T3C

IMPROVEMENT INITIATIVE

Summary Report:

Cycle Zero

November 2024 - April 2025

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Executive Summary

The Texas Child Centered Care (T3C) System represents a major shift in the state's approach to child welfare service provision, emphasizing collaboration, data-driven decision-making, and continuous quality assurance and improvement (CQAI). The success of T3C depends on how effectively the system can identify and address challenges, engage stakeholders in meaningful collaboration, and implement improvements.

This summary report presents findings from Cycle 0 of T3C's CQAI process, serving as a foundational phase for structuring stakeholder engagement, feedback loops, and problem-solving strategies. Insights were gathered from 14 key stakeholder interviews, including Texas Department of Family and Protective Services (DFPS) staff, Single Source Continuum Contractors, providers, member organizations, and lived experience representatives. These interviews examined participants' past experiences with CQI initiatives and their recommendations for enhancing stakeholder engagement, feedback mechanisms, and leadership within the T3C improvement process.

Stakeholder interviews highlighted both the challenges and opportunities that will shape the implementation of T3C. A central concern was the legacy of past child welfare initiatives, where stakeholders felt that accountability and transparency were lacking and where engagement often did not lead to visible change. This history has created skepticism about whether current feedback will meaningfully influence policy or practice. Stakeholders underscored the need for structured feedback loops that consistently integrate the perspectives of youth, families, and frontline staff into decision-making, with clear communication about how input informs next steps.

Another recurring theme involved provider readiness and credentialing. Stakeholders noted that the complexity of the credentialing process risks placing smaller or less-resourced organizations at a disadvantage, potentially narrowing service capacity at a time when expansion is most needed. Interviewees also raised concerns about the potential loss of high-acuity care providers, as financial incentives may unintentionally push providers toward serving lower-acuity children.

Despite these challenges, stakeholders recognized notable strengths in T3C's early implementation. They pointed to strong DFPS leadership, adaptability, and

responsiveness to stakeholder concerns as important assets that have helped course-correct when issues arose. At the same time, interviewees cautioned that improvement efforts must be framed as learning and problem-solving tools rather than as punitive oversight. To build trust, stakeholders stressed the importance of moving toward a collaborative, peer-learning model where providers and system partners share best practices and jointly address barriers to implementation.

Recommendations include strengthening feedback loops so that stakeholder input is consistently connected to action, refining processes to support partnership and data-driven improvement rather than compliance-based oversight, and clarifying how stakeholder perspectives will be incorporated into decision-making at each stage of the Improvement Initiative. Together, these insights provide a roadmap for structuring an action-oriented improvement process that fosters accountability, supports collaboration, and sustains system-level progress.

Key Findings

Stakeholder Engagement & Feedback Loops

Stakeholders emphasized that strong feedback structures will be essential to the success of T3C. Cycle 0 interviews revealed opportunities to strengthen these mechanisms:

- Past engagement efforts, such as the Public-Private Partnership, underscored the importance of clear communication, accountability, and visible follow-through. Stakeholders encouraged building on these lessons to ensure feedback consistently informs action.
- Youth, families, and frontline staff expressed a desire for deeper involvement in decision-making processes. Structured mechanisms can help ensure their perspectives are consistently reflected in policy and practice discussions.
- Stakeholders noted that processes for selecting advisory groups and committees could benefit from greater transparency and clarity, which would strengthen trust in collaborative decision-making.

- Providers expressed that feedback efforts should demonstrate how input leads to action, helping reduce concerns about "research fatigue" and reinforcing the value of participation.

T3C Implementation Challenges

Stakeholders identified several areas where additional support and clarity could strengthen implementation:

- Provider readiness and credentialing: Stakeholders recognized the complexity of the process and suggested additional supports to help smaller organizations successfully navigate requirements.
- High-acuity service capacity: Stakeholders emphasized the importance of maintaining strong provider networks across the continuum of care and ensuring that rates align with serving children with higher needs.
- Mental and behavioral health: While official data indicates adequate provider networks, stakeholders encouraged continued attention to aligning statewide assessments with local experiences.
- Dual systems: Stakeholders recognized the challenges of operating T3C alongside the legacy system and suggested that clearer guidance could help reduce confusion in data reporting, monitoring, and communication.
- CANS 3.0: Stakeholders noted that while CANS offers a consistent framework for assessment, continued monitoring is needed to ensure it is applied as intended and supported by adequate services.
- Regional disparities: Some regions have fewer resources to implement all service packages. Stakeholders emphasized the importance of regional capacity-building efforts to ensure equitable access statewide.
- Staffing capacity: Stakeholders highlighted the need for ongoing training and support to prepare staff for new expectations under T3C.

T3C Implementation Successes

Stakeholders also identified significant strengths supporting the rollout of T3C:

- Strong DFPS leadership has created consistency in communication and direction throughout early implementation.
- Adaptability and responsiveness: DFPS has demonstrated a willingness to refine processes based on stakeholder input, which has strengthened confidence in the initiative.

- Collaboration: When intentionally structured, collaboration between DFPS, providers, and community partners has helped address challenges and supported smoother implementation.

T3C CQAI and System Change

Stakeholders expressed optimism about the Improvement Initiative as a tool for ongoing learning and system improvement. They encouraged framing the initiative as a collaborative process designed to identify challenges early and generate solutions:

- Providers noted that the Initiative can be most effective when positioned as a supportive resource rather than an oversight mechanism.
- Transparent and consistent use of data was seen as a way to strengthen trust and create shared ownership of solutions.
- Peer learning opportunities were viewed as a promising strategy for sharing innovations and building collective problem-solving capacity across regions.

Collaborative Structures for the Improvement Initiative

Cycle 0 interviews underscored the importance of creating clear, well-structured opportunities for collaboration within the T3C Improvement Initiative. Stakeholders noted that prior advisory groups in the child welfare system often faced challenges with unclear roles, limited influence, or uneven participation. Building on those lessons, stakeholders encouraged the Initiative to prioritize:

- Ensuring that collaborative groups have a well-defined charge and a clear connection to decision-making processes will help strengthen stakeholder confidence.
- Stakeholders recommended that engagement strategies be designed to include providers of different sizes, DFPS program staff, caregivers, and individuals with lived experience, so that discussions reflect the realities of implementation across regions.
- Regular and transparent communication, clear objectives, and consistent opportunities for engagement were identified as essential for sustaining participation and trust.

Key Recommendations

1. **Establish structured feedback loops** so that stakeholder input is consistently tied to visible action and communicated back to the field.
2. **Broaden engagement opportunities** to ensure input is collected from stakeholders across roles and regions—including providers of varying size, DFPS staff, caregivers, and individuals with lived experience—with clear processes for how contributions will be incorporated.
3. **Position the Improvement Initiative as a learning process** by emphasizing collaboration and shared problem-solving rather than compliance monitoring.
4. **Clarify roles and responsibilities** across DFPS, SSCCs, and providers to strengthen coordination and reduce duplication during implementation
5. **Address implementation challenges** such as provider readiness and credentialing through targeted efforts and support, as well as regional capacity-building efforts.

The findings from Cycle 0 point to the value of implementing T3C through a collaborative and data-driven improvement process. Strengthening stakeholder engagement, refining feedback loops, and applying insights from each cycle will help DFPS and its partners address challenges while building on early progress. Maintaining this structured, solutions-focused approach will be essential to sustaining improvements in service delivery and outcomes for children and families.

Background

The Texas Child-Centered Care (T3C) System is a transformative effort aimed at improving the provision of child welfare services through enhanced coordination, stakeholder collaboration, and continuous quality improvement (CQI) process. As part of implementation, the T3C Improvement Initiative was developed to ensure that system changes are guided by data, responsive to challenges, and grounded in ongoing collaboration.

This summary report presents findings from Cycle 0, the initial phase of the Improvement Initiative process. Cycle 0 was designed to clarify how feedback will be gathered, how challenges and strengths will be identified, and how the Initiative can create consistent opportunities for system learning and problem-solving. Four research questions guided this phase:

- How can stakeholder collaboration be strengthened to identify challenges, build on strengths, and support system-wide improvements in child welfare?
- What mechanisms will allow emerging challenges to be addressed in a timely and coordinated way?
- What role should stakeholders and leadership play in reviewing and acting on recommendations from the Improvement Initiative process?
- How can feedback from frontline staff, caregivers, and youth be integrated into the process in a practical and consistent manner?

To answer these research questions, 14 key stakeholder interviews were conducted with representatives from DFPS, membership organizations, partner groups, SSCCs, non-SSCC providers, and individuals with lived experience in the child welfare system. In addition to addressing the research questions posed above, these interviews served two purposes:

1. Gathering insights to refine the design of the Improvement Initiative, including identifying barriers, best practices, and expectations for how improvement should function within T3C
2. Informing the development of the Initiative's collaborative framework, which defines how stakeholder perspectives will be incorporated into each cycle of analysis, solution-building, and reporting.

Stakeholder Interviews (Cycle 0)

Cycle 0 served as the foundation for structuring and refining the T3C Improvement Initiative. This phase was guided by four key questions: how collaboration could be strengthened, how emerging challenges could be addressed in real time, what roles stakeholders and leadership should play in reviewing and acting on recommendations, and how feedback from frontline staff, caregivers, and youth could be integrated into the process.

The Institutional Review Board (IRB) at The University of Texas at Austin reviewed the project and deemed it program evaluation, meaning it was not classified as human subjects research.

Sampling

To answer the four research questions, the TXICFW team conducted 14 interviews with a purposive sample of key stakeholders representing the following: 1) DFPS staff (n = 5); 2) membership groups (n = 2); 3) partner groups (n = 2); 4) lived experience representatives (n = 1); 5) SSCCs (n = 3); and 6) non-SSCC providers (n = 1). These interviews aimed to gather insights to refine the CQAI process and identify potential members for the Leadership Group. However, preliminary interview findings prompted a shift in planning to prioritize greater transparency in the overall process. These adjustments are discussed further in the conclusion.

Recruitment

Stakeholders were invited to participate via email and provided with detailed information about the study. The research team sought to engage knowledgeable individuals who could offer insights into the early implementation of T3C.

Data Collection

The research team conducted interviews virtually to accommodate participant availability and each lasted approximately one hour. A semi-structured interview format was used to allow for in-depth discussions on key topics. Participants provided verbal consent, including consent for audio recording and transcription. A copy of the consent form was provided for their records. All interviews were transcribed verbatim for analysis.

Data Analysis

A conventional content analysis approach was employed, using qualitative data analysis software ATLAS.ti to examine interview transcripts. Evaluators identified recurring concepts and patterns, coding statements into themes that reflected stakeholder perspectives on T3C challenges and opportunities, previous experiences with CQI initiatives, system change, and their vision for the Leadership Group. The analysis captured stakeholder insights on implementation barriers and opportunities, the role of CQI in driving system improvements, and recommendations for structuring the CQAI process and Leadership Group to foster meaningful engagement and systemic change. To ensure consistency and rigor, evaluators conducted weekly coding reviews. This systematic approach provided a comprehensive understanding of stakeholder perspectives, informing the development of a structured and inclusive CQAI process for T3C.

Key Findings & Themes

Stakeholder Engagement & Feedback Loops

Stakeholders emphasized that clear communication and well-structured feedback loops will be critical to the success of T3C. Interviews reflected both

lessons from past initiatives and optimism about opportunities to strengthen engagement going forward.

Participants noted that earlier efforts, such as the Public-Private Partnership (PPP) and the Partners for Children and Families Committee (PCFC), were initially useful forums but, over time, became limited in transparency and accountability. This history created skepticism about whether feedback would consistently translate into meaningful improvements. Several interviewees also observed that meetings often shifted toward brief updates rather than problem-solving discussions.

A central theme from the interviews was the importance of sustaining open collaboration between DFPS, providers, and other key partners. While stakeholders noted that DFPS has been more engaged with external partners during the launch of T3C than in past reforms, they questioned whether this openness would continue as implementation becomes more complex and whether difficult conversations would remain in the open. One participant described earlier PPP meetings as eventually devolving into "feel-good presentations" with limited opportunity for substantive discussion:

'It was mostly just, I don't want to say showboating, but it was basically short updates… and there weren't any conversations about what could be improved."

Stakeholders also reflected on how participants are selected for state-level workgroups and committees. They noted that smaller providers have sometimes been absent from these venues, while larger organizations were more consistently represented. This created frustration in the past and underscored the need for greater transparency and clearer criteria in future selection processes. Stakeholders stressed that strengthening these processes would help broaden participation, improve trust, and ensure that discussions reflect a fuller range of system perspectives.

Another recurring theme was the value of engaging youth, families, and frontline staff in ways that move beyond symbolic participation. Stakeholders emphasized that for involvement to be meaningful, participants need to be well prepared, informed about the process, and supported for their contributions.

Finally, stakeholders cautioned against "research fatigue." They noted that repeated requests for input without visible follow-through can diminish willingness to participate. Interviewees stressed that closing the loop—by clearly

showing how feedback leads to decisions or actions—will be critical for sustaining engagement.

Overall, interviews revealed a strong consensus that regular, structured feedback is essential to the success of T3C. Stakeholders view the Improvement Initiative as an opportunity to create a transparent, action-oriented process that directly connects feedback to system learning and problem-solving. By addressing past challenges with selection processes, ensuring feedback is linked to outcomes, and streamlining how input is gathered, the Initiative can strengthen engagement while reducing stakeholder burden.

T3C: Challenges and Opportunities

Although the interviews in Cycle 0 were primarily designed to shape the Improvement Initiative process, stakeholders also provided broader reflections on T3C implementation. Stakeholders emphasized that while T3C's philosophy aligns with the goal of meeting individual child needs, DFPS's historical approach to monitoring has been overly focused on contractual compliance rather than child outcomes. Traditionally, evaluations have centered on procedural checklists (e.g., ensuring documentation is completed on time) rather than assessing whether children are improving in care. For T3C to be effective, there must be a system-wide shift toward measuring treatment fidelity and child well-being rather than just administrative compliance. As one provider described:

"Historically, DFPS has monitored contractual compliance more around 'Are you doing the things that are outlined in the contract with respect to documentation forms?' [...] To stay in line with the spirit of what T3C is trying to accomplish, there's gonna have to be some system evaluation that focuses more on child outcomes. Are children getting better in your care?"

This perspective reflects an opportunity for the Improvement Initiative to ensure that outcome-focused measures guide both decision-making and system learning.

Provider Readiness and Credentialing Challenges

One of the most significant concerns raised by stakeholders was provider readiness and the complexity of the T3C credentialing process, particularly for smaller providers with limited resources. Several SSCC leaders noted that even well-resourced and staffed organizations receiving DFPS readiness grants faced

a cumbersome and time-consuming application process. As a result, some providers have chosen to delay participation in T3C, waiting to see whether the system stabilizes before committing, or in some cases, hoping that the transition will fail:

"Some providers are just going to wait it out because they don't think it's going to happen."

Stakeholders expressed concern that without targeted support, smaller and resource-limited providers may be forced to close, leading to a reduction in service capacity rather than an expansion. One SSCC leader emphasized the stakes of this transition:

"Many of our providers are mom-and-pop. Even though we've given out grants to help support them, they just don't have the infrastructure to be able to do this. If they can't be credentialed, then they're going to have to close. If they close, then we lose capacity."

Serving High-Needs Youth

Stakeholders also discussed provider hesitancy around serving high-acuity youth. Concerns included regulatory requirements, licensing expectations, and financial feasibility. While providers acknowledged the importance of serving youth with higher needs, some worried that rate structures or regulatory oversight could discourage participation. Stakeholders suggested that strengthening supports for providers in this area will be important for sustaining capacity across the continuum of care.

"Our provider's willingness to take on challenging youth, to create support for those challenging youth... We hear a lot of, 'No, I'm not willing to. I'm worried about licensing and regulation side of it. I don't think we can meet it.' We know we can, we just can't meet them."

Oversight and System Burdens

Stakeholders acknowledged the importance of regulatory oversight but stressed that excessive monitoring requirements create operational burdens that can discourage providers from accepting high-needs youth. One interviewee explained how heightened monitoring, while well-intentioned, disrupts service delivery:

"While a good thing for oversight and support, [heightened monitoring] also creates a lot more disruption to caregivers, and operations, and their agency processes."

Concerns were also raised about whether there will be enough credentialed providers to serve high-acuity children, as financial incentives may lead agencies to focus on lower-acuity children rather than those with the highest needs:

"I don't know if we're going to have enough people that want to do the higher-level kids because the basic rate has gone up."

Additional Implementation Challenges

Stakeholders also identified the following structural and operational concerns:

- Credentialing and licensing

  - National providers struggle with DFPS's state-specific evaluation process.
  - Licensing representatives at the Health & Human Services Committee (HHSC) lack clear guidance on T3C requirements, making it difficult for providers to get necessary approvals.

- Mental and behavioral health service capacity

  - Official network adequacy reports suggest that Superior HealthPlan has sufficient provider coverage, but on-the-ground experiences do not align with these findings.

- Concerns about CANS 3.0

  - Stakeholders worry about an overreliance on the CANS assessment for placement decisions, fearing that recommendations could become default placements without further consultation.
  - Legal and liability concerns arise when children are placed in settings that do not align with their CANS recommendation, potentially leading to litigation risks.
  - Lack of service availability for recommended placements can result in youth being placed in distant locations, sometimes hundreds of miles away.
  - Conflicting interpretations of CANS results by different stakeholders can lead to discrepancies in placement decisions.
  - CANS assessments for siblings may result in different placement recommendations, creating the risk of separating siblings.

- Regional disparities in capacity

- Some regions are better prepared than others, raising concerns about whether all 24 service package types will be available statewide.
- Limited resources in some areas may increase out-of-home placements, as local providers may be unable to meet the required service levels.

- Dual systems confusion
    - The coexistence of T3C and the legacy system has led to confusion in data reporting, monitoring, and compliance standards, making it difficult for providers to navigate.

Despite the challenges associated with T3C implementation, stakeholders highlighted strong DFPS leadership, effective communication, and collaboration as key factors contributing to early successes. Stakeholders frequently described DFPS leadership as inclusive, deliberate, and highly organized, with recognition for their clear communication style, responsiveness to feedback, and commitment to keeping stakeholders informed and engaged. As one interviewee noted, *'They have been great about keeping us updated, listening to concerns, and actually making adjustments where possible."*

Transparent and frequent communication emerged as a critical factor in sustaining engagement, particularly considering lessons learned from the Community-Based Care (CBC) rollout. One stakeholder emphasized that ongoing dialogue with DFPS staff and other partners is essential for a smooth transition:

"Overcommunicating to DFPS staff of what's happening. Overcommunicating to our partners about the nuances in that region that they're going to experience. Making sure that the SSCC overly communicates their processes to legacy staff before the transition, and that communication is transparent."

Without clear and ongoing communication, staff buy-in and provider engagement may decline, ultimately affecting service delivery and placement stability.

Stakeholders expressed confidence in the current T3C leadership, highlighting their openness to feedback and willingness to adjust processes based on stakeholder input. As one interviewee observed, *"I truly believe everyone working on T3C at the department right now is really invested in it being successful and they want to figure out how to improve things along the way."*

A notable example of DFPS's adaptability was its midstream modification of the provider application process to better align with provider needs. One stakeholder remarked, *'They changed the application process midstream, so it feels like they're being flexible and trying to hear feedback."*

This adaptability was seen as an encouraging sign that T3C implementation can evolve in response to real-time challenges. Stakeholders emphasized, however, that continued flexibility will be essential as implementation becomes more complex. Sustaining this problem-solving approach will help ensure T3C develops as intended, focused on improving care and outcomes for children and families rather than reverting to a compliance-driven model.

Key Takeaways from T3C Implementation Successes

- **Strong Leadership**: DFPS leadership has been proactive and responsive to stakeholder concerns.
- **Effective Communication**: Regular updates and engagement have been critical in maintaining provider trust and readiness.
- **Collaboration with Providers & Stakeholders**: When structured effectively, collaboration has supported a smoother implementation process.

The rollout of T3C has underscored that implementation is both a challenge and an opportunity. While the new model provides a more individualized and outcome-focused framework for serving children, stakeholders emphasized that continued attention to provider readiness, regulatory expectations, and system capacity will be essential. Success will depend on balancing oversight with adaptability, strengthening supports for providers, and maintaining open channels for collaboration across the system.

By sustaining clear communication, engaged leadership, and regular opportunities for feedback from providers, frontline staff, and families, DFPS and its partners can continue to build on early successes and ensure that T3C achieves its intended goal: improving care and outcomes for children and families across Texas.

CQI and System Change

Stakeholders expressed broad support for the role of continuous quality improvement (CQI) in assessing whether T3C is achieving its goals. They emphasized, however, that CQI will be most effective when it moves beyond compliance monitoring and is positioned as a tool for system learning and service improvement.

Several stakeholders noted that historically, monitoring processes in child welfare have sometimes felt punitive, which discouraged openness about challenges. They observed that when providers view CQI as primarily focused on compliance, it can limit transparency and problem-solving. Stakeholders encouraged framing the Improvement Initiative as a collaborative, data-driven process where challenges can be discussed openly and addressed constructively.

'There isn't this culture of 'share your challenges, be transparent' because if you are transparent, what's going to happen is punishment."

Stakeholders noted that CQI is intended to facilitate growth and improvement, yet in practice, it has often felt like an enforcement mechanism rather than a supportive tool. Some attributed this to the heightened monitoring imposed by the federal lawsuit, licensing regulations that emphasize penalties over support, and state-imposed incentives and sanctions that reinforce a compliance-driven approach rather than a focus on learning and innovation.

'They see CQIs as not an improvement mechanism, but a way to catch you doing something bad."

To shift this perception, some SSCCs have attempted to build trust by making CQI processes more transparent and reframing their approach to provider engagement. One SSCC leader noted that changing how CQI is framed and communicated can encourage openness:

'Even just naming it something different than monitoring is trying to get at that partnership so that they're not afraid to be transparent."

While collaboration is key, stakeholders also acknowledged the need for accountability to ensure children receive high-quality care. Balancing improvement and enforcement remains a challenge:

'It's a partnership, but it's also accountability. If we don't see improvement, we do have to take action because we can't continue to allow children to be in placements where they're not getting their treatment needs met."

To strengthen CQI under T3C, stakeholders suggested a shift toward greater transparency and collaboration. Some SSCCs have already implemented strategies such as renaming monitoring processes to reduce fear and giving providers access to review tools ahead of time. Others expressed strong interest in peer learning models, where providers share best practices rather than being penalized for non-compliance.

Beyond the perception of CQI as a punitive tool, stakeholders also raised concerns about whether DFPS would act on CQI recommendations in a meaningful way. While there is optimism about T3C leadership's current commitment to stakeholder engagement, there is concern that as implementation progresses, making necessary adjustments may become more difficult. One interviewee expressed skepticism about the system's ability to remain flexible once implementation is further along:

'Once you get so far down the road on implementation, I think it sounds nice to say, 'We'll just be willing to change things if they're not working.' I think that sounds nice, but changing something that was already hard to implement is harder."

This highlights the need for structured mechanisms within CQI that ensure ongoing, rigorous evaluation and course correction.

Interviewees repeatedly cited ensuring transparency as a critical factor in making CQI an effective tool for system improvement. Stakeholders emphasized that an open and transparent CQI process would allow providers, advocates, and other key partners to identify challenges in real time and work collaboratively to resolve them. One interviewee stressed that transparency is essential to fostering problem-solving and maintaining trust:

'Maintaining a collaborative relationship and then creating as much transparency as possible—that, to me, feels like the most important thing."

However, transparency alone is not enough. The long-term success of CQI within T3C depends on whether the system is structured to act on findings and recommendations in a meaningful way. Stakeholders expressed concerns about whether there are mechanisms in place to ensure CQI insights lead to concrete changes:

'Are there requirements built in for the department to seriously take into consideration or to implement the recommendations that come out of the CQI process?"

This points to the need for a clear accountability framework within the Improvement Initiative—one that ensures data-driven insights translate into concrete actions rather than remaining advisory. For CQI to function as a trusted tool for system change, it must emphasize learning and service improvement rather than compliance alone. Streamlined data collection, combined with structured analysis and consistent follow-through, will be essential to ensure that findings lead to meaningful changes that strengthen outcomes for children and families.

Collaborative Structures in the T3C Improvement Initiative

Cycle 0 interviews highlighted the importance of creating structured opportunities for collaboration within the T3C Improvement Initiative. Stakeholders agreed that engagement should go beyond information-sharing to include practical opportunities for problem-solving and follow-through on recommendations.

Stakeholders reflected on lessons from prior advisory groups, such as the Public-Private Partnership (PPP), which were initially helpful but eventually suffered from unclear roles and limited influence. This history created uncertainty about whether participants could meaningfully shape decisions. To avoid these pitfalls, stakeholders encouraged the Improvement Initiative to:

- **Clarify roles and responsibilities:** Participants want to understand how their input connects to decision-making, including what authority DFPS retains and where stakeholders can expect to have influence.

- **Ensure balanced participation:** Stakeholders emphasized the value of including providers of different sizes, regional voices, DFPS program staff, and individuals with direct caregiving or lived experience. This broader engagement was seen as critical for reflecting the realities of service delivery across Texas.

- **Structure collaboration intentionally:** Clear objectives, consistent engagement, and regular updates were cited as necessary to sustain

momentum. Several stakeholders suggested quarterly meetings and emphasized the value of timely updates, accessible data dashboards, and visual reporting formats to keep stakeholders informed and engaged.

Overall, stakeholders expressed optimism that the Improvement Initiative provides an opportunity to establish a collaborative structure that is transparent, action-oriented, and responsive to system needs. They stressed that success will depend on building mechanisms where stakeholder input is clearly linked to actions, data is shared in practical ways, and participation remains consistent over time.

Conclusion

Findings from Cycle 0 provide important insights into how stakeholder engagement, structured feedback loops, and accountability mechanisms can strengthen the Improvement Initiative and support successful T3C implementation. The research questions guiding this phase focused on enhancing collaboration, ensuring mechanisms exist to address challenges as they arise, clarifying stakeholder roles in the improvement process, and integrating feedback from those closest to service delivery. Across each of these areas, interviews highlighted opportunities to establish more intentional and structured approaches that will drive system learning and ongoing improvement

Strengthening Stakeholder Collaboration

Stakeholders emphasized that collaboration will be most effective when engagement mechanisms are clear, structured, and supported by consistent communication. While DFPS leadership has demonstrated openness to input, participants stressed the importance of ensuring that engagement remains strong as implementation advances. The Improvement Initiative workplan outlines a collaborative framework to achieve this, embedding stakeholder participation into each cycle and ensuring that feedback is consistently tied to decision-making.

Mechanisms for Addressing Challenges

Stakeholders highlighted the importance of moving beyond passive feedback collection to a process that directly informs system improvements. The cycle-based structure of the Improvement Initiative—drawing on iterative data collection, analysis, and solution-building—was identified as a promising approach to ensure that challenges are identified early and addressed in real time.

Clarifying Stakeholder Roles

Interviews underscored the value of greater clarity about how stakeholder input will be used and what role stakeholders will play in shaping recommendations. The collaborative framework in the Improvement Initiative provides a structured process for reviewing and prioritizing findings before they are shared with DFPS leadership. While DFPS retains final decision-making authority, the process is designed to ensure that input from providers, caregivers, and others with direct experience informs both system learning and practical solutions.

Integrating Feedback from Frontline Perspectives

Stakeholders encouraged stronger integration of feedback from youth, caregivers, and frontline staff. They noted that feedback has often been sought without visible follow-through, leading to frustration. The Improvement Initiative is designed to address this concern by embedding structured feedback loops into each cycle, providing clear communication about how input is used, and aligning system changes with the realities of day-to-day practice.

Response to Cycle 0 Findings

Cycle 0 focused on identifying the best steps for structuring a continuous improvement process for T3C. Prior to launching Cycle 0, the Texas Institute for Child & Family Wellbeing (TXICFW) developed a preliminary plan. Insights gathered through interviews led to significant revisions, which are now reflected in the **T3C Improvement Initiative Workplan**.

Rebranded Initiative

Stakeholders shared that the term "CQI" carried a compliance-driven connotation tied to past oversight efforts. In response, the initiative was rebranded as the **T3C Improvement Initiative**, emphasizing collaboration, learning, and data-driven problem-solving. The new branding also highlights TXICFW's independent role as a neutral facilitator. By centering the initiative within The University of Texas at Austin's identity, the effort signals a shift from prior DFPS-led initiatives and reinforces trust in a transparent improvement process.

Collaborative Framework

Cycle 0 findings underscored the importance of clarifying how stakeholders will participate in solution building. The Improvement Initiative is structured around open participation opportunities such as surveys, focus groups, and targeted solution-building groups rather than a standing advisory committee. This approach provides flexibility to involve the appropriate mix of stakeholders depending on the issues identified in each cycle. DFPS subject matter experts remain engaged throughout, ensuring feasibility and alignment with agency operations, while final decision-making authority rests with DFPS Executive Leadership.

Clear Procedures for Shared Solution-Building

Stakeholders voiced concerns about past processes that collected input without demonstrating how it was used. To address this, the Improvement Initiative incorporates structured feedback loops to ensure that insights are connected to concrete actions. Findings from surveys and focus groups are reviewed in solution-building groups, where providers, DFPS staff, caregivers, and others most connected to the issue develop recommendations. These recommendations are then reviewed with DFPS leadership, with progress tracked and communicated back to participants in subsequent cycles.

Clear Communication Channels

Building trust requires consistent and accessible communication. To that end, the Improvement Initiative will use multiple channels including newsletters, email updates, stakeholder meetings, and an interactive webpage to share progress, communicate findings, and highlight how feedback is shaping decisions. This consistent communication strategy is designed to sustain engagement and reinforce accountability across cycles.

Inclusion of Frontline Perspectives

Stakeholders emphasized the importance of hearing directly from youth, caregivers, and frontline staff as part of the improvement process. The Improvement Initiative addresses this by creating opportunities for these perspectives to be included in surveys, focus groups, and solution-building sessions during each cycle. Their input will help ensure that findings reflect day-to-day realities and that recommendations are grounded in practice.

Interview Protocol

Background Information

Let's start with some background information.

- Tell me about your organization and current role. What are your primary responsibilities, and how do they connect to T3C?
- Texas has tried different initiatives to improve the child welfare system over the years. What role have you played in past efforts? What made past initiatives successful and/or challenging?
- Were you involved in the Public-Private Partnership? If so, what went well with that partnership? What would have made it better?

System Change

I want to ask you some questions about continuous quality improvement as part of T3C. Part of T3C will involve creating processes to quickly collect data, understand what changes need to be made and recommend changes. Basically, we know that a major change like this will not be perfect. DFPS is wanting to implement processes so that the providers and the state can course correct through a collaborative process. Part of what we are doing is figuring out what those strategies should look like, so I want to ask you some questions about how this process should be set up.

- Right now, when you have an issue with the Department, an SSCC or other partner agency, how do you address that issue?
- In thinking about T3C implementation, what do you think will be the major challenges?
- What would be the best way for us to collect information about T3C implementation so that we can capture these challenges?
    - Which staff on your team will be the most knowledgeable about how T3C is working?
    - How can we make sure we're getting regular feedback from everyone impacted by T3C, including children, families, and frontline staff?
        - What's the best way to gather their input during the rollout?

Leadership Group

As part of the process that we are trying to create, we want to bring together a group of leaders to help review challenges and develop solutions.

- Who do you think should be a part of this group?
    - Are there specific perspectives, expertise, or experiences that should be represented?
- What challenges might come up during this collaboration, and what steps could be taken to address them?
- We are thinking about a cyclical process where every 6 months, this group of leaders would come together to review data and make suggestions for improvement. What do you think about this timeframe?
    - How should information be shared out to all stakeholders who might not be a part of this group?

Conclusion

Is there anything else you'd like to share about the T3C rollout, a collaborative process, or your role in its implementation?

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