanence, began a partnership with Root Inc., an outside consulting firm, to support our Child Welfare Strategic Plan and Transformation. The initiative seeks to dramatically increase the number of children/families served in home.

Phase 1 of this partnership involved research with 13 counties to uncover the complex decision-making and the support structures used by local child welfare agencies to make substantial progress toward achieving the strategic goals. Root’s ethnographic researchers interviewed directors and supervisors, conducted focus groups with child welfare workers, and undertook virtual observations in each county.

The outcome of this work is a set of 17 behaviors that differentiated counties along a continuum of change and transformation. These behaviors highlight areas whereby leaders (supervisors and directors) can focus their efforts as they drive implementation and change within their counties.

This presentation was given to DCF partners, and a somewhat modified version was cascaded to the county directors who participated in the research, along with other key stakeholders at the county level.
These individuals comprised the core team members on the side of Root Inc. and DCF, respectively.
Root is a change management consulting firm that exists to invigorate the power of human beings to make a difference. We strongly believe that the key to success lies in uncovering the untapped potential of your people.

The best-laid plans can only go so far. Your people have to carry it through. That behavior change only happens when you drive awareness and generate motivation to deliver. Some call it the right-brain/left-brain approach. Some call it the combining of head and heart. Whatever you call it, it is your greatest asset when pursuing strategic change.
With a county-run child welfare system, there will be significant variations in the mindsets, decision-making, and supports present across the state of Wisconsin. Our approach is to uncover insights from within; to use your counties, and your people, as all stars who can help inform our guiding change management principles.

The child welfare transformation seeks to dramatically increase the number of children and families served in home.

The purpose of this research was to identify the complex decision-making and the support structures used by local child welfare agencies that have been able to successfully progress toward the WI child welfare transformation initiative.
Today we will review:

OUTCOMES  PROCESS  FINDINGS  NEXT STEPS
Outcomes
These outcomes represent the areas of behavior change that leaders can focus on as they seek to implement a system-level transformation.
Process
Our sample of counties varies with respect to region and size of the OHC population served. In total, we identified 13 counties for participation in this work.
To select our counties, we start with data.

The goal of the transformation is to reduce the number of children in out-of-home care (OHC). Consequently, we first ranked counties with respect to the rate of decline in the OHC population between 2015 and 2019. Since the strategic plan was defined around 2018, we give statistical weight to later years, relative to earlier ones as a proxy for efforts specifically related to the introduction of this shift. We control for any significant fluctuations in the number of screened in calls, so that counties do not appear as success stories simply because the “supply” of work has dwindled in a given year.

As secondary metrics, we consider the ratio of entries to exits in 2019, along with a weighted change metrics assessing 2015–2019. On trend, we want to see more people exiting the welfare system than entering it. We also looked at the percent of screened-in calls that result in removal (and the 2015–2019 weighted trend) as a proxy for how well a county’s front-end evaluation process is able to keep children in home.

Finally, we considered a variety of other characteristics that helped us to select between counties with a similar metrics profile from steps 1 and 2. Those considerations included: looking at counties that served at least 40 children per year in OHC, ensuring sample variation in county size and region, racial disparities in OHC relative to county-level demographics, and finally, insight of content experts related to the degree to which a given county had already contributed to statewide learning efforts.

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**We identified counties using a three-step approach.**

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Establish Key Metric as Base Line</td>
<td>Decline in total OHC population served, 2015–2019</td>
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<tr>
<td></td>
<td></td>
<td>Weighted toward more recent years</td>
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<td></td>
<td></td>
<td>Controlling for change in number of SI calls</td>
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<tr>
<td>2</td>
<td>Incorporate Related and Recent Trends</td>
<td>Lower entries-to-exits ratio, 2019</td>
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<tr>
<td></td>
<td></td>
<td>Lower average entries-to-exits ratio (weighted, 2015–2019)</td>
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<tr>
<td></td>
<td></td>
<td>% removals from SI calls, 2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change in % removals from SI calls (weighted, 2015–2019)</td>
</tr>
<tr>
<td>3</td>
<td>Refine Based on Additional Considerations</td>
<td>Exclude counties serving fewer than 40 children per year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County size and region</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Racial diversity in OHC care relative to population</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expert insight on progress regarding strategic priorities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consideration of existing engagements</td>
</tr>
</tbody>
</table>
Using that data, we identified two groups along a continuum of change.

The intent and purpose of the research was to gather insights from a broad spectrum of counties to help us develop a solution for our system.

Using the data just described, we identified two groups situated along this continuum of change. In doing this, we’re able to not only describe what a variety of counties are doing but also isolate the behaviors and characteristics of counties that (to date)* are furthest along in this journey of transformation. In other words, we want to find patterns that differentiate between the two groups (in the aggregate). Our purpose is to develop the experience through tools and supports in Phase 2 of this project.

At the upper end of our continuum are advanced counties – those that have some of the lowest metrics with respect to declines in the OHC population, lower percentages of removals from screened-in (SI) calls, and a downward trend in the exits-to-entries ratio.**

In the middle of that continuum, then, are counties that have begun making progress to reduce their OHC population, or reduce the percentage of calls resulting in removal, but have not seen reductions to the same extent.

*It’s important to note that some of our Advanced counties described the “growing pains” of change from even just a few years. Everyone we spoke with is doing excellent work and is exceptionally invested in the families they engage. Some counties are simply further along in this journey, and we want to use those insights to help provide solutions to other local child welfare agencies.

**Recall that our metrics are annualized (average year-over-year change) and weighted toward more recent years. This may cause small discrepancies if looking only at a difference between 2015 and 2019, and/or the most recent year’s numbers.
The body of data and insights that we analyzed in the aggregate was substantial!

We analyzed 2,560 minutes of interview data after speaking with the director and a supervisor within each of the 13 counties. We digested 1,680 minutes of focus group data after conducting a focus group of workers within each county. These groups primarily included initial assessments and ongoing workers, but in some cases also expanded to include a wide variety of worker roles.

As a final step, we conducted virtual observations (signing on to Zoom meetings and setting up conference calls) in each county to help us validate and provide clarity on the interview and focus group data. It’s one thing to have someone describe how they talk about families or run a team meeting, and it’s helpful to observe this to bring a clear and precise understanding of where significant differences might lie.

The observations included a supervision with a worker, a team meeting, a court system observation, and in many cases, other relevant activities such as a safety roundtable or point of collaboration with other key stakeholders.
When speaking with different individuals and groups, we designed our protocols to cover a wide range of topics that gave us insight into the practice of serving more children in home, as well as the internal and external organizational functioning that can support these changes.

From this list of question areas, we were able to identify 17 differentiating patterns from across the data.
We analyzed the data in the aggregate to arrive at a set of Advanced behaviors.

A single county may vary in the presence and consistency of each behavior.

We analyzed the data in the aggregate to arrive at a set of Advanced behaviors. To reiterate, all our data was analyzed in the aggregate, which means that a specific county might vary in the present and consistency of an Advanced behavior.

While on the whole, the metrics used in the selection process bore out in the behavioral data we analyzed (the behavioral differences mapped on to the quantitative groupings we started with). At the county level, a single agency is likely to vary in the presence and consistency of a given behavior. Some On the Way counties showed evidence of an Advanced behavior and vice versa. Furthermore, counties could vary in the consistency with which a behavior was performed.

The takeaway is that it’s important for county-level leaders to think critically about the degree to which a given behavior represents their group, since the areas of opportunity or need will be somewhat specific to that county.

For that, we’ve designed a handout that can complement this presentation and help the audience gather notes and thoughts and to begin that internal reflection process.
Findings
Our findings are organized into three main parts.

First, we'll talk about the mindsets and decision-making patterns related to carrying out the work of serving families in home. Then, we'll think about the supports – internal and external to the agency – that are supporting workers and leaders in carrying out this work.
Mindsets and Decision-Making
Advanced
The agency/division culture prioritizes and reinforces the importance of keeping families in home.

- From day one, workers receive a clear message that an in-home option is a priority.
- Decisions to remove are met with critical questioning and even pushback.
- In discussions of our case scenario, the same scenario was “unlikely to be successful” by On the Way counties but could generate pushback in Advanced counties.
- Workers cite the agency culture as a key support for doing the work.
- From leadership down to workers, there is clear and consistent messaging of support.
- In observation, individuals apologize to their peers when pushing for a petition.

Critical Questions for Leaders
- Do my people feel supported in or skeptical about their ability to increase the numbers served in home?
- From day 1, are we consistent across the agency in our messaging of support and prioritizing of keeping families in home?
- To what extent are workers focused on resources as a barrier to success? Where can we build skill and agency in the absence of new services?
Advanced

Workers don’t feel it’s a big change, and directors, having recognized the significance of the policy, have already been working to implement it.

• Further along in their implementation of this shift
• Leaders are concerned about this shift because they consider it a “system-level change.”
• Actions already underway include messaging with stakeholders and working to reorient their service provider networks.
• Most workers in our Advanced counties were unfazed by the prospect of this change.
• “It doesn’t feel new,” or “We’ve already made this shift” were common refrains among workers.

Critical Questions
• Do I understand and appreciate the system-level changes needed for this shift?
• Have we aligned on our messaging and communication regarding these upcoming changes?
All counties described the ideal family-worker relationship in similar terms, using words like *honesty*, *trust*, *respect*, and *cooperation*.

**Advanced**

Non-judgmental toward actions and optimistic in the belief that families can change

- Have an open mind toward a family’s ability to change
- Mindset extends up to agency leadership, whereby directors describe the ideal relationship as being a cheerleader and call out the need to believe in the families with whom you work.
- Workers discuss severe forms of maltreatment with a desire to understand the root causes without passing judgment.
- Teams hold each other accountable for negative or pessimistic views of families and work hard to avoid anything that could be perceived as disparaging of a given family.
- In observation, workers are genuine and informal in how they describe the families they work with; they know individual tastes, preferences, and personalities.
- In observation, there is a strong degree of empathy toward families and a degree of equality that is conveyed – they are not “above” the families they serve.

**Critical Questions**

- Do my people have the skills to feel confident in the information they receive and their ability to engage a family in genuine behavior change?
Workers take ownership of the kind of relationship they have with families and use their skills to engage families in the change process.

Examples:
- The quality of the family-worker relationship depends on the worker.
- Use consistency and follow-through to overcome a family’s negative perceptions.
- Know how to probe and gather insight even when information is being withheld.
- Take a constant listen-and-learn approach.

Advanced Questions

Workers take ownership of the kind of relationship they have with families and have the tools to overcome challenging dynamics.

- The quality of the family-worker relationship depends on the worker.
- Use consistency and follow-through to overcome a family’s negative perceptions.
- Know how to probe and gather insight even when information is being withheld.
- Can easily identify strengths of a family.
- Take a constant listen-and-learn approach with families.
- Know how to probe when kids are being coached, or with respect to other attempts at withholding information.
- Use “creative supports” to build the relationship while also gaining additional exposure to unfiltered moments at home (e.g., stopping by to drop off diapers).
- Supervisors rarely tell workers what to do or provide firm guidance; they listen, learn, and ask questions while allowing the worker to drive the decisions.

Critical Questions

- When families are less willing to engage, what skills do workers use to overcome this dynamic?
- Without relying on threats of removal, how successful are workers in helping families become motivated to change?
- Is the approach with families more directive or one of partnership?
To better understand decision-making, supervisors and workers discussed a case study that modeled an initial assessment.

Behaviors related to case decision-making relied primarily on discussions of one or two case scenarios that involved multiple, complex, yet common characteristics that workers face when working with families.

By sharing the same scenario with both Advanced and On the Way counties, we can highlight differences in approach and thinking when the same information is presented to different workers.

In general, Advanced counties felt it would be much more feasible to have the scenario play out as an in-home case while On the Way counties were more likely to feel it would be unlikely to remain in home.
Advanced
Open-minded about the nature of the safety concerns and optimistic with respect to keeping the case in home

• With a complicated case scenario, Advanced counties often considered they would be “very successful” supporting the family in home
• Optimistic about the ability of informal supports to play a role
• Open-minded with respect to safety concerns and outcomes (e.g., “It might not even be a safety concern once we learn more”)
• Even with a complex case, workers approach a new case with optimism, staying open-minded about the severity of safety concerns and/or the possibility of being able to address challenges
• Specific reactions to the case scenario:
  - Mental health challenges can be addressed
  - Dad’s presence or involvement could provide a potential network
  - Mom is available (not going to be incarcerated)
  - Some indication of natural and informal supports

Critical Questions
• For complex cases, how quickly do supervisors and workers move beyond consideration of in-home planning?
• Do workers “know how a situation will play out,” or do they approach each case with fresh eyes?
Advanced
Go deep in their search for understanding a family and the details that could inform one’s ability to control safety. They search broadly for individuals who can provide insight and/or support the family (e.g., non-biological fathers).

- Drug use isn’t the problem, per se, but rather the level of dependence, reasons for use, surrounding circumstances, and evidence of protective capacity
- Always focused on uncovering the deeper motivation and family backstory in pursuit of figuring out the right supports and controls
- Frequently discuss interrelated factors (e.g., mental health and drug use; personal history of trauma and physical abuse or discipline)
- Could easily articulate why a detail or specific kind of behavior might matter for the feasibility of controlling for safety
- Workers and supervisors view all kinds of social connections as sources of possible insight or informal support
- Workers emphasize non-biological (non-resident) fathers as sources of insight and support

Critical Questions
- How often are workers searching for non-biological contacts for insight or support?
- Before making a decision, do workers know a family intimately, including the histories and interrelated factors at work?
- How pessimistic or optimistic are workers when confronted with significant drug use or other challenging factors?
Workers are safety driven, always assessing how to pinpoint safety and implement sufficient controls.

Advanced
Laser-focused on identifying and isolating safety threats (as opposed to risk) and desire to expand their skills with respect to isolating and controlling safety.

Examples:
- Conversations frequently revolve around safety and risk, resulting in next steps and isolated safety concerns.
- The deeper backstory of a family is always used to better understand and implement sufficient controls.

Advanced
Laser-focused on identifying and isolating safety threats (as opposed to risk) and desire to expand their skills with respect to isolating and controlling safety
- The complex decision-making and intense interest in the deeper backstory is all in pursuit of better understanding, and therefore, controlling the safety threats.
- Lots of discussion about safety as opposed to risk
- Are comfortable balancing the risks while focusing on isolating safety concerns
- With greater exposure to in-home plans, they’re more acutely aware of where and when they want more support developing their skills and capabilities

Critical Questions
- With complex and/or AODA cases, how easily can workers isolate safety from risk?
- Do workers assume they are sufficiently trained, or do they consistently generate new questions about how best to control safety?
Workers recognize that they can always improve in their practice regarding these topics.

**Advanced**

Constantly working to find the safety thresholds of what is feasible in home and want more training to do this effectively

- Consider complex scenarios as normal for in-home cases.
- Regularly assessing danger threats.
- Always looking for ways to “be creative” while relying on their safety training to know when and where they can push these limits.
- Across all roles, there is a desire for more safety training.

**Critical Questions**

- Do workers generate questions about the clarity and implementation of safety standards? Or do they feel the training is clear?
- Which is deemed a more critical barrier to isolating safety controls: training or resources?
### Summary: Mindsets and Decision-Making

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Advanced Behaviors</th>
<th>Key Actors</th>
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<tbody>
<tr>
<td>Family-First Agency Cultures</td>
<td>Things are already underway, and leaders have been proactive with implementation.</td>
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<tr>
<td></td>
<td>The shift is already happening in culture and decision-making.</td>
<td>D, S, W</td>
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<td></td>
<td>To leaders, this is a system-level change; to workers, it’s “business as usual.”</td>
<td>D, S, W</td>
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<tr>
<td>Change-Ready Families</td>
<td>Workers are open-minded, optimistic, and see themselves as drivers of success.</td>
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<td></td>
<td>All counties share similar conceptual goals toward families but take different</td>
<td>S, W</td>
</tr>
<tr>
<td></td>
<td>stances with respect to how they engage.</td>
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<tr>
<td></td>
<td>Workers are more likely to center themselves as change agents with skills to</td>
<td>W</td>
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<tr>
<td></td>
<td>arrive at desired outcomes.</td>
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<tr>
<td>Safety-Driven in Decision-Making</td>
<td>Workers think deeply and broadly to better understand the intricacies and</td>
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<tr>
<td></td>
<td>backstory of a case. Everything is in pursuit of isolating and controlling safety.</td>
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<tr>
<td></td>
<td>In home is (almost) always an option.</td>
<td>W</td>
</tr>
<tr>
<td></td>
<td>Enabling in-home plans means thinking deeper and going broader.</td>
<td>S, W</td>
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<tr>
<td></td>
<td>Workers are safety driven, always assessing how to pinpoint safety and implement</td>
<td>S, W</td>
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<td>sufficient controls.</td>
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<td></td>
<td>Workers recognize that they can always improve in their practice regarding these</td>
<td>S, W</td>
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<td></td>
<td>topics.</td>
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</table>

This table summarizes the outcomes and related behaviors of Advanced counties. The Key Actors column helps to identify whether a given behavior is more or less relevant to a specific role type or level of leadership.
All counties see shortages in their service network and acknowledge AODA cases as their most challenging case type.

Three most-cited service barriers:

- Housing
- Transportation
- Daycare

Informal supports were always a key part of any plan, including their buy-in and support.

There were relatively few differences in the frequency with which the services were mentioned as available (e.g., therapy, AODA assessment or treatment, respite, parenting resources, safety supports).
Advanced Directors are experienced in being creative and flexible with their funding; workers cite creative solutions to their lack of services.

Examples:
- Rationalize funding reallocations in light of the imbalance between OHC and current in-home spending.
- Comfortable justifying “creative” funding uses to stakeholders.
- Workers look for creative ways to materially support basic needs or informal supports.

Critical Questions
- To what extent have you evaluated your own budget or reached out to other counties for ideas around creative funding of basic needs or support services for families?
Advanced
In-home services are viewed as particularly impactful, and the focus is on the whole family.

• Slightly more common for workers to mention the service array as being helpful to serving families in home
• In-home service providers are somewhat more likely to exist in Advanced counties.
• Leaders and workers value wraparound and intensive services provided in home; these address the whole family, create extra eyes on the family, and reduce barriers like transportation.
• Focus is more often on supporting and serving the entire family

Critical Questions
• How well positioned is your county to serve families in home?
• Where are there opportunities to generate services that can support the entire family unit?

Examples:
• Workers were somewhat more likely to mention the service array as a support for serving families in home.
• Value on wraparound services provided in home; these address the whole family, create extra eyes on the family, and reduce barriers like transportation.
Advanced
While not the focus of their efforts, these counties showed some evidence of stronger relationships with community partners, especially law enforcement.

- Most Advanced counties have a positive relationship with law enforcement
- Workers mention helpful relationships with sheriffs and deputies
- Judges are unpredictable but not viewed as a system barrier
- Almost all counties had at least one judge they viewed as an ally
- Workers feel that community responders understand a worker’s role as extending beyond child removal
- View community partners as key sources of information and support regarding in-home plans

Critical Questions
- How much focus is spent on the court system relative to other community partners?
- Is there a collaborative relationship with law enforcement? And/or is there at least one judge who’s an ally?
Leaders desire for the state to facilitate best-practice sharing with other counties and to provide overall training support.

**Advanced**

Leaders want the state to support counties by facilitating cross-county best-practice sharing, improved training, and backing with external stakeholders.

- Leaders want the state to facilitate best-practice sharing across counties.
- They view enhanced safety training as a key support and benefit.
- Counties want the state to back decisions by formalizing the policy rationale in statutes and standards.

**Critical Questions**

- What level of expectation or support is expected from the state?
### Summary: External Support Structures

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Advanced Behaviors</th>
<th>Key Actors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Array</strong></td>
<td>Creativity in funding allocation and types of supports enables success.</td>
<td>D, S</td>
</tr>
<tr>
<td>All counties recognize shortages</td>
<td>Prefer readily available, in-home services that support the whole family.</td>
<td>D, S, W</td>
</tr>
<tr>
<td>in service, but creativity and work to develop in-home services</td>
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<tr>
<td>differentiates Advanced counties.</td>
<td></td>
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</tr>
<tr>
<td><strong>External Stakeholders</strong></td>
<td>External stakeholders are part of the picture and not viewed as a barrier to overcome when keeping children in home.</td>
<td>D, S</td>
</tr>
<tr>
<td>They are part of the picture but not viewed as a barrier. The state</td>
<td>Leaders desire for the state to facilitate best-practice sharing with other counties and to provide overall training support.</td>
<td>D</td>
</tr>
<tr>
<td>should play a supporting and facilitating role versus a directive one.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This table summarizes the outcomes and related behaviors of Advanced counties. The Key Actors column helps to identify whether a given behavior is more or less relevant to a specific role type or level of leadership.
Internal Support Structures
Advanced
Leaders view their own people as critical to the success of the shift and seek to generate buy-in at all levels.

Examples:
- Leaders view their own people as the biggest influence on success
- Directors articulate concern and awareness of worker realities and burdens
- Areas of control include family engagement skills, service provider networks, staff training/skills, and leadership development

Critical Questions
- To what extent am I focused on internal versus external factors of control?
- Do my people have the training, support, and skills they need to succeed?
Advanced Leaders are focused on removing workload barriers for their staff and are hands on with improving the service network.

Examples:
- Directors see their biggest challenges or concerns being staff related: too little time to do their work, turnover and caseloads, and desire for more resources.
- Agencies have taken steps (hiring, volunteers) to reduce workload.
- Directors are aware of critical service gaps.

Critical Questions
- What recent efforts have been taken to reduce workload, alleviate bureaucratic burdens for workers, or strengthen a service provider network?
**Advanced**
Supervisors use team meetings and group interaction as critical times of collaboration and shared learning.

- Supervisors are less likely to offer concrete recommendations; not prescriptive
- Individual staffing frequency can vary by tenure
- Team collaboration is valued more highly than individual staffings
- Meetings are less structured and more conversational; an opportunity for workers to voice critical questions or needs, brainstorm, and discuss
- To a supervisor, the worker always takes priority over a meeting, and supervisors will leave a meeting if a worker calls

**Critical Questions**
- During meetings, do supervisors cascade information and direct workers? Or do they facilitate group learning and idea sharing?
All workers note that in-home planning is easiest when there is alignment on the plan, learning from coworkers, a clear understanding of guidelines, and the existence of informal supports.

**Advanced**
The Family-First culture encourages and holds workers accountable to pursuing in-home plans; the team dynamic enables a sharing of workloads.

- When asked about key supports, workers cite the agency culture as a support
- Workers and supervisors keep each other accountable to work toward avoiding removal, if at all possible
- A team environment enables sharing of workload when urgent case decisions arise
- More experienced team members serve as informal mentors
- Team members communicate frequently via phone and describe meetings as points of collaboration
- Knowing the family well is a key support in carrying out a plan

**Critical Questions**
- Do teams collaborate to share the workload associated with in-home cases?
- Do workers cite the agency culture as a key support for serving families in home?
Advanced
Workers (and supervisors) feel backed by their next-level leaders when it comes to their case decisions.

- Directors and supervisors are concerned with making sure their people feel backed and supported in their case decision-making.
- Workers cite the team or agency as carrying shared responsibility for the decisions undertaken within a case.
- No one person shoulders the responsibility; decisions are collective.
- This enables “creative” thinking because you know you can try things without fear of failure or blame.

Critical Questions
- To what extent do workers feel that the decision-making risks fall on them?
- When was the last time you defended and/or championed a team’s in-home case decisions?
This table summarizes the outcomes and related behaviors of Advanced counties. The Key Actors column helps to identify whether a given behavior is more or less relevant to a specific role type or level of leadership.

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</thead>
<tbody>
<tr>
<td>Proactive Leaders</td>
<td>Leaders focus on what they can control.</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>Leaders understand the importance of reducing workload and working with service providers to enable success.</td>
<td>D</td>
</tr>
<tr>
<td>Effective Teams</td>
<td>Supervisors use a team environment to enable workers to gain critical learning and to collaborate on time-intensive case plans.</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Team environments support decision-making and workloads.</td>
<td>S</td>
</tr>
<tr>
<td>Supported Workers</td>
<td>Everyone collectively manages the risk and responsibility of in-home decisions. Nothing falls solely on the worker.</td>
<td>D, S, W</td>
</tr>
</tbody>
</table>

**Summary: Internal Support Structures**
Racial Disparities

National and state-level data show that disparities in care exist along a wide range of decision-making points, beginning with who gets reported to hotlines. Some disparities relate to individual unconscious biases while others are due to policy, procedures, and systemic barriers.

What’s the level of importance or relevance of this conversation for your county?
- In general, “high”
- Varied by geography and region
- Not relevant to some
- Economic disparities in absence of racial diversity

How does this play out in decision-making?
- Who is screened in
- Workforce and service provider diversity helps engagement with families
- Train staff on cultural awareness
- Address criminal histories and (dis)qualification of informal supports

What’s the level of importance or relevance of this conversation for your county?
- In general, very high importance
- Varied by regional geography and demographics; southeastern counties most attuned to this
- Some counties not aware that disparities existed or were relevant for them
- Economic disparities resonated in the absence of racial diversity, though the two were viewed as closely intertwined

How does this play out in decision-making?
- Who is screened in is potentially the most problematic point
- Often need more diversity of workforce and service providers to facilitate better engagement with families
- Should train staff on cultural awareness and sensitivity
- Need to address criminal histories and how this (dis)qualifies informal supports
Next Steps
Next Steps

These findings will be communicated through an interactive learning experience for social workers and supervisors, rolling out in July.
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