



Community- based Care Program Evaluation

Final Report

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Community-Based Care Evaluation Report

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Executive Summary

Community-Based Care (CBC) is a transition from a state-operated child welfare system to a community-centered approach that emphasizes adaptability in service delivery. CBC requires the Texas Department of Family and Protective Services (DFPS) to contract with a Single-Source Continuum Contractor (SSCC) to deliver comprehensive child protection services, including direct case management, in a specific geographic area. DFPS commissioned an independent evaluation to assess CBC implementation in Regions 1, 2, 3W¹, and 8B.

Background

The CBC Evaluation Team—a collaboration of Texas child welfare researchers—conducted the evaluation with a dual focus: (1) to examine how contextual factors influence the implementation process across different regional and organizational environments; and (2) to assess how CBC implementation aligns with performance measures and outcomes. Guided by the Exploration, Preparation, Implementation, and Sustainment (EPIS) Implementation Science framework, the team examined the processes through which communities design, implement, and sustain large-scale system changes such as CBC. Within the EPIS framework, contextual factors are grouped into four main categories: (1) Outer context encompassing the broader policy, funding, and regulatory environment; (2) Inner context, referring to the organizational conditions and capacities that support implementation; (3) Bridging factors, which foster alignment, communication, and coordination between inner and outer systems; and 4) Innovation factors, which relate to how the intervention can be adapted to fit in different contexts.

Methods

This evaluation used a mixed-methods approach that integrated qualitative and quantitative data collection and analyses to capture diverse stakeholder experiences, identify strengths and challenges in implementation, and generate actionable insights to inform continuous quality improvement. Data were collected through semi-structured interviews, focus groups, and an online survey. In total, the evaluation team conducted 56 semi-structured interviews with DFPS regional leadership, SSCC leadership, subcontracting agency leaders, and judges—stakeholders with system-level oversight and implementation responsibility; conducted 31 focus groups or individual interviews with 84 participants, including frontline supervisors, legal professionals, community service providers, caregivers, and youth with lived experience; and received 243 completed surveys from: 172 professionals, 60 individuals with lived experience, and 11 individuals who met the criteria for both groups.

The survey was administered for triangulation purposes to confirm and expand upon key themes and insights that emerged from interviews and focus groups. Rather than

¹ The Metroplex West community was, for many years, divided into both DFPS legacy and Community Based Care, known as 3W and 3b. However, in 2024 all 10 counties were reunited. This evaluation only includes the original seven 3W counties.

identifying new themes, the survey was primarily designed to assess the accuracy and consistency of stakeholder perspectives across a broader sample of regional partners. Survey items were aligned with the EPIS framework and informed by the qualitative findings, with targeted questions for specific stakeholder groups.

Findings Overview

Findings are presented in three parts: (1) a cross-regional summary organized by the EPIS framework, showing how external policies and funding, internal organizational capacity, partnerships across systems, and local innovations shape CBC in practice; (2) an analysis of performance measures; and (3) regional case studies.

Across evaluated regions, stakeholders noted that CBC's progress is significantly influenced by external conditions beyond the control of local SSCCs. System-wide disruptions, centralized policy mandates, funding mechanisms, and legal structures were identified as critical factors influencing implementation strategy, frontline decision-making, and organizational sustainability. The federal lawsuit and heightened monitoring were consistently cited as external pressures that have hindered implementation.

Within the EPIS framework, the inner context refers to the organizational conditions, structures, and practices of SSCCs and their subcontractors that directly impact implementation. Workforce instability emerged as a significant obstacle to implementation, with agencies struggling to maintain sufficient staffing levels and ensure ongoing training amid high turnover rates. Stakeholders also emphasized that implementation was smoother when organizations fostered a positive and supportive culture, highlighting the importance of leadership and climate in sustaining progress. Persistent service needs also posed barriers to implementation. Stakeholders noted that communities struggle to respond to the complex and evolving service needs of children, youth, and families due to a lack of placement capacity and shortages in behavioral health services.

Bridging factors serve as the connective tissue between CBC's local delivery systems and the broader statewide context of policies, funding, and community networks. These factors—such as staffing structures, internal practices, organizational culture, and leadership—shape how well local implementation aligns with state priorities while remaining responsive to community needs. Stakeholders emphasized that strong bridging mechanisms were essential for CBC to function as a locally driven, partnership-based model. Implementation was viewed most positively when SSCC and DFPS leadership actively supported collaboration and engaged all system partners, including legal professionals, in regular communication. In the early implementation phase, challenges were more common for SSCCs that were external to the community, underscoring the importance of building strong local partnerships as a foundation.

Stakeholders also highlighted innovations that allowed SSCCs and their system partners to adapt creatively to local needs. These locally tailored solutions have transformed service delivery and contributed to improved outcomes for children and families. Examples include shifts in organizational culture, the creation of specialized staffing roles, implementation of trauma-informed models, stronger local partnerships, and cross-agency knowledge sharing.

Performance Measures

Stakeholders across roles expressed support for performance measures as essential tools for accountability and system improvement. At the same time, they raised concerns about how the measures are applied, whether they reflect practice realities, and how they influence decision-making. Stakeholders provided multiple examples of conflicts where meeting a performance measure was not in the best interest of the child. The closer a stakeholder was to direct care or legal accountability, the more likely they were to question whether performance measures reflect practice realities. The measures discussed most were sibling placement, home proximity, and kin placement. Each represents a positive placement goal for children; yet, stakeholders noted that prioritizing one measure over another could create tension, even when decisions align with the child's best interest.

Other concerns were more technical in nature. For example, stakeholders raised questions about how CPS re-involvement is attributed in cross-region cases, given that accountability is assigned based on the legal county at the time of exit. Likewise, the placement stability measure may count moves that are intended to serve the child's best interest, such as a move to be with siblings or kin.

Recommendations

Seven major recommendations emerged from the data.

1. **Strengthen workforce stability and capacity.** Workforce stability remains one of the most critical foundations of CBC implementation. Across all four regions, high turnover of caseworkers, supervisors, and even executive leadership was described as deeply disruptive to continuity of care, relational trust, and institutional knowledge. Workforce strategies should have a dual focus: expanding recruitment and hiring pathways while also fostering conditions that support long-term retention. Still, workforce capacity depends on broader economic factors and labor dynamics that are often outside of the direct control of SSCCs. As such, workforce issues will likely remain an ongoing challenge for SSCCs, despite their best efforts.
2. **Update CBC funding methodology to reflect current needs.** Stakeholders reported that CBC's funding framework, based on cost studies and child population estimates conducted more than a decade ago, no longer aligns with today's acuity mix, regional cost drivers, or the intensity of services required, particularly for older youth and high-needs populations. SSCCs often had to rely on mid-cycle requests for millions of dollars in supplemental funding, as well as fundraising efforts or reductions in critical support roles, to meet their basic operational needs. Re-basing CBC appropriations and rate structures using current data on caseloads, service use, and regional variation would better align resources with current demands. Funding structures should include flexible start-up and network development funds, along with mechanisms for mid-cycle adjustments in response to unexpected shifts in demand. Updating the methodology to reflect current realities will better connect resources to performance expectations while reducing reliance on unstable local fundraising environments.

3. **Build behavioral health and service capacity.** Stakeholders described a significant rise in the behavioral health needs of children and youth entering care, many of whom present with complex trauma histories, co-occurring mental health diagnoses, or substantial medical conditions. Current systems often lack the scale and intensity to respond effectively. Expanding the network of trauma-informed, culturally responsive providers, particularly in rural and underserved areas, would help reduce wait times and improve continuity of care. While the child welfare and behavioral health systems are related, the responsibility for increasing behavioral health capacity is not traditionally the role of the child welfare system. However, given the immediate need, the state should consider down-granting specific mental health grants to SSCCs to allow them to either supplement payments to providers who accept Medicaid, pay independent therapists through private payment options, and/or develop their own internal networks.
4. **Prioritize youth voice, normalcy, and transition to adulthood.** Youth reported feeling sidelined in case planning and described limited opportunities to participate meaningfully in decisions that affect them. SSCCs should strengthen youth engagement by establishing adequately supported advisory councils, implementing youth-led feedback loops, and maintaining consistent and responsive communication with caseworkers. Older youth described persistent barriers to independence, including difficulties obtaining identification, such as driver's licenses, and financial literacy skills. They viewed Preparation for Adult Living (PAL) classes as insufficient when not reinforced over time. They also pointed to restrictive placement rules and limited access to technology. They missed sibling and peer connections, as undermining their ability to experience normalcy, while some felt overlooked as agencies prioritized younger children. Providing comprehensive, hands-on life skills instruction at developmentally appropriate moments and extending these supports into young adulthood would better prepare youth to succeed after care.
5. **Incentivize family connections and reunification.** Stakeholders across regions emphasized that maintaining family connections, particularly among siblings and extended kin, remains unevenly supported under CBC. While some regions have prioritized kinship placements and increased flexibility in sibling contact, others described ongoing barriers that undermine these goals. Strengthening and standardizing practices that support family connections and reunification would promote greater consistency across regions. Strategies could include establishing clear protocols for sibling visitation, investing in follow-up supports for reunified families, and enhancing systems to track and preserve sibling placements, thereby reducing unnecessary separations and promoting relational stability.
6. **Enhance cross-system coordination and community relationships.** Persistent coordination challenges were identified across regions between DFPS, SSCCs, courts, and community partners as a significant implementation barrier. SSCCs described resistance from some external agencies unfamiliar with their role, which limited their ability to act entirely on behalf of children. CBC would benefit from continued investment in structured communication and role clarification across agencies and system partners. Establishing clear expectations for coordination,

particularly between SSCCs and legal partners, would help better align operational practices with performance goals. Strategies such as town halls, early engagement of community partners, regular meetings with judges and attorneys, joint trainings, and shared leadership models could foster trust, reduce duplication, and ensure that providers and external partners (e.g., Social Security offices) feel meaningfully included in planning and implementation.

7. **Revise performance measures to support best interests.** Across all CBC areas, stakeholders identified challenges with performance measures. There was no dispute among stakeholders about the need for performance measures, nor was there any indication that stakeholders wanted to abdicate their responsibility to meet performance measures. Instead, the challenges relate to providing the best care for children when there are conflicts between performance measures and the child's best interests. It is beyond the scope of this evaluation to vet each suggestion for feasibility, impact, and potential unintended consequences. Therefore, it is recommended that DFPS, SSCCs, and other stakeholders meet to thoroughly assess how to modify these performance measures so that measures encourage actions in the best interest of the child and promote accountability.

Summary

This program evaluation finds that while CBC implementation continues to face challenges, it is steadily becoming embedded within local communities as a collaborative and adaptive system of care. Stakeholders across all regions demonstrated a shared commitment to improving outcomes for children and families, even amid the complexities of implementation. Many early challenges have been resolved or are actively being addressed, reflecting meaningful progress. Persistent issues related to workforce stability, behavioral health capacity, and system-wide coordination remain, yet they also present clear opportunities for collective improvement through shared problem-solving and continuous quality enhancement.

Looking ahead, CBC's continued success will depend on maintaining balance—between accountability and flexibility, structure and innovation, and state oversight and local autonomy. Strengthening workforce capacity, expanding access to behavioral health services, and refining performance measures will require sustained collaboration among DFPS, SSCCs, and community partners. Through ongoing data-driven learning and a shared commitment to improvement, CBC can continue advancing toward its vision of a responsive, community-centered system of care for Texas children and families.

CBC Evaluation Report

Community-Based Care (CBC) is transforming Texas child welfare by transitioning from a state-operated system to a community-centered approach that emphasizes adaptability in service delivery. CBC requires the Texas Department of Family and Protective Services (DFPS) to partner with community-based nonprofit organizations and local governmental entities capable of delivering comprehensive child protection services, including direct case management. This strategic shift aligns with a broader national movement toward performance-based contracting, which prioritizes the achievement of specific outcomes for children and families over the provision of services alone.

To assess how CBC is being implemented across participating regions and whether it aligns with its intended goals, DFPS commissioned an independent evaluation of CBC implementation across four Designated Community Areas (DCAs): Regions 1, 2, 3W, and 8B. The Community-Based Care Program Evaluation Team (Evaluation Team)—a collaboration of Texas child welfare researchers—conducted the evaluation with a dual focus: (1) to assess how CBC implementation aligns with performance measures and outcomes; and (2) to examine how contextual factors influence the implementation process across different regional and organizational environments.

To accomplish this, the Evaluation Team:

1. Developed an evaluation plan and tailored data collection instruments using an implementation science framework to identify contextual factors influencing performance outcomes;
2. Collected data from a wide range of stakeholders through interviews, focus groups, and surveys; and
3. Analyzed findings to develop actionable recommendations for DFPS, aimed at informing adjustments to policy, operations, and service delivery in each community to strengthen the success of CBC.

Findings from this evaluation are intended to support continuous improvement in service delivery and advance DFPS's goals of child safety, well-being, and permanency. The report begins with a brief overview of the CBC model, outlining the evaluation's research questions, methods, and data sources. The core of the report presents cross-regional findings using the EPIS framework (Exploration, Preparation, Implementation, Sustainment) to assess key contextual factors influencing CBC implementation across Regions 1, 2, 3W, and 8B. This is followed by a synthesis of key patterns and implications, highlighting the most critical challenges and promising practices identified through surveys, interviews, and focus groups with SSCC and subcontracting agency staff, legal professionals, community partners, caregivers, and former foster youth.

Next, the report examines stakeholder perspectives on performance measures. While broadly viewed as essential tools for accountability, stakeholders raised concerns about how well these measures reflect day-to-day practice and inform decision-making.

The report concludes with region-specific case studies that directly address the evaluation's research questions, offering a detailed look at how CBC is progressing in each area and identifying lessons to inform future implementation.

Background

Community-Based Care (CBC) shifts case management and contracting responsibilities from the Department of Family and Protective Services (DFPS) to Single Source Continuum Contractors (SSCCs) within Designated Community Areas (DCAs). DFPS has organized its regions into 16 DCAs based on criteria such as the number of new children entering care and local support. In this report, we use the terms "DCA" and "region" interchangeably. Understanding how these structures operate in practice is critical for guiding future policy decisions and ensuring long-term sustainability.

CBC Evaluation Focus

The implementation of Community-Based Care (CBC) in Texas occurs in three stages. In Stage I, a Single Source Continuum Contractor (SSCC) establishes a local network of placements and services, focusing on enhancing child safety and well-being while keeping children closer to their home communities. Stage II expands the SSCC's responsibilities to include direct case management, kinship support, and reunification services for all children in DFPS conservatorship, with a focus on timely and appropriate permanency outcomes. This transition typically spans about 18 months and is preceded by a six-month startup phase. Stage III introduces performance-based accountability, with financial incentives and remedies tied to achieving timely exits from paid foster care. At the time of this evaluation, all participating DCAs had entered Stage III of CBC implementation.

Region 1

Region 1 comprises 41 counties in the Texas Panhandle. The SSCC is Saint Francis Ministries, and the area entered Stage II implementation in Fall 2021. In Spring 2024, Region 1 entered Stage III implementation.

Region 2

Region 2 comprises 30 counties in northwest Texas, spanning from Abilene to Wichita Falls. The area is generally referred to as the Big Country/Texoma area. The SSCC is 2INgage, and the area entered Stage II implementation at the end of 2019. In Spring 2024, Region 2 entered Stage III implementation.

Region 3W

Region 3W comprises 10 counties in the Fort Worth area. However, three counties were not included in the original DCA and have only recently transitioned from the legacy system to the SSCC, Our Community, Our Kids (OCOK). The area is generally referred to as the Metroplex West. OCOK entered Stage II implementation in the Spring of 2020. The DCA has entered Stage III implementation in March 2024.

Region 8B

Region 8B comprises 27 counties surrounding the San Antonio area, excluding Bexar County. The area is generally referred to as the South Central and Hill Country Area. The

SSCC for this DCA is Belong, and the region entered Stage II implementation in Fall 2022. The DCA entered Stage III implementation in June 2024.

Figure 1. CBC implementation timeline for regions

Stages Key	Region	Activity	Date
Contract with SSCC	1	Contract with Saint Francis Ministries	6/13/19
		Stage I	1/1/2020
		Stage II	3/2/2022
		Stage III	3/1/2024
Stage I: SSCC Builds a local network of placements and services	2	Contract with 2Ingage	5/29/2018
		Stage I	12/1/2018
		Stage II	6/1/2020
		Stage III	3/1/2024
Stage II: Services expand to include direct case management, kinship support, and reunification services for children in DFPS Conservatorship	3	Contract with OCOK	11/8/2013
		Stage I	7/1/2014
		Stage I - Denton/Cooke/Wise counties	4/1/2024
		Stage II	3/1/2020
		Stage II - Denton/Cooke/Wise counties	5/1/2024
		Stage III - (Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant Counties)	3/1/2024
Stage III: Performance-based accountability	8B	Contract with Belong	4/1/2021
		Stage I	10/27/2021
		Stage II	10/1/2022
		Stage III	6/1/2024

Performance Measures

CBC contracts require SSCCs to meet performance measures aligned with federal CFSR standards, state legislative mandates, and DFPS-identified priorities to address the unique needs of Texas’s child welfare system. These measures are grounded in legislative intent as outlined in Texas Family Code Chapter 264, Subchapter B-1. A key assumption is that CBC implementation will lead to measurable changes in these performance measures when compared to the region’s baseline performance before CBC implementation and/or non-CBC areas. These measures include:

- Children/youth are safe from abuse and neglect while in paid care.
- Children/youth have stability in their placements.
- Children/youth are placed in the least restrictive environment.
- Children/youth are placed in their home communities.
- Children/youth are placed with their siblings.
- Children/youth are placed with kin.
- Youth aged 16 and older obtain a driver’s license or Texas identification card.
- Youth turning 18 complete Preparation for Adult Living (PAL) training.
- Children who exit to permanency do not have a new CPS intervention within 12 months from exit.
- Children exit to permanency within 18 months, 2 years, or 3 years of entering substitute care.
- Children exit to reunification within 18 months, 2 years, or 3 years of entering substitute care.

The most recent Rider 15 Report performance data, as reported to the Texas Legislature, is available on the Community-Based Care Website. Stakeholder perspectives on the relevance, application, and impact of these performance measures are explored in detail later in the report.

Implementation Science Framework

This evaluation utilizes the EPIS Implementation Science framework—Exploration, Preparation, Implementation, and Sustainment—to assess the implementation of Community-Based Care (CBC) across the four designated areas. EPIS provides a structured approach to understanding how systems adopt, operationalize, and sustain complex interventions, such as CBC, in real-world settings.

Each **EPIS** phase corresponds to a specific stage of implementation:

- **Exploration** involves identifying system needs and selecting an appropriate intervention. For Texas, this phase concluded with the decision to adopt CBC statewide.
- **Preparation** focuses on planning and readiness, including procurement, start-up, and infrastructure development. In CBC, this aligns with the release of the Request for Applications (RFA) and the start-up period of the SSCC.
- **Implementation** begins once services and case management responsibilities are transferred to the SSCC, and initial operations are underway under DFPS oversight.
- **Sustainment** emphasizes long-term system support, accountability, and adaptation. This phase aligns with Stage III of CBC, when SSCCs become financially accountable for permanency outcomes.

Because all DCAs included in this evaluation have entered Stage III, the evaluation places particular emphasis on the **sustainment** phase: assessing whether the structures, practices,

and performance expectations of CBC are being fully integrated and sustained in these regions.

Contextual Factors Impacting Implementation

The EPIS framework emphasizes the importance of contextual factors in implementation, which are critical to understanding performance measure data and best practices. In this model, contextual factors fall into four categories: 1) the **outer** context is comprised of the environment external to the organization; 2) the **inner** context refers to internal organizational factors; 3) **bridging** factors in foster relationships, linkages, and/or interactions between the inner and outer contexts; and 4) **innovation** factors relate to how the intervention can be adapted to fit in different contexts.

1. The **outer** context includes the service environment, funding, leadership, inter-organizational environment and networks, and client characteristics. Each of these is described in the list below.
 - a. *Service environment.* For CBC, the service environment encompasses administrative policies and contracts established by DFPS, as well as legislative mandates that guide the implementation of CBC. The federal court case and judicial orders may also impact implementation, particularly in relation to heightened monitoring and other mandates that require shifting resources. STAR Health and other insurance policies that may impact services would also be included.
 - b. *Funding.* At some point during this evaluation period, changes to rates via foster care rate modernization or T3C may impact funding and implementation for CBCs.
 - c. *Leadership.* Leadership in the outer context includes DFPS leadership, legislative and executive branch leadership, and private sector leaders. In this context, leadership focuses on the willingness of individuals to support CBC implementation and adapt implementation as needed.
 - d. *Inter-organizational environment & networks.* Inter-organizational environment and networks are outer constructs focusing on relationships between professional organizations that share the goal of successful implementation. For the implementation of CBC, the influence of collaborative organizations is crucial. Examples include the Texas Alliance of Child and Family Services, which provides training, best practices, and advocacy for private nonprofits; the Texas Children's Commission, which links judges and legal providers to child welfare agencies; philanthropic organizations; parent advocacy groups; foster parent organizations; and other organizations or groups viewed as necessary to the provision of care in each CBC area.
2. The **inner** context includes characteristics of SSCCs such as leadership, organizational factors, quality monitoring/support, organizational staffing processes, and the client population characteristics.
 - a. *Leadership.* Leadership in the inner context encompasses individuals

involved in oversight and implementation. The SSCC administrators make decisions, but leaders at subcontracting agencies also make critical decisions.

- b. *Organizational characteristics.* Organizational characteristics related to CBC include the organizational climate within the SSCC and subcontracting agencies, as well as collaboration within the CBC regions. Collaboration within the CBC regions involves collaboration between the SSCC, SSCC contracting agencies, courts, local DFPS staff, CASA programs, and other nonprofits affected by the implementation.
 - c. *Quality monitoring.* Quality monitoring and support refer to the internal processes that the SSCC has implemented to receive feedback from contracting agencies and stakeholders and make necessary adjustments.
 - d. *Organizational staffing.* Organizational staffing processes are crucial to the successful implementation of CBC. With the implementation of CBC, there is an expected shift in human resources as employees may transition from DFPS to private agencies. The processes of hiring, training, and retaining staff are crucial to understand, as they can significantly impact implementation.
 - e. *Client population.* The individual characteristics of the client population—children and their families—have a significant impact on implementation. For CBC, SSCCs gradually assume the responsibility of meeting all the needs of families in the child welfare spectrum. Having families with unique or intensive needs may impact implementation depending on the resources available.
3. The EPIS framework also includes **bridging** factors, which connect outer and inner contexts and can consist of partnerships, directives, and other factors that may impact implementation. In the CBC, these include the Partners for Children Committee, facilitated by DFPS, which brings together both external and internal leaders to discuss CBC issues.
4. Finally, **innovation** factors relate to how the intervention is being adapted and implemented. For traditional, evidence-based interventions, this may include relationships with the developer of the intervention. In the case of CBC, the intervention is designed to provide communities with the flexibility to build on local strengths and resources, creating innovative solutions tailored to the unique needs of children and families. Innovation factors include the relationship between DFPS, the SSCC, and other local organizations and entities in terms of flexibility in implementation and adaptation. Additional innovation factors may involve promising practices, trainings, or workforce strategies that SSCCs develop and adapt to meet community needs.

Figure 2. Contextual factors in implementing an intervention

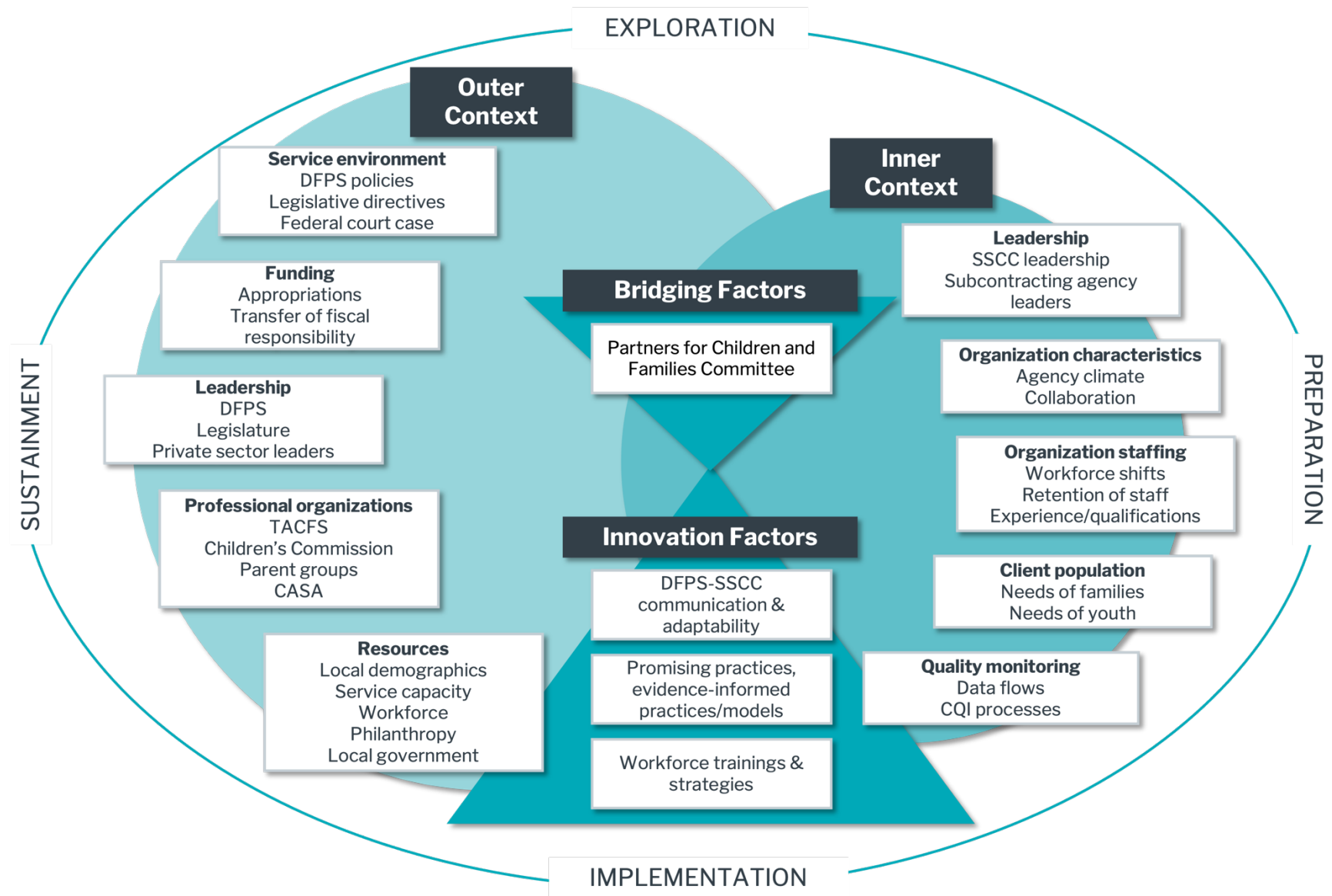


Figure 3. Contextual timeline of CBC

Year	Statewide	1	2	3W	8B
2011	<p>March • Class action M.D. v. Abbott filed challenging safety of Texas’s foster-care system.</p> <p>September • SB 7 passes to require all Medicaid participants – including children in foster care to receive care through managed care organizations</p>			<p>August • DFPS issues RFP that ultimately leads to Foster Care Redesign (FCR) in Metroplex West (later CBC Region 3W).</p>	
2013				<p>November • Contract awarded to ACH/OCOK</p>	
2014	<p>December • Trial on the merits held in M.D. v. Abbott.</p>			<p>July • Stage I goes live</p>	
2015	<p>January – November • CPS Professional Development training for new caseworkers implemented</p> <p>December • District court finds constitutional violations; appoints two Special Masters</p>				
2016	<p>Exclusive contract to Superior HealthPlan awarded for healthcare services for children in foster care</p>				
2017	<p>May • SB 11 (85R) establishes CBC in statute & sets statewide</p>				

Year	Statewide	1	2	3W	8B
	implementation plan				
2018	July & October • Fifth Circuit modifies/upholds core parts of the injunction and monitoring. Monitors begin assessing compliance.		May • Contract awarded to 2INgage December • Stage I goes live		
2019	December • first appearance of COVID	June • Contract awarded to St Francis			
2020		January • Stage I goes live	June • Stage II goes live	March • Stage II goes live	
	April • Texas issues stay-at-home order May-September • Phased reopening occurs during COVID				
2021	March • Executive Order allows facilities to operate at 100% capacity September • SB 1896 (87R) creates the Office of Community-Based Care Transition (OCBCT) to plan, procure, and oversee transition of CBC statewide.		April • All CPD training completed for identified staff	April • All CPD training completed for identified staff	April • Belong awarded contract October • Stage I goes live
2022	January • FCL Judge requested that the SSCCs provide training to all staff who were trained prior to the CPD model	March • Stage II goes live			October • Stage II goes live (first CBC area to move to Stage

Year	Statewide	1	2	3W	8B
					II on a 12-month accelerated timeline)
2023	<p>April to October • District court finds contempt, issues daily fines; Fifth Circuit vacates the contempt order and removes Judge Jack (Oct 11-12, 2024).</p> <p>October • Fifth Circuit vacates the contempt order and removes Judge Jack (Oct 11-12, 2024).</p>			March • DFPS/OCBCT reprocures to add Denton, Cooke, Wise to Metroplex West	June • Stage III goes live
2024		March • Stage III goes live	March • Stage III goes live	<p>April • Stage I go-live for new counties</p> <p>May • Stage II goes live for new three counties</p> <p>November • Stage III goes live for original counties</p>	
2025	<p>February • Fifth Circuit vacates contempt and reassigns the case.</p> <p>March & June • OCBCT releases Quarterly Reports</p>				

Methods

This evaluation used a mixed-methods approach, guided by the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework, to assess CBC implementation across four Designated Community Areas (DCAs): Regions 1, 2, 3W, and 8B. The design integrated qualitative and quantitative data collection and analysis to capture diverse stakeholder experiences, identify strengths and challenges in implementation, and generate actionable insights to inform continuous improvement. This section presents a brief overview of the methods with a more detailed description in Appendix A.

Research Questions

This evaluation was guided by the following research questions:

1. How are contextual factors (outer, inner, bridging, and innovation) impacting the implementation of CBC across different DCAs?
 - a. How can contextual factors be adjusted to improve implementation?
 - b. How are contextual factors impacting phase-specific performance goals, quality indicators, and outcomes related to safety, permanency, and well-being?
2. What best practices, strengths, or key success factors are SSCCs demonstrating during the preparation, implementation, and sustainment phases?
 - a. What barriers and challenges are SSCCs encountering during these phases?
 - b. What commonalities and differences emerge across CBC regions during these phases?
3. To what extent are SSCCs implementing their plans with fidelity and making adjustments to ensure continuous quality improvement?
4. What recommendations can be made to improve future implementation efforts and quality improvement?

Data Collection and Sample

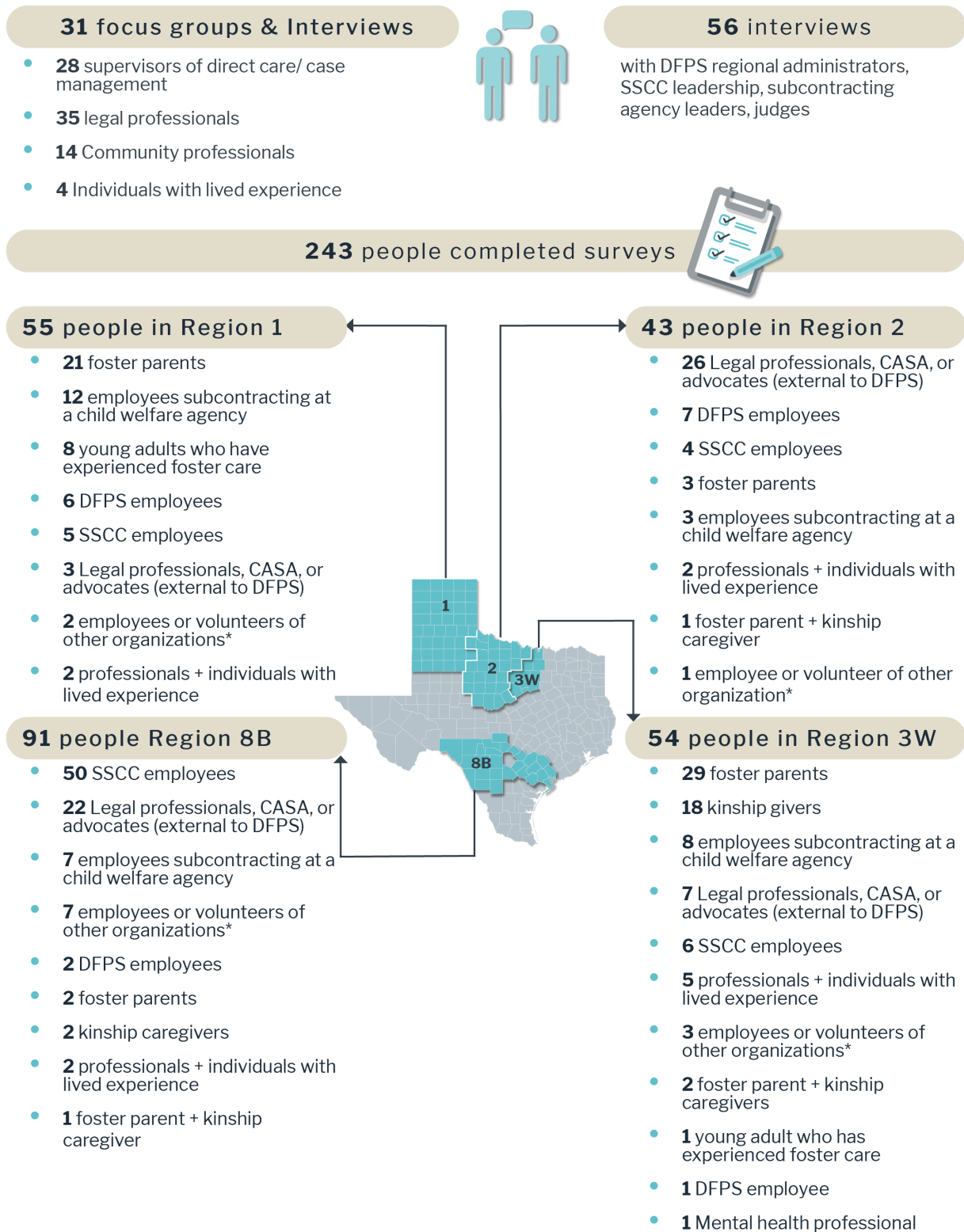
Data were collected through semi-structured interviews, focus groups, and an online survey. In total, the evaluation team conducted **56 interviews** with DFPS regional leaders, SSCC leadership, subcontracting agency leaders, and judges—stakeholders who have system-level oversight and implementation responsibilities. Additionally, **31 focus groups** or individual interviews were held with **84 participants**, including frontline supervisors, legal professionals, community service providers, caregivers, and youth with lived experience. Focus group and interview protocols were customized by stakeholder role and grounded in the EPIS framework. Topics included implementation progress, local innovations, coordination challenges, and quality of services.

Complementing these qualitative efforts, a cross-regional survey was developed and administered to confirm and expand upon key themes and insights that emerged from interviews and focus groups, serving as a triangulation tool. Rather than identifying new

themes, the survey was primarily designed to assess the veracity and consistency of stakeholder perspectives across a broader sample of regional partners. Survey items were aligned with the EPIS framework and informed by the qualitative findings, with targeted questions for specific stakeholder groups.

A total of **243** individuals completed the survey: **172** professionals, **60** individuals with lived experience, and **11** individuals who met the criteria for both groups. Approximately 40% of respondents were from Region 8B, while nearly 20% were from Regions 1, 2, and 3W. For the professional survey, slightly over a third of respondents (35.5%) were employed by an SSCC—primarily from Region 8B. Another third of respondents were legal professionals (31.7%). In Region 2, legal professionals represented 63.4% of the responses, whereas in Regions 3W and 8B, they represented closer to 25%, and in Region 1, they represented about 10% of the responses. In Region 1, staff at subcontracting child placing agencies represented the largest stakeholder group (42.9%). With lived experience, most of the responses were from foster and kinship families. Nine young adults who had previously been in foster care participated in the survey, with eight of them located in Region 1. Lastly, no parents involved in child welfare participated in the survey. Additional information about survey respondents can be found in Tables E1-E16 in Appendix E. Figure 4 describes the sample used in this CBC evaluation study.

Figure 4. CBC evaluation sample



*Other types of organizations included faith-based organizations, nonprofits serving youth in care or aging out of care, primary care providers, schools, and organizations offering mediation and parent education.

Data Analysis

All interviews and focus group sessions were audio recorded (with participant consent), transcribed verbatim, and analyzed using conventional content analysis in ATLAS.ti. Coding was conducted in batches across and within regions to ensure reliability and reduce individual bias. Teams met weekly to review coding, resolve discrepancies, and refine theme development. Analytic memos were used throughout to document how key insights were derived from the data.

Survey data were analyzed using SPSS. Descriptive statistics (e.g., frequencies, percentages, means) were used to summarize stakeholder responses, and bivariate analyses (e.g., cross-tabulations, correlations) were used to explore patterns by stakeholder role and region.

Together, these methods offer a comprehensive, multi-level perspective on CBC implementation, providing DFPS and community partners with rich insights to inform policy and practice improvements across these regions. An extended discussion of the research methodology is provided in Appendix A.

Limitations

Several limitations should be considered when interpreting the findings. While the evaluation employed a rigorous sampling strategy outlined in the methods section of Appendix A, notable differences in stakeholder participation were observed across the four DCAs. For example, Region 8B had disproportionately high participation from SSCC staff in both interviews and surveys. In Region 2, by contrast, legal professionals—attorneys, CASA staff, and guardians ad litem—were more heavily represented, especially in focus groups. These differences in representation likely influenced the themes that emerged in regional case studies. For instance, Region 8B findings often reflect SSCC organizational perspectives, while Region 2 findings more strongly emphasize legal and court perspectives. Additionally, despite targeted recruitment efforts, the voices of birth parents were not sufficiently captured in this evaluation. As a result, caregiver perspectives reflect a stronger representation of kin caregivers and foster parents, which may limit the breadth of viewpoints on family engagement and reunification.

Survey data were subject to similar limitations. To maintain control over distribution and limit potential bots, regions were asked to share the survey link directly with regional stakeholders rather than posting it online. While this approach helped ensure respondent authenticity, it also may have contributed to significant variation in survey participation by region and stakeholder group.

Cross-Regional Overview

This cross-regional analysis applies the EPIS framework to synthesize key themes that emerged across Regions 1, 2, 3W, and 8B. Drawing on interviews and focus groups with SSCC staff, subcontractors, DFPS representatives, legal professionals, caregivers, and community partners, the EPIS framework offers a structured lens for examining how CBC has been implemented and sustained in diverse local contexts. To strengthen the validity of

these qualitative insights, survey data were analyzed to triangulate themes and expand the scope of stakeholder perspectives across roles and regions.

Each of the four evaluated regions has moved through the major phases of CBC implementation and currently operates within the sustainment phase, where SSCCs assume full financial accountability of permanency outcomes. With the EPIS framework already outlined in the preceding section, this cross-regional overview builds on its four contextual domains—Outer Context, Inner Context, Bridging Factors, and Innovation Factors—to identify cross-cutting patterns, points of divergence, and implications for system-wide improvement.

The following sections describe how external policy and funding environments, internal organizational capacity, inter-system partnerships, and local innovations interact to shape CBC's operational practices. Together, these findings provide insights into the factors that most influence system performance and sustainability across these regions.

A. Outer Context

Across regions, stakeholders emphasized that the success of CBC is deeply influenced by external conditions beyond the control of local SSCCs. These include broad system-wide disruptions, policy mandates, funding mechanisms, and legal structures—factors that shape not only implementation strategy but also frontline decision-making and organizational sustainability.

External Disruptions and System-Wide Constraints

Survey responses and qualitative data from stakeholder interviews and focus groups underscore the significant impact of external disruptions on CBC implementation. These disruptions—including the COVID-19 pandemic, the federal lawsuit, heightened monitoring of providers, and changes to the threshold for child removal—strained the agency's capacity, delayed implementation milestones, and, in some cases, shifted focus away from long-term system change. While the specific nature and degree of impact varied by region, these systemic factors were consistently described as significant barriers to effective implementation.

As shown in Table 1, the **COVID-19 pandemic** was identified as an implementation challenge by 85.4% of professionals, with 46.9% stating that it impacted CBC “a lot.” Notably, Region 3W entered Stage II of CBC in March 2020, coinciding with the start of the pandemic. Stakeholders in that region described the disruption as compounding an already complex launch, citing delays in training, interruptions in coordination with DFPS and the courts, and difficulties sustaining workforce stability during an already strained rollout. By contrast, regions that entered Stage II later (e.g., Region 8B) reported somewhat lower perceived impact, suggesting that timing may have impacted the effects of the pandemic on implementation.

The **federal lawsuit** was viewed by professionals as one of the most disruptive external factors. 94.4% of respondents indicated that it impacted CBC implementation, with 72.8% reporting a significant impact (Table 1). Stakeholders described how the lawsuit created an environment of heightened scrutiny and risk aversion, which in turn led to shifts in policy priorities, more rigid oversight structures, and increased administrative burden. In some

cases, overlapping monitoring efforts from DFPS and federal stakeholders introduced redundancy and confusion. These disruptions particularly affected permanency planning timelines, as staff were diverted toward compliance efforts rather than focusing on case management.

Similarly, 96.8% of professionals stated that heightened monitoring of providers had an impact on CBC implementation, with 68.3% reporting a significant effect (Table 1). Stakeholders emphasized how heightened oversight, especially when introduced rapidly, often disrupted service delivery. Some SSCCs noted that the increased demands for documentation, real-time reporting, and on-site reviews diverted resources from case management and CQI efforts. Additionally, unclear expectations from state and federal monitors introduced tension and uncertainty about how to prioritize compliance while maintaining continuity of care.

Changes to the threshold for child removal were also widely reported to have affected CBC implementation. As shown in Table 1, 92.6% of professionals said this change had an impact, and 69.4% stated that the effect was significant. In qualitative data, respondents described how the elevated threshold altered decision-making dynamics between DFPS and SSCCs, sometimes leading to confusion or delays during investigations. SSCC staff in multiple regions described ambiguity around when and how cases would be transferred following intake, especially in circumstances involving chronic neglect or parental substance use. Some respondents emphasized that while the policy intended to prevent unnecessary removals, in practice, it sometimes led to safety concerns being under-addressed or delayed responses during critical windows of intervention.

In contrast to professionals, caregivers and parents reported far less disruption from these system-wide changes. As shown in Table 2, 70.0% of survey respondents with lived experience reported that the COVID-19 pandemic did not impact their ability to parent. Similarly, 59.5% stated that the federal lawsuit did not affect their parenting, and 40.8% reported that heightened monitoring had no impact. These findings suggest that while these systemic factors significantly shaped agency operations and service delivery, they may have been less visible or perceived differently from the perspective of families.

Table 1. Professionals: Impact of external factors on CBC implementation

External factors	N	Did not impact	Impacted a little	Impacted a lot
The COVID-19 pandemic	130	14.6%	38.5%	46.9%
I know how the SSCC differs from DFPS.	125	5.6%	21.6%	72.8%
CBC has improved local problem-solving.	126	3.2%	28.6%	68.3%
Increased threshold to remove children	121	7.4%	23.1%	69.4%
Region 1				
The COVID-19 pandemic	23	17.4%	43.5%	39.1%
The federal lawsuit	22	9.1%	27.3%	63.6%
Heightened monitoring	26	3.8%	34.6%	61.5%

External factors	N	Did not impact	Impacted a little	Impacted a lot
Increased threshold to remove children	21	23.8%	9.5%	66.7%
Region 2				
The COVID-19 pandemic	28	7.1%	21.4%	71.4%
The federal lawsuit	22	4.5%	31.8%	63.6%
Heightened monitoring	26	3.8%	23.1%	73.1%
Increased threshold to remove children	30	6.7%	33.3%	60.0%
Region 3W				
The COVID-19 pandemic	20	5.0%	50.0%	45.0%
The federal lawsuit	21	4.8%	9.5%	85.7%
Heightened monitoring	20	0.0%	25.0%	75.0%
Increased threshold to remove children	20	0.0%	30.0%	70.0%
Region 8B				
The COVID-19 pandemic	59	20.3%	40.7%	39.0%
The federal lawsuit	60	5.0%	20.0%	75.0%
Heightened monitoring	54	3.7%	29.6%	66.7%
Increased threshold to remove children	50	4.0%	20.0%	76.0%

Table 2. Caregivers: Impact of external factors on parenting

External factors	N	Did not impact	Impacted a little	Impacted a lot
The COVID-19 pandemic	50	70.0%	16.0%	14.0%
The federal lawsuit	42	59.5%	14.3%	26.2%
Heightened monitoring	49	40.8%	32.7%	26.5%

State Policies and Legal Context

Across regions, stakeholders shared the perception that there is often a disconnect between the high-level policy goals of CBC and the day-to-day realities of service delivery. Many described how the pace of new policy directives, performance expectations, and oversight requirements can create operational challenges for SSCCs and providers, requiring them to frequently “stop, pivot, and meet that policy.” As one Region 2 provider explained:

“Every time the state changes a policy, everything else stops – we pivot, and it’s the families who get left hanging.”

Frontline staff expressed similar frustrations with these reactive pivots, noting that frequent changes undermine efforts to build trust and provide consistent care. In the professional survey, 57.4% of respondents agreed or strongly agreed that DFPS policies make it harder to be flexible or creative in their roles (Table 3), with particularly high agreement in Region 3W (61.5%) and Region 8B (62.5%) (Table 4). These responses mirror a broader perception that abrupt policy shifts destabilize local systems and disrupt casework.

Stakeholders also reported significant regional differences in their perceptions of **CBC's overall impact**—differences that closely mirrored the composition of survey respondents by professional role. In Regions 1 and 2, where legal professionals were overrepresented in the survey sample, responses were notably more critical. For example, only 21.4% of respondents in Region 1 and 24.4% in Region 2 agreed that CBC had improved local problem-solving, compared to 69.2% in Region 3W and 57.5% in Region 8B. Similarly, just 17.9% in Region 1 and 14.6% in Region 2 agreed that CBC had increased local control over child welfare, in contrast to 65.4% in Region 3W and 62.1% in Region 8B (Table 4).

Table 3. Professionals: Overall perception of CBC

External factors	N	Disagree / Strongly disagree	Neither agree nor disagree	Agree / Strongly agree
I understand what CBC is and how it works in our community.	183	4.4%	3.3%	92.3%
I know how the SSCC differs from DFPS.	183	4.4%	4.4%	91.3%
CBC has improved local problem-solving.	182	29.1%	24.7%	46.2%
CBC has increased local control over child welfare.	182	26.4%	28.6%	45.1%
The transition to CBC has been well-implemented.	183	39.3%	16.4%	44.3%
Support and services for families have improved with CBC.	183	27.9%	20.8%	51.4%
DFPS policies make it harder to be flexible and/or creative.	183	12.6%	30.1%	57.4%

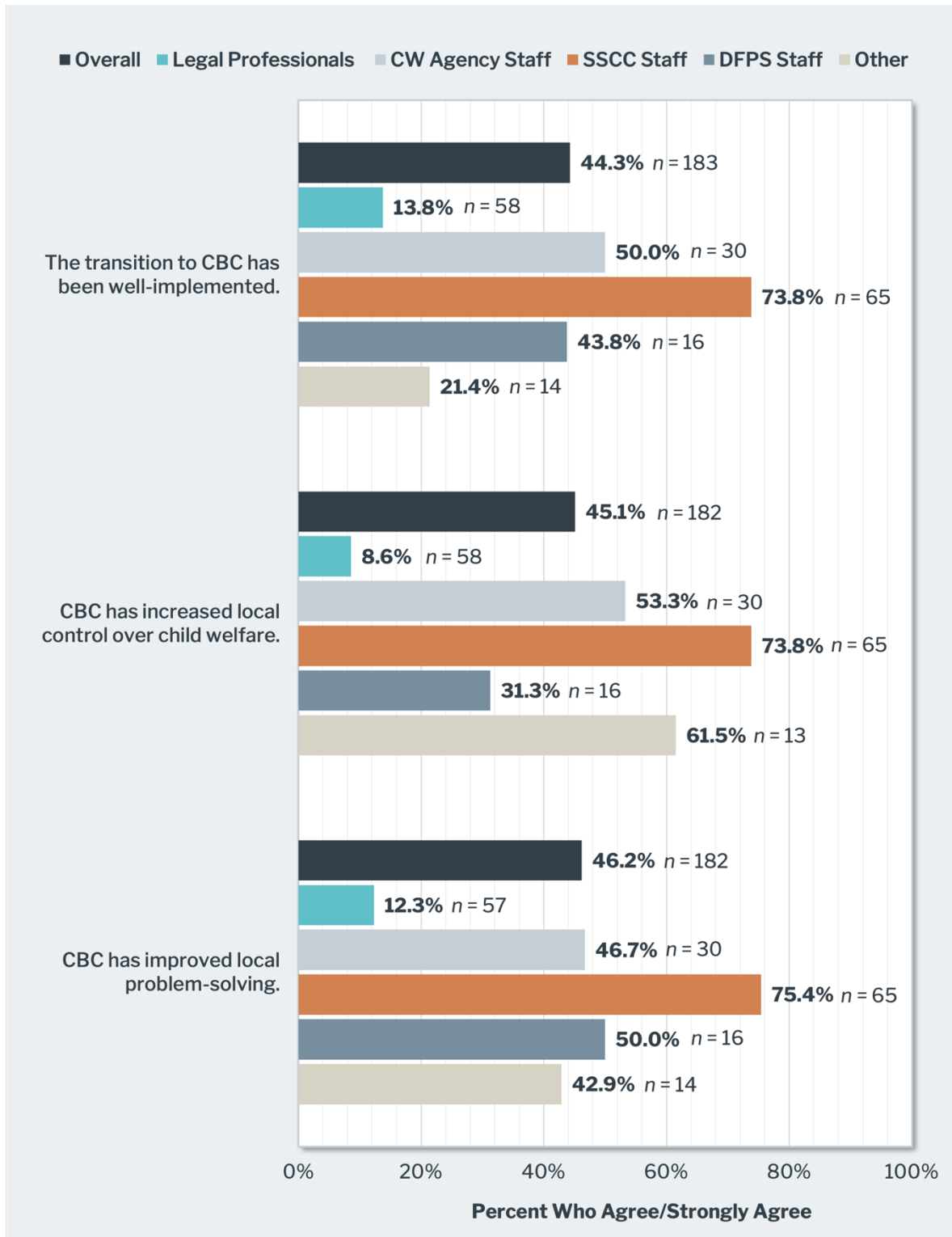
Table 4. Professionals: Overall perception of CBC by region

External factors	N	Disagree / Strongly disagree	Neither agree nor disagree	Agree / Strongly agree
Region 1				
I understand what CBC is and how it works in our community.	28	0.0%	3.6%	96.4%
I know how the SSCC differs from DFPS.	28	0.0%	3.6%	96.4%
CBC has improved local problem-solving.	28	57.1%	21.4%	21.4%
CBC has increased local control over child welfare.	28	46.4%	35.7%	17.9%
The transition to CBC has been well-implemented.	28	75.0%	3.6%	21.4%
Support and services for families have improved with CBC.	28	50.0%	21.4%	28.6%
DFPS policies make it harder to be flexible and/or creative.	28	14.3%	32.1%	53.6%
Region 2				
I understand what CBC is and how it works in our community.	41	4.9%	7.3%	87.8%
I know how the SSCC differs from DFPS.	41	4.9%	4.9%	90.2%
CBC has improved local problem-solving.	41	36.6%	39.0%	24.4%
CBC has increased local control over child welfare.	41	24.4%	61.0%	14.6%
The transition to CBC has been well-implemented.	41	51.2%	24.4%	24.4%
Support and services for families have improved with CBC.	41	39.0%	39.0%	22.0%
DFPS policies make it harder to be flexible and/or creative.	41	14.6%	39.0%	46.3%
Region 3W				
I understand what CBC is and how it works in our community.	26	7.7%	0.0%	92.3%
I know how the SSCC differs from DFPS.	26	3.8%	0.0%	96.2%
CBC has improved local problem-solving.	26	7.7%	23.1%	69.2%
CBC has increased local control over child welfare.	26	19.2%	15.4%	65.4%
The transition to CBC has been well-implemented.	26	19.2%	11.5%	69.2%
Support and services for families have improved with CBC.	26	15.4%	23.1%	61.5%

External factors	N	Disagree / Strongly disagree	Neither agree nor disagree	Agree / Strongly agree
DFPS policies make it harder to be flexible and/or creative.	26	15.4%	23.1%	61.5%
Region 8B				
I understand what CBC is and how it works in our community.	88	4.5%	2.3%	93.2%
I know how the SSCC differs from DFPS.	88	5.7%	5.7%	88.6%
CBC has improved local problem-solving.	87	23.0%	19.5%	57.5%
CBC has increased local control over child welfare.	87	23.0%	14.9%	62.1%
The transition to CBC has been well-implemented.	88	28.4%	18.2%	53.4%
Support and services for families have improved with CBC.	88	19.3%	11.4%	69.3%
DFPS policies make it harder to be flexible and/or creative.	88	10.2%	27.3%	62.5%

Differences by stakeholder role were even more pronounced. SSCC staff expressed the highest levels of support for CBC, with 75.4% reporting improved local problem-solving, 73.8% perceiving increased local control, and the same percentage agreeing that the transition had been well-implemented. In contrast, legal professionals were significantly more skeptical. Of the SSCC staff who completed the survey, 65% were former DFPS employees. Just 12.3% of legal professionals agreed CBC improved problem-solving, only 8.6% saw gains in local control, and 13.8% felt the transition had been implemented effectively. Perceptions of improved services also diverged, with 87.7% of SSCC staff agreeing that services had improved under CBC compared to only 17.2% of legal professionals (Figure 5).

Figure 5. Professionals: Overall perception of CBC by role



*Other types of organizations included faith-based organizations, nonprofits serving youth in care or aging out of care, primary care providers, schools, and organizations offering mediation and parent education.

These divergent perspectives reflect how stakeholder roles shape views of CBC's effectiveness. SSCC staff, many of whom previously worked for DFPS, often highlighted gains in problem-solving, local control, and service delivery. Legal professionals, by contrast, reported significantly lower levels of confidence in these areas, reflecting different perspectives on how CBC has been implemented in practice. These results should be interpreted with caution, given the survey's limitations: participation rates varied across regions and stakeholder groups, with SSCC staff being overrepresented in some areas and legal professionals more prevalent in others. Such sampling differences may amplify role-based disparities in the data and affect the generalizability of findings. Even so, the variation observed across roles helps explain regional differences in survey results and highlights the importance of considering both stakeholders' positions within the system and local context when assessing perceptions of CBC.

Interviews and open-ended survey responses further illustrated how frequent or abrupt policy changes and cross-agency misalignment undermine frontline work. A Region 2 legal professional commented:

"DFPS constantly moves the target — there is no clear goal, and when it is met, we are asked to do more."

Stakeholders acknowledged that state-level waivers offer some flexibility but emphasized their limitations:

"The SSCCs can submit waivers for any policies that are hindering the ability to operate successfully, which is great in theory. But again, I think there needs to be a recognition that some of the systemic challenges can't be waived away... There are structural issues that aren't addressed just through waivers."

Another commonly cited policy concern was the perceived misalignment between CBC goals and the mandates coming from DFPS, the courts, and SSCCs. A Region 2 participant described this confusion as follows:

"There's CBC goals and then there's what the court says, and then there's the state policy. Half the time they don't match up, so who do you listen to?"

These perceptions suggest that frontline staff often experience ambiguity in determining how to navigate overlapping (or conflicting) directives. Some stakeholders, particularly in Region 1, emphasized that top-down policy implementation frequently feels out of step with local realities:

"We just get the policies that come down, and we try to make it work, but it doesn't always fit with what we're actually seeing in our communities."

These responses reflect a broader theme that emerged across the evaluation: many stakeholders feel that while CBC was intended to promote local creativity and innovation, they often have limited control over key aspects of service delivery. As one DFPS representative described:

“It’s really hard for them to be successful when they don’t have control of some of these pieces... even the SSCCs that are doing really well, there’s certain areas that are completely out of their control because of these external policies.”

The legal environment was also described as a significant constraint. Stakeholders noted that judicial discretion around placement decisions can conflict with CBC performance expectations. One Region 2 provider offered this example:

“There’s a measure: siblings placed together and within 50 miles. But if a judge says no emergency shelters, and the only place to keep them together locally is a shelter, then the SSCC is forced to split them up. They’re penalized either way.”

Such examples highlight how parallel authorities, in this case the courts, can impose requirements that conflict with CBC goals, making it difficult for SSCCs to meet contractual expectations. Legal professionals echoed this tension. One survey respondent stated:

“Courts and agencies are constantly blaming each other instead of working together. The child loses every time.”

Survey results further illustrate these breakdowns and misalignments. Nearly half of professionals (48.1%) agreed that case information is not updated promptly, and 60.8% agreed that caseworkers often lack crucial historical context. Over one-third reported inconsistent communication between DFPS and SSCC legal teams (39.9%) and concerns about unclear expectations from DFPS attorneys (22.7%) (Table 5). Legal professionals reported low confidence in SSCC courtroom preparedness—just 9.3% said SSCC staff were “always” prepared, while more than one-quarter said this occurred only “some of the time” or less (Table 6).

Table 5. Participant perception of coordination in legal cases

External factors	N	Disagree / Strongly disagree	Neither agree nor disagree	Agree / strongly agree
Court reports are often incomplete or inaccurate.	154	31.8%	42.9%	25.3%
Case information is not updated in a timely manner.	154	23.4%	28.6%	48.1%
SSCCs are unclear about what DFPS attorneys need for court.	154	31.8%	45.5%	22.7%
Communication between DFPS and SSCC legal teams is inconsistent.	153	13.7%	46.4%	39.9%
Caseworkers often lack crucial historical context about the case.	153	13.7%	25.5%	60.8%

Table 6. Legal professionals: Perception of SSCC staff court preparedness

Item	N	Never	Some of the time	About half of the time	Most of the time	Always
Frequency SSCC staff come to court prepared with accurate and complete case information	43	2.3%	25.6%	23.3%	39.5%	9.3%

Stakeholders frequently linked these communication gaps to weak family engagement. When asked about how well foster and kinship families were kept informed or involved in decision-making, less than 10% of respondents rated these areas as “excellent,” and approximately a quarter rated them as “poor” (Table 7). Parents fared only slightly better, with just 12.9% of professionals rating parents’ being kept informed or involved in their child’s case as “excellent” (Table 8). Professionals and youth shared similar concerns about youth involvement in planning and case decisions—only 11.5% rated youth as being kept informed “excellently,” and 22.5% rated youth involvement as “poor” (Table 9). Participants with lived experience echoed these findings: 39.4% reported never participating in court hearings, 59.4% never participated in family group conferences, and only 23.9% stated they always participated in service planning meetings (Table 10). These patterns highlight opportunities to strengthen family and youth engagement practices so that those most directly affected by decisions are meaningfully included in planning and case processes.

Table 7. Ratings on aspects of coordination for foster parents and kinship caregivers

Service coordination	N	Poor	Fair	Good	Excellent
Being kept informed about the child's case	210	23.3%	36.7%	31.4%	8.6%
Being involved in decisions about the child	208	27.4%	33.7%	29.8%	9.1%
Understanding what's expected and what support is available	211	18.5%	37.4%	34.6%	9.5%
Getting timely responses from staff (like SSCC or DFPS)	214	30.4%	29.4%	29.0%	11.2%
Getting connected to services and support	208	22.6%	34.1%	30.8%	12.5%
Receiving support to make sure visits happen regularly and safely	205	21.0%	29.8%	34.6%	14.6%

Table 8. Ratings on aspects of coordination for parents involved in child welfare, as reported by professionals

Service coordination	N	Poor	Fair	Good	Excellent
Being kept informed about the child's case	147	16.3%	28.6%	42.2%	12.9%
Being involved in decisions about the child	147	21.1%	28.6%	37.4%	12.9%

Service coordination	N	Poor	Fair	Good	Excellent
Understanding what's expected and what support is available	149	17.4%	30.2%	40.3%	12.1%
Getting timely responses from staff (like SSCC or DFPS)	147	27.9%	25.9%	34.7%	11.6%
Getting connected to services and support	152	20.4%	29.6%	35.5%	14.5%
Receiving support to make sure visits happen regularly and safely	148	17.6%	29.7%	35.1%	17.6%

Table 9. Ratings on aspects of coordination for youth

Service coordination	N	Poor	Fair	Good	Excellent
Being kept informed about their case	174	20.1%	35.1%	33.3%	11.5%
Being involved in decisions about them	173	22.5%	32.4%	33.5%	11.6%
Getting connected to services and support	177	16.9%	26.6%	40.7%	15.8%

Table 10. Lived experience: Frequently asked to participate

Item	N	Never	Some of the time	About half of the time	Most of the time	Always
Service planning meetings*	71	16.9%	26.8%	11.3%	21.1%	23.9%
Family group conferences	69	59.4%	21.7%	2.9%	5.8%	10.1%
Court hearings	71	39.4%	21.1%	9.9%	12.7%	16.9%

*Service planning meetings were not explicitly defined in the survey, which may have influenced how participants responded.

Some focus group participants linked inconsistent communication to a broader climate of distrust between legal stakeholders and SSCCs. This tension was often framed as a struggle to establish the judiciary as a collaborative partner in the implementation of CBC. As one SSCC leader explained:

“In a legal context, our largest area of struggle is getting the courts to work with us instead of against us... They’re supposed to be part of the team, but too often we’re at odds.”

Others echoed this theme, describing an ongoing climate of suspicion that undermined collaboration in court proceedings:

“The court is supposed to be our partner, but sometimes it feels like they’re just waiting for us to fail.”

Participants also connected these strained relationships to broader concerns about transparency and role clarity across DFPS, the Office of Community-Based Care Transition, and SSCCs. The sense that policy decisions were made without local input left some SSCC

leadership and staff feeling reactive rather than supported in problem-solving:

“The lack of transparency, the lack of really understanding how these state-level decisions impact us locally—that’s the biggest challenge... It’s like we’re always playing catch-up, always reacting instead of being part of the solution.”

Leadership turnover was described as compounding this uncertainty. Shifts in key positions at DFPS and in the Office of Community-Based Care Transition were seen as eroding trust and diminishing advocates for SSCCs within state structures:

“The Office of Community-Based Care relationship has changed... We don’t have advocates anymore. We are fighting every day.”

Finally, as the survey data shows, stakeholders pointed to increased federal oversight and compliance monitoring as further straining implementation. While intended to improve safety, these measures were viewed as adding administrative burden without addressing core service gaps, particularly the lack of placements:

“The lawsuit just created more rules and paperwork. It didn’t magically create more homes for our kids.”

Taken together, these perspectives illustrate how outer-context factors—such as rapidly evolving state policies, inconsistencies between judicial mandates and performance measures, and regulatory oversight—can complicate local implementation. These findings also highlight specific areas for improvement, including more precise alignment between policy and practice, clearer roles and expectations, and fostering more collaborative engagement with courts and oversight bodies.

STAR Health, Medicaid, and Other Insurance Considerations

Medicaid, particularly through the STAR Health program, was consistently identified as a critical but chronically underperforming component of the child welfare service infrastructure across all four CBC regions. While STAR Health is intended to ensure timely access to physical, behavioral, and developmental healthcare for children in foster care, stakeholders consistently describe it as a system marked by administrative complexity, low reimbursement rates, restrictive service definitions, and underdeveloped provider networks. These challenges were especially pronounced in rural areas, where Medicaid’s limitations intersect with workforce shortages, long travel distances, and limited local provider capacity.

Stakeholders across focus groups and interviews emphasized that Medicaid’s infrastructure often fails to keep pace with the needs of high-acuity youth. A Region 1 provider explained that the absence of pediatric subspecialists leaves children without access to basic developmental services:

“We don’t have a pediatric development specialist here in Lubbock... We just don’t have some of those things that could really help the kids.”

Access to behavioral health services was described as equally constrained. Even when families were able to travel long distances, stakeholders noted that few providers accept STAR Health, forcing children to either wait extended periods or forgo care altogether:

“In the Panhandle, we have kids who need therapy, but there’s no one here who takes STAR Health. Families have to drive hours or just wait forever.”

Survey findings reinforced these concerns, with professionals rating Medicaid and mental health coordination as one of the more problematic service areas: only 53.6% rated SSCC coordination with mental and behavioral health providers as “good” or “excellent” (Table 11). These responses point to widespread concerns about access, coordination, and the adequacy of Medicaid-funded services in meeting the needs of children and families.

Table 11. Professionals: Ratings on SSCC coordination with partners

Partner	N	Poor	Fair	Good	Excellent
Mental and behavioral health providers	168	13.7%	32.7%	35.1%	18.5%
CASA and legal stakeholders	168	16.1%	26.8%	32.7%	24.4%
School systems and educational supports	160	20.0%	32.5%	36.3%	11.3%
Medical providers and specialists	160	12.5%	32.5%	38.8%	16.3%
Subcontracted service providers	153	16.3%	25.5%	39.2%	19.0%
Social Security Administration	99	26.3%	30.3%	29.3%	14.1%

Stakeholders frequently cited administrative hurdles, particularly lengthy authorization and credentialing processes, as barriers to timely care. These delays were described as worsening crises rather than preventing them:

“Medicaid hoops are too much. Kids end up going without what they really need because by the time we get approval, the crisis is worse.”

Even when Medicaid-eligible providers were available, stakeholders noted that billing problems and payment delays discouraged participation, particularly in rural areas where provider choice was already limited:

“Mental behavioral health providers don’t want to be credentialed with STAR Health because they don’t pay, or they won’t pay on time... STAR Health likes to say they have this long list, but in rural communities, it’s just not there. It means families go without services because nobody will take their insurance.”

In mental health services specifically, providers described these barriers as chronic and systemic, reinforcing the perception that Medicaid underfunding prevents children from accessing timely care:

“We utilize external therapists, psychiatrists, psychologists, psych hospitals, just mental behavioral health in general. Getting kids in, getting appointments, finding organizations that accept Star Health, which is foster

care Medicaid, is and probably will always be a challenge because Medicaid just doesn't pay."

These barriers also carried downstream effects, particularly for children requiring specialty care. Stakeholders described how families often had to travel significant distances to access providers willing to navigate STAR Health credentialing and reimbursement processes:

"Our kids need a specialist service, sometimes they have to go to Cooks in Fort Worth... There's not a lot of providers... that want to deal with STAR Health and credentialing and all the things that come with that. We just have a real deficit for being able to refer kids to quality healthcare services."

Access to specialty care was another major concern. Stakeholders reported that even when specialty services exist—such as trauma treatment or adaptive equipment—they are often not covered by Medicaid:

"Medicaid won't pay for stuff like helmets, or specialized trauma therapy. We have to beg for donations or do fundraisers just to get kids what they need."

One SSCC administrator summarized the misalignment between Medicaid infrastructure and CBC's core goal of keeping children and services as close to their communities:

"If we had Medicaid aligned with our services, we could actually keep kids here and not ship them across the state."

This misalignment reflects a broader challenge in which Medicaid's limited provider networks, restrictive reimbursement rules, and slow credentialing processes often leave no in-network providers locally for the types of specialized services many high-acuity youth require. As a result, SSCCs are sometimes compelled to send children far from their home communities to access necessary care.

Participants across regions described how Medicaid's in-network requirements further restricted local flexibility, especially in rural areas with limited provider options:

"Well, the issue, though, is, if you're Medicaid, you have to be seen by a Medicaid provider. And they don't always have the time or capacity for our kids. So, then it's, 'Well, what do we do?'"

In response to these systemic limitations, some SSCCs have attempted to leverage targeted case management as a Medicaid-reimbursable strategy to coordinate services for high-needs youth. However, stakeholders noted that this solution is constrained by workforce shortages and limitations on what Medicaid-funded case management can cover.

To fill gaps left by Medicaid, agencies often relied on donations and community fundraising to sustain essential healthcare and staffing needs:

“We fundraise every year just to keep basic positions filled. If that dries up, there’s no back-up from the state.”

Survey data provide additional insight into what strategies stakeholders believe could improve service coordination within the Medicaid and STAR Health system. When asked to rate the helpfulness of various approaches, 58.5% of professionals stated that having a clear point of contact within the SSCC for service questions would be “very” or “extremely” helpful, while 57.0% endorsed involving foster and kinship caregivers in service planning meetings. Over half of respondents also supported regular MDT meetings with DFPS and community partners (53.3%) and the use of shared documentation platforms to track case updates (47.4%) (Table 12). These findings suggest that despite the structural challenges in Medicaid service delivery, many stakeholders see potential for improvement through strengthened cross-agency coordination, transparency, and more inclusive planning processes, particularly when families and caregivers are actively engaged.

Table 12. Professionals: Top strategies to improve service coordination

Strategy	N	n	%
Having a clear point of contact within the SSCC for service questions	135	79	58.5%
Involving foster and kinship caregivers in service planning meetings	135	77	57.0%
Having MDT meetings with SSCC, DFPS, and community partners	135	72	53.3%
Using shared documentation or platforms for case updates and service tracking	135	64	47.4%
Involving parents in service planning meetings	135	57	42.2%
Allowing contracts with service providers that are outside the SSCC's network	30	4	13.3%
Other*	135	9	6.7%

Note: This survey was only administered to employees of subcontracting child welfare agencies.

**Other responses included moving away from single child service plans, involving providers and community partners in service planning but keeping decision-making with clinical teams, providing resources to partners, adding more service options in rural areas, and helping the community better understand the role of SSCC.*

Overall, both qualitative and survey data reflect a broad perception among stakeholders that, while Medicaid remains essential to the foster care system, its current structure does not consistently support the goals of CBC. As one SSCC administrator put it:

“The kids have complex needs, and Medicaid just hasn’t kept up.”

These findings point to the need for closer alignment between Medicaid and CBC. Expanding provider participation, streamlining credentialing and payment processes, and allowing more flexible, community-based services would help close existing gaps and ensure children can access the care they need closer to home.

Placement Capacity and Constraints in Serving High-Acuity Youth

Placement capacity remains one of the most urgent and persistent barriers to successful CBC implementation across all four regions. Stakeholders identified two interrelated challenges: a general shortage of placement options and a more acute lack of placements capable of meeting the needs of children and youth with high-acuity behavioral, mental health, or developmental conditions. While placement availability is often viewed as a system operations issue, stakeholders emphasized that the most pressing constraints stem from state-level policies, funding mechanisms, and regulatory barriers, making it a structural rather than a strictly local challenge. These constraints are compounded by outer-context factors, including DFPS licensing standards, rate structures, contract terms, and regulatory restrictions that shape who can provide care, how services are delivered, and which children can be safely and appropriately placed.

Across interviews and focus groups, participants emphasized that the issue is not simply about the number of available beds, but about whether placements are appropriate, adequately resourced, and sufficiently staffed to provide therapeutic support. Stakeholders described the human toll of these shortages, noting how families sometimes feel forced to relinquish children back into care when adequate supports are unavailable:

“We really don’t have a lot of places to turn to get them the help that they need... Families in crisis have nowhere else to go, and they’ve tried all that they can. They’re unfortunately having to return their kids to care – not because they don’t want them, but just because they don’t know what else to do.”

This example reflects a broader pattern, as echoed in survey responses, where professionals consistently identified the adequacy of placements as a concern. Across regions, only 41.1% rated the availability of placements that meet children’s needs as “good” or “excellent” (Table 13). Ratings were particularly low in Region 2 (22.5%), compared to 31.0% in Region 1, 30.8% in Region 3W, and 57.5% in Region 8B (Table 14). As noted above, this result needs to be interpreted with caution, as participation rates varied across regions and stakeholder groups, with SSCC staff being overrepresented in some areas (8B) and legal professionals being more prevalent in others.

Table 13. Service coordination ratings

Service coordination	N	Poor	Fair	Good	Excellent
Timeliness of service delivery for children and families	216	18.1%	28.2%	38.0%	15.7%
Availability of placement options that meet children's needs	175	29.7%	29.1%	29.1%	12.0%
Availability of support services for foster families	213	20.2%	30.5%	31.5%	17.8%
Availability of support services for kinship families	186	19.4%	32.3%	29.0%	19.4%
Availability of reunification services for families	187	13.4%	32.1%	37.4%	17.1%

Table 14. Aspects of service coordination ratings by region

Service coordination	N	Poor	Fair	Good	Excellent
Region 1					
Timeliness of service delivery for children and families	44	36.4%	25.0%	34.1%	4.5%
Availability of placement options that meet children's needs	29	27.6%	41.4%	27.6%	3.4%
Availability of support services for foster families	41	39.0%	34.1%	19.5%	7.3%
Availability of support services for kinship families	30	36.7%	26.7%	30.0%	6.7%
Availability of reunification services for families	32	40.6%	25.0%	18.8%	15.6%
Region 2					
Timeliness of service delivery for children and families	39	15.4%	59.0%	25.6%	0.0%
Availability of placement options that meet children's needs	40	47.5%	30.0%	17.5%	5.0%
Availability of support services for foster families	38	28.9%	31.6%	31.6%	7.9%
Availability of support services for kinship families	38	34.2%	34.2%	31.6%	0.0%
Availability of reunification services for families	37	18.9%	43.2%	35.1%	2.7%
Region 3W					
Timeliness of service delivery for children and families	49	12.2%	26.5%	53.1%	8.2%

Service coordination	N	Poor	Fair	Good	Excellent
Availability of placement options that meet children’s needs	26	19.2%	50.0%	23.1%	7.7%
Availability of support services for foster families	50	14.0%	32.0%	46.0%	8.0%
Availability of support services for kinship families	34	8.8%	47.1%	32.4%	11.8%
Availability of reunification services for families	40	5.0%	42.5%	42.5%	10.0%
Region 8B					
Timeliness of service delivery for children and families	84	13.1%	16.7%	36.9%	33.3%
Availability of placement options that meet children’s needs	80	25.0%	17.5%	37.5%	20.0%
Availability of support services for foster families	84	10.7%	27.4%	28.6%	33.3%
Availability of support services for kinship families	84	10.7%	27.4%	26.2%	35.7%
Availability of reunification services for families	78	3.8%	24.4%	43.6%	28.2%

The shortage is most pronounced for teenagers and children with co-occurring behavioral health needs. Providers across regions reported being forced to decline high-needs youth, not due to lack of space, but due to insufficient clinical capacity, staffing, and infrastructure. As one stakeholder explained, the crisis lies less in the sheer number of beds than in the ability to meet today’s heightened level of need:

“We see exhausted lists with hundreds of rejections that say, ‘not equipped to handle behaviors.’ That’s the crisis — it’s not about having more beds, it’s about the capacity to care for the new generation of kids, who have more complex needs than the system was built for.”

Some providers described shouldering significant unfunded costs to sustain placements and prevent disruptions, highlighting how existing reimbursement structures fall short of covering actual needs:

“We spend about 1 to 1.4 million a year, just in the foster care programs, meeting needs of children and families that are not met through the DFPS funding... It’s anything outside of the basic living needs that the state provides.”

Survey data reinforce these concerns: relatively few professionals rated SSCC coordination with behavioral health providers as “excellent” (Table 11), underscoring that even when placements are available, gaps in wraparound support can undermine their stability and effectiveness.

Stakeholders also raised alarms about the instability that results from these structural shortcomings. As one participant explained:

“What happens is most kids then need some sort of RTC or treatment... but they’re more likely to get kicked out before they’re six months in. Then kids are hopping from treatment center to treatment center... they’re not really getting what they need.”

This perspective highlights how placements designed for high-acuity youth often lack the stability and continuity necessary to support long-term progress. Instead of receiving sustained therapeutic care, children cycle through multiple treatment centers, compounding trauma and further disrupting permanency planning.

This instability is compounded by delays in accessing critical services. Across regions, only 53.7% of respondents rated the timeliness of service delivery for children and families as “good” or “excellent” (Table 13), with particularly low ratings in Region 2 (25.6%), followed by Region 1 (38.6%), Region 3W (61.2%), and Region 8B (70.2%) (Table 14).

Together, these findings demonstrate that the placement challenge is not only a matter of supply but also one of system readiness and capacity. Although the total number of placements remains insufficient, many existing settings lack the necessary flexibility, clinical infrastructure, staffing, and behavioral health integration to meet the complex needs of children and youth. Stakeholders consistently linked these deficiencies to structural constraints, particularly in areas such as funding, licensing, rate adequacy, and regulatory barriers, pointing to opportunities for systemic reforms to expand and stabilize placement options across the continuum of care.

Transportation Barriers and Access Challenges

Transportation challenges emerged across all four CBC regions as a persistent outer-context barrier. They particularly affect families’ ability to comply with case plans, attend court-ordered services, and maintain visitation. Although not always the most pressing unmet need, transportation consistently emerged as a contributing factor in delayed treatment, missed appointments, stalled reunification, and placement instability.

Stakeholders described a system in which services may exist on paper but remain effectively inaccessible for families without reliable transportation. In Regions 1, 2, and 8B, geographic isolation and the absence of public transit were cited as structural constraints:

“It’s not just that the service doesn’t exist. Sometimes it does, but it’s three counties over, and nobody can get there.”

A Region 2 respondent offered a similar reflection:

“There’s no public transportation. Even when you have a referral, you can’t assume a family can make it to the appointment.”

In Region 8B, transportation challenges were seen as compounding other service access issues:

“In rural communities, it's just not there. It means that families go without services because nobody will take their insurance, and there's no one nearby.”

This highlights how transportation barriers interact with broader system shortages, such as limited providers or restrictive insurance rules, to leave families with no viable pathway to services.

Even in more urbanized areas like Region 3W, transportation remained a meaningful access barrier for families lacking private vehicles:

“If a family doesn't have a car, it doesn't matter that there are services in Fort Worth. They still can't get there.”

These access challenges intersect with other system-level constraints, such as provider shortages and insurance limitations, further exacerbating the barriers faced by families and youth. As one Region 2 stakeholder explained:

“Sometimes the only provider available is in another town. But if the family doesn't have transportation, it doesn't matter. They miss appointments, they get marked as non-compliant, and the case drags out.”

To mitigate these challenges, some SSCCs expanded virtual service delivery, particularly during and after the COVID-19 pandemic. In rural and resource-scarce regions, telehealth was viewed as a partial solution for families facing long travel distances or lacking access to local providers. These adaptations helped bridge gaps for behavioral health services and court hearings, especially when infrastructure limitations prevented in-person participation.

While virtual services reduced logistical burdens and offered flexibility, stakeholders emphasized that they are not universally seen as adequate substitutes, particularly for young children or high-acuity cases requiring more relational, therapeutic engagement. A more detailed discussion of these tradeoffs, including survey findings and stakeholder perspectives, is provided in the Inner Context section.

Funding and Local Resource Constraints

Across all four CBC regions, stakeholders emphasized that sustainable, community-based care depends on adequate, flexible, and transparent funding. Yet they consistently described current funding structures as rigid, outdated, and misaligned with the escalating complexity of children's needs.

A common perception in some regions was that SSCCs were “set up to fail,” launching operations without sufficient start-up funding to build provider networks or meet heightened expectations under CBC:

“From the start, [the SSCC] did not start with the funding they needed to do what they were tasked with. It's like they set them up to fail because they couldn't build a network without the money to do it.”

Participants also described how legacy funding formulas, based on outdated child

population estimates or static rate assumptions, have not kept pace with the rise in high-acuity cases and increasing service demand:

“They had to go back this year and do a secondary [ask] because the initial money wasn’t enough. And we’re not talking about just a little bit short; we’re talking about millions that weren’t allocated.”

As the interviewee explained, this secondary request arose from the initial structure of SSCC funding. The original allocations did not fully account for the true scope and cost of delivering services under CBC, particularly in light of rising numbers of high-acuity youth, expanded service requirements, and the added costs of operating in rural areas with limited provider capacity. These shortfalls highlight how legacy funding formulas, based on assumptions about child populations, service intensity, and rate structures, can leave SSCCs without the necessary resources to meet performance expectations. In this case, the funding gap was substantial enough to require a mid-cycle request for millions of additional dollars, highlighting the need for CBC appropriations to be based on current, region-specific service demands rather than static estimates.

Stakeholders also noted that CBC’s funding methodology itself remains anchored in cost studies conducted more than a decade ago, creating persistent mismatches between available resources and today’s realities. They emphasized that updating these formulas to reflect current child welfare demographics, service intensity, and regional variation is critical to aligning funding with the needs of children in care.

Even when some improvements to funding levels were noted in recent years, stakeholders stressed that they remain insufficient relative to the growing needs of children in care:

“But again the last two years, the funding just has not been enough to meet the need. The kids have more complicated needs, and we’re not getting enough money to support them.”

Stakeholders frequently cited inflexible spending rules as a barrier to sustaining critical roles such as parent support workers or transportation coordinators, even when these positions were essential to supporting reunification and placement stability:

“A lot of those positions had to be let go when these funding [cuts] happen... If their model was heavily focused on these support staff, and now they don’t have [them], is this the state trying to mold them into a model that the state wants rather than letting each SSCC have their own model?”

This tension between local innovation and rigid contract terms was echoed throughout the data. Even when SSCCs could identify locally responsive strategies, they felt constrained by prescriptive rules that undercut CBC’s core promise of flexibility.

Several stakeholders also expressed concern that funding constraints contribute to staff burnout and turnover, especially when expectations remain high but resources do not align:

“It’s like the state wants high performance but doesn’t fund it. So workers get overloaded, they leave, and then the kids lose out.”

Focus group participants questioned whether too much money is diverted toward oversight rather than direct services:

“It’d be interesting to kinda look at how much the state spends on oversight positions... I’m just wondering if some of those resources weren’t shifted to staff in the field doing the job, lower workloads, you’d also at the same time get the same quality that you get by doing monitoring.”

To bridge these gaps, SSCCs and providers reported turning to local fundraising. While often critical to maintaining operations, stakeholders warned that this reliance on private donations is inherently unstable and inequitable across regions. This patchwork model was seen as unsustainable:

“The state funding is a dollar — not even dollar-for-dollar match. We have to fundraise about \$4 million every year just to make our budget. When I say we couldn’t do it without the community, we couldn’t do it without the community.”

Locally funded roles such as case aides, kinship liaisons, or support specialists were often described as among the most impactful but also the most vulnerable to cuts:

“If we cut them — it would make sense we would get a 24 percent cut, they’re the first to go because we don’t get paid for them. If they go, our outcomes are not gonna be near what they are.”

Ultimately, stakeholders across regions advocated for increased local discretion in allocating funding. Uniform reimbursement models were described as blind to regional needs and community context:

“We have to work together, but we also have some differences in how we see what the money should be for. The local needs are different, but the funding formulas don’t always account for that.”

Together, these findings underscore a core paradox: while CBC was designed to promote local flexibility and responsiveness, many stakeholders view its funding framework as a constraint. Inflexible reimbursement rules, outdated formulas, and reliance on private fundraising undermine SSCCs’ ability to deliver comprehensive, community-driven care. At the same time, CBC’s expectation that communities contribute resources has generated valuable local investment, suggesting that reforms should focus not on eliminating community fundraising, but on ensuring that state funding provides a stable foundation across all regions.

Impact of T3C on CBC Implementation

Stakeholders across regions shared a mix of cautious optimism and concern about the rollout of Texas Child-Centered Care (T3C) and its implications for Community-Based Care (CBC). While many respondents acknowledged the promise of T3C, particularly its potential

to align funding with the actual cost and complexity of care, interviews, focus groups, and survey responses also highlighted significant barriers to implementation. These included workforce shortages, uneven regional infrastructure, and financial and operational strain on SSCCs and community providers.

One interviewee summed up the opportunity:

“I think eventually it’s going to help tremendously because it more closely understands the cost of care and links that with the needs of children. In theory, it matches the needs of kids with the cost of providing services to meet those needs better than the old system.”

This perspective captures why T3C is viewed as a step in the right direction. By linking service needs more closely with costs, stakeholders believe the model could correct long-standing funding misalignments that have strained providers under CBC.

Others emphasized that achieving this promise would require a substantial ramp-up:

“It sounds good on paper — paying what it actually costs. But if you don’t have the staff or providers ready, what’s the point? We’re trying to build the plane while flying it.”

Here, the concern is not about T3C’s design but about timing: without sufficient workforce and infrastructure in place, even a better funding model risks faltering in practice.

Another common theme was the pressure on providers to meet higher clinical and operational standards with limited lead time and insufficient support:

“The challenge is that it requires our providers to operate at a higher level, at a more professional level, at a more clinical level... There’s going to be some effort on the Medicaid side of this to build up a system of care that can respond to these needs.”

“We’re trying to figure out that evidence-based model, figuring out how to fund the staffing that’s attached to it because they’re having to beef up their staffing quite a bit to meet the needs and get accreditation... The communication piece, I think it’s a very smart but complex system. Trying to simplify it has been definitely a challenge for us.”

These reflections underscore the substantial capacity-building required for T3C, particularly in workforce development, clinical readiness, and accreditation, before it can achieve its intended objectives.

Smaller providers described the burden of rapid implementation:

“We had to stop everything that we were doing and focus on those pieces to be early adopters... We had to really ask our teams to dig deep and do basically twice the work for the last year.”

This illustrates how limited administrative bandwidth leaves smaller organizations

vulnerable to disruption when large-scale system changes roll out quickly.

Workforce shortages were widely reported as a limiting factor:

“T3C, for instance. A lot of their programs are one to five ratio now. That means more staff and we’re adding therapists and we’re adding a lot of positions... If you don’t have the workforce, you don’t have the capacity to care for as many children as needed.”

“A clinician’s very difficult to find in Amarillo, Texas versus one in Houston, Texas.”

Together, these accounts highlight a core challenge: T3C’s higher standards may improve care, but in some regions, the workforce does not exist to support those standards at scale, especially in rural areas.

Others flagged inconsistent definitions and unclear expectations for what “readiness” entailed:

“I think there was not clear guidance on what ‘readiness’ to launch the SSCCs in a region was... the people in charge did not know or have answers to basic things like how to bill for services. That should have been a clearly defined process before they could start the contract.”

The financial burden of preparing for T3C without dedicated funding for transition costs was a recurring concern:

“We had to set up a plan about how to have that extra money and get those staff hired and how to raise the dollars and everything. The only way we were able to really put that out there was from donated dollars... We’re gonna have lean times until we get that T3C funding.”

“We have to raise money every year just to keep the doors open — now with T3C, it’s even more. We feel like we’re on our own.”

These comments reveal how T3C has, in some cases, deepened reliance on unstable community fundraising to cover transition costs—exacerbating one of CBC’s most persistent challenges.

Some stakeholders worried that uneven provider readiness could result in service disruptions:

“There will be a group of providers that can do that relatively quickly... but there are a large number of providers that are going to have difficulty... There will be a difficult period of not having enough placements for kids until the providers that are credentialed can build back up the capacity that’s needed.”

This suggests that children may face gaps in placement availability during the transition period, even if the long-term goal is a stronger and more sustainable provider network.

Others stressed the importance of alignment between state goals and system realities:

“It’s very difficult for a state system to implement something that’s adverse or thinks differently than what they want to happen... State has this ability to cling onto what they feel is important... I think T3C, if it’s pushed and embraced, will be impactful... It just has to be really followed through.”

This highlights the risk of misalignment between policy intent and operational feasibility, reinforcing the need for strong collaboration between state leaders and providers.

The issue of reimbursement rates and whether they adequately reflect the level of care required surfaced across multiple interviews:

“We have to raise 1.5 million dollars every year to support the work that we’re doing because the reimbursement rates do not adequately reflect the cost of the services... T3C feels a little bit like a bait and switch... but it is a heavy lift.”

“There’s a significant gap in the funding that’s provided... and what the families can actually provide for the children.”

“The funding hasn’t really changed much in the last 10 years... They are doing some changes finally with T3C... That will help. It is a lot of work to get credentialled for that.”

Together, these accounts reflect skepticism about whether T3C reimbursement rates will be sufficient to cover the true costs of care. While some providers expressed cautious hope that adjustments are underway, many remained wary of “gaps” between funding levels and service needs.

Despite these challenges, stakeholders generally expressed cautious optimism that, if properly funded and supported, T3C could strengthen CBC and expand provider capacity:

“I think T3C will be a good indicator if providers are paid for the services they’re providing... If everybody only does the least, it’s not gonna help with our capacity at all... If we can get everybody to trust it... I think it’ll be wonderful for the system overall.”

“If they actually fund it properly and keep supporting us, it could be a game changer. But we’ve heard that before.”

These reflections point to a central tension: T3C is viewed as a step in the right direction, but its long-term impact will depend on clear guidance, regional flexibility, sustained investment, and ongoing support from DFPS and other state partners. Without these key elements, implementation risks adding strain to providers already operating at or beyond capacity.

B. Inner Context

Within the EPIS framework, the inner context refers to the conditions, structures, and practices internal to SSCCs and their subcontractors that directly influence the implementation and sustainability of CBC. These include workforce stability, staff capacity and training, organizational culture, leadership approaches, performance and quality improvement systems, and the alignment between available services and the needs of children and families. Stakeholders across all regions emphasized that even a well-designed CBC policy cannot succeed without strong internal systems and a stable workforce to deliver on intended goals. This section examines those key inner factors in detail.

Workforce Dynamics, Capacity, and Retention

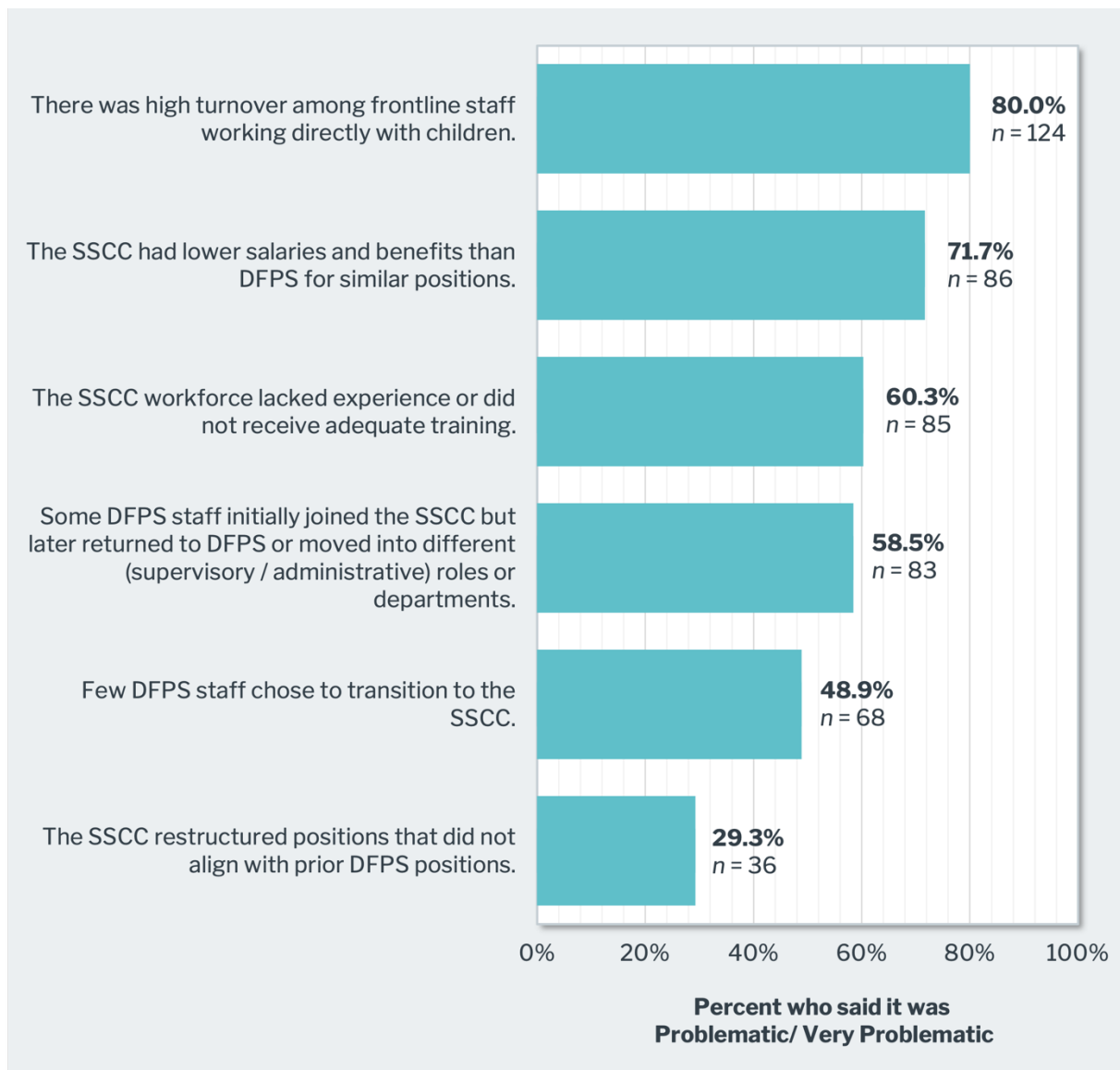
Workforce instability emerged as one of the most pressing and cross-cutting challenges in the implementation of CBC. Stakeholders across all four regions consistently described how high staff turnover, onboarding gaps, and uneven supervision have disrupted case continuity, strained provider relationships, and undermined trust among families. While many acknowledged that these issues predated the CBC, most agreed that the transition had magnified existing weaknesses in the child welfare workforce infrastructure.

Survey results reveal widespread concern about workforce-related challenges during the transition to CBC. When asked to rate the severity of specific staffing issues in their region, a majority of professionals identified the following as “very” or “extremely” problematic, underscoring the extent of strain on the system during early implementation:

- **High turnover among frontline staff** working directly with children was cited by 80% of respondents, making it the most urgent concern.
- **Lower salaries and reduced benefits** offered by the SSCC, compared to equivalent DFPS positions, were flagged by 71.7%, highlighting compensation disparities as a significant barrier to retention.
- **Insufficient experience and training** among the SSCC staff were rated problematic by 60.3%, raising concerns about preparedness and casework quality.
- **Loss of DFPS staff to other roles** after transitioning, either returning to DFPS or moving into supervisory or administrative positions, was reported by 58.5% of respondents.

Additionally, nearly half of respondents (48.9%) stated that it was problematic that relatively few DFPS staff members chose to transition to the SSCC workforce in the first place, suggesting ongoing challenges with recruitment and trust during system realignment. By contrast, only 29.3% viewed the limitation of SSCC roles to DFPS-aligned job functions as a significant issue, indicating that role design itself was less concerning than overall staffing capacity and continuity (Figure 6).

Figure 6. Professionals: Workforce issues



Understanding and Managing Workforce Turnover

Across all four CBC regions, persistent workforce shortages and high turnover were identified as significant barriers to implementation success. While staffing instability predates CBC, stakeholders reported that the transition intensified these challenges, due to the lack of onboarding support, high-acuity caseloads, and limited organizational resources.

A key concern was the loss of experienced DFPS staff during the transition. Stakeholders explained that disparities in salary, retirement benefits, insurance, and leave policies discouraged some from joining or staying with SSCCs:

“Some of the SSCCs have matched the pay of DFPS, but I know in this area that didn’t happen. Insurance costs a lot more than DFPS. The accrual of time and leave is different. People close to retirement — the benefits. That matters.”

Recruitment and retention were complicated in rural areas, where hiring has historically been a challenge. But urban areas also faced obstacles, including high caseloads and limited incentives, that strained morale and made the work unsustainable:

“The judges here have like 35 standing orders. That’s on top of your own work. If I worked for the SSCC, I wouldn’t want to do that either. That’s your livelihood — if you get in trouble, you lose everything.”

This perspective illustrates how judicial demands and case pressures, layered onto already heavy workloads, left frontline staff vulnerable to burnout and turnover.

In Region 2, one stakeholder described turnover as the single biggest challenge facing their system:

“The caseworker turnover rate is high. It’s the biggest problem in our region. Every time you get someone trained, they’re gone, and that really impacts families.”

Stakeholders described a “revolving door” of caseworkers that disrupted service continuity, eroded trust, and undermined family progress toward permanency.

Caregivers echoed these concerns. In the survey, more than 40% of respondents with lived experience reported frequent caseworker changes, poor communication, or inadequate knowledge of the child’s case history (Table 15).

“Every time a caseworker changes, these kids have to tell their whole story again. That breaks their trust every time.”

This comment speaks to the direct emotional impact of turnover on children, who must repeatedly recount traumatic histories, further destabilizing their sense of safety and trust.

Table 15. Lived experience: Caseworker issues

Caseworker issues	N	n	Very / Extremely problematic
Caseworkers changed often.	64	28	43.8%
Caseworkers didn’t return calls or messages.	69	30	43.5%
Caseworkers didn’t know what was going on a youth’s case.	65	27	41.5%
Caseworkers didn’t seem to understand their job.	66	26	39.4%
Caseworkers were not available.	66	21	31.8%

Leadership turnover was also seen as a destabilizing force. In Region 3W, staff described how shifting supervisors led to unclear expectations and declining morale:

“We’ve had supervisors come and go, and that turnover at the top trickles down. When leadership is unstable, staff morale takes a hit.”

Such accounts reveal how leadership instability can disrupt organizational continuity, erode staff confidence, and undermine the culture necessary to support long-term implementation.

Survey data echoed these concerns: 37.9% of professionals identified leadership turnover within DFPS or SSCCs as a significant barrier to cross-agency collaboration (Table 16).

Table 16. Professionals: Biggest obstacles to collaboration by region

Obstacle to collaboration	Region 1 (n = 28)	Region 2 (n = 41)	Region 3W (n = 24)	Region 8B (n = 81)	Overall (n = 174)
Unclear roles, responsibilities, or expectations	50.0%	58.5%	29.2%	51.9%	50.0%
Limited opportunities for joint training or shared learning	46.4%	51.2%	20.8%	33.3%	37.9%
Leadership turnover within the SSCC and DFPS	35.7%	51.2%	54.2%	27.2%	37.9%
SSCC and DFPS have different priorities	42.9%	19.5%	45.8%	44.4%	38.5%
Key partners don’t understand the SSCC’s role	46.4%	31.7%	54.2%	54.3%	47.7%
Other*	28.6%	24.4%	16.7%	11.1%	17.8%

*Other responses included caseworker turnover, lack of existing services, too many SSCC roles being contracted out, lack of support from judges, lack of funding, lack of transparency, and a lack of communication.

Even among DFPS staff who did transition into SSCC roles, mismatched expectations often created dissatisfaction:

“They weren’t prepared for the workload or the complexity. People thought they’d be doing the same job, but it felt like starting from scratch.”

This account reflects how role transitions were not always seamless. In some cases, staff moving from DFPS to SSCCs encountered heavier caseloads, different organizational cultures, and limited onboarding supports—factors echoed in survey findings on training gaps, compensation disparities, and high turnover that undermined retention even among experienced workers.

Considering these challenges, survey respondents identified several strategies to strengthen the workforce during the implementation of CBC. As Table 17 shows, most respondents highlighted competitive compensation, with 71.3% supporting pay that matches or exceeds DFPS levels, and 69.4% endorsing equivalent benefits. Other priorities included creating supportive work environments (41.7%), hiring experienced DFPS staff

(34.3%), and improving onboarding supports (28.7%) and ongoing training opportunities (27.8%). See Table 17.

Table 17. Professionals: Top strategies to strengthen workforce during transition (N = 108)

Strategy	n	%
Offer pay that matches or exceeds DFPS levels	77	71.3%
Offer benefits that match or exceed DFPS	75	69.4%
Foster a supportive and respectful work environment	45	41.7%
Hire former DFPS staff into SSCC positions	37	34.3%
Provide staff with onboarding support	31	28.7%
Provide staff with ongoing training opportunities	30	27.8%
Other*	10	9.3%

*Other responses included lower caseloads, offering advancements for those who stay longer, funding and hiring staff before CBC implementation is live, and partnering with or encouraging DPFS to change the message around staff transitioning to the SSCCs.

Some SSCCs described promising strategies to support workforce retention during the CBC transition. These included maintaining intact DFPS teams, aligning salaries with state benchmarks, and fostering a more supportive, solutions-oriented work environment. One stakeholder noted that it was beneficial to have entire units transition:

“Units that transitioned together are still working together. Their turnover is actually very low.”

This example illustrates how continuity in established team structures can buffer against turnover by preserving trust, communication patterns, and institutional knowledge throughout the transition.

Stakeholders also recommended strengthening onboarding processes, ensuring consistent supervision, and recruiting staff with the skills to manage complex caseloads and documentation requirements. As one supervisor shared:

“We changed our interview process to include writing samples. We need people who can manage the paperwork and the pressure.”

This reflects a proactive approach to recruitment, recognizing that the administrative demands of casework are as critical to success as relational skills with children and families.

Agency leaders also stressed that workforce investment is the foundation of CBC implementation, not a secondary concern. One summed it up bluntly:

“You can have the best policies and performance measures in the world, but if you don’t have experienced people doing the work — and staying in the job — none of it matters.”

This underscores a central theme across the data: policies and measures alone cannot drive outcomes without a skilled and stable workforce to implement them.

Together, these insights reaffirm that workforce stability is not just a supporting factor—it is the foundation of effective CBC implementation. Continued investment in compensation, training, organizational culture, and locally adapted staffing strategies will be critical to long-term success.

Building Caseworker Capacity and Specialization

Across all regions, stakeholders emphasized that CBC’s success depends not only on staffing levels but on the skills, training, and preparedness of caseworkers. As many noted, the work requires staff who are both present and equipped to engage families with complex histories, trauma exposure, and specialized permanency needs. As one legal professional noted:

“These kids and families don’t just need any caseworker — they need one who knows how to work with trauma and complex family histories.”

This observation reflects a common theme across interviews and focus groups: practical casework requires specialized knowledge and trauma-informed practice, not just managing caseloads.

Some SSCCs described efforts to respond to gaps through targeted training. One SSCC supervisor gave a positive example:

“My unit as a whole was struggling in a few key areas, and I reached out to our training department and they set up five refresher trainings. They put a lot of effort into them and they’ve been really good.”

This highlights how responsive training can strengthen worker confidence and consistency when agencies invest in identifying and addressing emerging needs.

However, many participants described training as inconsistent, insufficient, or overly reliant on on-the-job learning. Concerns were especially pronounced for staff in specialized roles, such as PMC or adoption case management.² As one legal stakeholder explained:

“They’re trained to specialize, but it’s more on-the-job than any real training — you just figure it out as you go.”

Such accounts suggest that formal training structures have not always kept pace with the complexity of specialized roles, leaving staff to learn through trial and error.

While all transitioning staff and new hires are required to complete the 13-week Child Protective Development (CPD) training model before becoming case-assignable,

² All transitioning staff and new hires are required to complete the 13-week Child Protective Development (CPD) training model before becoming case-assignable, as vetted through the FCL process. Stakeholder comments in this section reflect perceptions of training adequacy and applicability in practice (e.g., role-specific preparation, trauma-informed approaches), rather than compliance with formal training requirements.

stakeholders' feedback reflects their perceptions of the training's adequacy and applicability in practice, particularly for specialized roles.

This ad-hoc approach was seen as contributing to confusion and uneven practice, especially when children moved between workers handling different specialized roles. As one participant noted:

"You're switching workers just because a kid changes their status, but nobody knows the whole story."

This example highlights how narrow training and role silos can create gaps in case continuity, thereby undermining the holistic understanding necessary to serve children more effectively.

Legal professionals in multiple regions raised concerns about how training gaps affect courtroom practice. Several described SSCC caseworkers as "unprepared," "timid," and "unaware of what they're supposed to be looking for," particularly when testifying or handling key case decisions. A Region 3W attorney summarized the stakes as follows:

"They're the ones that the judges listen to and believe. When they fall through — by training, or turnover, or whatever else — it really screws up cases and families that should never have been in that situation."

This perspective reflects the high expectations placed on caseworkers in court: when staff lack adequate preparation, the consequences extend beyond individual cases to judicial confidence in the CBC model itself.

Others warned that limited training and insufficient supervision can also impact the caseworker's mindset and approach. As one participant put it:

"I have seen good caseworkers heal families in phenomenal ways. But I've also seen caseworkers come in with this attitude of, 'I'm going to save the child from you because you're a piece of sh#,' from day one. That's insane. You shouldn't be a caseworker if that's your mindset."*

This statement highlights how inadequate supervision and coaching can allow harmful attitudes to take root, with profound consequences for how families experience the system.

These perspectives reflect the experiences of some community partners, particularly legal stakeholders. They may not fully align with current conditions in later rollout regions such as 3W and 8B, where stakeholders reported stronger workforce stability and courtroom readiness. However, our findings do not suggest that these concerns are limited to early implementation or specific regions. Issues related to training adequacy, supervision, and courtroom preparedness were raised across regions and stakeholder groups, indicating a cross-cutting challenge in the implementation of CBC.

Survey data reinforce these concerns. Across regions, between 49% and 79% of professionals reported that SSCC staff lacked adequate experience or training, and between 53% and 78% indicated that DFPS staff who initially joined SSCCs often left or transitioned into supervisory roles, thereby undermining efforts to build a stable, experienced workforce (Table 18).

Table 18. Professionals: Workforce issues by region

Workforce issue	N	n	Very / Extremely problematic
Region 1			
Few DFPS staff chose to transition to the SSCC.	24	11	45.8%
The SSCC had lower salaries and benefits than DFPS for similar positions.	18	11	61.1%
The SSCC restructured positions that did not align with prior DFPS positions.	21	7	33.3%
The SSCC workforce lacked experience or did not receive adequate training.	24	19	79.2%
There was high turnover among frontline staff working directly with children.	26	23	88.5%
Some DFPS staff initially joined the SSCC but later returned to DFPS or moved into different (supervisory/administrative) roles or departments.	27	21	77.8%
Region 2			
Few DFPS staff chose to transition to the SSCC.	27	16	59.3%
The SSCC had lower salaries and benefits than DFPS for similar positions.	18	13	72.2%
The SSCC restructured positions that did not align with prior DFPS positions.	22	5	22.7%
The SSCC workforce lacked experience or did not receive adequate training.	26	19	73.1%
There was high turnover among frontline staff working directly with children.	34	30	88.2%
Some DFPS staff initially joined the SSCC but later returned to DFPS or moved into different (supervisory/administrative) roles or departments.	26	14	53.8%
Region 3W			
Few DFPS staff chose to transition to the SSCC.	21	11	52.4%
The SSCC had lower salaries and benefits than DFPS for similar positions.	21	16	76.2%
The SSCC restructured positions that did not align with prior DFPS positions.	19	5	26.3%
The SSCC workforce lacked experience or did not receive adequate training.	22	13	59.1%
There was high turnover among frontline staff working directly with children.	21	17	81.0%

Workforce issue	N	n	Very / Extremely problematic
Some DFPS staff initially joined the SSCC but later returned to DFPS or moved into different (supervisory/administrative) roles or departments.	20	11	55.0%
Region 8B			
Few DFPS staff chose to transition to the SSCC.	67	30	44.8%
The SSCC had lower salaries and benefits than DFPS for similar positions.	63	46	73.0%
The SSCC restructured positions that did not align with prior DFPS positions.	61	19	31.1%
The SSCC workforce lacked experience or did not receive adequate training.	69	34	49.3%
There was high turnover among frontline staff working directly with children.	74	54	73.0%
Some DFPS staff initially joined the SSCC but later returned to DFPS or moved into different (supervisory/administrative) roles or departments.	69	37	53.6%

Concerns about training were not limited to caseworkers. Stakeholders also pointed to foster parent preparation as an overlooked factor influencing case outcomes. Many described a lack of emphasis on reunification, kinship, and family-centered practices in caregiver training. A few suggested that an “ideology shift” was needed to help foster caregivers see themselves as part of a broader family support network—not just as placement providers. This shift, they argued, would better align caregiver training with CBC’s goals of stability, permanency, and family connection.

In sum, while CBC has introduced more specialized caseworker roles, the training and support structures needed to prepare and sustain those roles remain underdeveloped. Without trauma-informed, role-specific training and consistent supervision, case continuity, courtroom outcomes, and family engagement suffer. Strengthening both workforce and caregiver preparation will require a more intentional, system-wide investment in building the capacity and effectiveness—not just the number—of those serving children and families under CBC.

Supporting Long-Term Retention Through Workforce Investment

Beyond improving onboarding and initial training, stakeholders across regions emphasized the importance of sustained investment in the workforce to promote long-term retention. These investments include strengthening supervision structures, promoting staff well-being, supporting professional development, and fostering a sustainable work-life balance.

Several SSCCs described proactive strategies to reduce burnout and promote staff retention. One approach involved establishing on-call or overnight supervisory structures, so that frontline staff were not solely responsible for after-hours crises. These structures were viewed as crucial for reducing stress and fostering healthy boundaries.

At the same time, stakeholders noted unintended consequences when work-hour boundaries were enforced too rigidly. In several instances, caseworkers were instructed not to respond after 5:00 p.m., even when they felt compelled to support families in crisis. As one CASA volunteer explained:

“Our [SSCC] office has a hard time working after 5:00 p.m. unless it’s an emergency – and they do have a 24-hour hotline, but that’s a frustration.”

This reflects a key tension: while policies were designed to protect staff well-being, they sometimes left families feeling disconnected from the caseworkers who knew their situations best.

Other accounts described how supervisors reinforced these boundaries in ways that frustrated staff:

“A supervisor told me, ‘I don’t even look at my phone after 5:00.’ And then said, ‘they can call the hotline.’”

One caseworker, committed to helping a family after hours, took a call and was later reprimanded:

“They made me cry one night when I was trying to help.”

Together, these examples reveal how blanket policies, though well-intentioned, risked undermining relationships with families and demoralizing caseworkers who wanted to go beyond the minimum requirements.

While these policies aimed to protect staff boundaries, some stakeholders expressed concern that routing families through hotlines disconnected them from the caseworkers who best understood their situations. A CASA volunteer explained:

“Families knew they could get a hold of me at all hours – but they couldn’t always reach their caseworker.”

This underscores how hotline systems, while efficient for crisis management, may inadvertently weaken the direct relationships between families and caseworkers that are central to CBC’s goals.

Recognizing that rigid boundary policies alone were not enough to sustain staff or families, some SSCCs shifted toward more proactive wellness initiatives. These efforts focused on creating supportive organizational cultures, improving leadership practices, and investing in staff development as longer-term strategies to reduce burnout and strengthen retention.

To counteract these challenges, some SSCCs implemented proactive wellness initiatives, such as on-site mental health fairs, self-care events, and leadership check-ins. These efforts aimed to create a supportive work environment and reduce burnout. One supervisor described a notable shift:

“We have an incredibly supportive upper-level leadership – from helping make sure that you’re doing self-care to making sure that you have all the

tools that you need. Just very much teamwork-oriented. It's a totally different culture than from the department."

This shift toward a more collaborative, wellness-oriented culture was often contrasted with the more compliance-driven atmosphere of legacy DFPS systems.

In addition to frontline support, SSCCs also focused on developing leadership capacity to manage teams more effectively. In some cases, external consultants were brought in to deliver leadership training, especially for supervisors expected to manage complex caseloads and evolving performance requirements. As one respondent explained:

"We've invested in leadership development so that our supervisors are better prepared to manage staff and help them navigate challenges."

Collectively, these efforts reflect a growing recognition that workforce investments cannot stop at initial training or onboarding. Sustaining CBC requires a culture of ongoing support, professional development, and shared leadership to retain experienced staff and ensure consistent care for children and families.

Organizational Climate and Leadership

Beyond staffing and service delivery, stakeholders across all four CBC regions identified organizational climate and leadership as critical internal factors shaping implementation. Within this domain, three interrelated components emerged: organizational culture, internal communication, and the role of leadership in modeling and reinforcing CBC's intended values.

Organizational Culture

Across CBC regions, stakeholders emphasized that organizational culture—reflected in values, leadership styles, communication practices, and internal expectations—has a direct and lasting impact on the implementation of CBC. The transition from the legacy DFPS system to a community-based model was widely viewed as a meaningful opportunity to build a more trauma-informed, collaborative, and localized approach. Yet stakeholders agreed that the process of cultural change remains incomplete and uneven.

One SSCC leader described this opportunity as intentional and mission-driven:

"We've had to build our own culture, because we didn't want to replicate CPS culture. We wanted something more family-centered, more human. And we've been intentional about who we hire and how we lead."

This reflects how some SSCCs sought to differentiate themselves from the DFPS legacy system by embedding family-centered values into hiring, supervision, and leadership practices.

In several regions, SSCC supervisors reported deliberate efforts to reshape agency norms, emphasizing staff well-being, inclusive communication, and collaborative leadership development. Despite these efforts, many SSCC and DFPS stakeholders acknowledged that deeply ingrained elements of the previous system (e.g., top-down mandates, risk aversion, and rigid documentation protocols) still shape everyday practice. Formal culture

change initiatives, including workgroups and engagement strategies, were viewed as an ongoing process. One DFPS representative reflected:

“I think the culture change work group has been a huge help. But we still have folks who are used to the old ways, and it takes time to shift mindsets. Not everyone buys into it yet.”

This observation underscores the gradual nature of cultural change, which necessitates both structural support and sustained commitment to alter longstanding habits and expectations.

At the same time, stakeholders highlighted encouraging examples of cultural shifts, particularly in regions where SSCCs had flattened internal hierarchies and created space for staff input. As one SSCC leader explained:

“We really believe in: plan together, work together, achieve together... we try to bring people in from all levels to provide insight. If we don’t know what the field needs really are, then it’s ineffective at best.”

This example illustrates how participatory approaches can enhance organizational buy-in and ensure that reforms are grounded in frontline realities.

Still, many cautioned that culture change requires more than structural adjustments or messaging. Without continuity in leadership, consistent supervision, and meaningful investment in staff development, even well-intentioned reforms risk losing traction. Stakeholders emphasized that sustaining cultural change depends on everyday practices that reinforce new values, not just formal initiatives.

Organizational Characteristics and Support Structures

Effective CBC implementation depends not only on strong leadership and a skilled workforce but also on the internal organizational structures that support role clarity, continuous improvement, and effective communication. Stakeholders across all four CBC regions underscored the importance of systems that foster alignment, responsiveness, and learning. Yet many described current structures as fragmented, duplicative, or insufficiently supportive of staff and partners.

One of the most persistent challenges reported by stakeholders was the lack of clear, consistently communicated expectations. Survey data confirmed this concern: 50.0% of professional respondents identified “unclear responsibilities” as the most significant obstacle to collaboration in their region (Table 16).

This issue extended beyond DFPS–SSCC boundaries to include confusion within SSCCs and among subcontractors. A legal stakeholder described the consequences for frontline practice:

“[Caseworkers] are overworked, and they have paperwork that’s useless. I feel like some of it could be handled by upper management, but they just keep shoveling it downhill, and the supervisor has to put it on the case worker.”

Such accounts highlight how unclear responsibilities and poor role alignment can cascade downward, placing additional burdens on caseworkers while leaving structural inefficiencies unaddressed.

Stakeholders stressed that improvements in culture and morale were unlikely to succeed without parallel efforts to clarify decision-making authority, streamline documentation processes, and ensure that staff at all levels understand their roles. While some SSCCs had implemented mechanisms to support this transition (e.g., Region 2’s “culture change work group”), the broader consensus was that system-wide alignment remains incomplete. As one participant summarized, CBC requires “a complete cultural change,” not just in values but in structure and operations.

Stakeholder accounts also highlighted significant variation in local readiness to embrace CBC-driven reforms. In Regions 8B and 3W, participants described a relatively smooth cultural shift, facilitated by stable leadership and an openness to innovation. One Region 3W stakeholder reflected:

“We didn’t have somebody who was clinging to the old ways... I think that left it ripe for moving forward with the change.”

This perspective illustrates how leadership continuity and openness to new approaches can accelerate cultural and structural change.

In contrast, other regions faced deeper resistance to change, often tied to fear of failure, low morale, or legacy mindsets that proved harder to dislodge. Some participants reported internal skepticism or even opposition, with one noting, “there are people who don’t wanna see it succeed.” This sentiment reflects the persistence of skepticism within some organizations and underscores the importance of ongoing leadership support, effective communication, and clear role definitions to overcome internal resistance.

In sum, while CBC has created opportunities for more collaborative and responsive systems, progress remains uneven. Sustaining implementation will require not only cultural change but also structural alignment, including clear roles, streamlined processes, and consistent leadership support, to reduce inefficiencies and strengthen collaboration across agencies.

Continuous Quality Improvement (CQI) and Fidelity Monitoring

Beyond culture and support structures, stakeholders highlighted the importance of robust systems for monitoring quality and fidelity to CBC goals. Several SSCCs described promising strategies for engaging staff in performance improvement—often through internal dashboards, regional meetings, and cross-agency collaboration. As one supervisor shared:

“We go in a meeting, we talk about all the performance measures, both internal, external, state performance measures, CSFRs, and we prioritize what those key items are. ... Then for that next quarter we’re working on those components to make sure that we’re getting better quality systems, so we’re constantly innovating.”

These efforts reflected a growing commitment to embedding continuous quality improvement (CQI) into practice. However, stakeholders noted that the consistency, depth, and functionality of these systems varied considerably. While leadership and CQI teams often had a firm grasp of data tools and priorities, frontline staff frequently struggled to engage meaningfully with performance systems. As one supervisor explained:

“We just had to finish up a spreadsheet to find out (which youth) has their ID, who doesn’t, and identifying the barriers... making sure that certain paperwork is uploaded timely in the correct place.”

These accounts suggest that quality monitoring was sometimes experienced more as a compliance requirement than as a constructive, feedback-driven process. Paperwork and administrative hurdles often overshadowed opportunities for reflection or collaborative problem-solving. Other stakeholders highlighted how inconsistencies in expectations and reporting structures across SSCCs contributed to confusion and inefficiency. For example, subcontracting agencies and foster parents face different expectations depending on the SSCC. A subcontractor in Region 3W suggested:

“If you can tell all of the SSCCs to just have all of the same requirements, because it’s tough to track different training requirements or dates of service plans depending on which SSCC you’re with.”

This observation highlights a larger challenge: variations in CQI and monitoring structures may complicate collaboration and impose unnecessary burdens on external partners.

In sum, stakeholders viewed CQI as essential to sustaining CBC but emphasized that its value depends on how it is implemented. When data are used as tools for learning and problem-solving, CQI can drive innovation and accountability; when experienced primarily as paperwork, it risks becoming another compliance burden. Aligning expectations across SSCCs and strengthening frontline engagement will be critical to realizing CQI’s full potential.

Leveraging Data for Learning and Improvement

Stakeholders consistently affirmed that accessible, well-integrated data systems are essential to making CBC more transparent and responsive. Leaders described data as a key tool to communicate with community stakeholders and drive local improvement:

“We have a really sophisticated data system, which is great... Supporting our message with trends and numbers is the best way to actually connect with the community and show progress.”

This highlights how data can serve as more than compliance reporting; it can be a tool for communication, helping SSCCs demonstrate accountability and progress to the communities they serve.

Yet as with other implementation components, staff capacity to use these tools varied widely. While CQI teams and leadership often had strong command of performance measures, frontline staff frequently lacked the training or access needed to apply data in

practice. One stakeholder explained:

“There’s the database, but also a good team of experts that are incredibly helpful. They dive into things that aren’t measured in the system to help support the work.”

To fully realize the potential of data-informed decision-making, stakeholders recommended investments in training, technical assistance, and dashboard functionality. They stressed that data should not be viewed solely as an oversight mechanism, but as a practical tool for proactive, field-driven improvement.

Service Needs

The final internal dimension shaping CBC implementation is the ability to respond to the complex and evolving service needs of children, youth, and families. In the survey, respondents identified mental health services as the most pressing need for youth (76.0%). In comparison, fewer than half of respondents identified more local services and providers (45.4%) or in-home services and supports (33.2%) as the most pressing needs for youth (Table 19). In Table 20, these needs are broken down by region.

Table 19. Most pressing needs of youth (N = 229)

Needs	n	%
Mental health services, especially therapists who accept Medicaid/STAR Health	174	76.0%
More local services and providers	104	45.4%
In-home services and supports	76	33.2%
Ability to visit and stay connected to family	75	32.8%
Wraparound services	61	26.6%
Support for youth with developmental delays	60	26.2%
Doctors and specialists who can address complex medical needs	45	19.7%
Occupational, physical, or speech therapy	39	17.0%
Other*	19	8.3%

**Other needs included bilingual service providers, more local placements, psychiatrics, funding for youth costs outside of daily rate (e.g., activities, braces, etc.), ABA therapy, more capacity for higher acuity youth, transportation services, and support for homelessness and food insecurity.*

Table 20. Most pressing needs of youth by region (N = 229)

Needs	Region 1 (n = 51)	Region 2 (n = 43)	Region 3W (n = 51)	Region 8B (n = 84)
Mental health services, especially therapists who accept Medicaid/STAR Health	76.5%	62.8%	80.4%	79.8%
More local services and providers	47.1%	62.8%	43.1%	36.9%
In-home services and supports	31.4%	27.9%	39.2%	33.3%
Ability to visit and stay connected to family	37.3%	46.5%	19.6%	31.0%
Wraparound services	25.5%	18.6%	25.5%	32.1%
Support for youth with developmental delays	29.4%	18.6%	29.4%	26.2%
Doctors and specialists who can address complex medical needs	19.6%	25.6%	17.6%	17.9%
Occupational, physical, or speech therapy	17.6%	14.0%	19.6%	16.7%
Other*	7.8%	9.3%	5.9%	9.5%

*Other needs included bilingual service providers, more local placements, psychiatrists, funding for youth costs outside of daily rate (e.g., activities, braces, etc.), ABA therapy, more capacity for higher acuity youth, transportation services, and support for homelessness and food insecurity.

In parallel, survey respondents were asked to identify the most pressing needs of caregivers (Tables 21-22) and parents (Tables 23-24).

As seen in Tables 21 and 23, service needs varied for caregivers and parents. Respondents identified substance use treatment (40.2%), knowing about resources available (42.6%), and mental health services (51.5%) as the most pressing needs for parents (Table 23). For caregivers, respondents identified daycare providers, particularly those who can care for children with higher needs (54.9%), support for kinship families (52.2%), respite care (46.9%), and transportation (46.9%) among the most pressing needs (Table 21).

Table 21. Most pressing needs of foster and kinship caregivers (N = 226)

Needs	n	%
Clear communication between DFPS, SSCC, and subcontracting agencies with foster parents	126	55.8%
Daycare providers, particularly those who can care for children with higher needs	124	54.9%
Support for kinship families	118	52.2%
Transportation, money for gas, or vouchers	106	46.9%
Respite care, particularly when youth have higher needs	106	46.9%
More privacy – too much oversight pushes away families	35	15.5%
Other*	12	5.3%

*Other needs included training and support for parenting youth with complex mental health needs, additional support for kinship families (e.g., access to respite), consistent workers, correct and timely information, and being able to have a voice in the interest of the child. Assistance addressing food insecurity and homelessness may also be critical, particularly for kinship families. One respondent re-emphasized the need for families to have transportation support.

Table 22. Most pressing needs of foster and kinship caregivers by region (N = 226)

Needs	Region 1 (n = 52)	Region 2 (n = 42)	Region 3W (n = 52)	Region 8B (n = 80)
Clear communication between DFPS, SSCC, and subcontracting agencies with foster parents	75.0%	57.1%	61.5%	38.8%
Daycare providers, particularly those who can care for children with higher needs	40.4%	64.3%	51.9%	61.3%
Support for kinship families	55.8%	54.8%	34.6%	60.0%
Transportation, money for gas, or vouchers	44.2%	31.0%	50.0%	55.0%
Respite care, particularly when youth have higher needs	42.3%	40.5%	46.2%	53.8%
More privacy – too much oversight pushes away families	1.9%	16.7%	30.8%	13.8%
Other*	9.6%	4.8%	5.8%	2.5%

*Other needs included training and support for parenting youth with complex mental health needs, additional support for kinship families (e.g., access to respite), consistent workers, correct and timely information, and being able to have a voice in the interest of the child. Assistance addressing food insecurity and homelessness may also be critical, particularly for kinship families. One respondent re-emphasized the need for families to have transportation support.

Table 23. Most pressing needs of parents (N = 204)

Needs	n	%
Mental health services	105	51.5%
Knowing about available resources	87	42.6%
Substance use treatment	82	40.2%
Help with transportation to appointments, work, or visits	62	30.4%
Housing support	57	27.9%
Treatment or services that support youth staying in home	54	26.5%
Support with parenting	51	25.0%
Help understanding the child welfare system	42	20.6%
Employment support	28	13.7%
Support around domestic violence	20	9.8%
Other*	7	3.4%

*Other needs included assistance with fees related to summer care for older children, grief and loss support, affordable childcare, honest and timely communication, and resources to support parents with co-occurring addiction and mental health challenges. One respondent emphasized the importance of collaborating with parents during a case, as they often possess a wealth of knowledge about their children's needs.

Table 24. Most pressing needs of parents by region (N = 204)

Needs	Region 1 (n = 47)	Region 2 (n = 40)	Region 3W (n = 40)	Region 8B (n = 77)
Mental health services	46.8%	47.5%	52.5%	55.8%
Knowing about resources that are available	44.7%	37.5%	52.5%	39.0%
Substance use treatment	40.4%	35.0%	40.0%	42.9%
Help with transportation to appointments, work, or visits	40.4%	22.5%	27.5%	29.9%
Housing support	25.5%	35.0%	20.0%	29.9%
Treatment or services that support youth staying in home	23.4%	30.0%	27.5%	26.0%
Support with parenting	23.4%	35.0%	27.5%	19.5%
Help understanding the child welfare system	12.8%	20.0%	25.0%	23.4%
Employment support	14.9%	20.0%	10.0%	11.7%
Support around domestic violence	12.8%	7.5%	10.0%	9.1%
Other*	4.3%	0.0%	5.0%	3.9%

*Other needs included assistance with fees related to summer care for older children, grief and loss support, affordable childcare, honest and timely communication, and resources to support parents with co-occurring addiction and mental health challenges. One respondent emphasized the importance of collaborating with

parents during a case, as they often possess a wealth of knowledge about their children's needs.

Across all four CBC regions, stakeholders consistently identified two critical gaps: the need for improved behavioral health services and the need to engage children, youth, and families more fully in services. In addition, the question of how services are delivered, particularly whether they are offered virtually or in person, emerged as a significant theme with both benefits and challenges.

Behavioral Health

Behavioral health needs were consistently described as the most significant service gap across regions. This included insufficient access to mental health services and substance use treatment for children, youth, and parents. Stakeholders noted an increase in higher-acuity youth entering care, with more severe behavioral, emotional, or physical needs. One SSCC leader explained:

“I definitely think as the laws have changed ... about changing that definition of neglect ... kids that are coming into care have higher acuity. They, and their families, have higher acuity needs — which, I think, in some ways we need the data to be able to reflect.”

This rise in acuity has not been matched by adequate behavioral health infrastructure. Participants across roles emphasized the shortage of qualified therapists, especially those trained in trauma and child welfare, citing low pay, high turnover, and a lack of rural coverage as contributing factors. One stakeholder in Region 2 put it plainly:

“It is hard to find therapists for these kids, especially the ones with trauma and behavior issues.”

This reflects the core challenge: even when behavioral health is recognized as the greatest need, the workforce and funding structures remain insufficient to meet demand.

Legal professionals echoed this concern, stressing that service gaps undermined case progress and jeopardized long-term stability in family reunification. One stakeholder reflected:

“There definitely needs to be the supplement of therapy provided by individuals and licensed professional counselors ³who understand child welfare issues and the kind of interdependence of substance abuse and domestic violence ... I think that’s where I have had challenges in the past.”

This perspective underscores how the absence of specialized providers with child welfare expertise complicates efforts to address interconnected issues like trauma, addiction, and family violence.

Stakeholders also pointed to the ripple effects of behavioral health shortages on family

³ In keeping with qualitative research standards, all stakeholder quotes are presented verbatim to preserve authenticity. The language used reflects the participant’s perspective at the time of data collection and is not intended to represent the terminology or framing of the evaluation team.

engagement and permanency. A Region 1 focus group participant emphasized the limits of existing treatment options:

“We’re talking about families as a whole. Having drug and alcohol prevention [is missing]. That could significantly increase some of our success. You have many that do the basic rehab, or they do a quick two-week rehab, and then that’s all that’s available to them. That’s not enough for lifelong change, unless they’re really searching for something different. We just have not as many rigorous [treatments] that address alcohol, drugs, and parenting”.

This example illustrates how short-term, or superficial treatment options fail to address root causes, leaving families vulnerable to relapse and weakening chances for sustained reunification.

Across regions, stakeholders described how the lack of quality, affordable behavioral health services for children, youth, and families undermined well-being and key performance outcomes such as reunification, stability, and permanency.

Survey data reinforced these concerns. In Table 13, only 53.7% of professionals rated the “timeliness of service delivery for children and families” as good or excellent. Ratings were similarly low for the “availability of placement options that meet children’s needs” (41.1%), underscoring system-wide challenges related to service access and coordination.

These survey findings corroborate stakeholder insights that service gaps, particularly for behavioral health, are not only widespread but also deeply consequential for family outcomes.

In sum, behavioral health remains the most urgent and cross-cutting service gap in CBC. Without expanded provider networks, specialized training in child welfare and trauma, and more rigorous treatment options for families, stakeholders cautioned that progress on stability, reunification, and permanency will remain limited. Strengthening this infrastructure is critical to aligning services with the realities of children and families entering care.

Engaging Children and Families in Service Planning and Coordination

Participants emphasized a need to better engage children and families in service planning and coordination. Caregivers who responded to the survey noted the need to involve children and families more effectively and to include them more. Many described feeling devalued, unheard, or excluded from the decision-making process. One caregiver stated that SSCCs should “treat foster families as part of the team,” while another described feeling like a “glorified babysitter.” A third caregiver urged that SSCCs simply “treat foster parents like people.” Participants frequently suggested improvements such as including caregivers in case planning, clearly communicating updates, and valuing caregiver input as strategies that could help retain and recruit foster families.

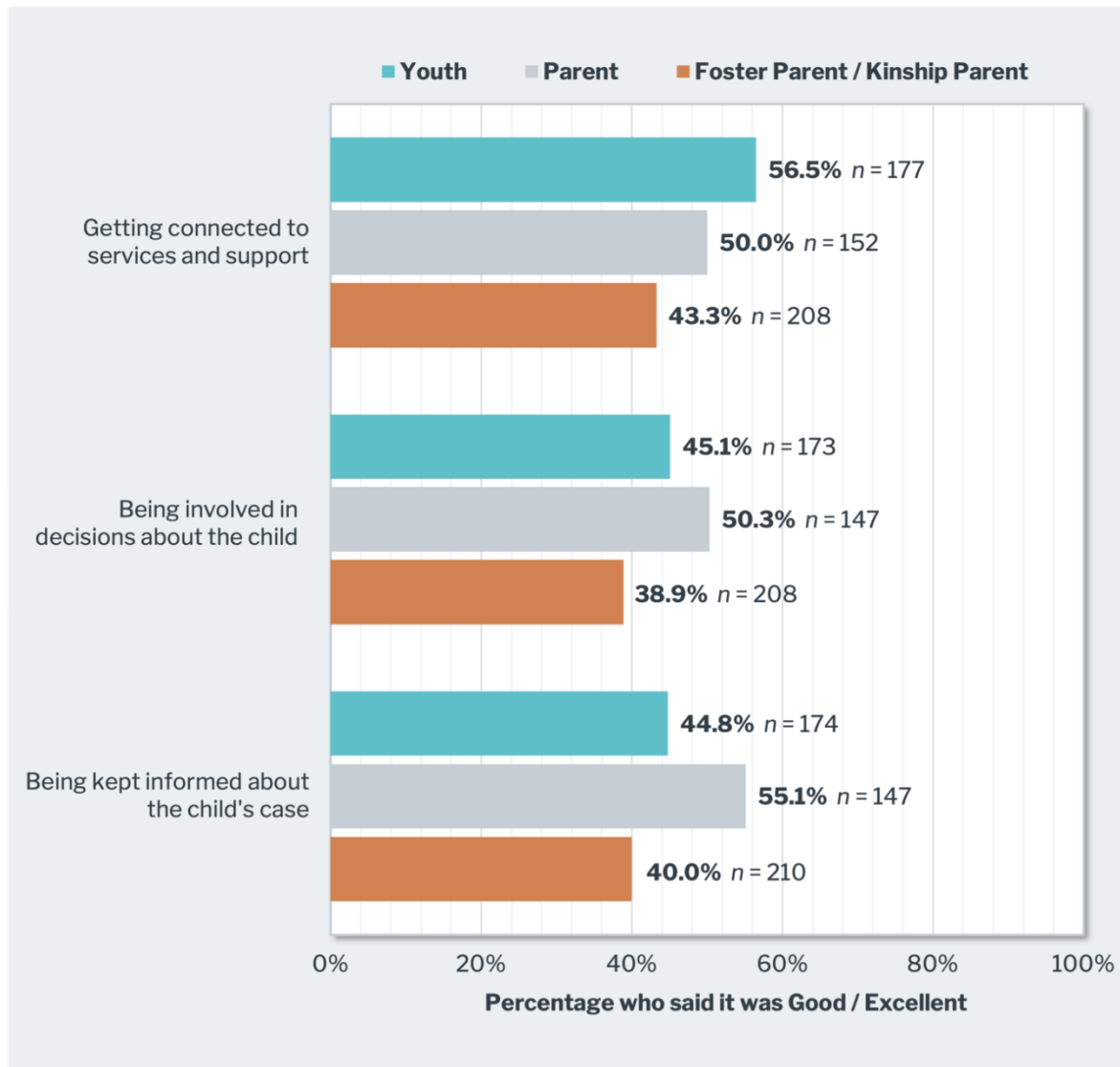
Professionals also emphasized the importance of communication and caregiver engagement in improving service coordination. Over half (57.0%) recommended involving foster and kinship caregivers in service planning meetings (Table 12) as a top strategy for improving service coordination.

Finally, caregivers rated service coordination poorly. According to Table 7, only 8.6%

reported being “always” kept informed about their child’s case, and just 9.1% felt meaningfully involved in the decisions. These data echo qualitative concerns that caregivers often felt like outsiders to the casework process rather than partners.

Survey findings reinforced concerns related to engaging children and families. As shown in Figure 7, across all four CBC regions, youth-related service coordination and engagement were consistently rated as an issue. Only 44.8% of respondents rated “keeping youth informed about their case” as “good” or “excellent”, while 45.1% rated “youth being involved in decisions about them” as “good” or “excellent.” The highest-rated item— “getting youth connected to services and support” was rated as “good” or “excellent” by 56.5% of respondents. These results suggest substantial gaps in communication, engagement, and planning for youth.

Figure 7. Comparison of aspects of service coordination of youth, parents, and caregivers



Data from this figure is from Tables 7, 8, and 9.

Overall, survey responses were slightly more positive on the perceptions of service coordination for birth parents. However, it is worth noting that no birth parents responded to the survey, so these statements were rated by other child welfare stakeholders, including professionals and caregivers (Table 8). Slightly over half of respondents reported that parents “being kept informed about the child’s case” was good or excellent (55.1%). In comparison, 50.3% reported that parents’ “being involved in decisions about the child” was good or excellent, 52.3% reported that parents’ “understanding what’s expected and what support is available” was good or excellent, 52.7% reported that parents’ “receiving support to make sure visits happen regularly and safely” was good or excellent, and 50.0% reported that “getting connected to services and support” was good or excellent. Slightly less than half of respondents reported that “getting timely responses from staff” (like SSCC or DFPS) was good or excellent for parents.

Taken together, these perspectives suggest that any meaningful solution to the placement crisis must address both infrastructure and culture: ensuring that capacity is not only built, but that caregivers are genuinely valued and empowered within the system. Moreover, these challenges cannot be addressed solely through internal SSCC efforts. They are fundamentally tied to the broader policy and regulatory environment, highlighting the interdependence of inner and outer context factors in achieving CBC’s goals.

Preparing Youth for Aging Out

Stakeholders across regions described persistent challenges in supporting youth as they transition out of care. This issue was seen as part of the broader CBC goal of long-term well-being and permanency. A consistent theme was that although SSCCs and caseworkers made efforts to build transitional supports, many youths still faced basic barriers that undermined their autonomy and stability after care.

One of the most common concerns was difficulty obtaining essential documents such as state IDs, driver’s licenses, and residency paperwork. These delays then affected youths’ ability to enroll in college, secure a job, or even apply for housing. As a young adult with lived experience explained:

“It’s more so like when you have to fill out those forms that the state will need, such as your residency and everything, trying to fill that out. Basically, just having a consistent pace of where you’re at and knowing where you’re at. With my driver’s license, it was always hard to get somebody to help me drive.”

This reflection captures the frustration that many youths expressed—those basic milestones of independence, such as learning to drive or applying for an apartment, were delayed because of inconsistent or incomplete support while in care. One youth attributed this to challenges “with the placement,” stating that she was only allowed to leave placement when she had a professional with her. In this individual’s case, when she was finally taken to the DMV, the staff had not provided the correct documents, further prolonging the process. She indicated:

“The staff member was supposed to have it all, but the—they had two different caseworkers in the front office, and they were supposed to be the

ones that had all the documents and handed it to the staff member, but I guess my caseworker there she never gave it to them or didn't have all the documents, 'cause you need like 1,000 different things"

Professionals also reported ongoing difficulties in securing driver's licenses and essential paperwork. As one stakeholder in Region 8B shared:

"Getting paperwork is sometimes, like pulling teeth. It feels ridiculous to say that when it's these kids' lives and their normalcy that is the result of getting this paperwork. Just getting the paperwork for those kids who are 14, 15, 16, 17, has been such a pain. Although we have had some kiddos who were older and were [other SSCC] kiddos, and they did their best to get the paperwork to us. In general, it's ticking those boxes that are holding the kids up"

These practical challenges were compounded by a lack of stable placements and frequent turnover among caseworkers, which hindered trust-building and long-term planning for transitions. Stakeholders emphasized the need for dedicated transitional living staff, along with consistent preparation in financial literacy, job skills, and housing navigation. While these supports were seen as critical, they were described as inconsistently provided.

Young adults with lived experience in foster care also highlighted the emotional toll of growing up in the system without sufficient support. One recently aged-out youth described the unique needs of teens in care:

"I feel like what makes it really difficult for teenagers is the fact that we're growing and a lot of us need ... a lot more support than younger children, but we don't really get the support, so a lot of teens start acting out ... once you get to a certain point you're gonna get kicked out of your placement ... Bouncing from place to place is really just hard ... you don't feel like you're loved or you don't feel like you're getting the support you need."

This statement reflects a broader sentiment expressed by youth across regions: that relational support, consistency, and emotional safety are just as vital as access to services and skills training.

Taken together, these findings highlight that preparing youth for adulthood is not only about completing checklists or securing documents, but about ensuring consistency, stability, and meaningful support. Addressing these gaps is essential if CBC is to achieve its long-term goals of permanency, well-being, and successful transitions to independence.

In-Person vs. Virtual Services

The role of virtual services emerged across CBC regions as both an innovation and a trade-off. In the survey, respondents were asked to review a list of services and rate how much they agreed or disagreed that the service could be delivered without losing quality. Over half of the respondents (58.3%) agreed or strongly agreed that court hearings and case management services could be delivered virtually without compromising quality. On the other hand, most respondents disagreed or strongly disagreed that home visits (75.6%), substance abuse treatment services (74.4%), mental health services for children (67.6%), and mental health services for parents (50.8%) could be delivered virtually without losing

quality (Table 25).

Table 25. Participant belief that service can be delivered virtually without losing quality

Service	N	Disagree / Strongly disagree	Neither agree nor disagree	Agree / strongly agree
Court hearings	242	24.4%	17.4%	58.3%
Case management services	242	35.5%	12.8%	51.7%
Home visits	242	75.6%	13.6%	10.7%
Mental health services for children	241	67.6%	16.6%	15.8%
Mental health services for parents	242	50.8%	23.6%	25.6%
Substance abuse treatment services	242	74.4%	14.9%	10.7%

In interviews and focus groups, stakeholders generally agreed that virtual service options were indispensable during the pandemic and remained useful in rural, lower-resource settings. They also stressed that virtual formats come with significant limitations and unintended consequences. It should be noted that each stakeholder group also highlighted distinct challenges and trade-offs that shape when and how virtual tools are most effective.

SSCC staff and subcontracted providers described how virtual sessions supported basic continuity of care when transportation was difficult. A therapist from Region 8B described this trade-off clearly:

“8B is a very rural area... families struggle with the transportation issues... virtual therapist sessions have helped immensely. It filled a gap for the rural areas but we still need both of those things.”

This perspective underscores how virtual sessions can expand access but cannot replicate the relational depth of in-person therapeutic work, especially for children with trauma histories. Similar concerns were echoed in Region 2, where supervisors noted that while virtual connections saved significant travel time, they reduced opportunities for meaningful interaction:

“In Region 2, we’re a 30-county region... there is a lot of mileage within our region, so we spend a lot of time transporting our kids to services. Virtual services help meet the need partially, but you miss out on that face-to-face aspect.”

Stakeholders repeatedly emphasized that virtual delivery was least effective for high-acuity youth and young children. A Region 3W therapist cautioned:

“A lot of virtual counseling with kids, oh good heavens — that’s not gonna work. Especially with our littles who’ve had all the trauma that they’ve had. Their needs are not being met by virtual counseling.”

Participants also described how virtual family visits, though helpful for maintaining contact, could not replicate the emotional connection of in-person interaction. As one caregiver shared:

“Parents want to touch and feel their children, and children want to touch and feel their parents. That’s really hard to do virtually.”

Legal professionals shared similar concerns about virtual court hearings. While acknowledging the benefits of scheduling and participation, some noted drawbacks, including distracted participants, diminished accountability, and a reduced ability to read nonverbal cues. One judge reflected:

“We decided when the Supreme Court made it permanent, that the judge could choose whether to do virtual proceedings or in person... more and more people involved think we need to go back to in-person full time.”

Another added:

“For a while, I felt like we were doing well virtually, but I’m slowly realizing... we’re not being as effective as we could be. I think we would be doing better with CBC if we had never gone virtual in any way, shape, or form.”

Equity challenges also emerged as a key theme. Families with limited internet access, outdated devices, or no private space struggled to engage meaningfully with the content. As one supervisor observed:

“Even taking services and access virtually is hard for our families that have older phones, lack of data, or spotty internet.”

Another explained:

“Families are calling in from parking lots or public Wi-Fi spots... that affects the quality of engagement and what they get out of it.”

These accounts highlight how virtual tools can inadvertently exacerbate disparities for families least equipped to utilize them.

Despite these challenges, stakeholders broadly supported continuing to use virtual options strategically, alongside robust in-person services. As one SSCC supervisor put it:

“Virtual has its place, but it shouldn’t be the only place. We’re working with kids and families that need real connections.”

Others described how hybrid models, with flexibility built in, might achieve better outcomes. One example came from providers piloting virtual reality headsets to supplement therapy skills, with one stakeholder explaining:

“It didn’t replace therapy but added something extra. That’s how it should be—not instead of, but alongside.”

Taken together, these perspectives point to a balanced path forward: strategic virtual services for efficiency, complemented by intentional in-person supports to preserve relationships and foster meaningful engagement. Stakeholders strongly advocated for more precise guidance on which services should remain in person, as well as continued investment in broadband infrastructure, device access, and virtual engagement training.

As referenced earlier in the behavioral health section, the limitations of virtual counseling for children and trauma-affected youth highlight the importance of tailoring service delivery modalities to the needs of specific populations. These findings also reinforce the importance of addressing broader outer-context barriers — including inadequate transportation infrastructure and digital access — to ensure that families can fully benefit from the full range of in-person and virtual supports that CBC is intended to offer.

C. Bridging Factors

Bridging factors connect CBC’s regional delivery systems with the statewide framework of policies, funding mechanisms, and community networks, and include staffing structures, operational practices, organizational culture, and leadership. Across all regions, stakeholders emphasized that bridging factors shaped whether CBC could truly operate as a locally driven, relationship-centered model.

When bridging mechanisms were strong, stakeholders described smoother transitions, higher trust, and more integrated care. In contrast, weak or absent bridging elements contributed to greater levels of fragmentation, mistrust, and implementation setbacks. Key aspects of effective bridging included mission alignment, trust-building strategies, collaborative leadership, and sustained cross-sector engagement.

Mission Alignment and Trust

Stakeholders across regions emphasized that a clear, shared mission is the foundation of effective CBC implementation. When SSCC leadership actively promoted and reinforced CBC’s community-centered purpose, participants described a stronger sense of collective ownership and a shared commitment to improving outcomes. Stakeholders in regions with strong alignment emphasized the positive impact on overall effectiveness when leadership of the SSCC and/or DFPS explicitly and frequently emphasized the goals of CBC. As one regional leader put it:

“We’re all building toward the same thing.”

Stakeholders noted that this sense of alignment made it easier to coordinate services, problem-solve across roles, and navigate inevitable implementation challenges. While causality cannot be assumed, survey data suggest that a strong understanding of CBC’s goals may support greater alignment in service delivery. Across all regions, 92.3% of professionals reported understanding how CBC works, and 91.3% said they understood how the SSCC differs from DFPS (Table 3), indicating a broad foundation for shared purpose and collaboration.

Mission alignment was reinforced through deliberate trust-building strategies during the transition to CBC. Survey data indicate that professionals across regions reported that

SSCCs engaged in various strategies, including holding community forums (56.8%), working closely with local DFPS staff (50.3%), consulting with legal professionals (48.6%), and maintaining regular communication (41.0%) (Table 26).

Table 26. Professionals: Strategies the SSCC used to build trust during the transition

	Region 1 (n = 28)	Region 2 (n = 41)	Region 3W (n = 26)	Region 8B (n = 88)	Overall (n = 183)
Held community meetings or forums to talk about the transition	60.7%	34.1%	65.4%	63.6%	56.8%
Maintained regular communication through newsletters, emails, meetings, or similar methods	28.6%	24.4%	46.2%	51.1%	41.0%
Worked closely with local DFPS staff	32.1%	22.0%	53.8%	68.2%	50.3%
Engaged judges, attorneys, and other legal professionals	28.6%	26.8%	57.7%	62.5%	48.6%
Built on existing relationships in the community	32.1%	31.7%	46.2%	62.5%	48.6%
Other*	10.7%	9.8%	3.8%	13.6%	10.9%
Unsure	17.9%	41.5%	23.1%	17.0%	23.5%

*Other strategies included resource fairs, child welfare board involvement, and church involvement.

These deliberate and locally grounded efforts gave SSCCs a head start in cultivating legitimacy, streamlining coordination, and reinforcing confidence in CBC as a responsive, community-driven model. A Region 8B stakeholder emphasized the importance of this approach:

“Always bring the community into community-based care.”

This perspective highlights the importance of grounding CBC in authentic local engagement. Where SSCCs intentionally involved community stakeholders from the outset, they were better able to build trust, foster collaboration, and demonstrate that CBC was more than a structural change—it was a system designed to reflect local needs and priorities.

Regions experiencing more challenges with mission alignment and stakeholder trust indicated their SSCC was viewed as an outsider, unfamiliar with local providers, partners, and cultural dynamics:

“They [the SSCC] didn’t know the community, and the community didn’t know them.”

Such accounts highlight how the absence of strong local ties can undermine the very

premise of CBC as a community-driven model, creating barriers to legitimacy and hindering coordination.

Only 36.1% of professionals believed that DFPS emphasized a shared mission of helping children, 30.6% thought that DFPS encouraged agencies and partners to collaborate, and 22.4% indicated that DFPS spoke positively about the CBC (Table 27). Notably, nearly two-fifths of respondents (39.3%) selected “I’m not sure.” This discrepancy in DFPS messaging and engagement may have contributed to stakeholder confusion and resistance during a critical period of system change.

Table 27. Professionals: Strategies DFPS used to build trust during the transition

	Region 1 (n = 28)	Region 2 (n = 41)	Region 3W (n = 26)	Region 8B (n = 88)	Overall (n = 183)
Spoke positively about CBC	25.0%	24.4%	26.9%	19.3%	22.4%
Encouraged agencies and partners to collaborate with the SSCC	35.7%	19.5%	53.8%	27.3%	30.6%
Emphasized a shared mission of helping children and families	39.3%	31.7%	38.5%	36.4%	36.1%
Other	21.4%	12.2%	11.5%	13.6%	14.2%
I'm not sure	25.0%	51.2%	26.9%	42.0%	39.3%

*Other responses focused on a lack of strategies used by DFPS; however, two respondents mentioned they were informed or received an email notice.

Mission alignment and trust-building are not static achievements but ongoing processes that require consistent reinforcement through clear communication, inclusive leadership, and responsiveness to local needs. Despite some regions experiencing greater challenges, stakeholders reported early signs of improvement as turnover slowed and working relationships stabilized. Participants noted that as frontline staff remained in place, they were able to rebuild trust with providers and families:

“We had a lot of turnover at the beginning, but the staff that have stayed are starting to get it. They’re learning the community, and that makes a difference.”

This reflection highlights how stability at the frontline level can gradually rebuild credibility with families and providers, enabling SSCCs to transition from being perceived as outsiders to becoming trusted local partners.

Trust-based relationships were a hallmark of the more successful transitions. Stakeholders described well-established lines of accountability and mutual problem-solving among providers, caseworkers, and legal partners. These relationships enabled quicker responses to youth crises, improved data-sharing, and fewer placement disruptions. Other participants noted similar benefits, crediting preexisting relationships and a shared sense of mission with helping them stabilize foster placements, expand mental health services, and coordinate referrals more effectively, even under pressure.

Together, these findings suggest that trust and mission alignment are mutually reinforcing.

Survey and interview data converge to show that when SSCCs and DFPS jointly and consistently invest in relationship-centered outreach and inclusive planning, implementation is smoother, collaboration is more durable, and the system is better equipped to serve children and families. Successful bridging is not a matter of structure alone but of sustained interpersonal and institutional commitment.

Collaborative Governance and Decision-Making

Alongside mission alignment and trust, participants emphasized the essential role of transparent, collaborative governance as a bridging factor in CBC implementation. Collaborative governance requires not only cross-agency information sharing but also coordinated decision-making and shared accountability among courts, legal professionals, community organizations, and system partners.

Across regions, stakeholders noted the SSCCs' commitment to building and maintaining relationships with all parties involved in supporting children and families. Positive relationships were acknowledged as central for effective services. SSCCs differed in whether they were present in their regions before their CBC engagement. In two regions, pre-existing professional relationships provided foundational support for the implementation and continuity of CBC for families.

Cross-System Communication and Coordination

Stakeholders across all four CBC regions consistently emphasized that clear, proactive, and transparent communication was critical to effective governance. Participants described open communication as a strength, contributing to smoother transitions and more substantial alignment across system partners. As one DFPS staff member explained:

“We speak all the time with them [the SSCC]. We’re on the same page and working towards the same thing.”

This level of open communication supported rapid problem-solving, reinforced shared goals, and provided stability during transitions. Other stakeholders echoed these sentiments, describing how SSCC accessibility helped agencies respond more effectively to children’s needs:

“When something big happens with a child, the SSCC, CPS, CASA, and the judge all know the plan.”

These examples demonstrate how frequent and open communication can foster confidence in the system, particularly when multiple actors must coordinate quickly to meet children’s needs.

At the same time, even in regions with relatively strong collaboration, participants described persistent communication challenges, particularly when responsibilities were perceived as being fragmented across multiple roles. Stakeholders in some regions described delays in information sharing that left them feeling as though communication was filtered through multiple layers, which hindered timely decision-making. As one legal professional explained:

“Too many roles of SSCC are contracted out...Getting information is like playing ‘telephone’ with a string of 8-10 players.”

This observation highlights how structural complexity, such as the use of subcontractors or multiple points of contact, can unintentionally weaken the timeliness and clarity of communication.

Survey findings reflect the communication challenges described by participants. The two most reported communication challenges were unclear or inconsistent information, identified by 53.7% of respondents, and a lack of regular updates, reported by 45.7% (Table 28).

Table 28. Professionals: Biggest communication challenge right now by region

Obstacle to collaboration	Region 1 (n = 28)	Region 2 (n = 40)	Region 3W (n = 23)	Region 8B (n = 73)	Overall (n = 164)
Information is unclear or inconsistent	67.9%	60.0%	47.8%	46.6%	53.7%
Not receiving regular updates	50.0%	62.5%	34.8%	38.4%	45.7%
Information arrives too late to act on	14.3%	17.5%	34.8%	26.0%	23.2%
SSCC and DFPS give conflicting guidance	14.3%	7.5%	39.1%	26.0%	21.3%
Other*	28.6%	25.0%	13.0%	19.2%	21.3%

**Other challenges mentioned included no follow-through, SSCC or DFPS not responding, lack of transparency, overly complex processes, and issues due to staff shortages or inexperience.*

Despite these challenges, stakeholders observed recent progress in communication. A few professionals mentioned improved document-sharing processes and more structured meetings. Another participant emphasized how early transparency helped manage expectations during the rollout:

“Keeping ahead of rumors is always a challenge...That transparency was an investment to just calm the waters and build trust.”

This reflection illustrates how early and intentional communication strategies did more than convey information—they served as tools to build trust and prevent misinformation from undermining collaboration. By framing transparency as an “investment,” stakeholders emphasized that consistent, open communication was not optional, but foundational to sustaining confidence in CBC implementation.

Survey data also point to strategies stakeholders believe could improve communication. As shown in Table 29, the vast majority rated the following strategies to improve communication as “very or extremely helpful.”

Table 29. Professionals: Strategies to improve communication rated by level of helpfulness

Strategy to improve communication	N	n	Very / Extremely helpful
Open and honest communication with external system partners	179	154	86.0%
Clear roles and accountability	180	150	83.3%
Regular, structured communication	180	147	81.7%
Better understanding of the SSCC’s role and authority	179	142	78.9%
Consistent messaging from DFPS and the SSCC	176	140	77.8%
Community outreach to explain CBC and the SSCC’s role	175	137	76.1%

Coordination Dimensions

Beyond day-to-day communications, participants emphasized the importance of deeper structures of coordination. Strong coordination relied on clear role definitions, mutual respect, shared accountability, and streamlined processes. Some stakeholders highlighted how a team-based, creative approach to solving problems fostered a sense of shared mission:

“Our belief is if you have the best idea, and that best idea can get us to where we need to get, we’re gonna take that route.. We know that if you start closing doors, people are gonna stop sharing. You stop sharing, you stop growing. When you stop growing, you stop excelling.”

This account reflects how openness to collaboration and valuing input across roles can generate trust and innovation. Stakeholders highlighted these dynamics as key drivers of successful transitions, particularly in complex cases that required flexible, cross-agency problem-solving.

By contrast, coordination was described as strained when overlapping responsibilities, duplicative processes, or rigid oversight created bottlenecks. As one participant explained:

“There’s too much micromanagement, too many layers, and it makes it hard to adapt to the kids’ needs.”

This perspective highlights how excessive layers of authority and limited autonomy for SSCCs could undermine responsiveness, making it harder to tailor decisions to the best interests of children and families.

When asked to identify the biggest obstacles to collaboration, 50.0% of professionals overall, across all regions, selected “unclear roles, responsibilities, or expectations” (Table 16), suggesting that even in regions showing smoother transitions, coordination frameworks still need strengthening.

Clarity of roles and challenges in coordination across sectors was sometimes more structural than interpersonal, as one stakeholder shared:

“There used to be a CPS office here...to get a real person to help them with their problem. We don’t have public transportation in our community, so that also becomes a challenge to access resources, and it has just been very challenging for those connections to be made when they don’t have the people that are supposed to help them fix their problem living in the community, so those of us that are in the system that live in the community are the ones...sometimes doing more of the heavy lifting than our role really defines us to be doing.”

Effective coordination across organizations and other community stakeholders requires strong communication, accountability, and a shared sense of responsibility. Notably, the regions reporting more effective coordination seem to have organizations that function as learning organizations. Mistakes were more often interpreted as opportunities for reflection and improvement, and feedback and creative ideas from all were actively encouraged.

Judicial and Legal Partnerships

Legal and judicial relationships also emerged as a bridging factor across all CBC regions, shaping how decisions were made, how roles were interpreted, and ultimately how effective the system was in meeting children’s needs. Stakeholders described courts and legal professionals as powerful gatekeepers whose buy-in was essential to CBC’s success.

Some stakeholders reported greater confusion during the initial transition. Several noted that the courts were not adequately prepared or included early in the planning process, leading to persistent jurisdictional and procedural ambiguity. As one participant recalled:

“There wasn’t a process set up to talk about how to get court files transitioned. The courts weren’t brought in early, so there were a lot of gaps.”

In some regions, legal professionals and judges continued to view DFPS as the authoritative agency and regarded SSCCs as secondary contractors. An attorney observed:

“Some judges still think DFPS is the real authority. There’s still this idea that the SSCCs are just a contractor, not part of the system.”

Such perceptions complicated implementation by reinforcing old hierarchies and limiting the authority of SSCCs in court proceedings. Other stakeholders noted that SSCCs were often held accountable for outcomes shaped by judicial discretion, such as court orders or delays in hearings:

“The numbers can show one thing, but we’re not taking into account the court orders that play into those numbers.”

This disconnect between judicial discretion and CBC accountability measures placed SSCCs in a punitive bind, adding to systemic tension. Even in regions with more robust bridging, some SSCC staff noted ongoing difficulties in securing case information from courts and partner agencies, despite having documentation that established their legal role:

“They have a letter saying they’re an extension of DFPS, but people still don’t want to give them the info.”

To address these systemic barriers, stakeholders recommended a more coordinated statewide approach — one that includes judicial training, formal guidance from the Children’s Commission, and consistent messaging about the SSCCs’ roles, rights, and responsibilities. As one stakeholder concluded:

“There needs to be a shared understanding of what CBC is and what it isn’t. Without that, courts keep defaulting to the old system and undercutting the new one.”

Taken together, these findings demonstrate that effective legal and judicial partnerships must be cultivated through intentional strategies, transparent communication, and clear roles across agencies. When courts and SSCCs work from a shared understanding, implementation is smoother, accountability is more balanced, and the system is better positioned to meet the needs of children and families.

Workforce Continuity and Integration

Workforce stability and cross-system integration emerged as critical bridging factors in CBC implementation. Across all four regions, stakeholders emphasized hiring former DFPS staff into SSCC roles, which created essential continuity between legacy and CBC systems, helping to preserve institutional knowledge during a time of significant structural change. As one stakeholder explained:

“They knew the cases, they knew the parents, they knew the judges—it made for a much smoother transition.”

This continuity was not only administrative but relational: former DFPS staff often held preexisting trust with courts, caregivers, and providers, which helped expedite coordination and decision-making. Survey data support this view: 65.1% of SSCC staff had previously worked for DFPS, with an average prior tenure of nearly 11 years (Tables E7 and E9), underscoring the depth of experience transferred into the CBC workforce. Before transferring to the SSCC, most of these staff held one of the following positions: case worker (35.0%), supervisor (25.0%), or investigator (15.0%). Only 10.0% of these staff members were in a regional leadership role before joining the SSCC (Table E8). See Appendix E for tables E7, E8, and E9.

Interviewees across regions were clear that transitioning staff alone was not enough. Many expressed concern that when staff transitioned without meaningful shifts in the community-centered purpose of CBC. One SSCC manager explained:

“You can bring the same people over, but if they’re still thinking like the state, you’re going to get the same system.”

This perspective highlights a recurring tension across regions: continuity was valuable, but only if paired with cultural and organizational adaptation. SSCCs that sought to mitigate this risk described strategies such as restructuring roles to emphasize community-based

values, embedding flexibility into casework, and strengthening connections to local providers and families.

To reinforce these shifts, some SSCCs restructured roles to better reflect community-based values and encourage flexible, responsive casework. Others implemented onboarding and mentorship programs, invested in extended training periods, and created outreach-specific roles to embed local engagement into daily operations.

Region 8B stood out in this regard. In addition to restructuring and training, the SSCC also strategically offered a health insurance plan by the same provider used by DFPS. Although the plan differed in its cost-sharing structure, it allowed for continuity of benefits—an approach stakeholders credited as instrumental to staff retention during the transition. As one supervisor explained:

“It wasn’t just about hiring people. It was about keeping their trust and helping them believe in a different way of working.”

This example illustrates how intentional decisions, such as aligning benefit structures, signaled stability while reinforcing trust in the new system. For Region 8B, such efforts not only helped retain staff but also fostered buy-in for the broader cultural shift CBC aimed to achieve.

Survey data suggest these strategies may have contributed to stronger workforce stability and preparedness in Region 8B. For instance, only 27.2% of Region 8B respondents identified leadership turnover as a major obstacle to collaboration—the lowest across all regions (Table 16).

The most frequently reported concern across regions was high turnover among frontline staff, which 80% of respondents rated as “very or extremely problematic.” Additionally, many noted that DFPS staff who initially joined SSCCs later left or moved into administrative roles, further compounding turnover and undermining system continuity (Figure 6).

These strategies reflect a need for consistency and trust across roles during the transition. Workforce integration can be enhanced through clear communication and engagement among the many people and organizations likely to be involved. Leadership and supervisors of DFPS and the SSCCs were viewed as critical to creating the conditions that facilitate and encourage workforce continuity and successful transitions.

Leadership and Inter-Organizational Networks

Visible and values-driven leadership emerged as a critical bridging factor for successful CBC implementation. Across all four regions, stakeholders emphasized that transparent, responsive leadership from DFPS, SSCCs, and subcontractors helped maintain trust and accountability during the CBC transition.

When leadership was described as hands-on and accessible, staff morale was higher and problem-solving was more immediate. Strategic partnership approaches included proactive communication and inclusive engagement practices, which provided staff and other stakeholders with a “voice and choice.” As one Region 3 SSCC leader explained:

“We really believe in collaboration together both internally and externally. That requires a culture of openness and transparency to what we can offer... If we don’t know what the field needs really are, then it’s ineffective at best.”

This emphasis on inclusion was echoed in their approach to organizational change:

“We want all the voices to be heard. If we’re making big organizational changes, we try to bring people in from all levels to provide insight. It’s not just up to our CEO because we really believe... our frontline staff really are our top position. They are our success.”

In contrast, some stakeholders described confusion, mixed messages, and exclusion of core groups from communications and/or early town halls (e.g., foster parents, legal professionals, schools, community providers), and subsequent implementation delays:

“We don’t hear much from the top until something goes wrong. Then suddenly there’s a new policy but no plan for how to do it.”

Another participant echoed the need for clearer expectations and stronger state-level guidance:

“We need someone at the state level to say, ‘This is the direction, and we’re all accountable for it’—not just send emails after something goes wrong.”

Survey respondents also emphasized the need for improved communication and clearer information. Across regions, 16.2% of professionals reported that information shared by DFPS about upcoming changes, timelines, and transitions was “very clear” or “extremely clear.” In comparison, 32.3% of professionals reported that information shared by the SSCCs about upcoming changes, timelines, and transitions was “very clear” or “extremely clear” (Table 30).

Table 30. Professionals: Level of clarity about upcoming changes, timelines, and expectations by region

Level of clarity	Region 1	Region 2	Region 3W	Region 8B	Overall
SSCC	n = 26	n = 32	n = 23	n = 80	n = 161
Not clear	34.6%	40.6%	13.0%	20.0%	25.5%
Somewhat clear	65.4%	46.9%	52.2%	30.0%	42.2%
Very clear	0.0%	12.5%	26.1%	36.3%	24.2%
Extremely clear	0.0%	0.0%	8.7%	13.8%	8.1%
DFPS	n = 25	n = 32	n = 23	n = 74	n = 154
Not clear	28.0%	34.4%	17.4%	24.3%	26.0%
Somewhat clear	44.0%	46.9%	60.9%	66.2%	57.8%
Very clear	12.0%	15.6%	13.0%	6.8%	10.4%
Extremely clear	16.0%	3.1%	8.7%	2.7%	5.8%

These findings underscore that effective leadership is collaborative and plays a critical role in setting expectations and norms for cross-system coordination.

Inter-organizational networks were similarly seen as essential to realizing CBC’s collaborative vision. Stakeholders described stronger networks as enabling more coordinated case planning and faster responses:

“Now, when something big happens with a kid, the SSCC, CPS, CASA, and the judge all know the plan. That didn’t happen before CBC.”

In survey responses, professionals rated SSCC coordination positively (good or excellent) with subcontracted service providers (58.2%), CASA/legal stakeholders (57.1%), medical providers (55.0%), and mental and behavioral health providers (53.6%). However, less than half of professionals similarly rated coordination with school systems (47.6%) and the Social Security Administration (43.4%). These data may represent lingering fragmentation in systems that predate CBC and underscore the need for more intentional inter-agency alignment (Table 11).

Professionals were also clear on what would strengthen cross-agency collaboration. Table 31 highlights three top priorities:

- Consistent messaging from DFPS and the SSCC (82.8%)
- Better understanding of SSCC role and authority (80.8%)
- Clear roles and accountability (69.2%)

Table 31. Professionals: Strategies to improve collaboration rated by level of helpfulness

Strategy to improve collaboration	N	n	Very / Extremely helpful
Consistent messaging from DFPS and the SSCC	169	140	82.8%
Better understanding of the SSCC’s role and authority	172	139	80.8%
Clear roles and accountability	156	108	69.2%
Open and honest communication with external system partners	159	94	59.1%
Regular, structured communication	170	75	44.1%

Taken together, these findings reinforce that CBC implementation depends on interconnected pillars, including mission alignment, workforce integration, collaborative governance, leadership networks, and inter-organizational relationships. Regions that invested in bridging strategies—such as values-aligned hiring, responsive supervision, and intentional interagency planning—described more consistent and coordinated service delivery.

D. Innovation Factors

Across CBC regions, stakeholders consistently identified grounded, practical innovations that have reshaped service delivery and improved outcomes for children and families. These innovations include intentional efforts to shift organizational culture, development of specialized staffing roles, implementation of trauma-informed models, stronger local partnerships, and cross-agency knowledge sharing. Focus groups, interviews, and qualitative survey responses made clear that these are not surface-level changes, but necessary, context-specific adaptations in response to persistent system challenges.

Culture-Building Efforts

One of the most widely cited innovations was deliberate culture-building. In multiple regions, stakeholders described a shift away from compliance-driven approaches toward more family-centered, relational practices. As one SSCC leader put it, “We’ve had to build our own culture because we didn’t want to replicate CPS culture. We wanted something more family-centered, more human.” Staff emphasized that this shift was visible in daily operations— “You can feel it... it’s not just a slogan. We’re seeing it implemented with team building and communication.”

Survey respondents echoed these experiences. One described a shift toward “positive leadership and teamwork that empowers the staff to support each other,” while another stated, “This SSCC values families and shows it in how they treat us as workers too.” Still, the transition wasn’t universal: a few noted ongoing challenges, such as “residual DFPS culture” and “resistance from some frontline workers who aren’t on board with the new model.”

Specialized Staffing Roles

To support these cultural changes and address critical workforce gaps, SSCCs also created specialized roles tailored to local needs. In Region 3W, Resource Development Specialists were tasked with identifying and cultivating unique placement options for youth with complex needs. At the same time, Region 2 developed kinship-specific staff roles to promote stability in placements. Region 8B stakeholders reported similar efforts, emphasizing that creative staffing was essential in rural areas where service infrastructure remains limited.

Trauma-Informed Models

Another widely discussed innovation was the adoption of trauma-informed care frameworks, such as Trust-Based Relational Intervention (TBRI) and Signs of Safety. These models were seen as foundational shifts in how families and youth are engaged.

As one professional shared:

“We’ve shifted everything to TBRI and Signs of Safety. It’s really changed how we work with families—it’s more relational, less compliance-driven.”

Supervisors described how trauma-informed coaching prevented placement disruptions:

“We send TBRI staff in before a breakdown—it helps the placement succeed.”

Survey respondents also reflected this cultural change. One wrote:

“Finally, a system that listens. My youth said this is the first time they feel safe and heard.”

Still, others expressed skepticism:

“We’re trained in TBRI but expected to keep meeting placement quotas. That’s a mixed message.”

Partnership Building and Community-Based Collaborations

Local partnership-building was also cited as a defining feature of CBC. In rural and under-resourced areas, especially, stakeholders credited SSCCs with expanding crisis response options, increasing wraparound services, and working proactively to keep children close to home.

As one participant explained:

“In the past, when a kid had a behavioral meltdown, we’d have to send them far away. Now, we have MOUs with local providers so we can keep them here, closer to family.”

Region 3W participants described how CBC “forced us to work together more and to

partner with those who know the kids best.” Others pointed to integrated residential treatment centers and expanded collaborations with courts, CASA, and local nonprofits.

Cross-Agency Training and Information Sharing

Ultimately, stakeholders emphasized the importance of cross-agency training and intentional knowledge sharing for achieving sustainable system improvement. In Region 2, staff highlighted collaborative training with other SSCCs as a key enabler of early CBC success. In contrast, participants across regions emphasized the importance of sharing policies, tools, and best practices to avoid duplication and confusion.

Stakeholder Perspectives on Performance Measures

Although not part of the EPIS framework, performance measures emerged as a central theme across regions in both interviews and focus groups. Survey questions were then developed to verify ideas that emerged from qualitative data and to assess potential solutions. Thus, this section addresses specific concerns related to performance measures and concludes with stakeholder recommendations on which performance measures should be modified.

Stakeholders across roles expressed support for performance measures as tools for accountability and system improvement. However, survey and qualitative data reveal important concerns about how these measures are applied, whether they reflect practice realities, and how they influence decision-making. This section synthesizes perspectives from survey respondents and interview participants across Regions 1, 2, 3W, and 8B, including DFPS staff, SSCC and subcontractor staff, legal professionals, community partners, and caregivers.

Best Practices vs. Performance Measures

In the survey, respondents were asked if they were familiar with CBC performance measures, and if so, to what extent they felt performance measures promote practices that best support children and families. Most respondents were familiar with the performance measures (71.1%). For these respondents, perceptions about the alignment between CBC performance measures and best practice were mixed and varied significantly by role.

Across all respondents, only 9.7% said current performance measures “completely” promote practices that support children and families. About one-third (32.7%) said “mostly,” while nearly half (49.7%) selected “somewhat.” A smaller but notable share (7.9%) said measures do “not at all” support best practices (Table 32). Disaggregating these responses by role reveals critical variation in trust and perceived alignment:

- Among SSCC staff, 61.5% said the measures “mostly” or “completely” support practice, the highest level of endorsement across groups.
- In contrast, only 25% of DFPS staff selected “mostly” or “completely,” with 68.8% saying “somewhat.” This suggests more cautious support among public agency

professionals, who often work at the intersection of oversight and implementation.

- Subcontracting agency professionals were split: 47.6% said “mostly,” but nearly 10% said “not at all,” suggesting uneven applicability across provider contexts.
- Legal professionals expressed the greatest skepticism. None selected “completely,” and 69.4% chose “somewhat,” reflecting concerns that legal mandates and timelines often conflict with performance goals.
- Among foster and kinship caregivers, only 2.7% said “completely” and 32.4% “mostly,” while 43.2% said “somewhat” and 21.6% said “not at all”—the most critical distribution across any group.

Table 32. “How well do current performance measures promote practices that best support children and families?” by role

Role	N	Not at all	Somewhat	Mostly	Completely
DFPS	16	6.3%	68.8%	12.5%	12.5%
SSCC	57	0.0%	38.6%	40.4%	21.1%
Provider agency	21	9.5%	38.1%	47.6%	4.8%
Legal professional	36	8.3%	69.4%	22.2%	0.0%
Other professional	7	0.0%	85.7%	14.3%	0.0%
Caregivers	37	21.6%	43.2%	32.4%	2.7%
Overall	165	7.9%	49.7%	32.7%	9.7%

This pattern highlights a consistent theme: the closer a stakeholder is to direct care or legal accountability, the more likely they are to question whether performance measures reflect practice realities. Interviewees underscored this disconnect.

As one caregiver described:

“They care about the numbers, not whether the child is stable or how long it took us to get services started.”

These findings highlight a core tension for DFPS: while standardization is essential for oversight and compliance, overreliance on numeric targets may overlook the deeper, relational, and developmental progress that often characterizes successful case outcomes. Professionals and caregivers alike stressed that metrics can only support good practice if they are interpreted with contextual judgment and relational insight.

Performance Measure Revisions: What Should Be Retained, Refined, or Removed

Stakeholders participating in the evaluation offered detailed feedback not only on how performance measures are interpreted in practice, but also on which ones should be retained, revised, or reconsidered. Their responses, captured in both interviews and survey data, indicate a clear desire for DFPS to refine specific measures that may unintentionally

penalize child-centered decision-making or oversimplify case complexity.

In the survey, professionals from SSCCs, DFPS, and subcontracting agencies were asked whether each performance measure should be kept as is, modified, or removed entirely. Table 33 summarizes the results from over 70 respondents per item.

Table 33. Perspectives on Performance Measures: Keep, Modify, or Remove?

Measure	N	Keep	Modify	Remove
Child Safety	74	77.0%	23.0%	0.0%
Placement stability	79	55.7%	36.7%	7.6%
Placement in a home setting	76	69.7%	26.3%	3.9%
Proximity to home	81	50.6%	45.7%	3.7%
Siblings placed together	80	62.5%	36.3%	1.3%
Placed with kin	82	74.4%	25.6%	0.0%
Timely exits to permanency	78	79.5%	17.9%	2.6%
Timely exits to reunification	78	80.8%	16.7%	2.6%
CPS reinvolvement	76	63.2%	31.6%	5.3%
Youth have a driver's license or state ID	83	78.3%	15.7%	6.0%
Youth complete Preparation for Adult Living (PAL) training	83	81.9%	14.5%	3.6%
Child Safety	74	77.0%	23.0%	0.0%

Performance Measures to Keep as Is or Slightly Modify

Several performance measures received broad support to remain unchanged. These include:

- Child safety (77.0% said keep as is, 0% said remove)
- PAL life skills completion (81.9% keep as is)
- Youth state ID or driver's license (78.3% keep as is)
- Timely exits to permanency and reunification (79.5% and 80.8% keep as is, respectively)
- Placement with kin (74.4% keep as is)
- Placement in a home setting (69.7% keep as is)

Although a majority of stakeholders wanted to maintain the current measures, there were some suggestions for improving each measure.

Child Safety

For child safety, survey participants suggested that the Texas measure should be calculated in the same manner as the federal CFSR measure. For reference, the federal

measure considers all children in foster care during a 12-month period and the rate of victimization, per 100,000 days of care. The difference is essentially a more nuanced calculation of child safety rather than a percent over an entire year. Several other survey respondents commented that the child safety measure needs to take into consideration maltreatment reports that are overturned, when “Reason to Believe” determinations are made, and generally allow for numbers to be updated based on case determinations. Another group of stakeholders noted that the 100% benchmark is unrealistic and should be adjusted.

PAL Completion

Despite 81.9% of respondents suggesting that PAL completion should be kept as a performance measure, several survey respondents offered written comments on how to adjust this performance measure. For example, multiple stakeholders noted that youth have a choice to complete PAL classes, and the SSCC should not be held responsible for youth choosing not to participate in or complete PAL classes. Another respondent noted that some youths do not complete PAL classes because they are on runaway or in juvenile detention. Respondents felt that SSCCs should not be held accountable for these situations. Instead, a respondent suggested having options to explain why a particular youth did not complete PAL classes. One respondent indicated that PAL classes are not the best option for preparing for independent living, and other models should be permitted. Similarly, two respondents noted that PAL classes are not a good measure of whether a youth is prepared for independent living. A respondent noted:

“A youth completing PAL training does not define the youth as being prepared. A new performance measure should be created to measure this.”

Youth Driver’s License/Identification

Like PAL classes, most respondents (78%) felt that the driver’s license/identification performance measure should be kept as is, while several survey respondents offered comments reflecting adjustments that should be made. Several survey respondents commented that the measure should be adjusted to reflect the age of 17 rather than 16. One survey respondent noted:

“This metric is problematic because the SSCC’s cannot even obtain original documents needed to obtain a DL or ID from DFPS, like a birth certificate, until the youth has turned 16. So we will never be able to meet this metric until DFPS changes their policy and gives us those documents BEFORE the youth turns 16.”

Another respondent noted that there are barriers to meeting this performance measure if the youth is not a legal citizen. Several other respondents commented that getting an identification depends on the youth’s consent and cooperation. For example, one respondent noted a youth with special needs who struggles with having a picture taken and is in therapy to try to help overcome that barrier. In these unique cases, respondents felt that SSCCs should not be penalized.

Timely Exits To Permanency

Most survey respondents (79.5% and 80.8%, respectively) indicated that permanency measures related to exits to permanency and reunification should be maintained as currently structured. At the same time, some survey respondents suggested refinements, particularly regarding circumstances that may affect timeliness but fall outside SSCC's control. For example, respondents noted that court extensions can delay permanency timelines and that families may require additional time to achieve stable reunification without compromising child safety. Others raised concerns about how youth behavioral needs may affect the pace of permanency. One respondent stated:

“The measure should take into consideration the behavior of the youth. Holding SSCC's accountable for youth behavior is ridiculous. DFPS was never held to the standard.”

It is important to note that baselines and thresholds for permanency measures are set using historical performance data from each SSCC's catchment area. Apart from safety measures, expectations are specific to each SSCC and are based on prior demonstrated performance. In other words, targets reflect historical regional conditions. The concerns raised by respondents speak to how these expectations are experienced in high-acuity or complex cases, rather than to the absence of contextual factors in how the measures are formally structured.

Another suggestion for improving this metric is to broaden the definition of reunification to include reunification with the non-custodial parent. Reunification is only counted if the child returns to the parent who cared for them when they were removed. However, reunification could be broadened to include reunification with the other (non-custodial) parent.

Placement With Kin

Stakeholders acknowledged in interviews and focus groups that placement with kin was critical and should be prioritized. In terms of the performance measure, 74.4% of survey respondents felt the measure should be kept as is. However, several written comments on the survey suggested a slight modification. Currently, the performance measure is defined as the percentage of children placed with kin at 60 days after removal. Survey respondents noted that the 60-day deadline did not necessarily capture kinship placements adequately. One survey respondent noted:

“I don't like the 60-day timeline. I'm not sure of it's purpose. I think urgency to place with kinship is great, but I wonder if it is too narrow or restrictive.”

One respondent noted that there are times when kinship placements are rushed, resulting in less-than-ideal placements for children. Another participant felt that when kin are out of state, the process for placing a child may be much longer than usual, but worth the effort to place the child in the best setting. Some respondents suggested increasing the timeframe from 60 days to 90 or 120 days. Others suggested removing the timeline altogether and examining the total number of all youth placed in kinship placements.

Placement In A Home Setting

Compared to the measures discussed above, there was slightly less agreement that the performance measure for placement in a home setting should remain unchanged. 69.7% reported the measure should be kept as is, and 25.6% felt there should be modifications. This performance measure is the percentage of placement days in a home setting for children and youth in conservatorship. While interview and focus group participants agreed with the concept of the performance measure, survey respondents had straightforward suggestions for improvement.

Several survey respondents noted that the placement in a home setting measure appeared to apply only to youth in paid foster care, excluding informal kinship placements, and suggested broadening the definition. Under Stage II implementation, however, the measure applies to all youth in DFPS conservatorship, including those placed in informal kinship settings. The apparent exclusion occurs only in Stage I, when SSCC responsibility is limited to paid foster care placements. More explicit clarification about which placements are included at each stage may help address this confusion.

Another critique of this measure was that it may unintentionally penalize SSCCs that consider the unique needs of the child or sibling group. For example, respondents noted that home settings are sometimes not the most suitable environment for high-acuity youth. One survey respondent explained:

“For many children and youth, a home setting is not the most appropriate setting due to frequent runaway behaviors, suicide attempts, etc. It should be based on what is the SAFEST least restrictive setting for that youth at that point in time.”

Time in home setting standards are not set at 100%. To clarify, each performance measure includes baselines and thresholds based on historical performance within the SSCC’s catchment area and, with the exception of safety measures, are specific to that region. These thresholds reflect prior demonstrated performance under similar regional conditions, including variation in acuity and service capacity. The concerns raised here speak to how the measure is experienced in complex cases, rather than to the absence of contextual factors in how the measure is structured.

Other considerations relate to keeping siblings together. A respondent explained that large sibling groups are challenging to place in home settings unless they are split up. Providers struggle with determining whether placing a child in a home setting is more important than having siblings stay together in a group facility.

Finally, survey respondents noted that there should be a refinement of the definition of “home setting.” One respondent commented that the definition is “too loose.” Another respondent suggested that group homes should be included in the definition of a home setting.

Performance Measures to Refine

Four of the performance measures were identified as needing refinement. These include:

- **Proximity to home** stood out, with 45.7% of respondents recommending

modification—the highest of any measure. Only 3.7% said it should be removed, but half (50.6%) wanted it kept as is;

- **Placement stability** also drew concern: 36.7% said it should be modified, 55.7% said keep as is, and 7.6% said remove.
- **Sibling placement** had a similar profile: 36.3% said modify, 62.5% said keep, and 1.3% said remove;
- **CPS reinvolvement** was flagged by 31.6% of respondents for modification.

These preferences reinforce earlier themes raised in interviews, particularly that these measures may not differentiate between clinically or therapeutically appropriate moves and objectively destabilizing disruptions.

Proximity To Home

Although proximity to home is one of the most visible and frequently referenced CBC performance measures, stakeholders across roles cautioned against interpreting proximity solely in geographic terms. Both survey and interview data highlight the need to rethink or expand how proximity is defined, measured, and utilized to evaluate SSCC performance.

In the survey, professionals were asked to select the best way to measure proximity in a way that reflects a child’s connection to their home community. Responses were varied, reflecting divergent understandings of what “proximity” means in practice (Table 34). While some respondents favored traditional distance-based measures such as “within 50 miles of home” (13.8%) or “county” (8.0%), others prioritized indicators of functional and relational closeness:

- 24.1% selected “frequency of visits with family” as the most meaningful measure of proximity, the most preferred option overall;
- 20.7% selected school district, emphasizing continuity in education and peer relationships;
- 16.1% selected region or catchment area, acknowledging operational boundaries more relevant to SSCC service coordination.

Table 34. Best way to measure proximity to reflect a child's connection to home community (N = 87)

Proximity measure	DFPS (n = 16)	SSCC (n = 50)	Provider agency (n = 21)	Overall (n = 87)
County	0.0%	4.0%	23.8%	8.0%
Neighboring counties	6.3%	18.0%	4.8%	12.6%
School district	12.5%	20.0%	28.6%	20.7%
Region or Catchment area	12.5%	20.0%	9.5%	16.1%
Within 50 miles of the home community	50.0%	6.0%	4.8%	13.8%
Frequency of visits with families	12.5%	26.0%	28.6%	24.1%

Proximity measure	DFPS (n = 16)	SSCC (n = 50)	Provider agency (n = 21)	Overall (n = 87)
Other*	6.3%	6.0%	0.0%	4.6%

*Other responses focused on keeping the child in school and ensuring visits can happen in person. One respondent commented on how it is challenging to establish parameters for rural areas, where there are limited placements and services available.

This divergence in responses suggests that the current 50-mile geographic benchmark may not fully capture what stakeholders consider to reflect a child’s connection to home. The proximity measure itself is calculated based on distance, not county boundaries. However, the survey results indicate that some professionals define proximity in relational and functional terms rather than strictly geographic ones.

As one SSCC staff member explained in an interview:

“You can be 30 miles away and still see your mom every week—or be in the same city and never see her. Which kid is really ‘closer to home’?”

Participants emphasized that proximity is not just about mileage, but also about maintaining regular contact with caregivers, accessing cultural and community supports, and maintaining continuity in school or peer relationships. Several professionals noted that in rural regions, a 50-mile placement might still result in frequent family engagement. In contrast, in urban areas, traffic or placement instability could prevent regular visitation even at short distances.

This theme was particularly relevant for children placed with kin. Stakeholders explained that prioritizing proximity over relationships can result in placements that meet the metric but fail to address the child’s emotional needs and well-being. As one participant noted:

“Sometimes the relative is just across the county line, so it doesn’t ‘count’ as close to home—but it’s where the child actually belongs.”

While the measure does not rely on county lines, this comment reflects how proximity is experienced in practice. It highlights a gap between a distance-based definition of proximity and the relational meaning of “home” as understood by practitioners and families.

Other stakeholders raised definitional questions about how “home” is defined. Several survey respondents noted that “home” is currently defined as the location from which the child was removed. In cases where families have relocated, this definition may not reflect the family’s current residence. Some respondents suggested considering adjustments in situations where maintaining proximity to the family’s current location better supports continuity and engagement.

Placement Stability

The measurement of placement stability was highlighted as an issue by stakeholders, with 36.7% recommending modifications. The current performance measure is defined as the number of SSCC foster care placements per child. Some respondents requested that the measure align with federal measures. For context, the federal measure for placement

stability is the number of placement moves per 1,000 days among children who entered care in a 12-month period. However, the primary issue raised is that placement changes are sometimes in the best interest of the child. One participant wrote:

“Even positive moves impact this measure and that is not an accurate reflection of placement stability.”

Respondents provided multiple examples of “positive moves” that counted against the SSCC. For example, several respondents noted that stepping a youth down from a psychiatric placement was positive, and getting that youth into a home-like setting may take a couple of changes in placement. Another example from several respondents was related to relational connections. Respondents felt that moves to be with siblings and kin caregivers should happen regardless of whether it counts as a move. Placement changes for safety reasons were also noted as problematic. For example, if a facility closes, it should not count as a placement change. In general, respondents suggested that this placement stability is important, but the measure needs to be considered in the context of the child’s unique needs.

CPS Reinvolvement

The performance measure for CPS reinvolvement was flagged for modification by 31.6% of respondents (Table 33). This performance measure is the percentage of children who exit to permanency and have a new CPS intervention within 12 months of exit. Respondents noted that the definition of CPS intervention is flawed and challenged who was responsible for reentry into care.

The definition of CPS intervention is too broad, according to survey responses. Respondents noted multiple instances where interventions were counted, even though a child was safe and did not enter care. For example, running background checks can trigger reinvolvement even though they have nothing to do with the child’s case. A respondent explained:

“This metric counts several “reinvolvement” that are in no way reinvolvement. Examples include a background check run on a youth age 14+ in a relative’s home so that another child relative can be placed there, but it has nothing to do with the youth getting the background check run on them and it triggers “reinvolvement”

To clarify, a background check alone does not constitute a CPS intervention for purposes of the reinvolvement measure. These responses point to differences in how the boundaries of the measure are understood, rather than evidence that administrative checks are automatically counted as reinvolvement events.

Other noted instances are open investigations referred to family-based services. Sometimes cases involve a different child in the home and have nothing to do with the child who achieved permanency, but are still counted as reinvolvement. One solution for remedying the definition is to align it with the federal measure, which is the percentage of children discharged to permanency (excluding adoption) in a 12-month period who reenter care within 12 months of exit. This federal definition narrows reinvolvement to just reentry into care.

The other issue raised by stakeholders concerned accountability in cases in which the SSCC was not involved. For instance, a child may be reunified while under the case management of one SSCC but reenters care in another SSCC. Under the current structure of the measure, responsibility is assigned based on the legal county at the time of exit and remains with the SSCC that managed the case at that point, regardless of where re-involvement occurs. Stakeholders questioned whether this approach adequately reflects circumstances that arise after a child leaves an SSCC's care, particularly when reentry occurs in a different region.

Respondents were asked under what specific conditions an SSCC should be held accountable for reinvolvement. In general, there was not a high level of agreement among respondents. However, 21%, the highest grouping of responses, suggested that the SSCC should be held accountable for exits if: 1) the SSCC made the recommendation or decision about the child's exit; and 2) If the child exited to permanency while in SSCC care.

Sibling Placement

Almost all respondents agreed that the performance measure for keeping siblings together should be retained, either in its current form (62.5%) or with modification (36.3%) (Table 33). At present, the measure evaluates the percentage of cases in which all siblings are placed together in paid foster care. Several respondents noted that this metric can be too rigid, failing to account for individual needs or child safety. As one respondent explained,

“Sometimes it's not in the youth's best interest to be placed with siblings, particularly when one has perpetrated against another. Oftentimes judges court order these siblings to be placed separately.”

Respondents emphasized that keeping all siblings together may not be clinically appropriate. Some children require different levels of care or specialized programs, making co-placement not in the best interest of the family. As one respondent described,

“...if a 15 year old needs intensive mental health it's not good for them to be placed with their 3 year old sibling.”

Another respondent observed that large sibling groups often enter shelters together when they are first removed from their homes because it is unrealistic to find a foster family able to immediately accommodate them all. They suggested initially focusing on placing such groups into no more than two homes to provide a family-like environment while ensuring visits and sibling connections are prioritized.

Overall, respondents agreed that placing siblings together and maintaining sibling connections should remain top priorities. However, they recommended a flexible, scaled, or case-by-case approach that considers clinical appropriateness, safety, and geographic proximity when determining whether co-placement is in the children's best interest. When placing all siblings together is not appropriate, respondents emphasized preserving relationships through close placement and regular contact. They also reported the need for this performance measure to reflect these factors when assessing whether the standard has been met.

Conflicting Goals, Pressure to Perform, and the Need for Context

Stakeholders consistently emphasized that while the goals embedded in CBC performance measures are individually important, they often conflict with one another in practice. This theme emerged clearly in both survey data and interviews, suggesting that the current framework sometimes places providers in the position of having to prioritize one goal at the expense of another.

Among professionals from DFPS, SSCCs, and subcontracting agencies, 89.9% agreed or strongly agreed that CBC performance goals—such as keeping siblings together, maintaining proximity to home, and placing children in family-like settings—may compete with one another (Table 35). Only 5.6% were neutral and 4.5% disagreed. Similarly, 88.8% agreed or strongly agreed that court-ordered placements or services can conflict with contractual performance expectations, underscoring broad consensus on the operational friction these goals can produce.

Table 35. Level of agreement with statements about performance measures

External factors	N	Disagree / strongly disagree	Neither agree nor disagree	Agree / strongly agree
At times, performance goals (e.g., sibling placement, proximity, and family-like settings) may compete with one another.	89	4.5%	5.6%	89.9%
Court-ordered placements or services can conflict with performance measures.	89	4.5%	6.7%	88.8%
Placement instability should hold SSCCs accountable for moves that are disruptive (e.g., due to behavior issues or caregiver request) rather than all moves.	84	19.0%	16.7%	64.3%
Performance benchmarks should not be set at 100%.	88	10.2%	22.7%	67.0%
Written context should be considered when determining whether a CQI plan is appropriate.	81	0.0%	16.0%	84.0%

This theme was consistently echoed in interviews. One SSCC leader explained:

“You get dinged if siblings aren’t placed together, but sometimes the only safe or stable home is with a relative who can take one (sibling) but not the other. What are we supposed to prioritize?”

As noted earlier, the sibling group placement measure applies to sibling groups in paid foster care placements. Children in unverified (unpaid) kinship placements are not included in the calculation, and in mixed scenarios such as when one sibling is placed with a verified kinship caregiver and another is in paid foster care elsewhere the siblings would not be

counted as placed together under the current structure.

Even with this structure, stakeholders described significant tension when safety, kinship capacity, and sibling co-placement cannot all be achieved simultaneously. These accounts speak to how performance expectations are experienced in complex placement decisions rather than to a misunderstanding of how the measure is technically defined.

These conflicts are not just theoretical. As Table 36 shows, 47.1% of SSCC professionals reported having felt pressure to meet a performance target in a way that was not in the best interest of the child or family. This reflects real-time ethical tensions faced by the provider most directly responsible for meeting contracted performance goals. In interviews, staff noted that performance pressures are often highest during contract monitoring reviews or internal CQI reviews, especially when regions face limited placement capacity or delayed access to services.

Table 36. SSCCs: Have you ever felt pressure to meet a performance target in a way not best for child or family? (N = 34)

Response	n	%
No	18	52.9%
Yes	16	47.1%

Stakeholders also voiced strong support for introducing greater flexibility and contextualization into performance monitoring. When asked whether written narrative should be considered in determining whether a CQI or corrective action plan is warranted, 84.0% of professionals agreed or strongly agreed, with zero disagreement (Table 35). Several interview participants described the performance system as difficult to navigate, particularly in regions with infrastructure constraints, limited placement capacity, or urban-rural variation. Although measures are applied consistently statewide and some thresholds incorporate regional adjustments (e.g., proximity expectations), stakeholders reported that operational realities, such as limited service availability or case complexity, can make meeting expectations challenging. These accounts appear to reflect implementation experience rather than a misunderstanding of how thresholds are structured.

Specific performance measures drew particular scrutiny. Stakeholders noted that measures like placement stability and proximity often penalize agencies for transitions that are clinically appropriate or relationship-driven. One SSCC administrator explained:

“You can have a kid move twice—once to get closer to home, once to go live with a cousin. Both of those moves are in the child’s best interest. But on paper, they’re red flags.”

These concerns were echoed by multiple stakeholders who described how the existing measures fail to account for why a metric was missed, leading to unnecessary corrective actions even when decisions were evidence-based and family-centered.

These insights highlight an important interpretive lens for DFPS and contract oversight. While measures like proximity or sibling placement remain important, they may not always reflect what matters most to a child’s long-term safety and emotional wellbeing. When relational placement cannot coexist with other metrics, most professionals argue that

prioritizing existing bonds is both more protective and more sustainable.

Stakeholder Priorities: What Matters Most

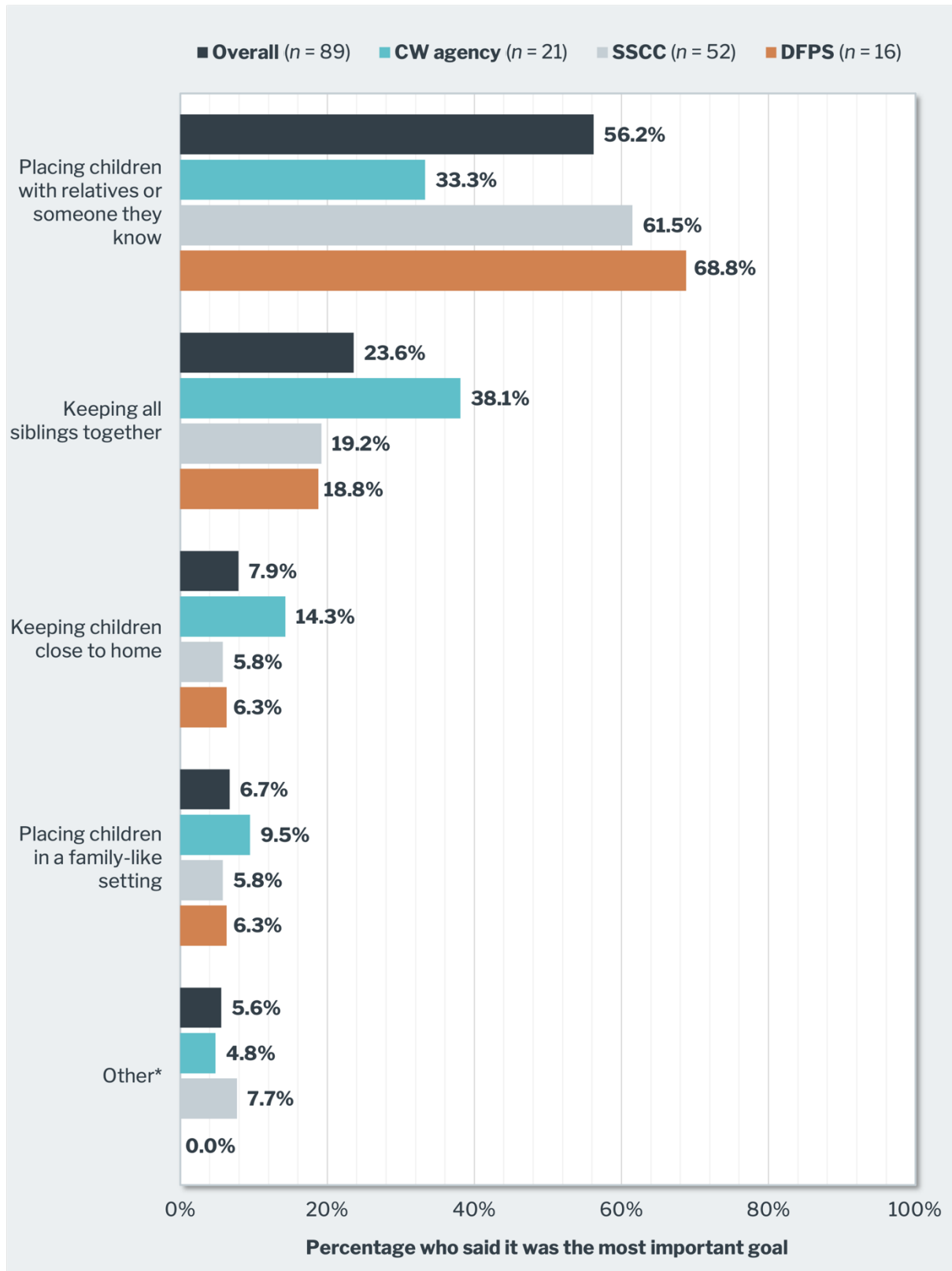
When performance goals come into conflict—as they often do in practice—stakeholders must make difficult choices. Survey data and interviews reveal broad agreement on which goals matter most to children’s wellbeing, even when not all targets can be met.

Professionals from DFPS, SSCCs, and subcontracting agencies were asked to identify the *single most important goal* for supporting a child’s wellbeing when all performance measures cannot be achieved. A clear majority (56.2%) selected placement with relatives or someone the child knows (Figure 8). This far exceeded support for other goals: 23.6% selected keeping siblings together, 7.9% selected keeping children close to home, and 6.7% prioritized family-like settings. Only 5.6% selected “other.”

This preference for relational placement held across professional roles:

- Among DFPS professionals, 68.8% prioritized placement with known caregivers, while only 6.3% selected proximity or family-like settings;
- Among SSCC staff, 61.5% chose kin or familiar placement, with only 5.8% selecting proximity and 19.2% sibling placement;
- Subcontracting agencies were more divided: 38.1% selected sibling placement, but 33.3% still prioritized relational care.

Figure 8. Most important goal for a child's well-being (N = 89)



*Other responses focused on safety and keeping family connections when siblings can't be placed together.

This finding is consistent with qualitative responses across interviews and focus groups. Stakeholders repeatedly emphasized that relational continuity (e.g., being with people the child knows and trusts) is central to emotional stability, identity development, and long-term well-being. As one participant put it:

“It’s not just about a bed—it’s about staying connected to your people, your roots.”

Legal professionals and caregivers echoed this theme, noting that placements with relatives often increase the likelihood of successful reunification or permanent placement. Participants emphasized that kinship placements often reduce trauma, facilitate smoother visitation, and provide more culturally responsive care—goals that may not be captured in standard benchmarks. As one legal professional explained:

“The most pressing need is ensuring children are placed with relatives or fictive kin who already know them. This helps minimize trauma and makes reunification more feasible. Every case I’ve worked where kids are placed with strangers has had more instability.”

Similarly, SSCC staff described kinship as a child-centered practice that may, in some cases, take precedence over geographic benchmarks:

“We should prioritize placing kids with people they already have a bond with—even if they’re not in the same county. Being close doesn’t matter if the child feels like a stranger. Kinship isn’t just best practice; it’s the right thing to do.”

It is important to note that the proximity measure applies to paid foster care placements and is calculated based on mileage. Kinship placements intersect with proximity considerations but are governed by separate measures. The quote above is not a technical critique of how proximity is defined; rather, it reflects how practitioners prioritize relational continuity when making placement decisions.

These insights highlight an important interpretive lens for DFPS and contract oversight. While measures like proximity or sibling placement remain important, they may not always reflect what matters most to a child’s long-term safety and emotional wellbeing. When relational placement cannot coexist with other metrics, most professionals argue that prioritizing existing bonds is both more protective and more sustainable.

These comments point to how trade-offs are experienced in practice. While proximity and sibling placement remain important benchmarks, respondents described situations in which maintaining existing bonds felt more protective and more sustainable, particularly in high-acuity or kinship-limited contexts. For example, a child placed with a known relative outside the 50-mile radius may experience greater stability than a child placed closer geographically but with unfamiliar caregivers.

Key Takeaways

These findings echo the strong qualitative message that emerged throughout the

evaluation: outcomes must be interpreted in context. A performance measure that appears “missed” on paper may reflect thoughtful, child-centered decision-making when the full circumstances are known.

Stakeholders consistently advocated for DFPS to incorporate narrative documentation and case-level reasoning into how performance is monitored and responded to. They stressed that flexibility does not undermine accountability—it strengthens it by grounding performance measures in the realities of placement matching, family dynamics, and system capacity.

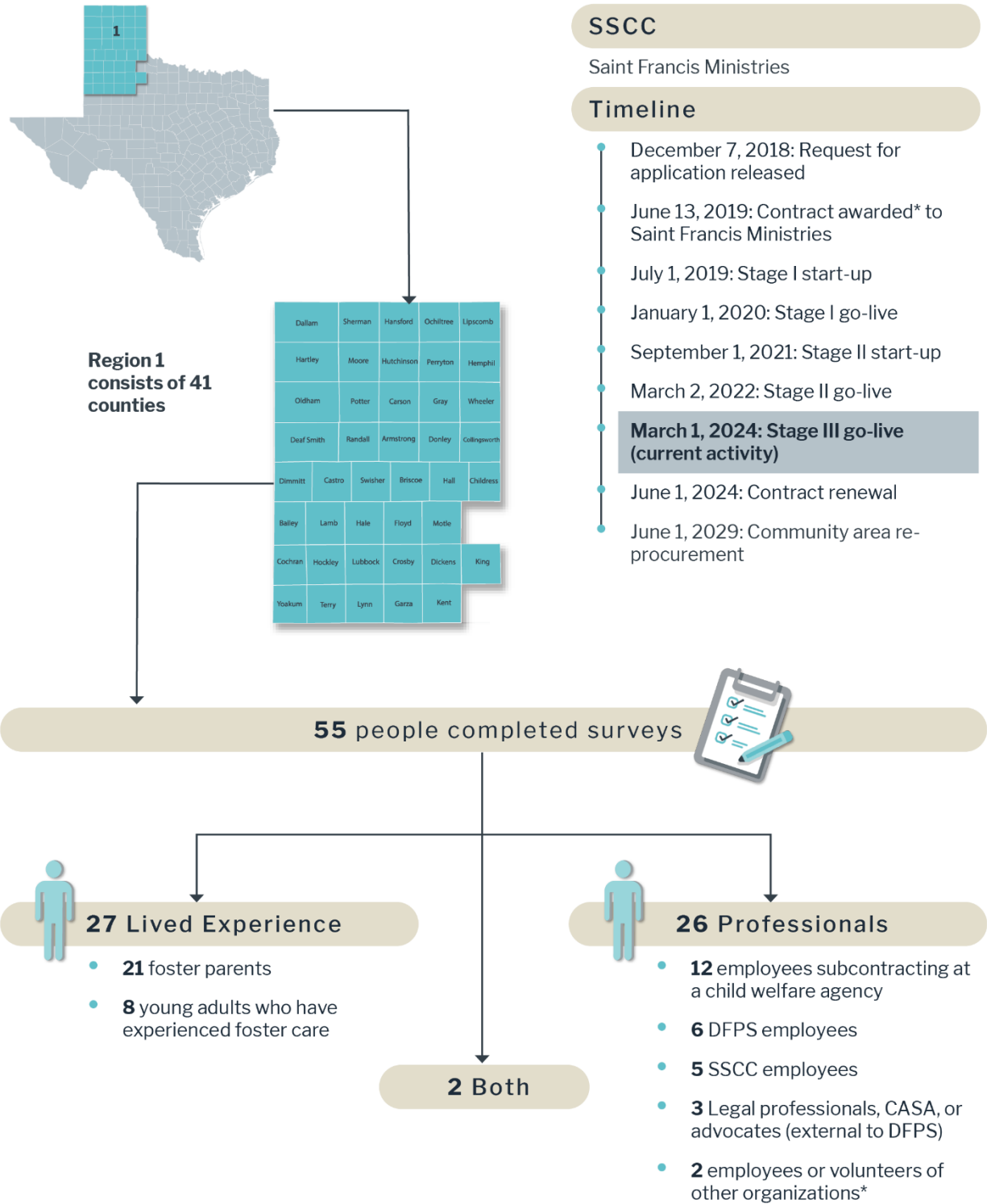
Regional Case Studies

The preceding cross-regional analysis outlined common themes and system-wide patterns shaping CBC implementation across Regions 1, 2, 3W, and 8B. While these findings provide an essential overview, they do not fully capture the unique circumstances, challenges, and innovations present in each area. The following case studies focus on individual regions, drawing on interviews, focus groups, and survey data to present a detailed picture of local implementation. Each narrative considers the specific context in which CBC operates, the perspectives of regional stakeholders, and the strategies used to address both persistent and emerging issues. Together, these profiles provide a more granular view of how CBC is unfolding on the ground and highlight lessons that may inform practice in other regions.

Region 1: CBC Implementation Overview

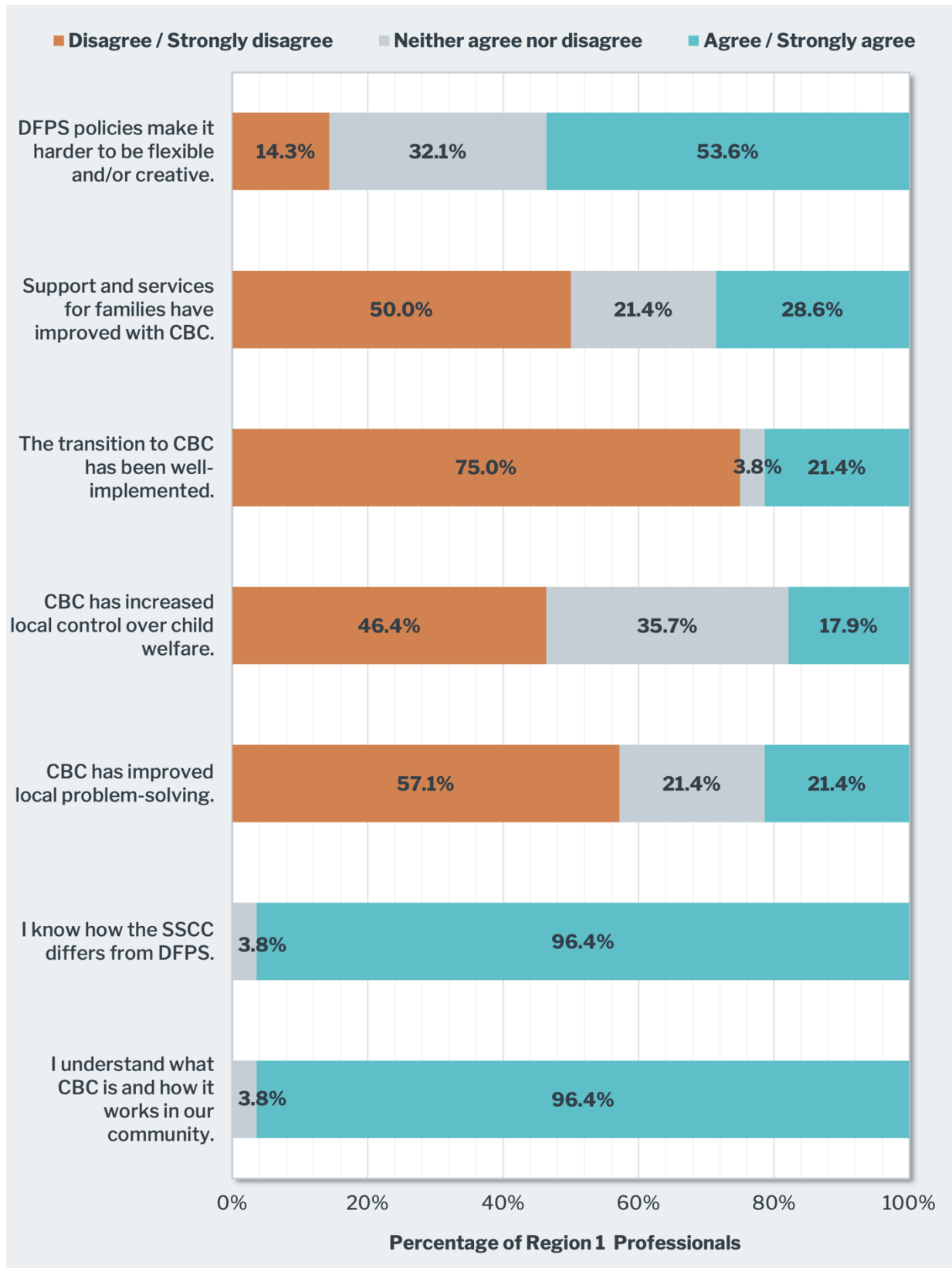
Region 1 comprises 41 counties located in the Texas Panhandle. The area is primarily rural with two urban areas, Amarillo and Lubbock. The SSCC for the region, Saint Francis Ministries (SFM), provides services for children and families involved in the foster care system in six different states. SFM became the Region 1 SSCC in July 2019, entered Stage II in September 2021, and began Stage III in March 2024.

Figure 9. Region 1 Survey Sample



*Other types of organizations included faith-based organizations, non-profits serving youth in care or aging out of care, primary care providers, schools, and organizations offering mediation and parent education.

Figure 10. Professionals: Overall Perception of CBC in Region 1 (N=28)



This large, predominantly rural catchment area presents persistent challenges for placement stability, timely service delivery, and workforce retention. Region 1 stakeholders described longstanding shortages in therapeutic placements, limited local access to mental and behavioral health providers, and strained DFPS capacity to coordinate services across vast rural distances. CBC was launched against this backdrop, with the SSCC tasked with building a community-based service network and improving permanency outcomes.

Contextual Factors Impacting Implementation

Region 1's CBC rollout was shaped by a combination of external policy pressures (**outer context**), organizational capacity challenges (**inner context**), cross-agency relationship dynamics (**bridging factors**), and the introduction of new practices (**innovation**). State policy shifts, heightened monitoring, and the increased removal threshold created additional demands on planning and coordination, while workforce turnover and onboarding challenges affected service timeliness and stability. Communication gaps between DFPS, the SSCC, and partners at times strained trust and coordination, while promising innovations such as parent support workers were limited in reach by staffing and service capacity constraints.

The combination of these contextual factors has influenced the early trajectory of CBC in Region 1, shaping both the pace of implementation and the level of confidence among some professionals and community partners. By viewing these dynamics as opportunities for alignment, innovation, and shared problem-solving, DFPS and its partners can address structural and relational challenges while continuing to advance CBC's vision for safety, permanency, and well-being.

This section synthesizes stakeholder perspectives with key survey findings to assess how these dynamics shaped Region 1's implementation trajectory—and how they compare to patterns observed in other CBC regions. The discussion begins with leadership alignment and interagency collaboration.

Leadership Misalignment and Inter-Agency Tensions

One of the most significant **outer context** factors affecting CBC implementation in Region 1 was the difficulty in establishing aligned leadership between DFPS and the SSCC during the early rollout. Stakeholders described how differences in priorities, communication styles, and decision-making processes sometimes led to parallel rather than joint efforts. In these early stages, limited opportunities for joint planning and shared public messaging reduced CBC's visibility with community partners and created uncertainty about the SSCC's role. While coordination between DFPS and the SSCC appears to have improved in some areas over time, the initial lack of collaborative ownership made it more challenging to build trust and demonstrate a unified commitment to the model.

A DFPS representative described the effect of these early dynamics:

“Region 1 was very against community-based care... It wasn't a collaboration... it was both sides just doin' their own thing and hoping... it was just gonna work out.”

This account points to a rollout in which DFPS and the SSCC were sometimes perceived as

moving on separate tracks. In practical terms, this meant fewer opportunities to present a shared vision of CBC to external partners—a critical **bridging factor** for building credibility in the courts, schools, and provider networks.

Another stakeholder explained how this dynamic affected day-to-day collaboration:

“The DFPS side was very resistant. It wasn’t a team. It wasn’t a collaboration between DFPS and the SSCC... Some of the leadership in DFPS was very vocal that they didn’t want community-based care.”

These perceptions point to a rollout in which messaging and coordination were not always consistent or cohesive. While some leaders may have supported the change, others were perceived as hesitant or resistant, and this uneven posture influenced how CBC was received.

A smaller number of stakeholders recalled more pointed skepticism about CBC’s viability:

“Some have even told me, ‘We’re waiting for it to fail, and then we’ll get our jobs back.’ It’s negative. It’s very hard to bring everybody to the table, work together because everybody’s just so against it.”

Although not necessarily representative of the majority, such views highlight the **inner context** challenge of fostering a change-oriented culture during a major systems transition.

Survey data sheds a more complex light on these qualitative accounts. Region 1 had the lowest percentage of professionals (21.4%) who agreed that CBC had improved local problem-solving, which was well below that of Region 3W (69.2%) and Region 8B (57.5%), and slightly lower than that of Region 2 (24.4%). Only 28.6% of Region 1 professionals agreed that support and services for families had improved, compared to 61.5% in Region 3W, 69.3% in Region 8B, and 22.0% in Region 2. Just 17.9% believed local control had increased in Region 1, again trailing Region 3W (65.4%) and Region 8B (62.1%), but aligning more closely with Region 2 (14.6%) (Table 4).

However, Table 27 reveals a more nuanced picture, with Region 1 performing as well as, or better than, other regions on some trust-building measures. For example, 39.3% of Region 1 professionals stated that DFPS had emphasized a shared mission with the SSCC during the transition to CBC, which is higher than in Region 2 (31.7%), Region 3W (38.5%), and Region 8B (36.4%). Similarly, 35.7% recalled DFPS encouraging agencies and partners to collaborate with the SSCC, placing Region 1 below Region 3W (53.8%) but above Region 8B (27.3%) and Region 2 (19.5%). On “spoke positively about CBC,” Region 1 (25.0%) was comparable to Region 3W (26.9%) and Region 2 (24.4%) but well ahead of Region 8B (19.3%).

Table 16 adds further context by showing that some of Region 1’s biggest reported obstacles to collaboration—unclear roles (50.0%), limited opportunities for joint training (46.4%), and key partners not understanding the SSCC’s role (46.4%)—mirror challenges observed across multiple regions. In fact, Region 1’s figures on these items are closely aligned with or slightly above the overall averages, suggesting that these barriers are not unique to the region but part of broader system-wide implementation patterns.

This mixed performance adds nuance to perceptions of Region 1’s trust-building

environment. The data suggest that while some DFPS leaders were making visible efforts to promote CBC and encourage collaboration, these efforts were not always widespread, consistent, or sustained enough to overcome the early skepticism described by stakeholders. Positive actions, such as emphasizing a shared mission or encouraging cross-agency collaboration, were present but sometimes overshadowed by more visible or strongly felt instances of misalignment.

As one Region 1 participant reflected on the perceived missed opportunity for visible unity:

“If DFPS had stood beside us... we could’ve had schools, judges, and attorneys recognize the CBC as legitimate. Instead, they saw us as outsiders.”

Taken together, the qualitative accounts of early misalignment and the survey evidence of both targeted outreach and ongoing communication gaps suggest that the rollout made progress on awareness but struggled with predictability, joint structures, and consistent messaging. Region 1 professionals recall that DFPS and the SSCC took important steps to build trust; however, they also describe receiving irregular updates, unclear guidance, and insufficient opportunities for collaborative learning. Strengthening joint, routine communication, with clearly defined roles and synchronized messaging, emerges as a practical next step to consolidate progress and reinforce a shared commitment to CBC’s goals.

Disrupted Rollout and Undermining of SSCC Leadership

During the transition to Stage II, stakeholders in Region 1 described how several operational decisions—both intentional and unintentional—affected the SSCC’s ability to establish a stable foundation for CBC. These challenges reflected a mix of **outer context** (policy and system-level decisions) and **inner context** (organizational capacity) factors that limited Saint Francis Ministries’ ability to develop leadership structures quickly, maintain case continuity, and build public trust in the new model.

One frequently cited example was the reassignment of supervisory staff shortly before CBC assumed full case management responsibility:

“Eight supervisors that we had hired were removed and put into CMO positions... We essentially lost 80 percent of our leadership in the permanency realm... That caused a little bit of challenges in our start-up.”

From an operational standpoint, this abrupt shift created immediate leadership gaps in the permanency division, requiring Saint Francis to divert resources toward re-recruitment and onboarding rather than system-building.

Another participant described the disruption in even starker terms:

“The case management oversight team took 15 people that we had slated for supervisor positions... We had to pivot and try to do interviewing and look at identifying people... Supervisors are not allowed to carry cases at all, but then you have caseload caps. It was hell.”

This example illustrates how sudden leadership losses directly affect **inner context** capacity and the SSCC's ability to meet phase-specific performance goals. Supervisors play a critical role in ensuring case continuity, mentoring less experienced caseworkers, and monitoring quality indicators such as timeliness of service delivery and adherence to permanency timelines. Without a full supervisory team, Saint Francis faced an immediate bottleneck in case oversight, leaving front-line staff without adequate guidance and increasing the risk of delays in service coordination.

Stakeholders also described procedural missteps that they believed signaled a lack of coordination in decision-making and information-sharing between DFPS and the SSCC. One participant recalled:

"We had been working on previous versions... and the one that they sent was completely wrong... We're talking about kids having visits with parents that rights are terminated... It felt pretty blatant."

Here, the concern centered on **bridging factors**—the systems, processes, and relationships that enable accurate and timely information to flow between agencies. Even if such errors were the result of administrative oversights rather than intentional interference, the effect on staff morale and inter-agency trust was the same: caseworkers were placed in positions where they risked making decisions that conflicted with legal orders or best practice standards. These situations can effectively undermine public confidence in the model's ability to safeguard children's safety and permanency outcomes.

Survey data further illustrate why the supervisory losses described above were so disruptive. In Region 1, half of professionals (50.0%) cited "unclear roles" as a significant obstacle to collaboration, and nearly as many pointed to limited joint training (46.4%) and partner uncertainty about the SSCC's role (46.4%) (Table 16). In a launch environment with evolving roles and incomplete onboarding, such gaps magnified the impact of leadership changes, slowing case progress and weakening coordination.

Cross-regionally, Region 1's profile shows both overlap and divergence with other DCAs. While Region 2 reported even higher rates of unclear roles (58.5%) and limited training opportunities (51.2%), Regions 3W and 8B reported far lower levels of these obstacles, suggesting that in those areas, more precise role alignment and stronger onboarding practices may have mitigated the disruptive effects of leadership changes (Table 16). The fact that nearly half of Region 1 respondents also perceived a lack of understanding among key partners about the SSCC's role—similar to Region 8B (54.3%) and Region 3W (54.2%)—indicates that this bridging challenge is not unique to Region 1 (Table 16). However, in the context of Region 1's early supervisory instability and procedural missteps, the lack of shared understanding likely compounded operational inefficiencies and contributed to slower progress toward CBC's safety, permanency, and well-being goals.

These disruptions occurred during a critical period when the SSCC was expected to establish operational systems, strengthen community partnerships, and demonstrate visible progress toward CBC's goals for safety, permanency, and well-being. Instead, participants described a high-stress launch environment in which the SSCC's leadership capacity was compromised from the outset, and early missteps fueled skepticism among key partners.

Survey findings on communication offer additional context. Region 1 professionals were more likely than their counterparts in other regions to describe DFPS communication about upcoming changes as clear: 28.0% rated DFPS’s communication as “very clear” or “extremely clear,” compared to 18.7% in Region 2, 21.7% in Region 3W, and just 9.5% in Region 8B (Table 30). Yet, this clarity on specific messages did not prevent broader concerns about the consistency and frequency of communication. Half of Region 1 respondents (50.0%) said “information is unclear or inconsistent,” and 67.9% reported not receiving regular updates—rates higher than Regions 3W and 8B and only slightly lower than Region 2 on the first measure (Table 28).

These communication gaps had a cascading effect on case continuity, staff trust, and public perception. As one Region 1 participant put it:

“They just added an extra layer of bureaucracy.”

While brief, this comment distills a central frustration voiced across interviews: that instead of simplifying decision-making and enabling local problem-solving, the early rollout of CBC in Region 1 sometimes introduced new layers of administrative complexity. In practice, this meant that barriers rooted in **outer context** (such as policy-level staffing reassignments) and **inner context** (loss of experienced supervisors, limited onboarding capacity) translated into tangible inefficiencies for front-line staff.

From a bridging perspective, the perception of “extra bureaucracy” was not simply about having more paperwork or meetings—it was about the absence of coordinated, predictable leadership between DFPS and the SSCC. Without clear role delineation, consistent communication, and streamlined decision-making channels, caseworkers were often forced to navigate parallel systems or duplicate processes to advance cases.

Fragmented Communication and Erosion of Public Confidence

Stakeholders across Region 1 consistently emphasized that one of the most damaging outer and bridging context barriers during the early implementation of CBC was the lack of coordinated communication between DFPS and the SSCC. Rather than presenting CBC as a unified, state-supported initiative, participants described a fragmented rollout in which DFPS and SSCC leaders conducted outreach separately, often delivering inconsistent messages to the same partners. The absence of a shared communications strategy created uncertainty about CBC’s goals, timelines, and operating procedures.

One stakeholder reflected on the lack of structure:

“There was no clear process on what to do when transitioning from Legacy to CBC... I think now is when they’re grabbing their bearings... what we should have done since day one.”

This comment illustrates how the absence of a clear, jointly communicated transition plan undermined the early implementation phase. Without defined procedures and shared timelines, staff were forced to adapt reactively rather than execute a coordinated rollout. In terms of contextual factors, this reflects both **outer context gaps** (a lack of formalized transition protocols) and bridging failures (the absence of a unified process for onboarding stakeholders), which delayed the stabilization of CBC’s operations.

Another described the information gap more directly:

“They don’t tell us what’s happening... I think that they should be telling somebody, ‘This is what we’re struggling with.’”

Here, the emphasis is on transparency. The lack of open communication between DFPS and the SSCC, especially regarding operational challenges, created a climate of uncertainty.

Participants also pointed to missed opportunities to model cross-agency alignment, recalling instances when DFPS and SSCC representatives conducted parallel outreach without coordination:

“We needed to be there together... They would go meet with the judges, or they would go—and then we wouldn’t know.”

This example highlights the significance of joint external messaging as a **bridging** factor for building legitimacy. When courts, schools, and providers received separate and sometimes inconsistent communications from each agency, it weakened the perception of the CBC as a coordinated, unified reform effort. The result was slower stakeholder buy-in, particularly in environments like the judiciary.

Survey findings reinforce these accounts. Half of Region 1 professionals (50.0%) said “information is unclear or inconsistent,” a rate lower than Region 2 (62.5%) but higher than Regions 3W (34.8%) and 8B (38.4%). Two-thirds (67.9%) reported not receiving regular updates—the highest rate across all four regions. While communication challenges were not unique to Region 1, here they were closely tied to broader patterns of leadership misalignment and procedural disruptions described earlier, amplifying their impact on partner buy-in (Table 28).

Survey evidence on DFPS’s trust-building strategies offers essential context for understanding why Region 1’s early communication challenges had such lasting effects. While roughly two in five Region 1 professionals recalled DFPS emphasizing a shared mission with the SSCC, and about one in three remembered DFPS encouraging collaboration, these efforts were not sustained or widespread enough to consistently reinforce the SSCC’s role across stakeholder groups. In the absence of frequent, joint messaging, even positive outreach moments failed to shift perceptions of fragmented leadership or to secure broad-based buy-in from courts, schools, and service providers. This pattern illustrates how bridging factors—specifically, the visibility and unity of inter-agency communication—can influence stakeholder confidence in CBC’s capacity to meet its safety, permanency, and well-being goals (Table 27).

In sum, the absence of a coordinated communications strategy in Region 1, both between DFPS and the SSCC and in their engagement with external stakeholders, emerged as a critical contextual barrier to early CBC implementation. Without consistent, visible alignment, stakeholders encountered mixed messages, uncertainty about the SSCC’s role, and limited opportunities to see DFPS and the SSCC present a unified vision. These breakdowns did more than cause short-term confusion; they reinforced pre-existing skepticism, weakened early buy-in from key partners, and slowed momentum toward CBC’s broader safety, permanency, and well-being objectives.

Stakeholder Resistance and Gaps in External Buy-In

Stakeholder resistance in Region 1 extended beyond DFPS staff. Many interview participants emphasized that community partners, particularly legal professionals, child welfare boards, and school personnel, were skeptical of CBC from the beginning and did not view the SSCC as a legitimate or credible partner. This was not only a **bridging** factor challenge but also an **outer context** issue, as the perception of legitimacy is shaped by visible state-level endorsement and early public alignment.

Several stakeholders attributed the lack of buy-in to inconsistent or uncoordinated outreach that left key community actors feeling excluded or uninformed. One participant described how the transition alienated local entities:

“It really set the CBCs up for a very negative start with the stakeholders like judges and ad litems... We had a child welfare board basically tell us, what if we just don’t like working with y’all?”

This reaction underscores the importance of engaging influential stakeholders early in the system change process. Child welfare boards, judges, and ad litems play critical roles in shaping public perception and operational cooperation; their early skepticism set a challenging tone for CBC’s rollout.

In other cases, participants described resistance that moved beyond skepticism into obstruction:

“They will not do things for children in foster care... They allow personalities and things like that to take away from the support they should be offering.”

Here, resistance appears tied to interpersonal or political tensions, which can stall case progress and undermine safety and permanency outcomes. This highlights how **inner context** dynamics—such as personal relationships, trust, and perceived credibility—directly impact operational effectiveness.

Skepticism was especially pronounced among some judges, several of whom reportedly refused to recognize the SSCC’s authority or decision-making role:

“Judges... were furious because they have babies and two-year-olds being placed in Houston or Austin... They just flat don’t trust us.”

Such mistrust has direct implications for CBC’s performance goals. When court actors question the SSCC’s judgment or legitimacy, case planning and placement decisions may face added scrutiny or delay, affecting timeliness and stability.

The impact of limited buy-in extended beyond the courtroom. One participant described schools refusing to release children to SSCC staff because “they didn’t know who we were,” illustrating how role ambiguity can disrupt daily operations and place additional strain on case management.

Another participant emphasized that more visible and public DFPS support could have shifted this dynamic:

“DFPS should take a stronger stance... A broadcast saying, ‘This is our partner’ would’ve made a huge difference.”

This reinforces a theme that has emerged across sections: without coordinated, high-visibility endorsement from DFPS, external partners may remain uncertain about the SSCC’s authority, prolonging resistance and gaps in external buy-in.

Survey data shed light on why stakeholder resistance was particularly entrenched in Region 1. Half of professionals (50.0%) identified “unclear roles, responsibilities, or expectations” as a barrier, a challenge shared by Region 1 (58.5%) and Region 8B (51.9%), but also experienced alongside high rates of partner misunderstanding (46.4%). While this misunderstanding was not as pronounced as in Regions 3W and 8B (both over 54%), the combination of role ambiguity and partner uncertainty in Region 1 created a dual barrier: external actors were unclear both about what the SSCC was responsible for and how those responsibilities should be exercised in practice (Table 16).

Survey results on trust-building strategies help explain why stakeholder skepticism persisted. SSCC strategy data show that professionals in Region 1 were far more likely than those in Region 2 to recall the SSCC hosting community meetings (60.7% vs. 34.1%), signaling a more substantial investment in general community visibility. However, Region 1 significantly trailed Regions 3W and 8B in targeted engagement with high-leverage stakeholders—such as engaging judges and attorneys (28.6% vs. 57.7% and 62.5%) and building on existing relationships (32.1% vs. 46.2% and 62.5%)—limiting its ability to overcome entrenched skepticism among the most influential decision-makers (Table 26).

DFPS strategy data provide a complementary view. Respondents in Region 1 were slightly more likely than those in Region 2 to recall DFPS emphasizing a shared mission (39.3% vs. 31.7%) and encouraging agencies to collaborate with the SSCC (35.7% vs. 19.5%) (Table 27). Yet these efforts were not consistently reinforced through coordinated, high-impact outreach. Taken together, the data suggest that while both DFPS and the SSCC undertook some trust-building activities in Region 1, the lack of alignment and focus on the most resistant stakeholder groups diluted their overall effectiveness.

In summary, the cross-regional comparison suggests that while some of Region 1’s difficulties in securing external buy-in reflected challenges seen elsewhere (such as widespread partner misunderstanding), they were compounded by the region’s own persistent role clarity issues and limited, under-targeted engagement with influential stakeholders. Survey data on both DFPS and SSCC trust-building strategies reinforce this gap: while Region 1 outperformed some regions in general community outreach, it lagged significantly in direct engagement with judges, attorneys, and other high-impact actors whose early skepticism could stall case decisions and policy alignment. This combination of contextual weaknesses eroded trust among critical partners, constrained the SSCC’s perceived legitimacy, and slowed both day-to-day service coordination.

Workforce Instability and Training Gaps Erode Continuity of Care

In Region 1, workforce instability and inadequate training emerged as critical **inner context** factors shaping the trajectory of CBC implementation. Persistent turnover, combined with insufficient onboarding and role preparation, disrupted case continuity, delayed service coordination, and weakened relationships with courts, schools, and service providers.

Stakeholders reported that these challenges undermined phase-specific performance goals and limited the SSCC's ability to operate as a trusted, consistent partner in the region.

Across roles, participants described staffing disruptions, particularly within the SSCC, as a significant barrier to continuity of care, timely case progression, and maintaining credibility with community partners and courts. Even as some DFPS staff transitioned into the SSCC, instability remained high, leaving newly assigned workers without adequate training or knowledge of the cases they were taking on.

As one legal professional explained:

“Saint Francis has—frequently has people leave... Somebody brand new comes in... flying blind for the next few hearings.”

This comment illustrates a critical intersection between staffing stability (**inner** context) and **bridging** relationships with the court system. Without consistent case managers who are familiar with the case history, hearings risk being delayed or proceeding without essential information, which can reduce judicial confidence and slow progress toward permanency.

Another participant described the organizational confusion created by simultaneous staff exits and internal restructuring:

“It created a curious situation of difficulty retaining employees, but then also laying off a large number... It gave some element of instability.”

Here, turnover was compounded by structural decisions that further destabilized the workforce. Layoffs during a period of high attrition sent mixed signals to staff and external partners, undermining morale and making it more challenging to establish the institutional knowledge and organizational culture necessary for long-term CBC success.

These concerns were echoed in survey data across all regions, but professionals in Region 1 were especially likely to identify workforce experience and preparation as a problem. Nearly 80% of Region 1 professionals said the SSCC workforce lacked experience or did not receive adequate training—compared to 73.1% in Region 2, 59.1% in Region 3W, and only 49.3% in Region 8B (Table 18). While all regions identified high turnover among frontline staff as very or extremely problematic, Region 1 stood out for the degree to which training gaps and instability were perceived as obstacles to implementation.

The cross-regional pattern is significant. While Regions 2 and 1 reported similar turnover rates at the top of the range (88.2% and 88.5%, respectively), Regions 3W and 8B reported notably lower rates (81.0% and 73.0%) (Table 18). At the same time, Region 1's training and preparation deficit was proportionally greater than in any other DCA, indicating that turnover here was compounded by weaker onboarding and skills development. In contrast, 3W—despite relatively high turnover—had a smaller gap in workforce preparation, suggesting that better initial training may have mitigated some operational disruption.

High turnover in Region 1 also affected external perceptions. For courts, caregivers, and service providers, a revolving door of caseworkers meant repeated restarts in case planning and erosion of trust in the SSCC's ability to maintain stable, long-term relationships with children and families. In other regions, particularly 8B, turnover remained problematic but occurred in the context of comparatively stronger retention of trained

staff, enabling more consistent service delivery despite staff changes.

Workforce instability also intersected with challenges in building cross-agency collaboration. In Region 1, 35.7% of professionals cited “leadership turnover” as one of the biggest obstacles to collaboration, which is higher than in Region 8B (27.2%) but lower than in Region 2 (51.2%) and Region 3W (54.2%) (Table 16). This reflects a broader cross-regional pattern in which leadership turnover exacerbated coordination challenges but had particularly acute effects in regions where staff training gaps were also pronounced.

In the words of one participant, the result was not just disruption—it was disorientation:

“There wasn’t a handoff. You didn’t know who was staying, who was leaving, who to call.”

Taken together, these narratives and survey results demonstrate how early workforce instability and training gaps served as core internal context barriers to implementation. In Region 1, the dual pressures of high turnover and insufficient preparation created a more severe and persistent disruption than in most other DCAs, affecting both day-to-day operations and the SSCC’s ability to meet CBC’s key goals.

Limited Decision-Making Authority Constrains Local Innovation

In Region 1, perceptions of limited local autonomy emerged as a key **outer and bridging context** factor influencing the trajectory of CBC implementation. While CBC was designed to expand local flexibility and empower community-led decision-making, many stakeholders described early implementation as reinforcing—rather than replacing—centralized oversight. Participants perceived that DFPS continued to retain substantial control over core operational functions, from placement determinations to oversight protocols, constraining the SSCC’s capacity to tailor services to the unique needs of the region. These dynamics not only limited the SSCC’s ability to innovate but also dampened stakeholder confidence that CBC could deliver on its intended outcomes.

One stakeholder offered a blunt assessment of the power dynamics:

“DFPS... runs the SSCCs. They don't make it look like they do, but they do... They tell them exactly what to do: who you can place with, where this kid needs to go...”

This sentiment illustrates how unclear boundaries of authority can undermine the bridging function between state oversight and local decision-making. Without meaningful discretion over placement and service strategies, SSCC staff reported feeling constrained by top-down directives that were often misaligned with local capacity or relationships.

Other participants described CBC as adding layers of bureaucracy without reducing DFPS control:

“Honestly, all they've done is added a level of middlemen.”

This characterization highlights an important **inner** context implication: even when roles are formally restructured under CBC, if the locus of decision-making remains largely with DFPS, the perceived benefit to the system is diminished. Stakeholders described this not only as a

philosophical concern but as a concrete operational barrier. In their view, DFPS's continued involvement in making final determinations, particularly around placement decisions, and its interference in internal SSCC staffing plans created an added layer of bureaucracy. Rather than streamlining processes, these additional approval steps slowed response times, introduced confusion about authority, and frustrated community partners. As a result, early implementation in Region 1 was not experienced as a meaningful shift in governance, but as the continuation of centralized control under a new label.

Survey data reinforce these perceptions. While more than 60% of professionals in Regions 3W (65.4%) and 8B (62.1%) agreed that CBC had increased local control over child welfare, only 17.9% of Region 1 professionals said the same—the second-lowest rate among all four DCAs, just above Region 2 (14.6%) (Table 4). These numbers suggest that, in both Region 1 and Region 2, the promise of devolving meaningful decision-making authority to local actors had not yet been realized. In implementation terms, this gap between the model's intended structure and stakeholders' lived experience represents a critical misalignment that has implications for buy-in and system trust.

This perception of constrained autonomy may also help explain why stakeholder optimism and early buy-in have remained low in Region 1. Without visible shifts in authority and without clarity around new roles and responsibilities, community partners were left questioning both the purpose and value of the new system. As noted in Table 16, half of the professionals in Region 1 (50.0%) identified “unclear roles, responsibilities, or expectations” as a key obstacle to collaboration. While similar concerns were reported in other DCAs—most notably Region 2 (58.5%) and Region 8B (51.9%)—in Region 1, these role ambiguities, combined with perceived micromanagement, created an especially demoralizing environment for stakeholders attempting to implement change.

In sum, the persistence of centralized control during Region 1's early CBC implementation shaped both perceptions and realities of limited local authority. Despite the model's intent to shift decision-making closer to the community, stakeholders described an environment where DFPS was still “pulling the strings,” retaining the final say on core operational matters. This dynamic created confusion about roles, delayed critical decisions, and reinforced skepticism about the system's capacity for genuine change. Survey data underscore this gap, with Region 1 reporting among the lowest levels of perceived local control across all DCAs. Together, these findings suggest that early implementation in Region 1 was defined less by innovation and local problem-solving and more by the continuation of pre-existing governance dynamics.

Emerging Strengths Amid Early Challenges

Although Region 1's CBC rollout was shaped by significant early barriers, stakeholders also described signs of progress that illustrate how certain contextual factors—particularly inner context elements such as interdisciplinary teaming and bridging activities with subcontractors—are beginning to strengthen implementation capacity. These developments, while uneven and still emerging, suggest that targeted adjustments to collaboration structures, service tailoring, and provider engagement can help move the region closer to CBC's intended outcomes.

Participants most frequently praised Saint Francis for its interdisciplinary teaming and efforts to tailor services to children's needs. One interviewee explained:

“When you get on a call with them about a kid, it's about 17 of them... That's where they really, really excelled.”

This description points to a strengthening **inner** context factor: team-based case planning. The scale and diversity of participants on these calls suggest that Region 1 has begun building cross-disciplinary coordination. This essential bridging function can reduce service delays and improve the matching of resources to individual needs.

Others described a recent shift toward stronger coordination with providers and community partners, including structured subcontractor meetings and joint planning efforts:

“They now have their team that meets with all of their subcontractors here in Region 1... I think that's gotten better within region.”

This example illustrates the role of bridging context improvements, specifically formalized subcontractor engagement, in building the relational infrastructure necessary for sustained implementation.

For some stakeholders, these operational improvements were seen as early evidence that CBC's intended benefits could still be realized—if given the time, stability, and flexibility to mature:

“Privatization is absolutely the future of child welfare... if it's done differently than the way Texas has done it.”

This perspective reflects a nuanced insight into the **outer context**: stakeholder support for the privatization model is conditional on how it is implemented. It underscores that sustaining buy-in requires not only structural changes but also cultural and procedural alignment with community expectations.

Another expressed a strong personal commitment to the model despite frustrations:

“This is my greatest opportunity to see wholesale improvement in child welfare... We want it to succeed.”

This sentiment underscores the potential for committed individuals within the system to act as champions for change, a key internal factor that can shape organizational culture and sustain momentum.

While these positive reflections were fewer in number compared to critiques of the rollout, they stand as a counterpoint to the dominant narrative of resistance. They also align with modest gains in select areas of service delivery. Survey results indicate that Region 1 has begun to outperform Region 2 in specific supports: 30.0% of Region 1 respondents rated kinship support services as “good,” and 6.7% rated them “excellent,” compared to no “excellent” ratings and 34.2% “poor” ratings in Region 2 (Table 14). Similarly, 15.6% of Region 1 respondents rated reunification services as “excellent,” compared to just 2.7% in Region 2 (Table 14).

However, Region 1 continued to lag behind Regions 3W and 8B across most other service coordination measures. Only 4.5% of Region 1 respondents rated timeliness of service

delivery as “excellent,” compared to 8.2% in Region 3W and 33.3% in Region 8B. Placement availability remained a major weakness, with just 3.4% rating it “excellent” and 27.6% rating it “poor,” while Region 8B reported far higher “excellent” ratings (20.0%) and slightly fewer “poor” ratings (25.0%) (Table 14).

Taken together, these qualitative and quantitative findings suggest that while Region 1’s service delivery system still faces significant deficits—particularly in placement capacity, timeliness, and broader service coordination—there are early indications that specific CBC strategies are beginning to take hold. Gains in kinship and reunification supports, improved subcontractor engagement, and stronger interdisciplinary case planning represent inner and bridging context developments that, if sustained, could help advance Region 1 toward meeting CBC’s intended safety, permanency, and well-being goals. However, without broader systemic improvements in service access, responsiveness, and trust-building, these early strengths risk being overshadowed by persistent performance gaps.

Best Practices, Strengths, Barriers, and Challenges

The implementation of CBC in Region 1 has unfolded within a complex environment characterized by structural resistance, workforce instability, unclear communication, and perceived constraints on local autonomy. These factors have posed significant hurdles to fully realizing the model’s intent. At the same time, stakeholders consistently pointed to emerging strengths that demonstrate the region’s ability to adapt and build capacity over time. Examples such as interdisciplinary teaming, targeted family engagement strategies, and a commitment to individualized supports illustrate how, even in a challenging context, promising practices can take root and begin to influence outcomes.

The following discussion examines the best practices and innovations that have contributed to progress in Region 1 during the preparation, implementation, and sustainment phases. While these developments do not diminish the importance of addressing persistent barriers, they highlight areas where local actors have leveraged their expertise, relationships, and creativity to advance CBC’s goals.

Strengths and Best Practices During CBC Implementation

While the implementation of CBC in Region 1 presented considerable structural and relational challenges, stakeholders across roles identified promising practices and agency-led innovations that are contributing to better outcomes for children and families.

Strengthening Reunification Through Post-Permanency Support

A notable success in Region 1 has been the development of post-reunification support systems that promote long-term family stability. At Texas Girls and Boys Ranch, for instance, staff launched the Forever Family Aftercare program to support families after reunification. This effort supports parents with referrals for housing, school enrollment, transportation assistance, and ongoing parenting guidance.

As one clinical director explained,

“We connect one of our caseworkers to that program... It really helps reduce stress when kids return home. Even though it’s a good thing, it’s a big transition because they’ve been out of the home for over a year.”

This approach directly addresses one of CBC’s core goals: ensuring that permanency is sustained over time by anticipating the stress and adjustment challenges families face when children return home. It also represents a scalable best practice for integrating post-permanency support into standard service models. Significantly, these services extend to kinship caregivers, pairing stability with permanency in a way that reduces the risk of reentry into care.

Trauma-Informed Practice Models Embedded in Clinical and Residential Services

Stakeholders across Region 1 described a strong culture of trauma-informed care within several provider agencies. Many clinicians and direct care staff have completed advanced training in evidence-based models such as EMDR, TBRI, and trauma-focused CBT. These interventions have been applied not only to youth but also to caregivers, staff, and family systems, creating continuity in approach across various service environments. *“We’ve all been trained in EMDR... It’s been a good addition. It holds better and gives us another format when traditional CBT doesn’t work,”* one provider shared.

This investment in clinical and therapeutic specialization reflects a continued commitment to delivering high-quality care, even amid workforce shortages and high turnover rates. Providers also expressed alignment with the goals of T3C and other trauma-informed state initiatives, suggesting an appetite for further partnership and capacity-building in this area.

Real-Time Emotional Support for Caregivers

Several subcontracted agencies are investing in caregiver support systems that extend beyond compliance-based case management. Several foster care providers reported assigning a counselor to each caregiver, rather than each child, to promote continuity, build rapport, and strengthen placement stability. This relationship-centered approach enables caregivers to manage behavioral challenges in real-time and fosters trust between families and agencies. *“We had a new foster parent struggling... She FaceTimed me at night, and I just coached her through it. We don’t want her to feel like she’s alone,”* one clinician explained.

This approach prioritizes real-time problem-solving and emotional support, which can help reduce placement disruptions and improve foster home retention. By also offering services to caregivers’ biological children, agencies acknowledge the broader family dynamics that influence placement success.

Specialized Roles and Flexibly Deployed Resources

While some of the most visible innovations have originated from subcontracted agencies, stakeholders also noted specific strengths associated with the SSCC. The introduction of connection specialists—staff dedicated to maintaining birth family and relative ties—was viewed as a helpful strategy to support permanency goals and reduce placement disruptions.

Another innovation cited was the use of parent support workers, a role specifically designed to help parents navigate services and maintain visitation. As one stakeholder explained:

“One of the things that St Francis has is parent support workers. Parent support workers and—there’s another one, but they’re supposed to be assigned to each unit at Saint Francis. They really help with the parents

getting them to services, setting them up with their services, helping out with visits, and so that's a huge impact on the case and working towards reunification."

This quote highlights how strategic staffing innovations, such as assigning parent support workers to each unit, can improve family engagement and reunification outcomes, particularly when paired with timely service coordination. However, it also underscores a recurring challenge in Region 1: that even well-designed models are vulnerable to funding cuts, which reduce the number of available staff and limit the scale of implementation.

In some cases, stakeholders also cited the SSCC's ability to respond quickly to emergent needs. *"They can put resources toward something very quickly that DFPS and CPS could not,"* one stakeholder explained. This included funding specialized services, such as equine therapy, that were not traditionally accessible. While these initiatives were not consistently implemented at scale, they illustrate a capacity for responsive action and targeted investment.

These examples from Region 1 demonstrate that even in a challenging implementation environment, targeted innovations and localized adaptations can enhance CBC's capacity to achieve its goals for safety, permanency, and well-being. Practices such as post-permanency aftercare, embedded trauma-informed models, real-time caregiver support, and specialized staffing roles demonstrate the value of investing in both the relational and structural elements of service delivery. These approaches leverage inner context strengths—like committed provider networks—and bridging strategies that connect SSCC staff, subcontractors, and families in ways that promote stability and trust.

Barriers and Challenges Encountered During Implementation

While Region 1's CBC rollout has demonstrated notable best practices and emerging strengths, stakeholders consistently identified barriers and challenges that have shaped the SSCC's performance during the preparation, implementation, and sustainment phases. These barriers—rooted in both inner and outer context factors—have influenced not only day-to-day operations but also the region's progress toward phase-specific goals.

Survey findings, interview narratives, and lived-experience accounts reveal recurring themes across regions, including workforce instability, resource constraints, and coordination gaps. However, Region 1's experience also reveals distinctive dynamics—such as the degree of turnover, the perceived lack of local autonomy, and the uneven integration of trauma-informed practices—that differ from patterns observed in other CBC areas. Examining these challenges alongside cross-regional comparisons provides important insight into where systemic barriers persist, how they intersect with promising practices, and what adjustments may be needed to sustain progress over time.

Workforce Turnover and Capacity Gaps

Workforce instability emerged as one of the most persistent and disruptive barriers to CBC implementation in Region 1, undermining the SSCC's ability to sustain progress across the preparation, implementation, and sustainment phases. While turnover and staffing shortages were reported in all CBC regions, stakeholders described a particularly sharp and prolonged impact in Region 1, which was intensified by rural hiring challenges, early-stage disruptions, and repeated funding reductions that reduced the available staff.

Survey findings reinforce this picture. Nearly nine in ten Region 1 professionals (88.5%) rated turnover among frontline staff as “very” or “extremely problematic,” the highest across all regions, and 79.2% reported that the SSCC workforce lacked experience or adequate training (Table 18). Additionally, 77.8% indicated that DFPS staff who initially transitioned into SSCC roles later returned to DFPS or moved into supervisory positions—a sign of the difficulty in maintaining workforce continuity during and after the transition (Table 18).

In interviews, stakeholders linked these patterns directly to delays in service delivery, reduced continuity for children and families, and weakened relationships with courts, schools, and providers. One stakeholder summarized the immediacy of the challenge:

“I’ll say, just in my own personal experience in the last six months, I’ve probably seen 80 percent turnover in our workforce.”

This observation highlights that turnover in Region 1 is not an isolated or short-lived issue, but a persistent condition that erodes institutional knowledge, case continuity, and trust among partners. For RQ2, it reveals how workforce instability undermines key success factors, such as relationship-based case management and consistent service delivery, both of which are essential to CBC’s long-term effectiveness.

The strain was compounded by fiscal constraints. As one leader noted:

“You couple that with funding costs. We got a \$5 million funding cut a year after Stage Two, another \$3.5 million funding cut last year, and significantly reduced our FTEs. I mean, permanency is (not) going to increase, because now you have less support.”

Here, the link between funding cuts and workforce capacity is direct. Reducing FTEs not only slows the pace of permanency efforts but also signals to staff and partners that resources may not be stable, which can further fuel attrition. In implementation terms, this reflects an inner context barrier: without stable funding, the SSCC’s ability to meet phase-specific performance goals for safety, permanency, and well-being is compromised.

Another stakeholder described the tangible impact of budget reductions on service capacity:

“As far as funding, all I can say is specifically for Saint Francis in Region 1, their funding has been cut the last two years, which has very much affected the services they can provide to children. In 2023 at fall, they had to let go of a lot of their staff because their funding was cut so much.”

This account illustrates how funding constraints cascade through the system, resulting in reduced staff, limited program reach, and ultimately affecting the quality and timeliness of care. For RQ2, it reinforces that while funding stability is an outer context factor, its effects are felt acutely in the inner context through staffing disruptions and service gaps.

Notably, while high turnover was widespread across regions, the perception of inadequate training and inexperience among SSCC staff was significantly higher in Region 1 than in the others. Just under half (49.3%) of Region 8B respondents identified this as a problem,

compared to 59.1% in 3W, 73.1% in Region 2, and 79.2% in Region 1 (Table 18). This finding should be interpreted with caution, as the professional respondent composition differed across regions. Region 8B respondents were primarily SSCC staff, whereas Region 1 had a greater representation from legal and external child welfare partners.

Individuals with lived experience, including youth and caregivers, reinforced these concerns. In the survey, 43.8% reported that caseworkers “changed often,” 43.5% said caseworkers did not return calls or messages, and 41.5% reported that caseworkers “didn’t know what was going on in the youth’s case.” Additionally, 39.4% said caseworkers “didn’t seem to understand their job,” and nearly one-third (31.8%) indicated that caseworkers “were not available” when needed (Table 15). These responses underscore how workforce instability and limited case familiarity directly affect the experiences and trust of individuals navigating the system.

Interestingly, professionals in Region 1 were less likely than their peers in other regions to identify staffing needs in Residential Treatment Centers (RTCs) as a high-priority concern. 0.0% of respondents in Region 1 named RTC staffing as a top agency need, compared with 25.0% in Region 2, 16.7% in Region 3W, and 32.5% in Region 8B (Table 37). This may reflect regional differences in placement profiles or service delivery strategies, particularly in areas with fewer RTC beds or lower reliance on congregate care.

Table 37. Professionals: Most pressing agency needs by region (N = 172)

Needs	Region 1 (n = 28)	Region 2 (n = 40)	Region 3W (n = 24)	Region 8B (n = 80)
Hiring and retaining experienced caseworkers to support case continuity	60.7%	80.0%	70.8%	62.5%
Recruiting and supporting foster families to improve long-term retention	57.1%	62.5%	58.3%	58.8%
A more supportive and balanced regulatory environment	53.6%	37.5%	45.8%	31.3%
Support to reduce transportation barriers for family visits and reunification	53.6%	30.0%	29.2%	38.8%
Greater system-wide commitment to safe reunification with parents	42.9%	25.0%	33.3%	22.5%
More staff to meet ratio requirements in RTCs	0.0%	25.0%	16.7%	32.5%
More resources to support in-home visits across long distances	21.4%	10.0%	20.8%	20.0%
More attorney ad litem to represent children	3.6%	15.0%	8.3%	13.8%
Other*	3.6%	2.5%	4.2%	1.3%

**Other needs included competitive pay, more state funding for SSCCs, communication with SSCCs, and support in navigating courts.*

The lack of structured onboarding also surfaced as a barrier to stability. As one DFPS stakeholder put it:

“I wasn’t here during the transition, but this has been a struggle for a lot of us. The onboarding isn’t consistent. You can’t build relationships when nobody stays.”

This statement highlights two interconnected challenges: the need for standardized onboarding to prepare staff for CBC-specific processes, and the requirement for workforce stability to enable relationships to form and endure. For RQ2, it highlights that without adequate onboarding, the SSCC is less able to sustain best practices across phases, even when hiring pipelines improve.

Survey responses reinforce these perspectives. While the most endorsed strategies to strengthen the workforce during transition were “offer pay that matches or exceeds DFPS levels” (71.3%) and “offer benefits that match or exceed DFPS” (69.4%), fewer professionals prioritized “provide onboarding support” (28.7%) or “ongoing training” (27.8%) (Table 17). These findings suggest that workforce investments to date may have emphasized compensation over development and support.

Despite the challenges, stakeholders also acknowledged that some teams and supervisors provided a stabilizing influence. Several described strong staff commitment and flexibility in responding to the needs of youth, even during periods of high turnover. Moving forward, Region 1 may benefit from targeted strategies that address both immediate staffing gaps and the deeper systems of support — particularly training, supervision, and career pathways — necessary for long-term workforce stability.

Limited Access to Behavioral Health and Specialized Services

Across all phases of CBC implementation, Region 1 stakeholders consistently pointed to limited behavioral health and specialized service capacity as a persistent barrier to meeting the needs of children and families. While provider shortages are a common challenge in other CBC regions, participants emphasized that Region 1’s vast geography, rural service areas, and transportation constraints intensify the impact. Stakeholders noted that the lack of in-region resources for trauma assessments, psychiatric evaluations, autism diagnostics, and higher-acuity treatment not only delays service provision but also disrupts case progression, undermines placement stability, and limits the ability to achieve permanency within required timelines.

Interview participants described a regional landscape in which the number of Medicaid-accepting providers is exceedingly low and the availability of specialized services such as trauma assessments, psychiatric evaluations, and autism diagnostics is almost nonexistent in many counties. One community partner explained:

“We don’t have a pediatric development specialist here in Lubbock. We don’t have anybody who can diagnose SAS here... We just don’t have some of those things that could really help the kids... or help either bio parents or adoptive parents manage some of these more long-term behaviors.”

Another community partner pointed to both access and funding limitations for intensive supports:

“I had a child that needed ABA therapy. There’s no provider that accepts the

insurance in our area. So it had to come out of pocket and that wasn't an option for the foster parent."

This example highlights the interplay between provider scarcity and funding limitations. Even when families identify needed services, gaps in STAR Health or Medicaid coverage create prohibitive cost barriers, forcing caregivers to forgo essential therapies.

These gaps were described as not only frustrating but structurally limiting, affecting the region's ability to meet children's needs or keep families connected. For example, one provider explained how delays in behavioral health referrals can trickle down into other case management challenges:

"If we don't get the right diagnosis or the services quickly enough, it's really hard to stabilize the placement. And then it just becomes this cycle of moving kids and trying to start over."

Survey findings substantiate these patterns. According to Table 19, 76.0% of respondents across regions identified mental health services—particularly therapists who accept Medicaid or STAR Health—as the most pressing need for youth. In Region 1 specifically (Table 20), 47.1% of respondents selected “more local services and providers” as a top youth need—higher than Region 8B (36.9%) and Region 3W (43.1%) and closely aligned with the regional average (45.4%); Region 2 cited “more local services and providers” as a top youth need at 62.8%. These numbers support the view, widely expressed in interviews and focus groups, that geographic isolation and provider scarcity create structural constraints to accessing essential care.

When services are available, stakeholders reported significant waitlists. One DFPS staff member remarked:

"I know that there are long wait lists for therapists... because not a lot of them accept Medicaid. That's a huge struggle."

Others shared that youth are often referred out of the region to access care, which in turn complicates family engagement and permanency planning. As one DFPS staff member observed:

"There's not availability of providers providing mental health services that we need in mass amount... especially in smaller rural communities."

This observation situates the problem within Region 1's geographic reality: smaller communities lack the volume of providers needed to serve even moderate caseloads, forcing the SSCC to seek placements or services far from children's home communities. These conditions increase travel times, complicate family visitation schedules, and make it more challenging to sustain kinship placements, all of which directly impact CBC's core objectives for permanency and sustained family connection.

The survey also shows that 37.3% of Region 1 respondents identified the ability for youth to visit and stay connected to birth families as one of the most pressing needs—a higher proportion than Region 3W (19.6%) and Region 8B (31.0%), but lower than Region 2 (46.5%) (Table 20). This suggests that in Region 1, service access limitations are directly linked to

barriers in maintaining family connections, since out-of-region service use often requires long-distance travel and overnight stays that families cannot sustain.

In this context, stakeholders expressed mixed views on the role of telehealth. While some viewed virtual delivery as a partial solution, others pointed out that broadband access, device availability, and provider willingness all limit the reach of telehealth. As one caseworker explained:

“If there’s any telehealth options, I don’t know if they’re not reaching Region 1... but there’s just a lack of it.”

These reservations are confirmed by survey results from Table 25, which asked respondents to assess the quality of services if delivered virtually:

- For mental health services for children, 67.6% rated virtual delivery as poor, while only 15.8% rated it as good;
- For mental health services for parents, 50.8% rated virtual delivery as poor, with 25.6% rating it as good;
- For substance abuse treatment, which often co-occurs with behavioral health needs, 74.4% of respondents rated virtual delivery as poor, with just 10.7% rating it as good.

While stakeholders acknowledged the potential value of telehealth in limited scenarios such as for routine check-ins or when local alternatives are unavailable, survey findings suggest strong concerns about the appropriateness and quality of virtual services, particularly for higher-acuity children or families in crisis.

Finally, when asked what types of services were most needed to strengthen youth outcomes, several stakeholders emphasized the importance of cross-sector collaboration and tailored support. Suggestions included recruiting mobile behavioral health units, co-locating providers in schools and community hubs, and piloting flexible funding streams to cover services not reimbursed by STAR Health or Medicaid. Yet participants also acknowledged that these ideas would require policy change, additional investment, and community-level buy-in to take root.

“We know what we need. It’s just getting everyone on the same page to fund it, staff it, and sustain it.”

This statement captures the cross-phase challenge: the SSCC and its partners can identify practical interventions but lack the coordinated funding, workforce, and infrastructure to implement them at scale. This aligns with cross-regional patterns where resource shortages are compounded by governance and funding structures, making sustained innovation difficult without systemic policy shifts.

Placement Capacity and Stability

Persistent shortages in placement options, particularly for children with high-acuity behavioral or medical needs, continue to be one of the most pressing barriers to achieving CBC’s goal of safe, stable, and proximate care in Region 1. While similar constraints exist across other CBC regions, Region 1 stakeholders described these gaps as especially acute given the region’s geographic size, rural composition, and limited specialized capacity. The

combined effect is a system that relies heavily on out-of-region placements and short-term solutions, which disrupt service continuity and weaken family connections.

Stakeholders across roles emphasized that Region 1 lacks sufficient foster homes overall and, more critically, lacks specialized homes equipped to support children with medical or behavioral health challenges. As one SSCC supervisor put it bluntly:

“I think the biggest thing we have is just the lack of foster homes in Region.”

This succinct observation reflects the foundational constraint facing Region 1: an insufficient supply of foster homes. The shortage is not only a matter of numbers but of specialization—few homes are equipped to manage children with complex medical or behavioral needs. This limitation directly undermines CBC’s preparation and sustainment phases, as the SSCC cannot build a stable placement pipeline without both quantity and specialization.

One supervisor described the cascading burden this places on families and providers:

“We don’t have enough foster homes that can take care of our medically needy kids... Those kids are always placed out of region, which... puts a burden on teaching these parents how to take care of their kid”

Here, the supervisor connects capacity gaps to the operational and relational challenges they create. Out-of-region placements require additional coordination for medical training, increase transportation demands, and make it harder for parents to participate consistently in care routines.

Survey data confirm the severity of the problem. In Region 1, only 3.4% of respondents rated the availability of placement options that meet children’s needs as excellent, and just 27.6% rated it as good. The majority rated availability as fair (41.4%) or poor (27.6%) (Table 14).

Legal professionals and community partners further illustrated how these placement limitations have downstream effects on service continuity and care quality. With the loss of local assessment centers and limited access to therapeutic placements, Region 1 increasingly relies on “step beds”—short-term emergency placements that, according to one stakeholder, offer little stability:

“We don’t have any step beds in this region at all... All of our teenage kids that are difficult to place... we send them to Dallas, Austin, San Antonio”

These temporary placements often leave youth without school enrollment, therapeutic support, or proper medical care. A legal stakeholder described this practice as a significant source of instability:

“We have a lot of placements that fail... I think there’s more disruption in placements. I think if you looked at the actual placement logs, you would see kids changing more often”

Multiple stakeholders—legal, provider, and SSCC—pointed to an observable rise in short-

term placements and placement failures under CBC, especially for youth with higher acuity needs.

Survey data provide a more comprehensive picture. Survey respondents in Region 1 gave low marks to the timeliness of service delivery and caregiver support. Only 4.5% rated timeliness as excellent, and 34.1% rated it as good, while 61.4% rated it as fair or poor. For support services to foster families, only 26.8% rated the services as excellent or good, while 73.1% selected fair or poor. Similarly, services for kinship families fared poorly, with only 36.7% rating them as good or excellent (Table 14). These results suggest that placement shortages are compounded by limited caregiver supports, making retention more difficult and reducing placement stability.

The cumulative evidence suggests a reinforcing cycle: limited capacity leads to more out-of-region and short-term placements, which, in turn, increase instability and turnover among caregivers. While SSCC staff in Region 1 reported targeted efforts to expand foster home recruitment and develop local specialized capacity, current infrastructure remains insufficient to meet demand, particularly for high-acuity youth. Without addressing both the quantity and quality of placement options, Region 1 will likely continue to face sustained pressure on its ability to keep children in stable, proximate, and well-supported environments.

Gaps in Caregiver Engagement and Support Systems

Stakeholders consistently emphasized that caregivers face significant challenges navigating the system, accessing timely services, and feeling meaningfully supported in their caregiving role. While similar concerns were raised across CBC regions, participants in Region 1 described these issues as particularly persistent and compounded by the region's limited placement pool and wide geographic spread.

These concerns are substantiated by survey results that reflect widespread dissatisfaction across several dimensions of caregiver engagement. For instance, only 8.6% of respondents rated the quality of information provided to foster and kinship families about the child's case as excellent, while 23.3% rated it as poor. Similarly, only 9.1% rated caregiver involvement in decisions about the child as excellent, with 27.4% reporting poor involvement (Table 7). This data suggests that caregivers in Region 1 often do not receive the timely, detailed case information they need to advocate effectively for the children in their care or participate as equal partners in case planning.

One SSCC staff member captured the everyday consequences of these gaps:

“Caregivers often don’t know who to call... or if they do, they don’t get a call back. They feel out of the loop.”

This quote highlights both the structural and relational dimensions of caregiver disengagement. Limited clarity on points of contact, paired with inconsistent responsiveness, erodes trust in the system and leaves caregivers less equipped to address children's needs.

Youth perspectives also underscore the importance of caregiver readiness and support. In interviews, foster youth described how insufficient trauma-informed training and wraparound support for caregivers often led to disrupted placements:

“I was in six homes in six months. Some of them didn’t know anything about my mental health needs. They just gave up.”

Survey data further point to systemic weaknesses in caregiver support. Only 12.5% of respondents rated efforts to connect foster and kinship caregivers to services and support as excellent, while nearly one-quarter (22.6%) rated this coordination as poor (Table 7). In addition to these coordination challenges, many respondents reported uncertainty around what supports were available and what was expected of them. Specifically, 18.5% rated their understanding of expectations and available support as poor, and 37.4% rated it as fair, totaling 55.9% who expressed at least some confusion or dissatisfaction (Table 7). These gaps suggest that even when resources exist, they may not be clearly communicated or accessible, thereby limiting caregivers’ ability to fully engage in the child’s case plan.

Legal professionals also observed that caregivers are rarely positioned as integral members of the decision-making process:

“I rarely see foster parents in court, and when they are there, they usually haven’t been told what’s going on. They’re treated like babysitters, not part of the team.”

This observation reflects a deeper systemic issue: the lack of formal structures to integrate caregivers into court proceedings and case reviews. For CBC in Region 1, this is not simply a procedural oversight but a missed opportunity to leverage caregivers’ day-to-day knowledge of the child’s needs—knowledge that could strengthen case planning and service delivery.

In comparison to other CBC regions, Region 1’s caregiver engagement challenges are exacerbated by the logistical realities of rural service delivery, including long travel distances for caseworkers and caregivers, limited local resources, and higher reliance on out-of-region placements. While these barriers are not unique to Region 1, the combination of sparse infrastructure and communication gaps creates a more pronounced strain on caregivers, further highlighting the need for targeted engagement and support strategies in this region.

Taken together, the findings indicate that caregiver engagement in Region 1 remains inconsistent. For DFPS, these insights underscore the importance of ensuring that SSCCs have the necessary resources, training, and operational systems to keep caregivers informed, connected, and included—both to prevent placement disruptions and to foster a more cohesive, team-based approach. While some staff highlighted recent initiatives aimed at improving caregiver training and outreach, these efforts appear to be in early stages and are inconsistently experienced across the region.

Transportation and Geographic Barriers

Structural challenges related to geography and transportation were frequently cited by Region 1 stakeholders as persistent barriers to accessing services, engaging families, and progressing cases. These issues were described not simply as logistical hurdles, but as deeply embedded constraints that shaped the overall feasibility of CBC in rural West Texas.

Survey data reinforce these concerns. In Region 1, 47.1% of respondents identified “more local services and providers” as one of the most pressing youth needs—slightly above the

overall average of 45.4%, and notably higher than Region 8B (36.9%) (Table 20). Stakeholders consistently emphasized that in sparsely populated areas, many counties lack basic behavioral health, developmental, or medical services, requiring long-distance travel for even routine care.

As one provider explained:

“We have families that are driving 80 miles one way for therapy—and that’s if they can even find a provider who takes STAR Health.”

This quote captures the dual challenge of geographic distance and insurance acceptance. The combination means that even when services are technically available within a reasonable radius, insurance constraints can render them functionally inaccessible. The result is a structural mismatch between CBC’s goal of proximity-based care and the on-the-ground realities of rural service delivery.

Transportation barriers also limited youths’ ability to maintain contact with their birth families. In Region 1, 37.3% of respondents identified “ability to visit and stay connected to family” as a top youth need—substantially higher than in Region 3W (19.6%) and Region 8B (31.0%), though lower than in Region 2 (46.5%) (Table 20). Interview participants explained that when youth are placed far from their home communities—often out of region due to limited placement availability—regular family visitation becomes difficult or impossible.

One legal stakeholder explained:

“We have kids placed six or seven hours away. Parents can’t visit even if they want to. No one’s reimbursing gas, there’s no public transit, and everyone’s expected to figure it out.”

Here, the legal stakeholder points to how placement decisions intersect with economic realities. Without reimbursement or transit options, even willing and engaged parents may be functionally excluded from visitation, undermining permanency goals and weakening parent–child relationships.

Survey responses about caregiver and agency needs further illustrate the scope of transportation challenges. In Region 1, 44.2% of respondents identified transportation assistance—such as money for gas or vouchers—as one of the most pressing needs for caregivers (Table 22). Similarly, 53.6% of Region 1 respondents identified reducing transportation barriers for family visitation and reunification as a top agency priority—the highest percentage across all four regions (Table 37). These findings align with stakeholder accounts of long-distance travel requirements that often strain families’ ability to remain connected.

Importantly, these issues are not limited to parents or caregivers. Youth with lived experience also emphasized how long travel distances for services, hearings, or visits disrupted their routines and sense of stability. In one focus group, a youth participant explained:

“I missed a lot of school because my foster parent couldn’t drive me to court... And then they’d say I wasn’t participating in my case.”

These geographic barriers intersect with other structural limitations in the region, such as limited broadband availability and inadequate telehealth infrastructure, further compounding access issues. While stakeholders acknowledged the potential of virtual service delivery to mitigate travel burdens, survey data indicate strong reservations. For instance, high percentages of respondents reported that they “disagreed” or “strongly disagreed” that mental health services for children (67.6%) and substance use treatment services (74.4%) can be delivered without losing quality (Table 25). As one community partner noted:

“Even with telehealth, it’s not a solution. You can’t do therapy in a car parked at a gas station with spotty Wi-Fi. That’s not trauma-informed care.”

This observation highlights a critical implementation gap: even when technology offers a theoretical alternative to in-person care, infrastructure limitations and the realities of rural life often make it impractical or ineffective for high-acuity needs.

Taken together, survey findings and qualitative accounts indicate that transportation and geography are foundational barriers to CBC implementation in Region 1. These challenges shape nearly every aspect of service delivery, affecting placement decisions, family engagement, case progress, and access to specialized care.

Cross-System Communication and Coordination

Persistent communication breakdowns between DFPS, the SSCC, and subcontractors emerged as a consistent barrier to effective care coordination and stakeholder engagement in Region 1. Stakeholders described a fragmented system where timely, accurate, and consistent information sharing was often lacking, particularly during critical decision points involving placements, services, or case planning. These breakdowns not only hindered collaboration but also eroded caregiver trust, left birth parents uncertain about case progress, and increased role strain among professionals.

Survey findings confirm the scale of this challenge. Among all regions, Region 1 professionals were the most likely to identify communication as a pressing issue: fully 75.0% of Region 1 respondents selected “clear communication between DFPS, SSCC, and subcontracting agencies with foster parents” as one of the most urgent caregiver needs (Table 22). This was significantly higher than the share in Region 8B (38.8%) and exceeded the cross-regional average (55.8%), underscoring the central role this issue plays in Region 1’s implementation experience.

Several interviewees described how poor communication delayed service referrals or derailed collaborative planning:

“We’re constantly trying to track down who knows what. Birth parents and caregivers get frustrated because they’re the last to find out something changed.”

Others pointed to more systemic disconnects between agencies, particularly during transitions between DFPS and the SSCC. One DFPS staff member reflected:

“Sometimes it feels like we’re all playing telephone, and by the time the

message gets to the caregiver or youth, it's not even accurate."

Here, a DFPS staff member highlights a fundamental systems issue: the lack of direct, reliable channels between agencies and caregivers. Inaccurate or incomplete information not only erodes trust but also creates inefficiencies, as staff must re-clarify or correct details after confusion has already caused delays.

Survey ratings on specific aspects of caregiver coordination provide further evidence of these gaps. As shown in Table 7, only 8.6% of respondents rated the quality of the information supplied to caregivers as "excellent," and just 9.1% said caregivers were "excellently" involved in decisions about the child's case. Meanwhile, 30.4% rated staff responsiveness as "poor," and 22.6% gave poor ratings to the coordination of services and support for caregivers—highlighting widespread concern not just about the content of communication, but also its timeliness and accessibility.

The implications of these breakdowns were especially acute for caregivers who reported feeling "out of the loop," "unsupported," and "unacknowledged" in their role. One survey respondent explained:

"There's no consistent person to go to. We never know who's handling what, and updates don't happen until after there's a problem."

Professionals echoed that the complexity of the system itself, especially with multiple subcontractors and limited shared databases, further complicated cross-system coordination. As one legal stakeholder explained:

"There's not a single platform where everyone sees the same information. That creates silos, and kids fall through the cracks."

While survey respondents and interviewees identified examples of effective collaboration at the individual level, such as caseworkers who made personal efforts to bridge information gaps, these were often presented as exceptions rather than the rule. The data suggest that Region 1's CBC implementation would benefit from a region-wide, systems-level investment in communication infrastructure, shared documentation platforms, and protocols for cross-role coordination.

Stakeholder Engagement and System Trust

Closely tied to Region 1's communication barriers is the broader challenge of stakeholder engagement, defined here as both the meaningful inclusion of professionals, caregivers, and community partners in decision-making and the cultivation of mutual trust in CBC's processes. In Region 1, high workforce turnover, limited role clarity, and strained agency relationships have compounded existing communication challenges, weakening confidence in the system's ability to deliver consistent, child-centered care.

Survey results indicate a lack of engagement. Across all regions, respondents reported low ratings on system-level responsiveness and caregiver involvement. As shown in Table 7, fewer than one in ten respondents rated caregiver involvement in decision-making as "excellent" (9.1%), while over one-quarter (27.4%) rated it as "poor." Similarly, only 11.2% rated staff responsiveness as "excellent," with 30.4% rating it as "poor." These findings

suggest a broader perception among both internal and external stakeholders that key voices, especially caregivers and community partners, are not being meaningfully included in system processes or decision-making.

Qualitative survey comments amplify this concern. One respondent noted:

“Foster parents are treated like babysitters instead of partners. Their insights are rarely solicited unless there’s a crisis.”

This perspective, echoed in multiple interviews, underscores a recurring barrier to CBC’s success: caregivers are not consistently recognized as integral team members.

Another stakeholder observed that CBC’s rollout created a “power vacuum” in which longstanding local relationships with courts, providers, and advocates were disrupted. Still, no structured pathways for stakeholder input were put in place:

“We used to have regular convenings where judges, CASA, DFPS, and providers all talked openly. That disappeared under CBC, and we’ve been scrambling ever since.”

This observation highlights a disruption to pre-existing collaborative forums that once fostered system-wide trust. The absence of regular, structured stakeholder convenings leaves a gap where consensus-building and joint problem-solving could occur—an issue that, while noted in other regions, appears more acute in Region 1 due to its reliance on longstanding local relationships to bridge geographic and resource gaps.

Youth in Region 1 also described a pattern of tokenistic involvement, where their input was solicited only after key decisions had been made:

“They ask you how you feel after everything’s already decided. It’s not real participation.”

For youth, this kind of after-the-fact engagement diminishes their sense of agency and ownership in case planning, directly conflicting with CBC’s intended family- and youth-centered approach.

While some professionals noted positive examples of stakeholder engagement, such as town halls or advisory groups, these efforts were often described as sporadic or limited in reach. Importantly, no birth parents completed the survey, and interview data suggest that parent engagement remains particularly underdeveloped. Several professionals described situations in which parents were confused about the reunification steps or excluded from team meetings, reinforcing feelings of distrust.

When asked to identify agency needs that could improve practice, 27.9% of respondents across all regions selected “greater system-wide commitment to safe reunification with parents” (Table 38). In Region 1, this concern was even more pronounced, with 42.9% of respondents identifying it as a top priority—the highest proportion among the four regions (Table 37). This elevated concern may reflect a recognition among Region 1 stakeholders that reunification requires not only access to services but also inclusive engagement and respectful, collaborative processes with families.

Table 38. Professionals: Most pressing agency needs (N = 172)

Needs	n	%
Hiring and retaining experienced caseworkers to support case continuity	116	67.4%
Recruiting and supporting foster families to improve long-term retention	102	59.3%
A more supportive and balanced regulatory environment	66	38.4%
Support to reduce transportation barriers for family visits and reunification	65	37.8%
Greater system-wide commitment to safe reunification with parents	48	27.9%
More staff to meet ratio requirements in RTCs	40	23.3%
More resources to support in-home visits across long distances	31	18.0%
More attorney ad litem to represent children	20	11.6%
Other*	4	2.3%

*Other needs included competitive pay, more state funding for SSCCs, communication with SSCCs, and support in navigating courts.

Overall, Region 1’s CBC implementation reflects a system that balances notable innovations with persistent structural constraints. Stakeholders identified promising practices—such as post-permanency aftercare, trauma-informed clinical models, specialized caregiver supports, and rapid-response resource deployment—that demonstrate CBC’s potential to strengthen family stability and improve child outcomes. Yet, these strengths remain unevenly realized and, in some cases, fragile in the face of high workforce turnover, limited access to behavioral health, insufficient placement capacity, geographic isolation, and fragmented cross-system communication.

While these challenges mirror issues seen in other CBC regions, they are amplified in Region 1 by its vast rural service area and reliance on long-standing personal relationships to bridge resource gaps. The elevated priority stakeholders place on caregiver engagement, family connection, and safe reunification offers a strong foundation for targeted improvements.

Continuous Quality Improvement and Fidelity to Implementation Plans

Having examined the significant strengths and barriers that have shaped Region 1’s implementation of CBC, including persistent workforce challenges, collaborative innovations, and efforts to improve cross-system coordination, the following section focuses on the question of operational fidelity. In Region 1, stakeholders consistently characterized CQI not as a static reporting requirement but as a dynamic system of accountability, learning, and innovation. The SSCC’s approach to CQI was viewed as a key mechanism for ensuring alignment with both internal values and state performance expectations, while also allowing for rapid response to operational challenges and stakeholder feedback. Stakeholders described CQI as thoroughly embedded in the organization’s structure and culture, reflecting a strong commitment to ongoing recalibration and service enhancement.

One SSCC leader emphasized the depth and breadth of the organization’s CQI architecture, describing it as a multi-layered system involving more than 70 dedicated staff focused

mainly on performance and quality:

“We have a team of about 70 people across our organization that only measure data performance and quality of our services.”

This level of staffing reflects not only a high degree of implementation fidelity but also the internal capacity to use data in meaningful and actionable ways. The Achievement Indicator Matrix (AIM) was frequently cited as a central CQI tool, used to track internal benchmarks alongside state-required outcomes. The SSCC employs a traffic-light style color-coding system (green, yellow, and red) to quickly flag areas that require intervention or course correction. These visual alerts help translate complex performance measures into real-time decision-making tools across departments.

Importantly, CQI processes in Region 1 are not limited to internal systems. Stakeholders emphasized that the SSCC has created formal structures to capture and respond to caregiver and community feedback. The organization maintains a dedicated customer care line and a data system to log, track, and address complaints. This feedback loop is deliberately integrated into the CQI framework:

“We actually have a dedicated customer care line where... any foster parent... we hand them the customer care number. We have dedicated people who literally put that into... our data system, and we capture all customer complaints and challenges. Then they work with the program to make sure that we’re addressing those.”

This practice reflects a commitment to integrating client voice into the CQI process. The infrastructure for logging, tracking, and responding to caregiver concerns demonstrates how CQI in Region 1 is not only retrospective (e.g., focused on correcting errors) but also proactive in enhancing the overall service experience.

Beyond real-time monitoring and feedback integration, the SSCC also uses internal reviews and external consultation to ensure fidelity to its practice model. Routine internal “recalls analysis” is used to investigate breakdowns in service delivery and identify patterns in case management failures or inefficiencies. At the time of data collection, the SSCC was actively seeking an external consultant to assess fidelity to its case management model:

“We also do internal recalls analysis on everything that goes bad or any challenges that we have within our system... We’re actually in the middle of a RFP right now to hire an external consultant to look at our case management data and practice models to make sure that we are ensuring fidelity in that process.”

This reflects a culture of ongoing self-scrutiny and openness to external evaluation, underscoring a key strength in Region 1’s CQI approach: its continuous willingness to improve not only in terms of compliance but also in the integrity and impact of its service model.

Biannual performance reviews also play a central role in Region 1’s CQI process, serving as structured spaces for cross-departmental collaboration. These meetings allow SSCC leaders and program managers to jointly examine emerging trends, identify problem areas,

and collectively design targeted strategies. One SSCC leader explained how this collaborative format helps mobilize organizational action:

“We identified, for example, that placement stability’s a big one. Then the entire team at St. Francis wraps around how do we start solving placement stability and everybody’s informed of it.”

This example highlights how CQI in Region 1 is tightly integrated with strategic planning and cross-departmental coordination. Rather than simply reporting data, CQI serves as a mechanism to mobilize collective action and solutioning around pressing issues, reinforce alignment across departments, and guide continuous program refinement.

These qualitative findings are corroborated by survey data across professional roles. When asked how well current performance measures promote practices that best support children and families (Table 32), only 9.7% of all respondents said “completely,” while 32.7% selected “mostly,” and 49.7% selected “somewhat.” Although these results reflect some skepticism about the adequacy of performance measures, important distinctions emerge by professional role. Among SSCC staff, 21.1% said the measures “completely” promote best practices, and 40.4% said “mostly”—the highest levels of endorsement among all groups surveyed. In contrast, legal professionals and DFPS staff expressed greater reservations: 69.4% of legal professionals and 68.8% of DFPS staff said performance measures only “somewhat” support best practices, and none of the legal respondents selected “completely.”

These role-based differences support stakeholder commentary about how CQI systems are operationalized most directly within SSCCs, where performance data and feedback loops are embedded into daily decision-making and service review processes. While external partners, including providers, courts, and legal advocates, may perceive CQI mechanisms less favorably or feel excluded from collaborative design, internal SSCC staff appear more likely to see performance measures as meaningful tools for practice improvement. This divergence highlights the need for broader cross-system collaboration and a shared understanding of how quality improvement efforts are defined and applied across CBC.

However, these findings must be interpreted with caution. SSCC staff are disproportionately represented in the survey sample, particularly from Region 8B, which may inflate the overall positivity toward performance measures and CQI processes. As a result, the aggregate data likely reflect the perspectives of SSCC professionals more strongly than those of legal partners, DFPS staff, or caregivers, which limits generalizability and potentially obscures region-specific concerns. To accurately assess fidelity and responsiveness within Region 1, triangulation with qualitative data and disaggregated regional findings remains essential.

In summary, Region 1’s SSCC has demonstrated a high degree of fidelity to its CQI implementation plan while simultaneously adapting its approach based on real-time data, internal analysis, and stakeholder input. The CQI infrastructure in the region is marked by distributed responsibility, transparent feedback systems, and a strong learning orientation.

Recommendations to Improve Implementation and Continuous Improvement

The implementation of CBC in Region 1 was shaped by a confluence of structural, organizational, and relational challenges that impacted every level of the system. While the region has made progress in areas such as kinship placements, resource deployment, and collaborative case planning, serious barriers remain, most notably in workforce capacity, service access, cross-system coordination, and stakeholder trust. Based on stakeholder interviews, focus groups, and survey results, the following recommendations reflect priorities and practical strategies to strengthen CBC implementation and CQI efforts in Region 1 moving forward.

Stabilize and Invest in the Workforce

The most pressing recommendation from stakeholders was to address the region's ongoing workforce instability. High turnover, inconsistent onboarding, and loss of experienced staff were described as central to nearly all other challenges in the region. In Region 1, 88.5% of professionals rated turnover as “very” or “extremely problematic,” and 79.2% identified workforce inexperience or inadequate training as serious issues, both of which have the highest rates across the CBC regions (Table 18).

Survey respondents emphasized compensation parity and benefits as foundational but also highlighted overlooked needs: just 28.7% endorsed “onboarding support” and 27.8% “ongoing training” as workforce priorities (Table 17), suggesting current investment strategies remain heavily weighted toward recruitment over development. Stakeholders called for better onboarding protocols, structured cross-training between DFPS and SSCC staff, and more intentional role specialization to reduce burnout. As one judge summarized:

“Somebody brand new comes in and is flying blind for the next few hearings... That’s the biggest issue.”

SSCC leaders also emphasized the importance of retention investments during rollout, such as honoring DFPS salaries and hiring locally, as essential to minimizing disruption and preserving trust.

Expand and Localize Behavioral Health and Specialty Services

Stakeholders across all roles reported that behavioral health needs, especially for children with high-acuity or trauma histories, outpace the region's current provider network. Survey findings confirm this: 76.0% of professionals across regions identified access to Medicaid-accepting mental health providers as the top service need (Table 19), and 47.1% of Region 1 respondents selected “more local services and providers” as a top youth need (Table 20). Long waitlists, out-of-region referrals, and provider scarcity continue to delay permanency and destabilize placements.

Stakeholder recommendations include:

- Investing in mobile or co-located services (e.g., school-based clinics)
- Recruiting STAR Health providers with rural incentives
- Piloting flexible funding pools to cover non-Medicaid reimbursable care

- Improving the integration of telehealth, paired with broadband, device access, and in-person backup plans

Stakeholders cautioned that while telehealth has potential, 67.6% of respondents across regions “disagreed” or “strongly disagreed” that mental health care for children can be delivered virtually without losing quality (Table 25), reinforcing the need for careful implementation.

Strengthen Placement Capacity

Survey data and qualitative interviews provide a clear picture of the strain on the placement system. Just 3.4% of Region 1 respondents rated placement availability as “excellent,” and 27.6% said it was “poor” (Table 14). Stakeholders repeatedly emphasized the need not only for more beds, but also for more suitable placements for children with medical, developmental, or behavioral needs.

Stakeholder recommendations include:

- Incentivizing foster homes that accept youth with specialized needs.
- Expanding respite and stabilization beds for temporary support; and
- Creating flexible funding for wraparound caregiver services.

The SSCC was commended for its progress in expanding kinship placement services. However, gaps remain for teens and high-acuity youth, who are still often placed out of region, disrupting permanency and family connections.

Improve Communication Infrastructure and Clarify Roles Across Systems

Breakdowns in communication were consistently cited as significant barriers to both implementation success and stakeholder engagement. In Region 1, 75.0% of professionals identified the need for more transparent communication between DFPS, the SSCC, and subcontractors as a top caregiver need (Table 22)—a higher percentage than any other CBC region. Interviewees described missed referrals, conflicting guidance, and service planning delays stemming from the absence of a shared communication platform.

Stakeholder recommendations include:

- Creating regional communication protocols and escalation pathways;
- Implementing a shared information system or case-level data dashboards;
- Hosting monthly interagency coordination calls with DFPS, SSCC, legal partners, and providers; and
- Formalizing joint training and case planning sessions between subcontractors and SSCC leadership.

Strengthen Stakeholder Engagement and Rebuild Community Trust

CBC’s success depends on trust and alignment across systems, and Region 1 stakeholders described that trust as deeply fractured during early rollout. Community partners, judges, and caregivers felt excluded from planning and uninformed about system changes. In the

survey, only 9.1% of respondents rated caregiver involvement in case decisions as “excellent”, and 30.4% rated staff responsiveness as “poor” (Table 7).

Stakeholders recommended:

- Formal advisory boards with caregiver and youth representation;
- Routine town halls with legal and community partners;
- Caregiver onboarding and decision-making protocols; and
- Improved visibility and accessibility of SSCC leadership.

Rebuilding stakeholder confidence will require a sustained commitment to inclusive engagement, transparent communication, and equitable decision-making.

Rebalance State Oversight and Local Autonomy

Region 1 stakeholders consistently reported that DFPS exerted disproportionate control over operations, undermining CBC’s promise of local flexibility. Providers and SSCC leaders described bureaucratic delays, unclear authority over service models, and restrictions on innovation.

“DFPS runs the SSCCs. They don't make it look like they do, but they do.”

To address this, participants recommended:

- Clarifying decision-making authority in policy and contracts;
- Empowering SSCCs to adapt evidence-based models without DFPS micromanagement; and
- Reducing duplicative documentation requirements and aligning case plan systems.

Stakeholders emphasized that autonomy does not preclude accountability but instead requires trust and flexibility to allow innovation to flourish.

Tailor CBC Structures to Region 1’s Rural Realities

Finally, the geographic scale and rural composition of Region 1 demand structural customization. Long distances between service hubs, transportation barriers, and local variation between Amarillo and Lubbock limit the effectiveness of one-size-fits-all implementation models.

“There are a lot of miles between our cities... The needs are very different in different areas.”

Survey findings confirm these concerns: 53.6% of Region 1 respondents said reducing transportation barriers was a top agency need (Table 37)—the highest rate across all regions.

Stakeholder recommendations include:

- Splitting Region 1 into sub-regions (1A and 1B) to allow more localized oversight.
- Investing in transportation supports for youth and families; and

- Deploying regional resource mapping to better align services to local needs.

Region 1’s CBC implementation revealed deep systemic strains (e.g., workforce shortages, service access gaps, poor interagency communication) but also promising adaptations and potential for recovery. As implementation matures, the region’s path forward must center on structural alignment, stakeholder inclusion, workforce resilience, and locally responsive design. Recommendations offered by stakeholders reflect both a critique of what failed and a vision for how CBC can still succeed in West Texas. Their shared message was clear:

“We want it to succeed.”

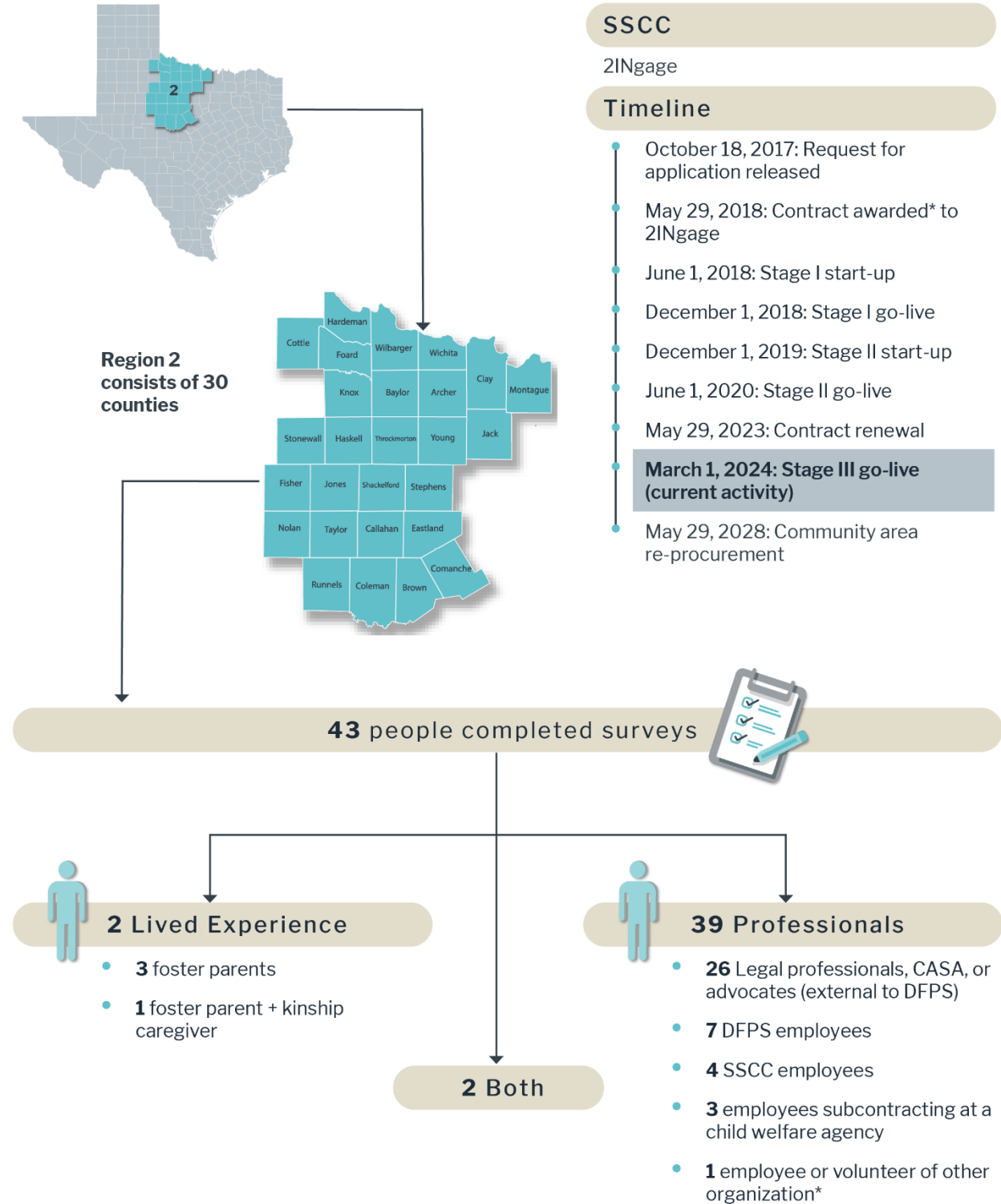
Region 2: CBC Implementation Overview

Region 2 is comprised of 30 counties located in north Texas. The region borders Oklahoma and stretches into the Texas Hill Country. It includes areas traditionally known as Texoma and Big Country. The region is primarily rural with two urban areas, Abilene and Wichita Falls. An estimated 1,658 children are in DFPS custody in Region 2.⁴

The SSCC for the region is 2INGage. 2INGage was formed to combine the efforts of The Family Initiative (TFI) and New Horizons. TFI operates in 5 states, specializing in services for children and families involved in the foster care system. New Horizons is an established foster care provider operating multiple programs in the region. 2INGage began as the Region 2 SSCC in June 2018 and entered Stage II in December 2019. They are currently in Stage III, which started in March 2024.

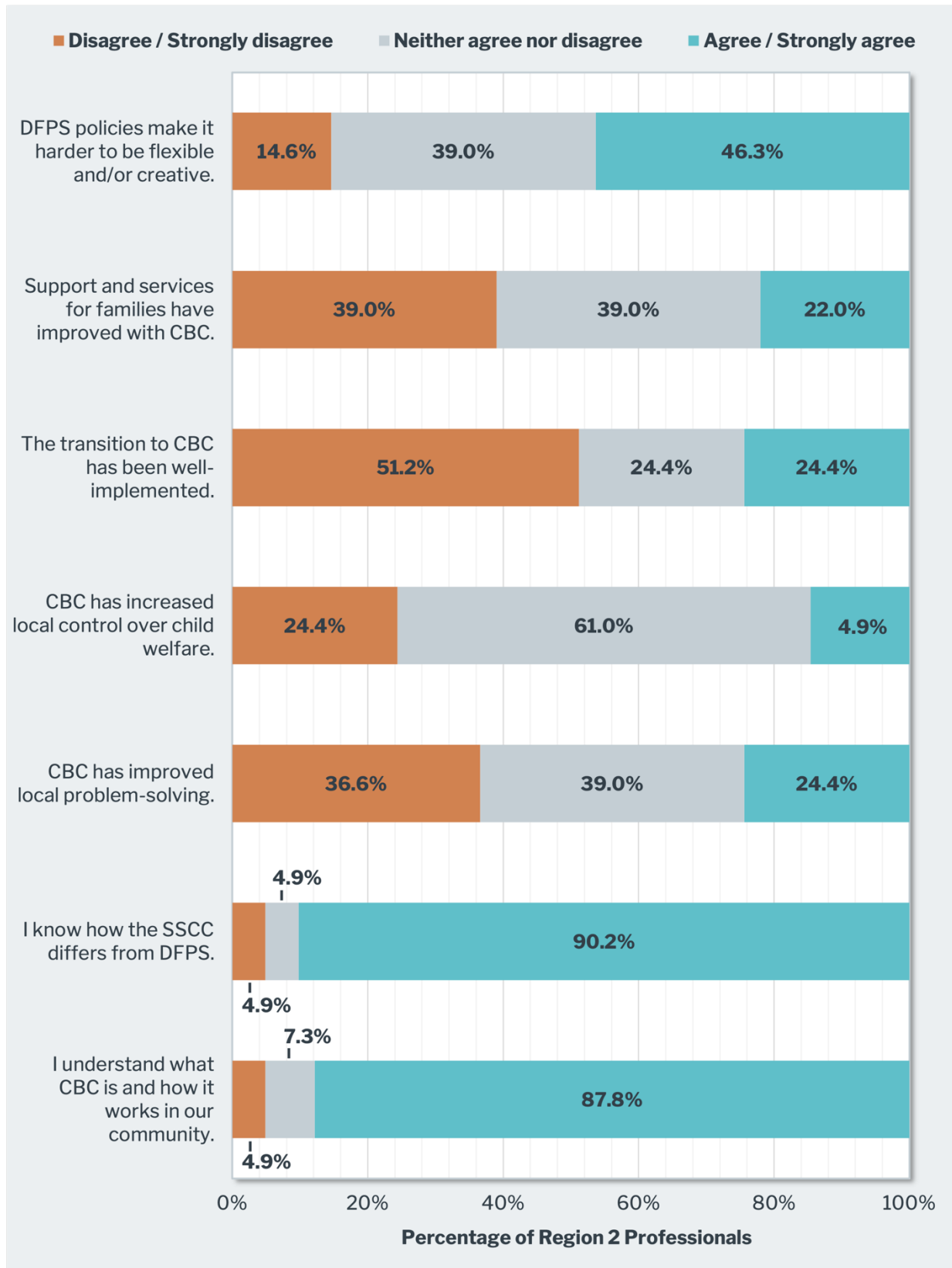
⁴ DFPS online data book. Accessed August 2025.

Figure 11. Region 2 Survey Sample



*Other types of organizations included faith-based organizations, non-profits serving youth in care or aging out of care, primary care providers, schools, and organizations offering mediation and parent education.

Figure 12. Professionals: Overall Perception of CBC in Region 2 (N=41)



Contextual Factors Impacting Implementation

The implementation of CBC in Region 2 has been shaped by the interplay of outer, inner, bridging, and innovation factors, which together created both early advantages and persistent challenges. **Outer context** factors—most notably the region’s rural geography, limited service infrastructure, and continued state-level policy constraints—set structural boundaries on what could be achieved. **Inner context** dynamics, including workforce instability, agency restructuring, and inconsistent internal communication systems, undermined continuity of care and slowed progress toward permanency goals. **Bridging factors** such as the transfer of DFPS staff to 2INgage and longstanding professional relationships initially supported a smoother transition and helped establish trust in the new model. **Innovation factors**, including efforts to improve documentation and coordinate placements, began to shape practice but have not yet been scaled in ways that consistently influence outcomes. While these factors collectively enabled a relatively stable early rollout, persistent workforce turnover, unclear roles and responsibilities, and limited flexibility under state policy have limited the SSCC’s ability to fully meet phase-specific performance goals and sustain improvements over time.

Familiarity and Staffing Continuity in Early Transition

Stakeholders described Region 2’s transition to CBC as relatively smooth, emphasizing the role of DFPS staff who transferred to 2INgage and carried with them longstanding relationships and institutional knowledge. Even a relatively small group of transfers was perceived as having a disproportionately large impact on building trust and operational continuity. One DFPS stakeholder reflected:

“We worked well with 2INgage. I think a lot of the success in the rollout—there were a lot of DFPS employees that ended up going over to 2INgage. Those relationships were built long before even the onset of Community-Based Care.”

Survey data support this perception of early familiarity. In Region 2, 87.8% of professionals reported understanding how CBC works in their community, and 90.2% said they knew how the SSCC differs from DFPS (Figure 12). These numbers are slightly below those of Regions 1 and 3W, but broadly comparable to Region 8B, suggesting that while Region 2 began with a relatively strong base of familiarity, it did not stand out as higher than other CBC regions (Table 4). These findings suggest that bridging factors such as staff transfers and preexisting professional networks helped establish a baseline understanding of the model and fostered early buy-in.

At the same time, survey data highlight the limits of these early advantages. A majority of Region 2 professionals (59.3%) reported that few DFPS staff members chose to transition to the SSCC, which is higher than in Regions 1 (45.8%) or 8B (44.8%) (Table 18). Consistent with this broader capacity shortfall, only 24.4% of Region 2 professionals agreed that the transition to CBC had been well implemented (Table 4). This stands in contrast to stakeholder interviews, which emphasized the stabilizing effect of the DFPS staff who did transfer. The apparent contradiction suggests that while a small number of transferred staff played a disproportionately important role in building trust and continuity for those who worked closely with them, their overall numbers were too limited to shape broader

perceptions across the workforce.

The implication is that Region 2's transition looked smoother up close than it felt systemwide. For some, especially those interacting directly with transferred staff, continuity and familiarity supported confidence in the new model. For many others, however, the limited scale of transfers left frontline gaps and contributed to a sense that the transition was poorly implemented. These divergent experiences eroded shared confidence and set the stage for later challenges in collaboration, case continuity, and performance outcomes.

Overall, Region 2's early CBC implementation experience demonstrates how bridging factors, such as existing professional relationships and partial staffing continuity, can help stabilize the transition and build early confidence in the model. At the same time, the data reveal that these advantages were incomplete; the limited number of DFPS staff who transitioned left residual workforce gaps that continued to influence service delivery and organizational capacity in later phases. This combination of early strengths and unresolved vulnerabilities shaped the trajectory of implementation, creating the conditions for the more complex challenges that followed.

Persistent Workforce Instability and Inexperience Disrupted Continuity

As CBC implementation in Region 2 progressed into later phases, the early advantage of staffing continuity began to diminish. Workforce instability—marked by high turnover, limited experience among new hires, and lower compensation compared to DFPS—emerged as one of the most consistent and disruptive barriers to sustaining case continuity and meeting performance goals.

Survey data underscore the scope of the problem. Nearly nine in ten Region 2 professional respondents (88.2%) rated “high turnover among frontline staff working directly with children” as very or extremely problematic, aligning closely with the cross-regional average of 88.5% (Table 18). In addition, 73.1% reported that SSCC staff lacked experience or had not received adequate training, and 72.2% identified lower SSCC salaries and benefits as a contributing factor, suggesting that both recruitment and retention pressures have hindered workforce stability.

These findings align with interview accounts that described significant difficulties in recruiting and retaining experienced staff once Stage II transferred case management responsibilities from DFPS to 2INgage. One SSCC leader acknowledged the challenge directly:

“Stage II was really hard to fill our positions. A lot of times... we had to fill with applicants that were very new, very green, very raw... It has taken us some time to stabilize the case-management piece.”

This account highlights an **inner context factor**, insufficient experience among new hires, and its impact on CBC's ability to meet quality indicators for timely case planning and service initiation. The lack of institutional knowledge among incoming staff required extended onboarding periods, which in turn slowed progress toward phase-specific performance goals related to safety and permanency.

Judges were particularly attuned to the downstream effects of staffing instability on the progression of cases. Frequent worker changes often delayed court timelines, as one judge explained:

“Every time there’s a case change, I lose about three months of casework... New workers are coming in without a foundation of what resources are available.”

The operational strain created by staffing deficits was further illustrated by an extraordinary instance in which multiple high-level representatives were summoned to court to resolve a single placement decision:

“(There was) a placement of a child (where the judge) ordered 2INGage to arrange a step down placement within 30 days. During a third hearing, the VP of 2INGage from Kansas City, a rep from TFI from Indianapolis, someone from DFPS from Austin, and a caseworker were in my courtroom for a single placement for one kid.”

This example reflects how unresolved frontline staffing challenges cascade upward, consuming leadership capacity that could otherwise be directed toward systemic improvement efforts. It also demonstrates the **bridging context factor** at play—while interagency escalation ensured resolution in this case, the level of coordination required was disproportionate to the task and indicative of a reactive, rather than preventive, system posture.

Survey responses also suggest that retention issues compounded the challenge. More than half (53.8%) of Region 2 respondents reported that DFPS staff who initially joined the SSCC later returned to DFPS or transitioned into supervisory roles, leaving frontline positions unfilled and necessitating ongoing cycles of onboarding and training (Table 18). This churn not only depleted institutional memory but also weakened trust among community partners, as relationships had to be repeatedly rebuilt.

Taken together, these data and narratives show that workforce instability in Region 2 is a critical **inner context barrier** that disrupted case continuity, undermined institutional knowledge, strained interagency coordination, and reduced CBC’s ability to deliver consistent, high-quality care. The tension between survey and interview perspectives, referenced earlier, underscores a central theme: the localized continuity offered by a handful of transfers could not overcome broader workforce gaps, leaving Region 2 vulnerable to persistent instability that shaped its implementation trajectory.

Communication Breakdowns and Role Confusion

One of the most persistent **bridging context** challenges in Region 2 has been the breakdown in interagency communication and the lack of clarity around roles and responsibilities. Although the early workforce transition from DFPS to 2INGage provided some initial continuity, stakeholders across roles described formal and informal communication channels often failed to support effective collaboration. The result was a pattern of siloed decision-making, delayed information-sharing, and missed opportunities for joint problem-solving. As one judge explained:

“There’s just no we’re-in-this-together mentality... It’s very fragmented now... It’s not, ‘Let’s help everyone.’ It’s, ‘I’m here for me.’”

This sentiment reflects a broader concern that CBC in Region 2 has not yet fostered a shared system identity or culture of collaborative accountability.

Survey data support these findings. When asked about communication challenges, 62.5% of Region 2 professionals reported not receiving regular updates as a significant concern, and 60.0% identified information being “unclear or inconsistent” as a barrier to effective practice (Table 28). Additionally, 17.5% cited information arriving too late to act on, and 7.5% reported receiving conflicting guidance from DFPS and the SSCC.

These challenges were not unique to Region 2, but they were more severe than in other CBC regions. For example, 62.5% of Region 2 professionals cited unclear or inconsistent information as a barrier, compared to 34.8% in Region 3W and 38.4% in Region 8B (Table 28). This suggests that despite shared concerns across the state, Region 2 professionals were more likely to experience systemic breakdowns in both the clarity and timeliness of information. In particular, the combination of poor communication and rapid staff turnover created a feedback loop of instability and confusion.

These communication issues directly impacted children and families. Subcontracting agency staff highlighted the lack of notice in placement changes and discharges:

“Initially, we would get no paperwork or documentation. That’s gotten better... but discharges, you may find out the day of or the day before, so you’re not getting the child or family prepared.”

This lack of timely documentation undermined service continuity, limited family engagement, and forced providers to adapt reactively rather than proactively.

Survey data on system-level collaboration also reinforce these concerns. In Region 2, 31.7% of professionals said that ‘key partners don’t understand the SSCC’s role,’ while 58.5% identified ‘unclear roles, responsibilities, or expectations’ as a significant obstacle to collaboration (Table 16). These were among the highest rates for unclear roles across the four CBC regions, suggesting that role confusion in Region 2 remains both widespread and deeply embedded in how professionals perceive and engage with CBC.

These findings suggest that role ambiguity is a deeply embedded issue in Region 2’s CBC environment, complicating coordinated action and creating duplication or gaps in service delivery. As one subcontractor noted, even when communication happens, the absence of agreed-upon responsibilities leads to inconsistent follow-through.

From an implementation science perspective, these communication and role clarity issues are **bridging context barriers** that weaken the connective tissue between DFPS, the SSCC, and local providers. They not only slow the pace of implementation but also impede progress toward phase-specific performance goals by limiting shared accountability for outcomes.

Data Concerns and Lack of Transparency

In Region 2, a significant **bridging and inner context** concern involved perceptions of intentional data manipulation or selective reporting by the SSCC to avoid regulatory

scrutiny or performance penalties. While data accuracy and integrity are foundational to CBC’s performance management approach, legal professionals and other system stakeholders described practices that, in their view, obscured key performance issues—particularly in relation to Children Without Placement (CWOP) and placement stability measures.

One legal professional described what they perceived as a potential workaround to prevent cases from being classified as CWOP:

“They’ve been driving the kids on the road and moving placement every four hours. That way, it doesn’t count as a CWOP.”

This account reflects a stakeholder perception rather than a verified practice. Still, it illustrates how concerns about data integrity (whether grounded in fact or in rumor) can erode trust and transparency. From an implementation standpoint, such perceptions represent a breakdown in the **bridging context**—the trust and openness between SSCCs and oversight entities—making collaborative problem-solving more difficult. While DFPS and SSCCs have multiple checks and balances in place to ensure all children are accounted for, and CQI processes have previously addressed documentation and interpretation issues, the persistence of these perceptions underscores the importance of clear communication and transparency regarding data reporting.

This legal stakeholder framed these concerns as part of a broader pattern of shielding performance gaps from scrutiny, citing discrepancies between the numbers presented by the SSCC and the cases observed in court:

“Well, first of all, I will tell you they’re playing with the numbers. That is very frequent. They are putting trouble cases under supervisors so they don’t show up on reports. My number was 40 percent, but according to 2INgage it was 62 to 70 percent. I see these cases every day. I know where my kids are. Their numbers don’t match mine, and I don’t trust any of the numbers they provide.”

Again, these statements reflect one judicial stakeholder’s perception at the time of data collection rather than a verified or ongoing practice. DFPS oversight processes, including daily reports and CQI reviews, have reportedly since clarified expectations, and supervisors no longer carry caseloads beyond brief reassignment periods during staff transitions. From an implementation standpoint, however, these perceptions illustrate a breakdown in the **bridging context**: when judicial stakeholders question the integrity of reported data, it erodes trust, shifts oversight toward an adversarial posture, and makes collaborative problem-solving more difficult.

Although the survey did not directly capture concerns about data manipulation, related items reveal broader transparency and communication gaps that align with these perceptions. In Region 2, nearly two-thirds of professionals (62.5%) reported that information provided was “unclear or inconsistent” (Table 28)—the highest rate of any CBC region. Additionally, over half (51.2%) cited leadership turnover within the SSCC and DFPS as a significant obstacle to collaboration, and nearly one in five (19.5%) pointed to DFPS and SSCC leadership having “different priorities” (Table 16). This pattern suggests that mistrust

in Region 2 was rooted less in explicit clashes of priorities than in the instability and opacity created by inconsistent information and leadership turnover.

While the frequency of these alleged practices cannot be independently verified within the scope of this evaluation, the fact that they were reported by various stakeholders, including judges, underscores the need for stronger safeguards around data integrity. From an implementation science perspective, these dynamics directly affect phase-specific performance goals. Accurate, timely, and trusted data are essential for monitoring outcomes related to safety, permanency, and well-being. When stakeholders question the integrity of that data, the feedback loop that should drive continuous quality improvement (CQI) instead fuels skepticism, slows decision-making, and diverts attention from service delivery.

Moving forward, Region 2 stakeholders emphasized the need for greater oversight and collaboration in data governance, particularly when such data influences funding decisions, contract renewals, and public confidence in the model itself.

Limited Community Engagement and Public Visibility

A recurring concern among judges, providers, and community partners in Region 2 was that 2INgage had not effectively established its presence within the broader public sphere or invested sufficiently in relationship-building with key local institutions. This limited visibility—an **outer context** factor—created confusion about the SSCC’s role and hindered integration into the existing child welfare ecosystem. Unlike the long-standing public recognition of CPS, many stakeholders described 2INgage as largely unknown outside of its immediate network.

“They didn’t meet with the schools. They didn’t meet with the police departments... Even now, if you walk in and say you’re with CPS, they know. If you say you’re with 2INgage, they’re like, ‘Who’s that?’”

This observation underscores a critical implementation gap: without proactive outreach to community-facing institutions such as schools, law enforcement, and local service providers, CBC remains siloed rather than embedded in the network of systems that collectively influence child safety, permanency, and well-being. The absence of consistent early engagement also limits the SSCC’s ability to leverage community resources or cultivate trust with potential referral partners.

Survey data reflect these concerns. When asked about DFPS strategies to build stakeholder awareness of CBC, only 31.7% of Region 2 professionals reported that DFPS emphasized a shared mission of helping children and families, and just 24.4% indicated that DFPS spoke positively about CBC during the transition (Table 27). Notably, over half of Region 2 respondents (51.2%) selected “I’m not sure”—the highest level of uncertainty across all CBC regions, compared to 25.0% in Region 1, 26.9% in Region 3W, and 42.0% in Region 8B (Table 27). This pattern suggests that outreach efforts were either not visible or not perceived as impactful by those working within the system.

The implications of this outreach gap are substantial for the implementation of CBC. In schools, it meant educators were not consistently informed about changes in point-of-contact or service protocols for foster children. In courts, it translated into judges and

attorneys spending additional time clarifying agency responsibilities. Without a visible, place-based presence and consistent public engagement, the SSCC's ability to coordinate effectively and gain buy-in from non-child-welfare partners remains limited.

From a phase-specific perspective, this lack of engagement constrains CBC's ability to achieve long-term goals in stability and well-being. During the preparation and early implementation phases, outreach is crucial for setting expectations, clarifying roles, and mobilizing community resources. In the sustainment phase, it becomes the foundation for collaborative problem-solving and shared accountability. Region 2's experience illustrates how delayed or insufficient engagement early on can leave SSCCs playing catch-up in later phases, often at the expense of timely service coordination and trust-building.

Structural Inflexibility and Constraints on Local Innovation

While CBC was designed to increase flexibility and encourage local innovation in service delivery (**innovation factor**), Region 2 stakeholders described a system that continued to operate under DFPS's bureaucratic culture and constraints. SSCC and subcontracting agency staff reported that, despite new leadership and contracting structures, their ability to adapt services to local needs was limited by prescriptive training requirements, rigid documentation protocols, and narrowly defined service expectations. As one provider put it:

"If, in the end, all we're doing is ensuring that new providers... are doing exactly what DFPS did, then what's the point?"

This sentiment reflects a perception that CBC's structural framework has not meaningfully shifted practice or empowered local decision-making. Instead, many described operating under similar rules but with added administrative layers.

Judges similarly noted that the operational structure of CBC did not simplify or clarify roles but instead introduced new layers of confusion and administrative burden:

"There are more cooks in the kitchen now... instead of just doin' soup and salad, we're all doin' a buffet. Everybody's doin' their own thing."

Both quotes highlight a discrepancy between the model's intended purpose — flexibility, responsiveness, and innovation — and the lived experience of those implementing it. When stakeholders perceive that system changes add complexity without improving outcomes, enthusiasm for reform suffers, and opportunities for creative, community-specific solutions may be lost.

Survey data further highlight the degree of organizational confusion experienced in Region 2. Over half (58.5%) of professionals identified "unclear roles, responsibilities, or expectations" as one of the biggest obstacles to collaboration. Additionally, 51.2% cited "leadership turnover within the SSCC and DFPS," and 51.2% pointed to "limited opportunities for joint training or shared learning" (Table 16). These findings suggest that, despite CBC's promise of local flexibility, professionals continued to operate in an environment shaped by top-down requirements, inconsistent guidance, and a lack of alignment between DFPS and SSCC leadership.

From an implementation science perspective, these findings highlight the tension between

innovation and **outer context constraints**. In Region 2, however, rigid requirements, compounded by leadership turnover and limited opportunities for collaborative training, curtailed the very innovation the model was designed to foster.

Emerging Improvements and Continuing Challenges

Despite widespread critiques of CBC implementation in Region 2, several stakeholders acknowledged areas of progress, particularly in documentation and placement coordination. SSCC representatives reported that although early implementation was marked by instability, incremental improvements in processes and staffing practices were beginning to stabilize the system:

“We’re seeing some progress... you give us four or five years, there’s gonna be some great work being done.”

This perspective reflects a forward-looking confidence from within the SSCC that operational stability is gradually improving, even if systemic change will take years to materialize. The emphasis on a multi-year horizon underscores that stakeholders view CBC implementation not as a quick fix but as a process requiring sustained investment and adaptation.

“It’s gotten better. We’re getting documentation now... As far as placement, that has improved a lot.”

This comment highlights perceived improvements in administrative processes and placement coordination. Improved documentation enhances case continuity and decision-making, while better placement processes can reduce disruption for children. However, these gains were described as emerging rather than fully established, indicating that improvements are still uneven across the region.

While these improvements were often attributed to internal efforts by 2INgage, survey responses suggest that Region 2 professionals remained cautious in their overall assessment of CBC’s impact. In response to questions about the overall perception of CBC, just 24.4% agreed that CBC had improved local problem-solving, 22.0% said that support and services for families had improved, and only 14.6% agreed that local control over child welfare had increased (Figure 12). These ratings placed Region 2 among the lowest across all four CBC regions. Regions 3W and 8B reported substantially higher levels of agreement, often exceeding 60%. At the same time, Region 1’s ratings were also generally higher than those in Region 2, though still well below the more favorable perceptions observed in 3W and 8B (Table 4).

These findings highlight a key implementation challenge: while stakeholders inside the SSCC can point to specific process improvements, the broader system has not yet experienced—or perceived—these changes as translating into meaningful gains in service quality or collaboration. From an implementation science perspective, this gap between internal progress and external perception is significant. Without visible, measurable improvements in phase-specific performance goals, stakeholder skepticism may persist, limiting buy-in and slowing momentum.

Region 2’s implementation trajectory underscores how contextual factors—outer, inner,

bridging, and innovation—can shape both the pace and quality of CBC rollout, as well as progress toward phase-specific performance goals in safety, permanency, and well-being. Outer context realities, including the region’s rural geography, limited service availability, and state-level policy constraints, set structural boundaries within which the SSCC must operate. Inner context challenges, most notably persistent workforce instability, role confusion, and leadership turnover, have undermined continuity of care and slowed performance gains. Bridging factors, such as preexisting relationships and the transfer of DFPS staff to 2INgage, initially facilitated a smoother transition and high levels of early understanding of CBC’s structure and purpose. However, these early advantages eroded as turnover persisted and communication pathways failed to evolve into consistent, collaborative channels. Innovation factors, such as efforts to enhance documentation and placement coordination, show promise but have not yet been scaled or sustained to the degree necessary to shift broader system perceptions.

Best Practices, Strengths, Barriers, and Challenges

Strengths and Best Practices During CBC Implementation

Despite persistent workforce and resource challenges, stakeholders across Region 2 identified several promising practices and agency-led innovations that have strengthened CBC implementation under 2INgage. These included strategies to accelerate kinship placements, improve caregiver supports, address workforce shortages, and expand localized service access through community partnerships. Although implementation hurdles remain, these best practices demonstrate how Region 2 stakeholders have leveraged local insight and organizational adaptability to mitigate system constraints.

Accelerated Kinship Placement Through Preliminary Home Studies

One of the most consistently praised innovations in Region 2 has been the use of preliminary home studies to expedite kinship placements. This practice allows children to be placed with relatives on a provisional basis, following safety checks and a basic walkthrough, while the full home study is completed later. Stakeholders noted that this approach significantly reduces the number of shelter stays and promotes early placement stability. As a SSCC supervisor observed:

“We can get a child placed within two to three days as long as we can clear the background checks and do a quick home visit. That means the child is with family instead of waiting in a shelter.”

This accelerated process was widely regarded as both trauma-informed and practical, particularly in a region where delays in placement are compounded by limited foster home availability. It also aligns with CBC’s core goal of prioritizing placement with kin and reducing the disruptions associated with temporary institutional settings.

Targeted Training and Role Specialization for Kinship Support

Stakeholders also highlighted Region 2’s investment in kinship support through specialized staffing roles and training tailored to the unique needs of relatives caring for children. Kinship caregivers were described as often overwhelmed by documentation requirements and system complexity, particularly when not fully informed of their rights and available

resources.

“Kinship caregivers often don’t know what they’re entitled to. If you don’t have someone walking them through it, they get overwhelmed and frustrated and may give up.”

To address this, 2INgage created and implemented kinship-specific roles designed to guide families through the licensing, reimbursement, and system navigation processes. This strategy helped build trust with families and improve placement stability, which is especially important given the region’s rural geography and caregiver isolation. Survey findings reinforce this need: over half of Region 2 respondents (54.8%) identified support for kinship families as one of the most pressing needs for caregivers (Table 22).

Flexible Staffing Models to Address Workforce Shortages

Workforce instability remains a significant barrier in Region 2, but stakeholders acknowledged efforts by 2INgage to creatively fill gaps through flexible staffing models. These included hiring part-time or contract caseworkers, re-engaging retired DFPS staff, and using temporary staff to ensure case continuity. As a legal professional noted:

“They’re bringing in retired workers for short-term contracts—it helps with continuity while they try to hire permanent staff.”

While these solutions do not address systemic turnover, they were seen as indicators of organizational responsiveness and a willingness to maintain service continuity during workforce transitions. This practice mirrors adaptive strategies observed in Region 1, where agencies also experimented with interim staffing to offset shortages, though Region 2 stakeholders emphasized that continuity remained more fragile overall.

Improved Service Access Through Local Partnerships and Supports

To address barriers related to transportation and service fragmentation, stakeholders described new efforts to co-locate child welfare staff, behavioral health providers, and community partners in shared spaces. These community-based “hubs” reduced travel burdens for families and fostered stronger coordination between providers.

“In our town, they’ve set up a space where the CASA, a therapist, and the case manager all work out of the same building. Families don’t have to go to three places.”

This approach was particularly valuable in rural counties, where limited service infrastructure and long distances often hinder timely access to services. Stakeholders described how co-location helped reduce missed appointments, improve communication, and build stronger relationships between families and providers. Such partnerships echo similar models piloted in Region 8B but were described as especially critical in Region 2, where service deserts remain acute.

Engaging Legal and Judicial Stakeholders

Finally, several stakeholders highlighted the need for improved collaboration between the SSCC and the legal system. Judges and attorneys noted that SSCC staff were increasingly

consistent in attending hearings, prepared with case updates, and responsive to judicial concerns. As a regional judge stated:

“We’re starting to see more cooperation from 2INgage. They show up prepared, they follow up faster, and they include us in planning. That wasn’t always the case two years ago.”

This renewed trust was viewed as a critical step forward following earlier implementation challenges marked by skepticism and strained relationships. Stakeholders agreed that sustained investment in judicial engagement would be essential to support future reforms, improve permanency outcomes, and reduce court delays.

Taken together, these strengths illustrate the region’s capacity to respond to ongoing system constraints through targeted innovation, localized collaboration, and investment in family-driven supports. While Region 2 continues to face considerable implementation challenges, these best practices highlight key areas of progress and offer promising strategies for scaling and sustaining efforts. From an implementation science perspective, they demonstrate how inner and bridging context adaptations, such as kinship roles, staffing flexibility, and judicial engagement, can mitigate outer context constraints and move CBC closer to its phase-specific performance goals.

Barriers and Challenges Encountered During Implementation

While Region 2 has introduced innovative practices and promising efforts to expand kinship placements, service alignment, and local coordination, stakeholders across roles identified a set of persistent and interlocking barriers that have constrained progress. These barriers include high workforce turnover, limited placement capacity, and service shortages, particularly in rural areas, as well as regulatory pressures that many described as counterproductive. Survey data, focus group narratives, and stakeholder interviews consistently emphasized how these challenges have undermined both the consistency and quality of care, and in many cases, diminished system trust. This section examines each of these barriers, situating them in a cross-regional context to understand the scope, distinctiveness, and implications for long-term CBC sustainment in Region 2.

Persistent Workforce Instability and Staffing Gaps

Workforce instability emerged as the most persistent and system-wide barrier to CBC implementation in Region 2. Stakeholders across various roles described a deeply strained system characterized by high turnover, inadequate training, unclear expectations, and poor employee retention. These challenges disrupted case continuity, delayed service delivery, and weakened trust among families, caregivers, and professionals. As one judge observed:

“Basically, the joke around my area is if you’re breathing, you can get a job... the turnover is very problematic and nonstop.”

Survey data confirm the breadth and severity of these challenges. In Region 2, 88.2% professionals identified turnover among frontline staff as very or extremely problematic, a rate virtually tied with Region 1 and higher than in Regions 3W and 8B (Table 18). While turnover was a concern in all CBC regions, Regions 1 and 2 appear to be disproportionately affected due to fewer DFPS-to-SSCC transfers, lower compensation, rural hiring

challenges, and training gaps. These factors were less pronounced in Regions 3W and 8B, which helped explain notable differences in workforce stability across the four areas.

Additionally, 73.1% of Region 2 respondents reported that the SSCC workforce lacked experience or had not received adequate training, underscoring concerns about unprepared new hires, inconsistent onboarding, and the overextension of inexperienced staff. As one subcontractor described:

“New folks come in green and are thrown into chaos with no roadmap. They burn out before they even figure out the job.”

These staffing gaps were worsened by structural recruitment challenges. In Region 2, 72.2% of respondents stated that SSCC salaries and benefits were lower than those of DFPS. In comparison, 59.3% reported that few DFPS staff members chose to transition to the SSCC, and 53.8% indicated that those who did often left or changed roles (Table 18). These findings suggest a breakdown in workforce continuity between the legacy system and CBC, a disconnect that created instability at a time when continuity was most needed. One SSCC leader explained:

“We don’t pay what they can go to larger cities and get.. There’s not a lot of leverage from a pay standpoint.”

A widespread lack of clarity about changing roles, responsibilities, and expectations further exacerbated workforce strain: survey data from Table 30 show that Region 2 professionals reported the lowest levels of clarity across the state regarding communication from both DFPS and SSCC leadership. When asked to rate how clearly DFPS communicated upcoming changes and expectations, only 3.1% of Region 2 professionals said communication was “extremely clear,” and just 15.6% said it was “very clear,” while over a third (34.4%) said it was “not clear.” Perceptions of the SSCC’s communication were even lower: 40.6% said it was “not clear,” and none rated it “extremely clear.”

These patterns reflect broader trends. Across all professionals surveyed, only 5.8% rated DFPS communication as “extremely clear,” and 10.4% as “very clear,” while over 83% rated it as either “somewhat” or “not” clear. Similar proportions applied to SSCC communications, where just 8.1% of professionals across the state said the SSCC was “extremely clear” in outlining changes or expectations (Table 30). These low clarity ratings, mainly concentrated in Region 2, undermined confidence and consistency during implementation. One frontline staff member remarked:

“We were already overwhelmed, and then the guidance was murky. Every week it felt like we were waiting for answers that never came.”

This lack of clarity spilled into broader implementation dynamics. In Region 2, 58.5% of professionals cited unclear roles, responsibilities, or expectations as one of the biggest obstacles to collaboration, and 31.7% said that key partners did not understand the SSCC’s role (Table 16). More than half also identified leadership turnover within both DFPS and the SSCC as a significant challenge, which further exacerbates confusion and strains team cohesion during transitions.

These breakdowns in communication and role clarity also manifested in day-to-day

operational inefficiencies. According to Table 28, 60.0% of Region 2 professionals said that “not receiving regular updates” was a significant communication challenge, while 62.5% reported that “information is unclear or inconsistent.” These barriers hindered coordination among DFPS, SSCC staff, and service providers, directly contributing to staff burnout. One subcontracting agency supervisor reflected:

“We spent so much time cleaning up misunderstandings—wrong info in the file, people not getting messages, providers not being told about changes. It adds up and wears people out.”

Lack of coordination affected not only logistics but also the quality of relational engagement between families, youth, and the system. In the caregiver survey, 30.8% rated “getting connected to services and support” as “good” and 12.5% rated it as “excellent” (Table 7). Among parents, 35.5% rated this item as “good” and 14.5% as “excellent” (Table 8), while in the youth survey, 40.7% rated it as “good” and 15.8% as “excellent” (Table 9). Patterns were similar for other key measures of engagement: for example, only 31.4% of caregivers, 42.2% of parents, and 33.3% of youth rated “being kept informed about the child’s case” as “good,” with “excellent” ratings ranging from 8.6% to 12.9% across these groups. These consistently modest ratings indicate ongoing gaps in communication and engagement, issues that stakeholders attribute directly to staffing instability, weak communication systems, and inconsistent supervisory follow-through.

Professionals widely agreed on what would help. In Region 2, 80.0% identified “hiring and retaining experienced caseworkers to support case continuity” as the most pressing agency need—the highest rate across the four CBC regions (Table 37). Other frequently cited needs included recruiting and supporting foster families (62.5%).

Across regions, professionals identified a core set of strategies as especially effective for strengthening both workforce stability and system coordination. In the communication domain (Table 29), more than 80% rated “open and honest communication with external system partners” (86.0%), “clear roles and accountability” (83.3%), and “regular, structured communication” (81.7%) as “very” or “extremely” helpful. In the collaboration domain (Table 31), the highest ratings were for “consistent messaging from DFPS and the SSCC” (82.8%) and “better understanding of the SSCC’s role and authority” (80.8%).

These findings reinforce what stakeholders emphasized throughout interviews:

“It’s not just about pay. It’s about structure. People need to know what’s expected, have the right tools, and feel like someone has their back.”

In sum, Region 2 faces a layered and persistent workforce crisis that undermines all phases of CBC implementation, from recruitment and retention to supervision, collaboration, and service delivery. These challenges stem not only from low pay and high turnover, but also from gaps in communication, role clarity, joint training, and alignment between DFPS and the SSCC. From an implementation science perspective, these barriers represent both **inner context** constraints (workforce instability and supervision) and **bridging context** breakdowns (role confusion and weak interagency collaboration).

Breakdowns in Service Coordination and Follow-Through

Even when staff were in place, Region 2 stakeholders consistently described pervasive breakdowns in service coordination that hindered timely access to supports, delayed court-ordered services. They left caregivers and youth without clear points of contact. These gaps were not isolated incidents, but systemic patterns linked directly to earlier issues of workforce instability, communication fragmentation, and underdeveloped infrastructure for care coordination.

Survey data underscore the widespread concern across various roles. When asked to rate the timeliness of service delivery for children and families, only 25.6% of Region 2 respondents said it was “good,” and none rated it as “excellent”—the lowest “excellent” rating of all four regions (Table 14). Nearly 60% rated timeliness as only “fair,” and another 15.4% said it was “poor.” These delays were attributed in interviews to frequent caseworker transitions, staff unfamiliar with case histories, and disjointed referral processes. One SSCC subcontractor explained:

“There are just too many handoffs. You finally get a referral out, but then no one follows up. Families feel like they’re left on their own.”

Professionals also reported serious concerns about the availability of appropriate placements and related services. In Region 2, 47.5% of survey respondents rated the availability of placements that meet children’s needs as “poor,” the highest of any region. Only 5% said placement availability was “excellent.” Similarly, 28.9% rated support services for foster families as “poor,” and 34.2% gave the same rating for kinship supports. Caregivers in interviews described struggling to access behavioral health supports, caseworker guidance, or respite during crises:

“There are no real supports unless you push and push. And then, sometimes, it’s already too late.”

These coordination gaps directly affected caregivers’ ability to support children in their homes. In the caregiver survey (Table 7), 31.4% rated “being kept informed about the child’s case” as “good,” and 8.6% rated it as “excellent.” For involvement in decisions about the child, 29.8% gave a “good” rating and 9.1% rated it “excellent.” Timely responses from staff were similarly limited, with 29.0% rating this “good” and 11.2% rating it “excellent.” One caregiver described the compounding effect of miscommunication and lack of follow-through:

“We never know what’s next. We’ll go weeks without hearing anything. And when we finally do, it’s to tell us we missed a visit or a service that no one told us about in the first place.”

Youth perspectives echoed these concerns. In the youth survey (Table 9), 33.3% rated “being kept informed about their case” as “good” and 11.5% rated it as “excellent.” For involvement in decisions about them, 33.5% gave a “good” rating and 11.6% rated it “excellent.” Ratings for “getting connected to services and support” were somewhat higher, with 40.7% selecting “good” and 15.8% selecting “excellent.” Youth and legal professionals alike emphasized how breakdowns in coordination created inconsistent follow-through on

court-ordered services and contributed to placement instability.

As one youth advocate explained:

“When caseworkers leave or don’t follow up, kids miss services. They bounce around more. Nothing gets done unless someone fights for it—and even then, it’s slow.”

Stakeholders linked these coordination breakdowns to upstream failures in information flow, role clarity, and follow-through infrastructure. In interviews, participants described situations in which referrals were never sent, court orders were overlooked, or providers received insufficient information to initiate services. Judges reported frequent delays in implementation of court mandates:

“We can’t move forward if services don’t happen on time. Families miss their window, kids lose momentum. The system stalls out.”

Despite the intent of CBC to improve local coordination, Region 2 professionals reported that the lack of a unified platform or shared documentation system made follow-through unreliable. Referrals often happened by email, with no centralized tracking or accountability. One provider noted:

“We’re constantly playing phone tag. There’s no system that tells us who is doing what or whether something actually happened.”

These coordination gaps affected not only service delivery but also trust and confidence. Caregivers reported having to retell their stories multiple times and re-explain their needs to each new caseworker. Youth with lived experience reported feeling unseen and unsupported. Several described being unsure what services were available or how to ask for help:

“You get told someone will check on it, but then nothing. After a while, you stop asking.”

Overall, the breakdown in service coordination reflected the intersection of structural instability (staff turnover), systemic communication failures (unclear roles and inadequate updates), and operational gaps (a lack of tracking and oversight). This combination resulted in delayed or missed services, placement disruptions, frustrated caregivers, and courts unable to rely on consistent follow-through.

In all, Region 2’s implementation of CBC has been significantly weakened by persistent gaps in service coordination. These gaps were repeatedly tied to staffing disruptions, communication breakdowns, and the absence of a coherent infrastructure to track and monitor service delivery. Survey data across DFPS and SSCC staff, providers, community and legal professionals, caregivers, and youth populations reinforce that services are often delayed, inconsistent, or incomplete, undermining CBC’s core goal of providing responsive, community-based supports.

Gaps in Placement Capacity and Stability

A persistent shortage of appropriate placements emerged as a central barrier to CBC implementation in Region 2. Stakeholders across roles described an overloaded system with limited options for matching children to the settings best suited to their needs. These challenges were particularly acute for older youth, children with behavioral health needs, and sibling groups. The result, according to participants, was a cycle of delayed placements, emergency shelter stays, and high rates of placement disruption that undercut permanency planning and strained already fragile relationships with caregivers and courts.

Survey data strongly support these concerns. In Table 14, 47.5% of Region 2 professionals rated the availability of placement options that meet children's needs as "poor"—the highest percentage across all four CBC regions. Only 5% rated placement availability as "excellent," underscoring a systemic shortfall in capacity. These patterns were corroborated in interviews, where SSCC and DFPS staff reported that finding beds for youth, especially those with behavioral or therapeutic needs, often required extensive out-of-region searches or left youth in temporary settings for extended periods.

One subcontractor staff member described the routine nature of placement shortages:

"We're on the phone for hours some days, trying to find one bed. And it's not about being picky—it's just about finding something safe."

These limitations in placement options were not only logistical but emotional. Several stakeholders described how youth were frequently relocated without explanation, sometimes in the middle of the night, with little time to prepare or understand the reason. This instability had consequences for emotional regulation, educational continuity, and therapeutic progress. A judge in Region 2 expressed concern about the cumulative effect of unstable placements:

"It's really hard to work toward healing when a child doesn't know where they're going to be next week. We're losing momentum every time a move happens."

Caregivers also emphasized that limited placement options often meant children were mismatched with homes that were not equipped to meet their needs. Without adequate wraparound supports, caregivers found themselves overwhelmed, and placements were frequently disrupted. In the survey, only 40.2% of caregivers reported receiving "good or excellent" timely responses from SSCC or DFPS staff, and fewer than half said they were connected to services or received support to maintain regular visits (Table 7). These experiences translated into a lack of confidence in the system's ability to sustain placements or prevent disruptions.

"They placed a teen with us with major trauma, no therapist lined up, and no one checked in for a week. We had to call and escalate just to get help."

Youth perspectives reinforced these concerns. According to Table 9, professionals and youth rated the system poorly on keeping youth informed and engaged in their own cases. When asked about youth being kept informed, only 11.5% rated this as "excellent" and

33.3% as “good,” while 35.1% rated it “fair” and 20.1% said it was “poor.” Similarly, only 11.6% rated youth involvement in decisions as “excellent” and 33.5% as “good,” with 32.4% saying “fair” and 22.5% “poor.” Ratings for youth understanding what’s expected and what support is available were somewhat better—15.8% excellent and 40.7% good—but still 26.6% fair and 16.9% poor. These ratings reveal that fewer than half of youth are consistently informed, engaged, or supported in ways that reflect best practice in youth-centered care.

As one youth participant shared:

“They just told me, ‘Get your stuff, we’re leaving.’ I didn’t know where I was going or why. It felt like nobody cared.”

SSCC and subcontractor staff noted that placement challenges were not simply about quantity, but also about type and location. In rural counties especially, stakeholders described a complete absence of certain levels of care, such as therapeutic foster homes, emergency respite, or transitional living programs for older youth. This meant children were routinely placed far from their families, communities, and schools, undermining both the “community-based” goals of CBC and efforts to maintain sibling connections or reunification plans. As one staff member explained:

“We may have five kids coming into care in one week and not a single home within 100 miles. We’re working with what we’ve got, but it’s not enough.”

Survey results also suggest that placement instability may be further reinforced by insufficient services to support stabilization. Across Region 2, 28.9% of respondents rated support services for foster families as “poor,” and 34.2% rated services for kinship caregivers the same—both among the highest levels of concern in the state (Table 14). Without those supports in place, caregivers were often left to manage crises alone, increasing the likelihood of placement breakdowns. As one foster parent described:

“We didn’t want to give notice, but we were drowning. No help, no updates, just silence.”

Collectively, these patterns point to a systemic placement landscape that lacks the capacity, specialization, and stability required to meet children’s needs under CBC. While some stakeholders acknowledged recent efforts to recruit and retain foster homes, many emphasized that capacity-building alone would not be enough. As one SSCC staff member stated:

“We can’t just keep adding beds. We need the right homes, the right training, the right supports—otherwise it’s just setting people up to fail.”

Overall, Region 2’s CBC implementation has been significantly constrained by persistent placement shortages, limited options for high-needs youth, and inadequate stabilization supports for caregivers. These challenges have disrupted permanency planning, increased emotional distress among children and youth, and weakened the credibility of CBC among court partners and providers. Survey and interview data converge on a clear takeaway: without a more substantial and diversified placement array, anchored in local communities

and supported by robust wraparound services, CBC cannot fulfill its promise of responsive, community-driven care.

Limited Access to Behavioral and Mental Health Services

Persistent gaps in access to behavioral and mental health services emerged as one of the most urgent and cross-cutting barriers to CBC implementation in Region 2. Stakeholders across the child welfare system described a fragmented behavioral health landscape characterized by long waitlists, few local providers, limited specialization, and systemic disconnects between CBC, STAR Health, and Medicaid systems. These challenges were especially acute in rural counties, where youth and families often went without critical therapeutic support altogether.

Survey data reinforce the centrality of this concern. In Table 19, 76.0% of professionals across regions identified mental health services, especially providers who accept STAR Health/Medicaid, as the most pressing need for youth in care. In Region 2, 62.8% of respondents reported that a lack of local services and providers was a top need for youth, the highest rate among all CBC regions (Table 20). These gaps were frequently cited by SSCC and subcontractor staff, who described the difficulty of securing timely, consistent care for youth with high clinical needs. One provider summarized the issue:

“Even when we get a referral in, there’s no one in the area to take the case. Families are waiting months, and kids are going without treatment that should’ve started yesterday.”

The consequences of these delays were far-reaching. Caregivers described how the absence of accessible counseling or psychiatric support often led to crises in the home, placement disruptions, or increased involvement with law enforcement. As one caregiver shared:

“We were trying to hold things together, but the therapist was two towns away and booked for weeks. By the time someone saw him, he’d already been moved again.”

Placement instability was closely linked to the lack of behavioral health resources. Multiple SSCC and DFPS staff noted that when youth presented with behavioral challenges, the response often defaulted to placement changes rather than targeted clinical intervention. This pattern was particularly harmful for older youth and those with trauma histories. As one frontline caseworker explained:

“We end up moving kids who actually just need therapy. But if that therapy isn’t available—or takes weeks to start—there’s no way to stabilize the placement.”

These challenges were compounded by widespread frustration with the STAR Health and Medicaid systems. Stakeholders reported that even when services were technically covered, provider refusals, low reimbursement rates, and administrative hurdles often made it impossible to get timely care. In several interviews, participants described needing multiple authorizations, delayed service starts, or providers who would only see youth “after

hours” or on a limited basis. One SSCC manager described the disconnect:

“We’re told services are available through Medicaid, but then no one takes it. Or the ones who do are full. It’s a closed loop—you keep making calls but get nowhere.”

This frustration extended to court professionals, who emphasized the challenges of enforcing therapeutic recommendations or court-ordered services when the system lacked the capacity to deliver them. As a Region 2 judge noted:

“We’re ordering services that simply don’t exist. Families are being told to comply, but there’s no provider within 100 miles who will take the case.”

Several Region 2 stakeholders explained that local standing orders can unintentionally conflict with CBC measures (e.g., proximity, siblings-together, placement stability). Examples included requirements to search statewide and prioritize any immediate foster family setting, even when that means splitting siblings or necessitating an additional move within 24–48 hours. Stakeholders emphasized that these court-driven conditions, coupled with limited regional provider capacity (e.g., therapy, family counseling, psychiatric care), can make it appear that SSCCs are under-performing when, in practice, they are operating within externally imposed constraints. They recommended adding contextual notations to performance reviews and engaging with judges earlier, to align orders, timelines, and available services.

The lack of locally available, trauma-informed services also disproportionately affected youth living in the most rural parts of the catchment area. One subcontractor staff person pointed out:

“Our rural families can’t get to the services even if they exist. We’ve got one bilingual therapist in the area, and she’s booked out six months.”

Despite the SSCC's efforts to expand capacity through subcontracting and recruiting local providers, stakeholders agreed that the regional provider network remained severely underdeveloped. Youth with higher acuity needs, including those with prior psychiatric hospitalizations, histories of sexual trauma, or aggressive behavior, were often placed in homes without the therapeutic scaffolding needed to succeed. This put undue stress on caregivers and staff alike. As one supervisor noted:

“We’re asking caregivers to manage really complex needs without the tools. It’s unfair to them, and it’s not safe for the kids.”

In summary, limited access to behavioral and mental health services is one of the most pressing and systemic barriers to the implementation of CBC in Region 2. Survey data and stakeholder interviews converge on a clear picture: families are waiting too long, driving too far, and navigating systems that are too fragmented to deliver timely, coordinated care.

Coordination Gaps Between DFPS, SSCCs, and the Courts

Persistent role confusion and coordination gaps between legal stakeholders, SSCC staff, and DFPS attorneys have significantly impacted the implementation of CBC in Region 2.

Across stakeholder groups—judges, attorneys, DFPS staff, and SSCC representatives—there was a shared concern that legal processes had become more fragmented, with diminished communication, unclear expectations, and disruptions at the case level in court preparation and representation.

Survey data corroborate these concerns. Nearly half of all professional respondents (48.1%) agreed or strongly agreed that case information is not updated in a timely manner, and a majority (60.8%) agreed that caseworkers often lack important historical context about the case—both of which complicate court proceedings and hinder permanency planning (Table 5). As one judge explained:

“We’re getting reports with missing attachments, no timelines, or things that contradict earlier filings. It’s hard to make a decision when you can’t trust the information.”

Attorneys and CASA advocates echoed similar concerns. Several described showing up in court without having received updated reports or being forced to ask for continuances because critical documents were missing. One ad litem explained:

“Sometimes I don’t even know who to call. DFPS says it’s the SSCC’s case, the SSCC says it’s still DFPS’s job to handle court prep. Meanwhile, the hearing is happening, and no one has the full picture.”

This ambiguity reflects broader challenges with role definition and interagency coordination. According to survey findings (Table 5), fewer than one in four professionals (22.7%) agreed or strongly agreed that SSCCs are unclear about what DFPS attorneys need for court. In contrast, nearly half (45.5%) neither agreed nor disagreed, suggesting substantial uncertainty or lack of direct knowledge about this issue. In addition, 39.9% agreed or strongly agreed that communication between DFPS and SSCC legal teams is inconsistent, indicating that perceived coordination problems remain a concern for a significant share of respondents.

Several stakeholders attributed these breakdowns to the lack of clear protocols and training on court-related responsibilities. A subcontractor staff member noted:

“We weren’t given any real roadmap for how the court side of things should work. We’re learning as we go, but that means mistakes are made.”

Survey responses from legal professionals reinforce these concerns. According to Table 39, just 6.7% of legal stakeholders said they “always” receive timely case updates from SSCC staff, while 46.7% reported that updates arrive “some of the time,” and 8.9% said “never.” Similarly, Table 6 shows that only 9.3% of legal professionals said that SSCC staff “always” come to court prepared with accurate and complete case information. Stakeholders noted that these delays and gaps in preparation undermined trust in CBC implementation and created unnecessary pressure on legal teams. One legal professional explained:

“There’s too much last-minute scrambling. We get updates the night before or the morning of, and it doesn’t give us time to consult with our clients or raise objections.”

Table 39. Legal professionals: Perception of SSCC timeliness in providing case updates

Item	N	Never	Some of the time	About half of the time	Most of the time	Always
Frequency of receiving case updates from SSCC staff in time to adequately prepare for court	45	8.9%	46.7%	15.6%	22.2%	6.7%

These communication breakdowns also placed strain on court calendars. Judges reported that hearings were delayed or prolonged because of inaccurate or incomplete information, and some noted an erosion of trust in CBC casework. As one judge stated:

“I’ve had to push back hearings or request new reports because what I got wasn’t sufficient. That wastes everyone’s time, but more importantly, it affects kids and families waiting for decisions.”

These communication breakdowns also reflect gaps in court preparation workflows. Table 40 shows that 42.5% of professionals said they receive last-minute requests from DFPS for case updates before hearings “some of the time”, and 25.0% said they “never” receive such requests—indicating poor planning and weak cross-agency communication norms.

Table 40. Participant perception of the frequency of receiving last-minute requests from DFPS for case updates before a hearing?

Role	N	Never	Some of the time	About half of the time	Most of the time	Always
Legal professionals (external to DFPS)	39	12.8%	35.9%	12.8%	15.4%	23.1%
Professionals working for DFPS, SSCC, or CW agencies	41	36.6%	48.8%	2.4%	12.2%	0.0%
Overall	80	25.0%	42.5%	7.5%	13.8%	11.3%

The impact of these challenges extended beyond courtrooms. Legal confusion and procedural delays often slowed permanency planning, frustrated parents and caregivers, and left youth in extended placements without clear timelines. One CASA volunteer expressed concern about how these delays affect families trying to reunify:

“The family might be ready, but if no one files the right document or updates the court, we’re stuck. It’s heartbreaking to watch kids wait when the system is the one not following through.”

Despite these persistent barriers, legal and SSCC stakeholders identified potential

solutions to improve collaboration and rebuild trust. According to Table 31, more than 80% of professionals across roles said that consistent messaging between DFPS and SSCC staff (82.8%) and a better understanding of the SSCC’s role and authority (80.8%) would be very or extremely helpful. Nearly seven in ten (69.2%) also cited clear roles and accountability as a priority for strengthening collaboration. Several legal professionals suggested that cross-training, multidisciplinary team (MDT) meetings before hearings, and standardized reporting templates could enhance legal alignment. As one attorney put it:

“We need everyone to sit down and walk through what each party is responsible for. Right now, there’s too much guessing—and in court, that’s not good enough.”

In summary, strained legal coordination and unresolved role confusion between DFPS and SSCC staff represent a significant and ongoing barrier to the effective implementation of CBC in Region 2. Survey and interview data indicate that courts are receiving incomplete and late information, legal stakeholders are uncertain about who is responsible for cases, and coordination between legal teams is inconsistent at best.

While the preceding sections have detailed the most urgent and persistent barriers to CBC implementation in Region 2 (e.g., workforce instability, service coordination failures, gaps in placement capacity, and strained legal collaboration), stakeholders also pointed to several additional challenges that, while less pronounced, certainly influence the system’s ability to meet the needs of children and families fully. Across both surveys and interviews, for instance, participants noted that kinship caregivers often face unique barriers, including limited access to training, financial support, and consistent communication—yet are increasingly relied upon to fill placement gaps.

Transportation challenges also emerged as a cross-cutting issue, affecting caregivers’ ability to attend visits, parents’ access to services, and caseworkers’ capacity to meet with families across large geographic distances. In-home services to support reunification were reported as insufficiently available, particularly for parents addressing substance use or mental health concerns. Finally, a lack of shared understanding of CBC, particularly around the role and responsibilities of the SSCC, was reported across multiple stakeholder groups, contributing to ongoing confusion and implementation strain. While these issues may not reach the same level of urgency as the barriers discussed in detail above, they represent critical areas that require continued attention.

Continuous Quality Improvement and Fidelity to Implementation Plans

The challenges outlined in the previous section, from workforce instability and fragmented communication to external pressures related to heightened monitoring and data reporting, have shaped how Region 2’s SSCC has approached the implementation of CBC. At the same time, stakeholders identified several strategic strengths, including intentional leadership, technological innovation, and a proactive approach to interagency collaboration. These factors set the stage for examining how the SSCC in Region 2 is working to maintain fidelity to its CBC implementation plan and leverage Continuous Quality Improvement (CQI) systems not just for compliance, but for learning, accountability, and adaptive problem-

solving.

In Region 2, stakeholders described a highly distinctive and innovative approach to Continuous Quality Improvement (CQI), anchored in their investment in data ownership and internal systems design. Unlike other SSCCs that rely primarily on DFPS's IMPACT system, the Region 2 SSCC built its own internal data infrastructure, allowing for greater agility, real-time monitoring, and organizational control over performance outcomes. This innovation was consistently framed as central to the SSCC's ability to meet CBC goals and maintain accountability throughout the implementation process.

A defining feature of this CQI model is the SSCC's ownership and customization of the FACES system, which mirrors the structure of IMPACT but operates as an independent platform. Stakeholders emphasized that FACES allows for more agile tracking, with case managers entering data directly into the internal system, which is then translated into compliance outputs for DFPS. As one stakeholder explained:

“We have our own client management system that we use, it's called FACES... Our case management teams enter information into FACES, and then our data teams transition that information from FACES into IMPACT... That has helped us... We wanted to maintain our own data internally... and then we can manipulate the reports at any time.”

By maintaining this parallel system, Region 2 has effectively decoupled internal CQI from the constraints of state-level infrastructure. This autonomy enables the SSCC to produce real-time, customizable reports using Microsoft Power BI, a tool praised by respondents for supporting leadership decision-making:

“We have created tons of Power BI reports that update every night, so every night I can know where I'm sitting at for kinship placements or where I'm sitting at for siblings being placed together... We are the only SSCC who is doing all of our documentation in another system.”

This reflects an approach to CQI rooted in timeliness, visibility, and localized responsiveness. The ability to refresh dashboards nightly, rather than wait for monthly or quarterly data from DFPS, provides leaders and teams with timely insights that can inform immediate course corrections or policy adaptations. One stakeholder noted:

“As an agency... our approach is to try and make sure we own our data, in a system that we can control... Most of our data from our FACES system gets translated into a multitude of Power BI reports related to outcomes—proximities and siblings and caseloads... accessible to any of our leadership really at any time.”

This infrastructure supports a CQI model that is democratized across the organization, giving not only the executive team but also mid-level managers access to actionable insights. The quote also suggests a belief that the data should drive practice, not just for compliance, but for internal reflection and performance enhancement.

Notably, the Region 2 SSCC appears to absorb significant resource costs to sustain this data ecosystem. In describing the system's functionality, one participant shared that they

employ approximately ten data entry specialists whose sole job is to transfer information from the internal system into IMPACT to ensure compliance:

“Our case managers enter into Web Faces and then we have a team of data entry folks... their whole job is to copy and paste what we enter into our own system and enter it into Impact.. We eat the cost for that.”

This reflects a deliberate organizational choice to prioritize internal CQI functionality over operational efficiency, demonstrating a strong commitment to fidelity and oversight, even at a financial expense. This investment is framed not as a burden but as a necessity for building an accurate, transparent, and responsive service system.

The CQI infrastructure in Region 2 is also technologically integrated. FACES connects to the region’s placement matching system (ECAP) via an application programming interface (API), enabling seamless data flow across systems and supporting consolidated dashboards that combine case management, placements, and payment tracking. One stakeholder explained:

“Those two systems are connected via an API... We track all placements, all payment information, all of our case management work... We've created a whole dashboard system where everything that permanency does, case management does, lands on a dashboard.”

This integration reflects a CQI model that is not only deeply embedded in organizational routines but also hardwired into the SSCC’s digital infrastructure. The system is not treated as a back-end compliance mechanism, but as a living, operational tool used to guide practice and performance.

Survey data offer partial triangulation of these strengths. Although data are not disaggregated by region, SSCC professionals overall were significantly more likely than professionals in other roles to rate current CBC performance measures as promoting practices that support children and families. Specifically, among the SSCC professionals surveyed, 21.1% rated the measures as “completely” supportive of best practices, and 40.4% said “mostly” (Table 32). In contrast, 69.4% of legal professionals and 68.8% of DFPS respondents selected “somewhat”, and none of the legal professionals selected “completely”. This reinforces qualitative observations that SSCC staff, particularly those operating within well-developed CQI systems, are more likely to see performance measurement as meaningful and actionable.

However, these findings must be interpreted with caution. SSCC staff were overrepresented in the overall survey sample, particularly from Region 8B, which limits the ability to generalize findings across all roles or confidently attribute patterns to Region 2. Moreover, the perspectives of legal and caregiver stakeholders in Region 2 suggest more variability in how CQI efforts are perceived outside the SSCC itself, particularly in areas involving interagency coordination, case-level communication, and documentation accuracy. As such, while Region 2’s SSCC has demonstrated clear strength in building an internal CQI infrastructure, ongoing attention is needed to ensure that performance monitoring and data transparency are felt equitably across all partners in Region 2.

Overall, Region 2’s SSCC has developed a CQI system that is highly localized,

technologically sophisticated, and deeply embedded in its implementation strategy. By investing in its own data infrastructure, integrating systems through APIs, and maintaining daily-accessible dashboards, the SSCC has demonstrated a commitment to high-fidelity implementation, internal accountability, and continuous improvement. While the costs of this system are nontrivial, stakeholders across roles credited it with enabling more responsive, transparent, and adaptive case management.

Recommendations to Improve Implementation and Continuous Improvement

Despite notable progress in some areas, the implementation of CBC in Region 2 remains significantly hindered by workforce instability, coordination breakdowns, service delays, limited placement capacity, and fragmented behavioral health systems. These challenges are not isolated but deeply interconnected, often exacerbating one another and undermining stakeholder trust. Based on interviews, focus groups, and survey findings, stakeholders across systems offered a set of targeted recommendations to address these barriers and strengthen CBC implementation going forward.

Stabilize the Workforce through Retention, Training, and Role Clarity

Workforce instability is the most urgent and cross-cutting challenge facing Region 2. Survey data show that 88.5% of professionals rated staff turnover as “very” or “extremely” problematic, and 79.2% identified a lack of experience or training among SSCC staff as “very” or “extremely” problematic (Table 18). These findings were reinforced by widespread concerns about inconsistent onboarding, insufficient supervisory support, and poor continuity between DFPS and SSCC casework teams.

Stakeholder recommendations include:

- Offering retention bonuses and pay parity with DFPS to reduce attrition.
- Establishing formal mentorship programs and caseload handoff protocols.
- Requiring joint DFPS-SSCC onboarding to build a shared foundation; and
- Clearly outlining role expectations for all frontline and supervisory staff.

Survey results also indicate significant clarity gaps: only 3.1% of Region 2 professionals rated DFPS communication as “extremely clear,” and 0% rated SSCC communication as “extremely clear” (Table 30). Addressing these roles and communication breakdowns is essential to ensuring staff feel prepared and supported.

Boost Communication Infrastructure and Strengthen Case Coordination

The erosion of trust between DFPS, the SSCC, subcontractors, and courts is directly tied to inconsistent communication and poor case-level coordination. In Region 2, 60.0% of professionals reported not receiving regular updates, and 62.5% stated that the information is often unclear or inconsistent (Table 28). These failures delay service delivery, frustrate caregivers, and compromise legal processes.

Stakeholder recommendations include:

- Standardizing a shared communication platform across all agencies;
- Requiring timely updates to caregivers, legal parties, and providers;
- Hosting monthly cross-agency coordination meetings at the regional level; and
- Appointing dedicated liaisons for interagency communication and legal support.

Survey and interview data consistently linked these gaps to staff burnout and client disengagement. Caregivers reported being left without contact after staff changes, while youth described being moved without notice. A DFPS supervisor summed up the toll:

“We spent so much time cleaning up misunderstandings... It adds up and wears people out.”

Expand and Diversify Placement Capacity

SSCC and court stakeholders described frequent placement mismatches, excessive out-of-region placements, overreliance on short-term shelters, and CWOP issues. In terms of availability of placement options that meet children’s needs, 47.5% of Region 2 respondents said the availability was “poor”—the highest across all regions (Table 14).

Stakeholder recommendations include:

- Increasing the supply of therapeutic, kinship, and respite placements.
- Prioritizing local recruitment in underrepresented counties.
- Developing emergency and transitional care programs for high-acuity youth; and
- Incentivizing foster families with behavioral health support and training.

These gaps are not merely logistical but relational. As one judge explained:

“It’s hard to work toward healing when a child doesn’t know where they’re going to be next week.”

Caregiver survey responses underscore the urgency: only 40.2% reported receiving timely staff responses, and fewer than half felt supported in maintaining family contact (Table 7). Without targeted investment in placement and stabilization resources, CBC cannot succeed.

Strengthen Behavioral Health Infrastructure and Medicaid Navigation

Behavioral health service gaps were among the most universally cited issues across all respondent groups. In Region 2, 62.8% of respondents identified a lack of local providers as a top youth need (Table 20)—the highest rate among all regions. Providers and families described months-long waitlists, a near-total absence of STAR Health-accepting therapists in rural counties, and high turnover among contracted clinicians.

Stakeholder recommendations include:

- Creating regional behavioral health access maps and recruiting in high-need zones.
- Funding mobile or co-located mental health services in schools and community hubs.

- Establishing a centralized Medicaid navigation team to expedite service referrals; and
- Piloting flexible funding pools to support services not covered by STAR Health.

Youth were especially affected by these gaps. In the survey, only 33.3% of respondents rated youth being kept informed about their case as “good,” and just 11.5% rated it as “excellent”. Similarly, 33.5% rated youth involvement in decisions about them as “good”, with only 11.6% rating it “excellent” (Table 9). These findings highlight persistent gaps in engaging youth as active participants in their own cases, an omission that stakeholders attribute to weaker placement stability and slower progress toward permanency.

Rebuild Trust with Legal Stakeholders Through Court-Integrated Reforms

Legal coordination emerged as one of the most fractured dimensions of CBC implementation in Region 2. Judges, attorneys, and CASAs reported missing or late reports, staff unprepared for court, and contradictory case information, all of which stalled proceedings and undermined confidence.

Survey data underscore these concerns:

- Only 9.3% of legal stakeholders said SSCC staff “always” come to court prepared (Table 6).
- Just 6.7% said they “always” receive timely case updates from SSCCs (Table 39).
- 48.1% said case information is not updated in a timely manner (Table 5).

Stakeholder recommendations include:

- Requiring joint SSCC–DFPS court prep briefings before every hearing;
- Creating standardized reporting templates for all court-related documentation;
- Establishing court liaison roles within SSCCs to manage judicial coordination; and
- Conducting cross-training sessions between DFPS attorneys and SSCC caseworkers.

As one ad litem observed:

“Sometimes I don’t even know who to call... Meanwhile, the hearing is happening, and no one has the full picture.”

Stakeholders across the legal system urged CBC leadership to clarify roles, improve timelines, and ensure court readiness through direct collaboration—not parallel operations.

Slow the Pace of Reform and Anchor Rollout in Community Readiness

Stakeholders in Region 2 repeatedly described the CBC rollout—and subsequent changes, such as T3C—as rushed and misaligned with the system’s readiness. SSCC leaders reported having just six months to hire staff, stand up infrastructure, and engage communities, all while managing ongoing DFPS caseloads.

Stakeholder recommendations include:

- Conducting structured readiness assessments before initiating future rollouts;
- Sequencing reforms to avoid overlapping transitions (e.g., CBC and T3C);
- Building in staged milestones with evaluation and feedback loops; and
- Holding pre-rollout meetings with local judges, school leaders, and providers.

“We’re still winning people over on CBC... and then you have T3C coming onboard.”

Future reforms must prioritize depth over speed, building trust through engagement rather than compliance timelines.

Improve Stakeholder Understanding and Community Messaging About CBC

Finally, Region 2 stakeholders emphasized the lack of public understanding of CBC and the SSCC’s role. Judges, providers, and caregivers alike reported confusion about who was responsible, how CBC differed from DFPS, and how to get support.

Stakeholder recommendations include:

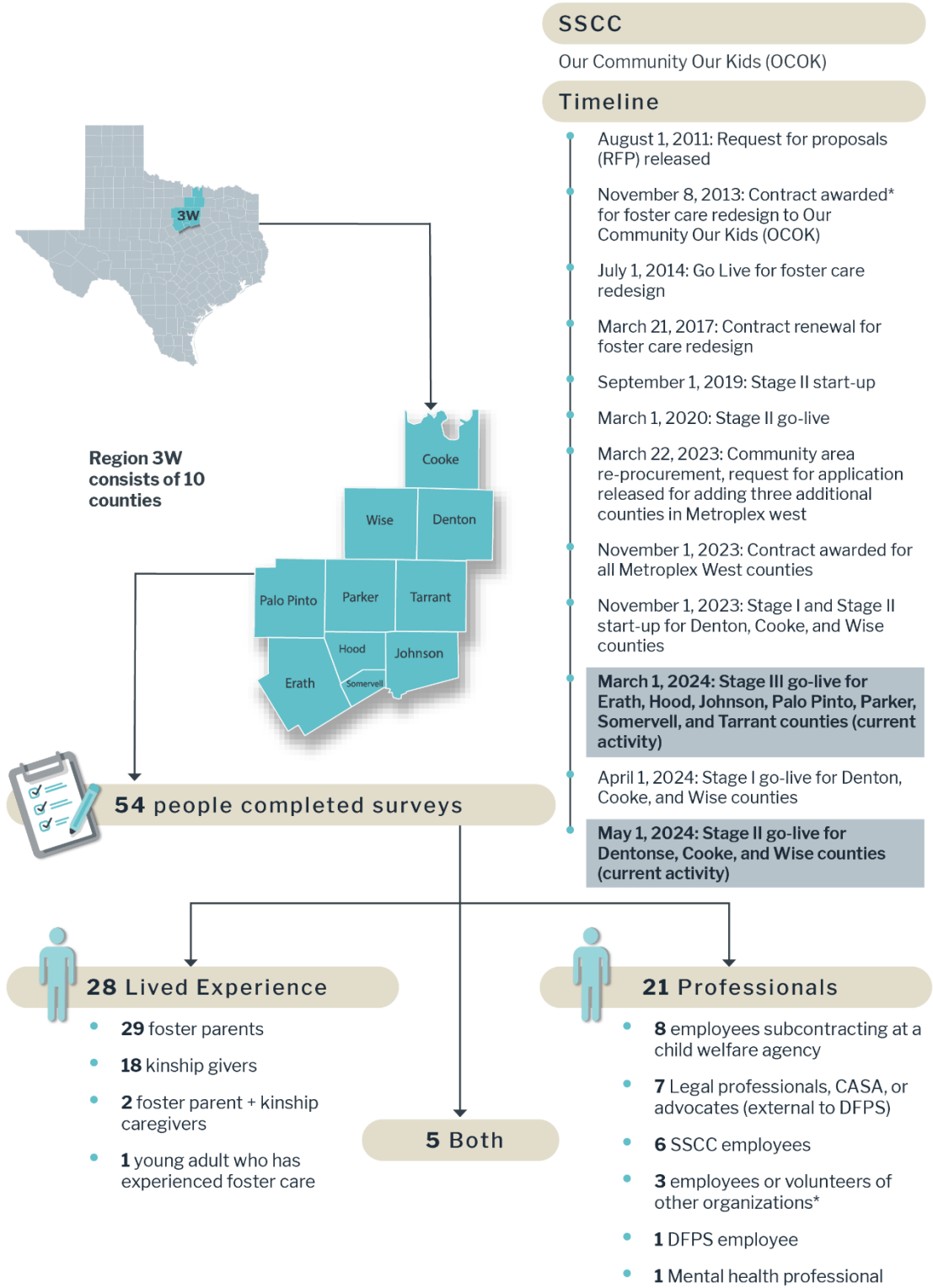
- Launching a public education campaign clarifying SSCC roles and CBC goals;
- Co-hosting community forums with DFPS and SSCC leadership in every county;
- Ensuring caregivers, youth, and community partners are included in advisory roles; and
- Distributing user-friendly guides on how CBC works and who to contact.

Rebuilding system trust will require deliberate outreach and role transparency—not just at rollout, but as an ongoing function of CBC leadership. Region 2 stakeholders were clear: CBC cannot fulfill its potential without first addressing the implementation foundations. Trust, consistency, and coordination must be rebuilt across the workforce, the court system, and the broader community. These recommendations provide a practical roadmap for moving forward—rooted not only in data, but also in the lived experiences of those striving to serve children and families in a system still finding its footing.

Region 3W: CBC Implementation Overview

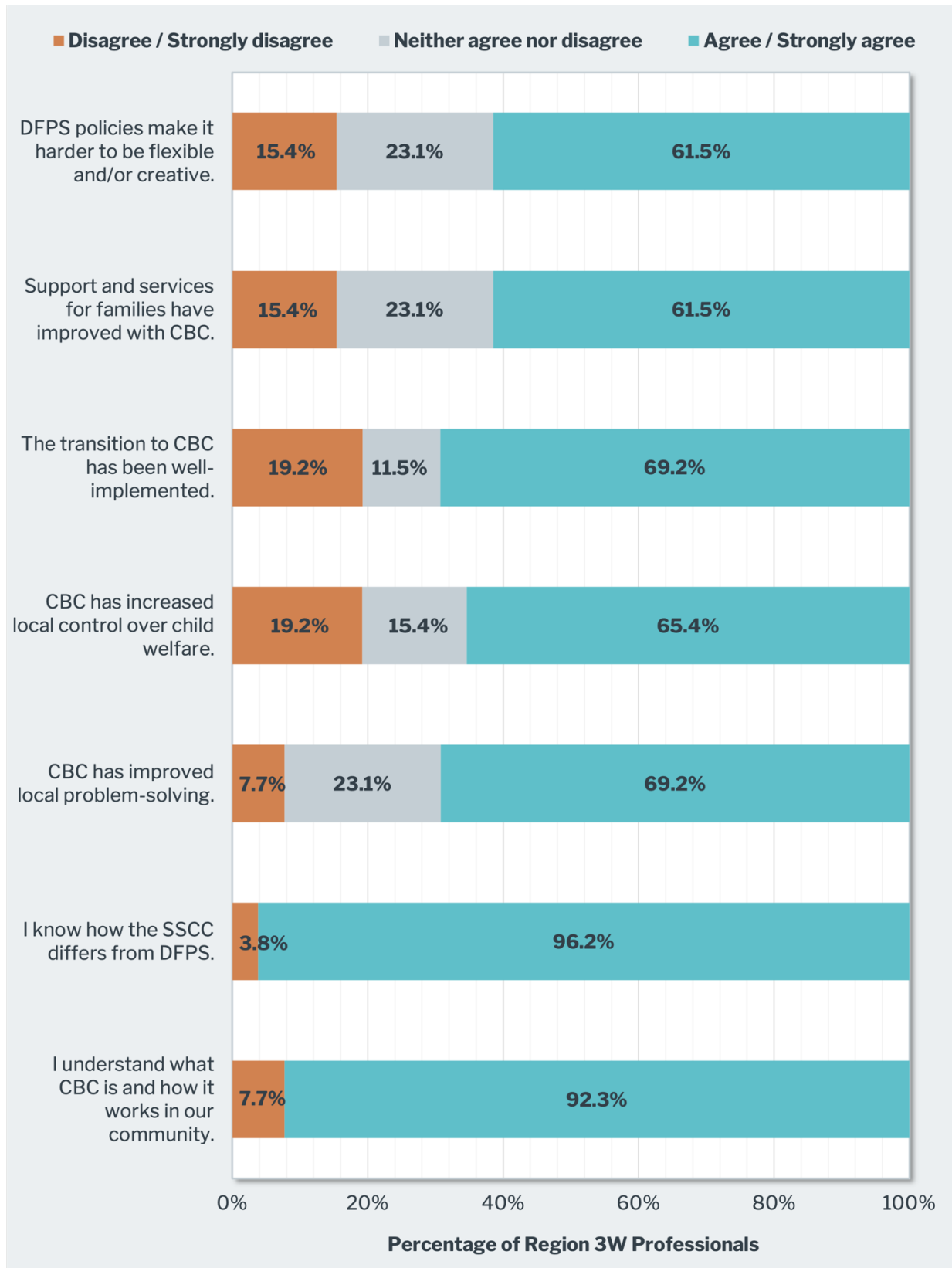
Region 3W, known as “Metroplex West,” covers 10 counties in the Dallas/Fort Worth metropolitan area, with Fort Worth and Arlington serving as its primary urban centers. An estimated 2,796 children are in DFPS custody in the region. The SSCC, Our Communities Our Kids (OCOK), operates under ACH Child and Family Services, a community institution with more than a century of service in the area. OCOK’s deep roots and preexisting relationships in Tarrant County and beyond gave it a unique starting position when CBC launched, one that other SSCCs had to build over time. Building on this longstanding community presence, OCOK launched CBC with an established network of relationships that shaped early perceptions of the model. Stakeholders generally described the rollout as benefiting from a high degree of local familiarity and credibility, which stood in contrast to the more contested or cautious starts seen in some other regions.

Figure 13. Region 3W Survey Sample



*Other types of organizations included faith-based organizations, non-profits serving youth in care or aging out of care, primary care providers, schools, and organizations offering mediation and parent education.

Figure 14. Professionals: Overall Perception of CBC in Region 3W (N = 26)



Survey findings reflect this comparatively strong starting point. In Region 3W, stakeholder understanding of CBC and OCOK’s role was high: 92.3% of professional respondents agreed or strongly agreed that they understand “what CBC is and how it works in our community,” and 96.2% said they know “how the SSCC differs from DFPS” (Figure 14). Perceptions of CBC’s impact were also notably more positive than in some other regions. When asked if “CBC has improved local problem-solving,” 69.2% agreed or strongly agreed, compared to 21.4% in Region 1, 24.4% in Region 2, and 57.5% in Region 8B. Similarly, 65.4% of Region 3W professionals said CBC had increased local control over child welfare, well above Region 1 (17.9%) and Region 2 (14.6%), and slightly above Region 8B (62.1%). On the transition to CBC, 69.2% of Region 3W professionals agreed or strongly agreed that it had been well-implemented, compared to 21.4% in Region 1, 24.4% in Region 2, and 53.4% in Region 8B (Table 4).

Regarding family supports, 61.5% in Region 3W agreed or strongly agreed that support and services for families had improved with CBC, compared to 28.6% in Region 1, 22.0% in Region 2, and 69.3% in Region 8B. At the same time, 61.5% of Region 3W professionals agreed that DFPS policies make it harder to be flexible and/or creative—similar to Region 8B (62.5%) but significantly higher than Region 2 (46.3%) and Region 1 (53.6%)—indicating that state-level policy constraints represent a persistent barrier (Table 4).

Contextual Factors Impacting Implementation

Outer context factors in Region 3W are defined by a regulatory, legal, and policy environment that both enables and constrains CBC. Stakeholders consistently noted that while CBC’s design emphasizes local decision-making, state-level mandates and monitoring requirements often limit flexibility and creativity on a practical level. Survey data reinforce this view: nearly two-thirds of Region 3W professionals (61.5%) reported that DFPS policies make it harder to be flexible or creative in service delivery (Figure 14)—a rate nearly identical to Region 8B (62.5%) and higher than in Region 1 (53.6%) and Region 2 (46.3%) (Table 4). At the same time, a majority in Region 3W agreed that CBC has increased local control over child welfare (65.4%) and improved local problem-solving (69.2%), suggesting that stakeholders value CBC’s intent but face structural constraints that limit its full expression (Table 4).

Federal Lawsuit, Heightened Monitoring, and Regulatory Burdens

In Region 3W, stakeholders across roles described the combined effects of the federal lawsuit, heightened monitoring requirements, and existing DFPS policies as creating an extensive compliance environment. While these measures are intended to strengthen child safety and service quality, they have also placed significant strain on agency capacity. Survey findings confirm the scope of this challenge: 85.7% of professional respondents in Region 3W reported that the federal lawsuit had impacted CBC implementation “a lot”—the highest proportion across the four study regions, compared to 63.6% in Region 1, 63.6% in Region 2, and 75.0% in Region 8B (Table 1). Likewise, 75.0% of Region 3W respondents said heightened monitoring had “a lot” of impact, again the highest rate among all regions (61.5% in Region 1, 73.1% in Region 2, and 66.7% in Region 8B) (Table 1).

Stakeholders consistently linked these oversight requirements to increased administrative workload, reduced flexibility in service delivery, and unintended disruptions to case continuity. One subcontracting agency participant observed, “*It’s just another layer on top*

of the layer that already existed in the 400 pages of standards that we have to comply with.” Participants explained that these requirements often redirected staff time from direct work with children and families toward documentation, audits, and compliance checks—functions that, while necessary, could detract from timely problem-solving at the case level.

“We are spending more time on documentation for audits than on actual case planning with families.”

The effects of heightened monitoring extend beyond agency operations. Survey data from Table 28 indicate that professionals in Region 3W were more likely than those in other regions to identify procedural and communication barriers that complicate collaboration with community partners. In Region 3W, 39.1% cited “SSCC and DFPS give conflicting guidance” as a barrier—compared with lower percentages in Region 2 (7.5%) and Region 1 (14.3%), and slightly higher than Region 8B (26.0%). Similarly, 34.8% of Region 3W respondents said that information often arrives too late to act on, compared to 14.3% in Region 1, 17.5% in Region 2, and 26.0% in Region 8B. Stakeholders explained that these procedural demands, driven by both state and federal oversight, extend beyond agency operations and affect foster and kinship families.

This is reflected in caregiver survey results: in Region 3W, 30.8% of caregivers reported that “more privacy—too much oversight pushes away families” was a pressing need (Table 22), exceeding Region 2 (16.7%) and Region 8B (13.8%) and far surpassing Region 1 (1.9%). These quantitative findings align closely with stakeholder accounts that additional documentation, inspections, and procedural demands contribute to caregiver burnout and, in some cases, decisions to stop fostering. As one stakeholder explained:

“The oversight of expectations... trickles down to the families. It’s a huge burden. I believe it’s a very big detriment not only to our agencies and to our families, but obviously then the kids that are in foster care don’t get the kind of care that they need just because there’s not enough families, not enough good families. Families burn out, and so you’re always having to find new ones.”

Agencies also described the financial and operational implications of compliance. As noted earlier, three-quarters of stakeholders reported that heightened monitoring impacted CBC implementation “a lot” (Table 1). In Region 3W, OCOK was required to create an entire division dedicated to FCL compliance, an unplanned investment that diverted staff and resources from other priorities. Stakeholders emphasized that navigating multiple overlapping policies and directives from various oversight bodies has been both resource-intensive and operationally challenging.

While the federal lawsuit and heightened monitoring were understood as protective in intent, stakeholders stressed that they have limited the central aim of CBC: regional innovation and locally tailored solutions. Several participants described how creative initiatives were delayed or abandoned due to compliance demands that absorbed time and resources. As one stakeholder explained, the lawsuit “put a halt on... ideas and ability to do something outside of that” and “limited their ability to do some things differently” because agencies must now answer “not only to our policy, to legislation, but... also to the federal

lawsuit.”

Compared to other regions, Region 3W’s high rates of reported impact from both the federal lawsuit and heightened monitoring indicate a particularly acute sense of compliance burden, even within a relatively mature SSCC operation. While these oversight mechanisms were understood as necessary for ensuring safety and accountability, stakeholders cautioned that without adjustments to streamline processes and mitigate duplicative requirements, their cumulative effect could continue to limit OCOK’s operational flexibility and capacity to deliver timely, community-based solutions.

Service Capacity, Resource Availability, and Gaps

The availability and accessibility of services emerged as a significant outer context factor influencing CBC implementation in Region 3W, with survey results revealing a mixed performance across service domains. Ratings of “good” or “excellent” varied widely depending on the service area, reflecting both strengths in timeliness and significant gaps in placement and kinship supports.

Survey results suggest that Region 3W performs better than Regions 1 and 2 on several key service availability measures, but trails behind Region 8B’s stronger service network (Table 14). However, it should also be noted that these findings need to be interpreted with caution because the respondents from each region varied significantly. In Region 2, there was a mix of respondents from professional backgrounds, while Region 8B had mostly SSCC providers respond to the survey.

Just over half of Region 3W professionals (52.5%) rated reunification services for families as “good” or “excellent”—significantly higher than Region 1 (34.4%) and Region 2 (37.8%), but below Region 8B’s 71.8% (Table 14). A similar pattern appears in foster family supports: 54.0% in Region 3W gave positive ratings, roughly double the rate in Region 1 (26.8%) and higher than Region 2 (39.5%), yet still short of Region 8B’s 61.9% (Table 14). Timeliness of service delivery was a relative strength for Region 3W, with 61.3% rating it good or excellent—outperforming both Region 1 (38.6%) and Region 2 (25.6%) and approaching Region 8B’s 70.2% (Table 14).

However, Region 3W faces more pronounced challenges in other areas. Less than half (44.2%) rated support services for kinship families positively—better than Region 1 and similar to Region 2, but far below Region 8B’s 61.9% (Table 14). It is worth noting that Region 3W had the highest number of caregivers who completed the survey, which may have contributed to the identification of these key needs. The most significant gap was in placement options that meet children’s needs: only 30.8% in Region 3W rated these as “good” or “excellent”, well under Region 8B’s 57.5% and even trailing Region 2’s 22.5% (Table 14).

Taken together, these findings suggest that while Region 3W benefits from stronger-than-average performance in reunification services, foster family supports, and timeliness, it continues to face substantial gaps in kinship supports, placement capacity, and alignment of placements with children’s needs—gaps that are likely to impact placement stability and timely permanency.

These quantitative findings closely align with stakeholder accounts that describe persistent gaps in behavioral health services, high-acuity placements, and inadequate coverage of

rural services. Behavioral health resources, particularly those accepting Medicaid/STAR Health, were identified as a critical need by 80.4% of Region 3W respondents (Table 20), the highest percentage among the four study regions. Stakeholders noted that while the expansion of telehealth during the COVID-19 pandemic improved access, particularly in rural areas, heavy reliance on urban-based contracted providers risked undermining CBC’s goal of building sustainable, locally embedded supports and resources. One participant explained that it was “not unusual” for OCOK to arrange services for rural parents using Denton County providers, even when in-county options existed, emphasizing the importance of connecting families to local in-person services to leave “a support system that’s still in place once we’re out of their lives.”

Decreasing residential placement capacity and the increasing acuity of youth entering care were also prominent concerns. Survey data confirm that 70.0% of Region 3W professionals said the increased threshold for foster care entry had “a lot” of impact on CBC implementation (Table 1)—slightly higher than Regions 1 and 2 but below Region 8B. Stakeholders linked this policy change to a higher proportion of children with complex behavioral health needs requiring specialized placements, which often exceeded available high-acuity capacity. The shortage was described as particularly acute in rural counties, resulting in out-of-county placements and disrupting family and community connections.

Financial limitations compound these service gaps. Some subcontracting agencies reported that supplemental local funding, such as donations and grants, helped fill service gaps, but these funds were limited and could not offset systemic underfunding. One provider described how persistently low direct care wages made it difficult to retain experienced staff, despite recent pay increases, leading their organization to operate with only a handful of long-tenured employees and rely on endowment reserves to cover an ongoing operating deficit.

“I think a lot of times what it comes back to is being completely underfunded. When I started here six-and-a-half years ago, our direct care made \$11 an hour. Our direct care now make between \$14 and \$19 an hour based on their experience and skills. We still, today, currently only have three providers with more than six months tenure, direct care staff, because this work is just too challenging. People are not willing to do the work for what the pay is. We have stressed our budget. At this point, our board is funding about half a million dollars of operating deficit from our endowment reserves annually to help us do this.”

Resource disparities between urban and rural counties were another recurring theme. Stakeholders observed that urban counties in Region 3W, such as Tarrant, generally had more extensive service networks and infrastructure. In contrast, rural counties like Johnson faced greater provider shortages and more limited placement options. These disparities meant that rural youth were more likely to be placed outside the county, further straining their connections to family and community supports.

Finally, service shortages, particularly in mental health, have led to concerns about overreliance on psychotropic medication in group care settings, such as residential treatment centers, rather than the provision of intensive therapeutic interventions. Legal stakeholders cautioned that such reliance could undermine long-term stability, as families

may struggle to maintain medication regimens after reunification, increasing the risk of behavioral crises and reentry into care.

When viewed in a cross-regional context, Region 3W's resource availability profile reflects a middle position between the more limited service environments in Region 1 and the stronger service networks reported in Region 8B. While Region 3W outperformed Region 1 on nearly all service availability indicators and was at times comparable to Region 2, it lagged behind Region 8B, where higher proportions of respondents rated services as "good" or "excellent" across placement capacity, timeliness, and family supports.

Qualitative data suggest that Region 3W's performance is bolstered by OCOK's established urban service network in Tarrant County. Still, persistent shortages in rural areas and behavioral health services, particularly high-acuity placements and intensive therapeutic supports, continue to limit the system's ability to provide consistent, community-based care.

Workforce Retention, Recruitment, and Compensation Disparities

Survey and interview data indicate that persistent workforce instability remains a central barrier to CBC implementation in Region 3W. Eighty-one percent of professional respondents rated turnover among frontline staff working directly with children as "very problematic" or "extremely problematic" (Table 18), only a modest improvement from Regions 1 and 2, where rates exceeded 88%. Stakeholders emphasized that even moderate turnover in child welfare work has disproportionate consequences, including delays in service coordination, extended permanency timelines, and erosion of trust among courts, caregivers, and community partners.

Recruitment and retention challenges were closely tied to the transition from DFPS to the SSCC. More than half of professional respondents in Region 3W (52.4%) reported that it was "very problematic" or "extremely problematic" that few DFPS staff chose to move to the SSCC during implementation (Table 18). Stakeholders explained that this limited the transfer of institutional knowledge and reduced early stability. An additional 55.0% reported that it was problematic when DFPS staff initially joined OCOK but later returned to DFPS or transitioned into other supervisory or administrative roles, creating further gaps in coverage and consistency.

Compensation disparities were among the most frequently cited factors driving recruitment and retention struggles. In Region 3W, 76.2% of respondents rated as "very problematic" or "extremely problematic" the fact that the SSCC offered lower salaries and benefits than DFPS for similar positions (Table 18). Interview feedback reinforced that lower pay made it difficult to recruit experienced workers, particularly in a competitive urban labor market, even when candidates were otherwise motivated by CBC's mission.

Training and experience gaps further compounded instability. Nearly six in ten respondents (59.1%) rated the SSCC workforce's lack of experience or insufficient training as a significant problem in Region 3W (Table 18). In interviews and focus groups, legal professionals expressed particular concern about inadequate preparation for court proceedings, noting that unprepared testimony often slowed cases and undermined credibility. As one explained:

“We lose a really good case worker, and they get replaced by a bunch of 12-year-olds fresh out of college who don’t have a clue what they’re doing, who have not been well trained, who are not being properly mentored, and this is one of my issues with it.”

Another legal stakeholder described how the lack of preparation for court testimony undermined proceedings:

“They have no training on how to present themselves in court, and so it’s an intimidating process, and they don’t enjoy when I get them up on the stand to do my job. It’s not personal, but they’re not ready for that.”

While turnover concerns were significant in Region 3W, survey data show that the proportion of stakeholders rating it as “very problematic” or “extremely problematic” (81.0%) was slightly lower than in Regions 1 and 2, where rates exceeded 88% (Table 18). Still, qualitative feedback underscored the destabilizing effect of turnover, regardless of frequency. One professional observed:

“We don’t have gigantic rates of turnover. We do have turnover. Again, I mentioned the job is just so hard. I think that every time we turn over, it hinders the case, though, from the legal perspective, because you have someone who’s catching up on where it’s been, where it’s going, and the facts of the case.”

When discussing turnover, stakeholders’ concerns focused on the disruption that turnover has on services and, ultimately, children. Stakeholders felt that changes in case workers compounded the trauma that children had experienced. One professional explained:

“when we have back-to-back turnovers, when (foster families are) trying to get counseling or any kinda services set up, then that falls through the cracks. So, if teens act out and they change placements, and then they change case workers, it just takes a while for them to get back up to speed.”

Burnout emerged as a key driver of turnover, particularly tied to “children without placement” (CWOP) supervision duties. Caseworkers described overnight hotel shifts with high-acuity youth as exhausting and demoralizing, which accelerates attrition and compounds caseload pressures. Survey data reinforce these concerns, with turnover seen as part of a broader cycle of staffing strain. As one stakeholder explained, by early FY 2023, high turnover had eroded the workforce’s capacity to the point where caseload compliance was at risk, and CWOP duties were identified as “a huge drain on their workforce.”

Finally, while only 26.3% of Region 3W survey respondents rated the SSCC’s restructuring of positions that did not align with prior DFPS roles as “very” or “extremely” problematic (Table 18), the interview data suggest operational consequences that are not fully captured in the numbers. Stakeholders described how contracting out core responsibilities—such as visitation supervision and transportation—to separate provider groups has fragmented the casework role and reduced direct engagement with families. One legal professional observed that some caseworkers have “never seen a parent–child visit” or visited a parent’s home, and in one case, a worker admitted on the stand that in 18 months she had “never

met personally with the mother.”

Overall, while Region 3W appears to have experienced somewhat less severe workforce instability than Regions 1 and 2, survey and interview data underscore that retention, recruitment, and compensation disparities remain persistent barriers to CBC implementation. Pay inequities and limited transfers of experienced DFPS staff into OCOK roles mirror patterns observed in other CBC regions, suggesting that statewide compensation alignment and retention strategies may be necessary to stabilize the workforce over time. Likewise, the perception among 59.1% of Region 3W respondents that inadequate training or lack of experience was “very” or “extremely” problematic aligns with findings in Regions 1 and 2, indicating a broader need for standardized onboarding, court preparation, and mentorship support across CBC (Table 18).

In sum, OCOK’s established community presence and strong local partnerships have provided a solid foundation for collaboration and problem-solving, reflected in comparatively high ratings of local control and improved problem-solving (Table 4). At the same time, the elevated impacts of the federal lawsuit and heightened monitoring (Table 1) have created a significant compliance burden, diverting time and resources from direct service delivery and slowing the pace of innovation. Persistent workforce instability, driven by compensation disparities, limited transfers of experienced DFPS staff, and training gaps, continues to disrupt case continuity and stakeholder trust (Table 18). At the same time, service shortages in high-acuity behavioral health, kinship supports, and rural placement capacity impede timely permanency and stable placements (Tables 14 and 20).

Best Practices, Strengths, Barriers, and Challenges

In Region 3W, CBC has benefited from strong community roots, long-standing partnerships, and a willingness to adapt, which have helped OCOK effectively navigate the preparation, implementation, and sustainment phases. Given the challenges and contextual factors described in the previous section, stakeholders also identified several strategies and initiatives that have helped address barriers and improve outcomes for children, families, and communities. Four main themes emerged: 1) building and sustaining strong relationships, 2) maintaining clear communication throughout the transition and beyond, 3) securing early buy-in, and 4) “thinking outside the box” to meet needs in flexible ways.

Survey data confirm that OCOK engaged actively in trust-building during the transition—through community forums (65.4%), engagement with judges and attorneys (57.7%), and close collaboration with DFPS staff (53.8%) (Table 26). These rates are higher than those reported in Regions 1 and 2, suggesting comparatively stronger outreach and coordination during rollout, though challenges remain. Nearly four in ten Region 3W respondents (39.1%) stated that DFPS and OCOK sometimes provide conflicting guidance, and less than half (34.8%) reported receiving unclear or inconsistent information (Table 28). Clarity of communication from the SSCC (34.8% very or extremely clear) was better than in Regions 1 and 2 but behind Region 8B (50.1%) (Table 30).

Like other CBC regions, Region 3W faces persistent service gaps, especially in behavioral health, which was identified as a pressing need by 80.4% of respondents (Table 20). However, it has been able to draw on Tarrant County’s stronger service network to offset some rural shortages. The following sections outline the region’s key strengths, ongoing barriers, and how its experience compares with other CBC regions.

Leveraging Community Connections to Strengthen Relationships

One of the SSCC's greatest strengths has been its ability to leverage ACH's long-standing presence in Tarrant County. This deep history of community engagement gave OCOK an advantage in building trust and coordinating services. Stakeholders across DFPS, the judiciary, and community agencies emphasized that these pre-existing relationships distinguished OCOK from newer SSCCs and were critical in early rollout. As one DFPS leader explained:

"They've already understood services. They already understood the community, the stakeholders. They had great partnerships already."

Survey results (Table 26) reinforce this view. Nearly half of Region 3W professionals (46.2%) said the SSCC "built on existing relationships in the community," compared to 32.1% in Region 1 and 31.7% in Region 2, though slightly below Region 8B (62.5%). Region 3W also reported higher collaboration with local DFPS staff (53.8% vs. 32.1% in Region 1 and 22.0% in Region 2), as well as greater engagement with judges, attorneys, and other legal professionals (57.7% vs. 28.6% and 26.8%). Regular communication through newsletters, meetings, or similar methods was also more common in Region 3W (46.2%) than in Regions 1 and 2. These patterns suggest that OCOK's embeddedness in the community, coupled with consistent outreach, contributed to robust relationships during the transition—although the fact that 23.1% of respondents were unsure which strategies were used indicates room for improvement in making these efforts more visible.

Data from Table 27 further validate the central role of relationships in the implementation of CBC. More than half of Region 3W respondents (53.8%) reported that DFPS encouraged agencies and partners to collaborate with the SSCC—significantly higher than the cross-regional average of 30.6% and much higher than Region 2 (19.5%) or Region 8B (27.3%). Region 3W respondents were also more likely than average to report that DFPS emphasized a shared mission of helping children and families (38.5% vs. 36.1% overall) and spoke positively about CBC (26.9% vs. 22.4% overall). Notably, only 26.9% of Region 3W professionals were unsure which strategies DFPS used, compared to much higher uncertainty in Region 2 (51.2%) and Region 8B (42.0%), suggesting that trust-building efforts were more visible and clearly communicated in this region.

Qualitative findings align closely with these survey patterns. Stakeholders across DFPS leadership, SSCC staff, subcontracting agencies, and the judiciary consistently described OCOK's sustained investment in relationship-building as a defining feature of its implementation approach. Stakeholders emphasized that they are "on the same page and working towards the same thing," and that OCOK's posture is notably "more supportive" and "more helpful" than what they had experienced before CBC. Many described a tangible shift toward a "teamwork" mindset, where OCOK is actively present in problem-solving and willing to adjust operations to ensure services are in place. This approach has helped maintain alignment across agencies, facilitated smoother service delivery, and strengthened system-level trust—factors that appear to give Region 3W a stronger foundation for sustaining CBC implementation compared to regions where such trust-building is still developing.

Lived-experience accounts from youth further illustrate the importance of relationship

continuity. Youth accounts revealed that, while OCOK’s approach often facilitated meaningful connections, systemic restrictions sometimes limited their ability to maintain meaningful personal relationships during placement changes. One young adult described being unable to remain in contact with close friends while in residential treatment, as communication was restricted mainly to family members. She stated:

“There was a lot of friends I wanted to stay in contact with, but it was definitely hard because most of the time they [the caseworkers] would only let you talk to your family members.”

Conversely, other youth highlighted how consistent, supportive relationships with caseworkers directly contributed to positive outcomes. One young adult described her OCOK caseworker as ensuring her basic needs were met, securing stable placements, monitoring her progress, and encouraging her through to high school graduation.

“She always made sure I had everything I need[ed]. She always made sure I had a placement. She made sure I had everything. She made sure I graduated high school and she would always check on me.”

These qualitative accounts illustrate the tangible difference that sustained professional investment can make in a young person’s trajectory, reinforcing the broader survey and stakeholder findings that trusted, ongoing relationships are central to effective CBC implementation.

Several stakeholders also identified individual caseworkers, supervisors, and leaders in Region 3W who went above and beyond to make a difference. Legal professionals noted that the success of a case often hinged on at least one professional “investing” deeply in the child or family and remaining engaged throughout the case. Service providers described examples such as a foster parent who included a birth mother in family milestones—from celebrating Easter together to participating in a child’s ear piercing with parental permission. Such actions, while seemingly minor, were repeatedly cited as pivotal in building trust, supporting reunification, and modeling collaborative caregiving.

Taken together, the lived-experience accounts, stakeholder perspectives, and survey results indicate that relationship-building is a defining strength of OCOK’s approach in Region 3W. These relationships not only fostered collaboration and trust but also directly improved service delivery and outcomes for children and families.

Responsive Communication as a Driver of Implementation Success

The second major implementation strategy identified by stakeholders was maintaining clear and consistent communication throughout the transition and beyond. Communication was described as a critical tool for reducing uncertainty, addressing fears, clarifying roles, and ensuring stakeholders understood both the process and their role within it. Participants noted that as CBC expanded to other regions, familiarity with the model in later rollouts helped smooth transitions. In Region 3W, this was evident during the second phase of implementation, when Denton, Cooke, and Wise counties joined CBC, which was widely described as more efficient and less disruptive than the first phase. Stakeholders attributed this to both lessons learned from the earlier rollout and the advantage that incoming staff and partners had in observing OCOK’s operations in other counties before their own

transition.

According to SSCC leaders interviewed, outreach to DFPS staff in the new counties began five to six months before the handoff. Leaders reported holding open forums to address questions about supervision, pay, benefits, and work locations, efforts aimed at reducing uncertainty and building trust ahead of the transition. They indicated that this early engagement contributed to 87 percent of staff transferring to OCOK, including all directors and supervisors from the incoming counties. SSCC leaders credited this high retention to a deliberate communication plan that included community meetings, provider briefings, broadcast email updates, and clear points of contact for concerns.

Focus group accounts also described OCOK's ability to address issues quickly and transparently. For example, one SSCC leader recalled that when misinformation about leave balances surfaced, OCOK and DFPS leadership collaborated to resolve the issue and communicated the solution directly to staff. This responsiveness, even when it required short-term investment, was viewed as essential to maintaining credibility.

Survey data from Region 3W professionals echo these qualitative accounts. About one-third (34.8%) rated the SSCC's communication about "upcoming changes, timelines, and expectations" as very or extremely clear, compared to just 21.7% who said the same of DFPS (Table 30). While OCOK outperformed DFPS and slightly exceeded the cross-regional SSCC average of 32.3%, most respondents still rated clarity below the top two categories, suggesting opportunities for further improvement.

Professionals across CBC regions also identified communication practices they considered most effective for improvement. In Table 29, large majorities rated open and honest communication with external partners (86.0%), clear roles and accountability (83.3%), regular, structured communication (81.7%), and consistent messaging from DFPS and the SSCC (79.5%) as very or extremely helpful. Interviews and focus groups indicate that several of these practices (e.g., structured provider meetings, regular updates, and consistent points of contact) were already in place in Region 3W and contributed to smoother transitions.

Even beyond the transition, stakeholders described ongoing open communication as a regional strength. A CASA advocate noted that in Johnson County, supervisors and advocates routinely communicate with one another to resolve issues. A subcontracting agency leader emphasized that OCOK's provider meetings, community forums, and broadcast email updates "kept us up to date on what was going on" through each stage of rollout. From DFPS leadership's perspective, a key lesson learned was the need to communicate with staff "early, accurately, [and] effectively" to reinforce that "they're just as important as the transition."

From DFPS leadership's perspective, lessons learned included the need to communicate with staff "early, accurately, effectively":

"Some lessons learned, we really needed to communicate with our staff early, accurately, effectively, and make sure that the message is that they're just as important as the transition. I think that's a great example of where we're learning."

However, contrasting perspectives emerged from caregivers and parents. Several

caregivers in Region 3W wrote in the survey that communication was lacking, with one noting, “Communication is key in this world, and I feel like it has been lacking.” A mother whose children were in foster care reported challenges in accessing information and expressed frustration that she could not fully present her perspective in court, describing instances where she felt her statements were dismissed.

“I feel like I'm not allowed to tell my truth because my truth negates their narrative, and it will make everybody have to change their direction. Their direction is not the direction it should be going. Their chosen path is adoption.”

These accounts highlight the gap between professional-to-professional communication, which is often strong, and communication with caregivers and parents, which remains inconsistent.

Survey findings further underscore these challenges. In Region 3W, 34.8% of professionals reported that “information is unclear or inconsistent” and “information arrives too late to act on,” 39.1% cited conflicting guidance from SSCC and DFPS, and 47.8% identified “not receiving regular updates” as an obstacle (Table 28). While these rates are lower than in some other CBC regions, they still pose significant barriers to effective communication.

Some of these challenges connect to broader collaboration issues identified in surveys. More than half of Region 3W professionals (54.2%) cited “key partners not understanding the SSCC’s role” and “leadership turnover within the SSCC and DFPS” as significant obstacles to collaboration, while 45.8% pointed to “SSCC and DFPS having different priorities” (Table 16). Focus group discussions suggest that these factors not only affect interagency relationships but also influence the consistency and alignment of messaging across the system.

In summary, Region 3W benefited from a proactive and structured communication strategy that supported high staff retention, facilitated smooth operational handoffs, and fostered positive professional relationships. The Region 3W experience demonstrates that responsive communication, characterized by early engagement, transparency, and rapid problem-solving, can be a driver of successful CBC implementation. At the same time, persistent challenges in consistency, message alignment, and stakeholder inclusion, particularly for caregivers and parents, highlight the need for targeted strategies to ensure all stakeholders receive timely, clear, and consistent information throughout the life of a case.

Buy-In as a Driver of Staff Retention and Stability

The third major implementation strategy identified by stakeholders was securing buy-in from supervisors before the transition to CBC. In Region 3W, which rolled out CBC in two phases—first in Tarrant and surrounding counties, followed by Cooke, Denton, and Wise counties two years later—stakeholders had the opportunity to apply lessons learned from the initial rollout to improve outcomes in the second phase. The most notable change was that key supervisors and other leaders not only transitioned to the SSCC themselves but also actively championed the change to their teams, creating a sense of stability and confidence among staff.

SSCC and DFPS leaders interviewed in focus groups recalled that the first rollout in 2020 was “chaotic,” as one participant described, because “we were building it, and no one knew exactly what we were doing...there was a lot of fear in staff about going over.” A lack of leadership continuity compounded these challenges, as “a lot of my leadership stayed with the department versus going over at that time,” leaving staff without familiar leaders to guide them through the change.

In contrast, the second phase benefited from deliberate efforts to engage supervisors early. Leaders described “incredible communication between the department and OCOK,” including joint team-building activities, targeted information sessions, and clear plans for staff transition. Most leadership—including the program administrator—moved to the SSCC, and “people who were loyal to her and trusted her... went with her.” This preserved caseworker assignments, maintained established practices for families, and allowed the transition to occur “without a lot of hiccups or struggles.”

This sentiment was echoed by another DFPS leader, who stressed that “securing key leadership early on—no matter what it takes—is important because the staff follows those they trust.” In Denton, Cooke, and Wise counties, this trust in supervisors helped encourage staff to remain through the transition and minimize turnover.

Survey findings offer additional insight into the role of leadership in facilitating successful transitions. In Region 3W, 54.2% of professionals identified “leadership turnover within the SSCC and DFPS” as one of the biggest obstacles to collaboration (Table 16), highlighting the risk associated with insecure leadership continuity. Additionally, 45.8% cited “SSCC and DFPS having different priorities” as a barrier—an issue that early supervisor engagement can help mitigate by aligning goals and messaging before the transition.

The Region 3W experience demonstrates that supervisor buy-in is not merely a staffing consideration, but a core driver of implementation success. When supervisors are engaged early, commit to making the transition, and actively encourage their teams to follow, the result is higher staff retention, reduced turnover, and greater stability in casework.

“Thinking Outside the Box” to Address Gaps and Meet Needs

The fourth and final theme identified by stakeholders as a strategy to improve CBC implementation was the ability of SSCCs to “think outside the box” to enhance the quality of service and better meet the needs of children, families, and communities. Across interviews and focus groups, participants emphasized that CBC’s greater operational flexibility, particularly in contracting, funding, and program design, enabled OCOK to respond to needs more quickly and creatively than the legacy DFPS system.

Several professional stakeholders described how this flexibility enabled OCOK to utilize private or unrestricted funds to address urgent family needs that, under DFPS, could have been delayed or derailed reunification. One DFPS leader recounted a case in which a parent facing homelessness during reunification would have triggered a child’s return to foster care. Instead, OCOK provided short-term housing support, allowing the child to remain safely with the parent while more permanent housing was secured. The leader noted that “*the department wouldn’t have been able to do anything*” in that situation, but OCOK could act immediately to stabilize the family.

SSCC supervisors also reported that CBC’s flexibility extended to contracting. Leaders

described being able to quickly approve one-time or ongoing contracts for specialized services such as foreign-language counseling or unique therapeutic needs without lengthy administrative delays. This agility allowed youth and families to access needed services from providers who might not have traditionally contracted with CPS. As one SSCC supervisor put it, *“when you want to be innovative, there’s not 2,000 layers to get through to get the funding approved.”*

In addition to directly filling service gaps, OCOK leveraged its relationships with local stakeholders to develop targeted programs, such as implementing Trust-Based Relational Intervention (TBRI) parenting classes. SSCC leaders described a proactive approach of reaching out to trusted providers, asking for recommendations, and finding ways to accommodate parent preferences for specific service providers, even when those providers were outside the existing network, by arranging payment and ensuring continuity of care.

Survey findings align with these qualitative accounts. While the survey did not directly measure “innovation” as a category, Region 3W professionals consistently rated strategies that enable creative problem-solving—such as “clear roles and accountability” (83.3% very or extremely helpful) and “open and honest communication with external partners” (86.0%)—as among the most beneficial ways to improve communication and coordination (Table 29). These conditions are foundational to identifying service gaps quickly and implementing innovative solutions. Moreover, in collaboration-related survey items, professionals highlighted “key partners don’t understand the SSCC’s role” (54.2%) as an obstacle (Table 16), suggesting that continued outreach and transparency about SSCC flexibility could help maximize the benefits of these innovations.

Overall, Region 3W’s experience demonstrates that established community relationships, structured communication, early supervisor buy-in, and flexible problem-solving are key success factors across CBC’s preparation, implementation, and sustainment phases. Persistent challenges, particularly in leadership stability, consistency of communication with caregivers and parents, and access to services in rural areas, mirror those in other CBC regions, although the severity and scope vary. Compared to the other regions, Region 3W outperforms in trust-building, supervisor engagement in later rollouts, and leveraging local service networks; however, it trails Region 8B in communication clarity and some measures of leadership stability. For DFPS, these findings highlight opportunities to replicate Region 3W’s strengths in relationship-based practice and operational flexibility, while addressing persistent cross-regional barriers to ensure consistent outcomes statewide.

Continuous Quality Improvement and Fidelity to Implementation Plans

In Region 3W, OCOK’s approach to maintaining fidelity to its implementation plan while making targeted adjustments has been shaped by a strong emphasis on continuous quality improvement (CQI). Stakeholders across DFPS, OCOK, subcontracting agencies, and the judiciary described a culture of deliberate, ongoing refinement, driven by structured feedback loops, collaborative engagement, and problem-solving with partners, as well as the adaptive use of performance data to refine practice. Qualitative and survey findings indicate that these processes help identify and address operational challenges early, reinforcing alignment with the core goals of CBC, while navigating persistent barriers such

as leadership turnover and differing priorities between the SSCC and DFPS.

Survey findings underscore both the strengths and vulnerabilities in OCOK's collaboration environment. The most frequently cited obstacles to collaboration in Region 3W were "leadership turnover within the SSCC and DFPS" (54.2%) and "key partners don't understand the SSCC's role" (54.2%), followed by "SSCC and DFPS have different priorities" (45.8%) (Table 16). Fewer respondents identified "unclear roles, responsibilities, or expectations" (29.2%) or "limited opportunities for joint training or shared learning" (20.8%), rates notably lower than those reported in Regions 1 and 2 (Table 16). This pattern suggests that while OCOK's role clarity and training efforts may be relative strengths, leadership continuity and shared vision remain ongoing challenges. Notably, only two barriers surpassed a 50% agreement, indicating a more targeted set of challenges in Region 3W compared to other CBC regions.

Systemic Feedback Loops

In Region 3W, one of OCOK's most consistently cited CQI practices is its use of structured internal and external meetings to monitor performance, gather feedback, and make targeted adjustments. Internally, OCOK operates a quarterly Quality Care Committee open to the entire agency, where leadership presents updates on child safety, trends in complaints, and departmental performance measures. As one SSCC leader described:

"We have... an OCOK quality care committee that meets... quarterly... open to the whole agency where we provide an update on the safety of children. We give an update on complaints we may have received and trends that we see... We go through different departments and what the measures are showing... We're looking at doing work with provider relations and different things like that."

Externally, OCOK sustains a steady cadence of cross-system and community engagement. Monthly *lunch-and-learn* sessions with providers are used to strengthen relationships, share resources, and address service quality concerns in a supportive rather than punitive manner. As one SSCC leader noted, if issues arise with a residential treatment center, "we don't wanna go shut 'em down... we wanna... help you address what the concerns are so that kids can be safe." This approach underscores OCOK's commitment to collaborative problem-solving, which appears to contribute to Region 3W's lower rates of reported role ambiguity and training gaps compared to Regions 1 and 2 (Table 16).

Monthly network quality improvement meetings further extend this oversight structure, bringing together OCOK's quality contracts team and providers to review individual agency performance, discuss permanency outcomes, and identify adjustments needed to maintain implementation fidelity. These forums reflect a deliberate strategy to integrate communication and relationship-building into CQI processes, both key themes from the broader evaluation findings.

However, qualitative data also highlight the importance of follow-through. Some legal stakeholders reported that earlier attempts at recurring virtual meetings "voiced the same problems every time, and nothing ever changed," leading to disengagement over time. For DFPS, this signals a clear implication: sustaining the value of feedback loops requires visible action on concerns raised, not just structured opportunities to share them. Without this,

even well-designed engagement mechanisms risk eroding trust and participation over time.

Bridging the Gap Between Quality Data and Outcomes

The second theme that emerged was the importance of capturing quality data to ensure that performance data meaningfully reflects service quality and contributes to improved outcomes for children and families. Stakeholders repeatedly stressed that current measures, while necessary for accountability, often “contradicted” one another, such as prioritizing placements within 50 miles of a child’s home while also trying to keep sibling groups together and prioritize kinship placements, which can require a child or sibling group to be placed farther away. These trade-offs underscore the need for measures that consider both proximity and relational stability, rather than forcing a choice between them.

Although OCOK’s CQI meetings already incorporate case reviews and other qualitative assessments, participants consistently identified opportunities to strengthen databases and reported indicators so that they better reflect the well-being of children, families, and communities. One program director cautioned against relying on numbers alone, describing a unit that went from failing to meet timelines to “100 percent” compliance after coaching—only for a subsequent chart review to reveal “a lot to be desired” in actual practice. As they explained, “the measure itself doesn’t necessarily speak to quality... you have to have the story behind the data.”

“I don’t think that data tell you whether or not it’s quality—the measure itself doesn’t necessarily speak to quality. It speaks to the quantity of something happening [...] if something increases rapidly or decreases rapidly, you want to look there to say, ‘what’s going on?’ That’s what I mean by the story. You have to have the story behind the data.”

In Region 3W, CQI processes bridge the gap between numbers and meaningful outcomes by intentionally pairing quantitative performance monitoring with structured qualitative review. Quarterly Quality Care Committee meetings, monthly provider quality improvement sessions, and targeted legal/compliance case reads are used not only to track indicators but to flag sudden shifts, investigate their root causes, and design targeted responses. These reviews frequently reveal the inherent trade-offs between competing priorities (such as meeting proximity targets versus maintaining sibling and kinship placements), allowing leadership to weigh data trends against the lived realities of casework. Stakeholder input reinforces that performance measures are most effective when supported by narrative context, ensuring that metrics capture the “why” behind results and guiding adjustments that improve both compliance and child and family well-being.

Embedding Staff Wellness as a Core CQI Strategy

Workforce instability and limited early buy-in prompted OCOK to position staff wellness as a central component of its continuous quality improvement (CQI) framework. Leadership explicitly framed retention, morale, and professional capacity-building not as secondary concerns, but as foundational to achieving safety, permanency, and well-being outcomes. This orientation has driven targeted investments in trauma-informed supervision, mental and physical health resources, and proactive burnout prevention, with the explicit goal of building a workforce that is trained, supported, and motivated to deliver consistent, high-quality services.

SSCC leaders outlined deliberate steps to shift the workplace culture, including organization-wide employee appreciation events, access to therapy services, wellness fairs, and health resources such as flu/COVID vaccinations, as well as financial wellness programs. As one leader explained, OCOK has worked “really hard to build a culture that is less reactive and more responsive... bringing out therapy stuff, free massages, [and] a benefits fair,” while also enhancing access to mental health support through partnerships like Talkspace. These initiatives recognize that a healthy workforce is more likely to sustain consistent, high-quality casework. Crucially, OCOK treats financial health as part of wellness: “our HR department [is] providing benefits and resources... including a health savings account.” These combined supports—physical, mental, and financial—reduce stressors that drive turnover and erode practice quality.

Well-being is also embedded directly into performance management. As one leader noted, “Wellbeing is one of our values... it’s on our annual reviews,” with supervisors tasked to help staff manage workloads and prevent excessive overtime—a known driver of burnout and case instability. Leadership models flexibility for staff with caregiving responsibilities, fostering norms that “trickle down throughout the organization” and reinforce stability in casework.

From a CQI perspective, these investments are not ancillary perks; they strengthen the workforce capacity needed to implement quality improvements uncovered through data analysis and case reviews. A stable, well-supported staff is better positioned to follow through on corrective actions, sustain practice changes, and maintain fidelity to implementation goals.

Taken together, Region 3W’s CQI approach integrates structured performance monitoring, nuanced interpretation of quality data, and deliberate investment in staff wellness to sustain implementation gains. Systemic feedback loops ensure that emerging issues are identified and addressed quickly, while efforts to refine performance measures guard against overreliance on quantitative indicators that miss case-level realities. Embedding staff wellness across physical, mental, and financial domains provides the workforce stability needed to act on CQI findings and maintain practice improvements over time. These findings highlight that effective CQI is not solely a technical process of measuring and adjusting services; it is an interdependent system that requires accurate, context-rich data and a supported workforce to translate those insights into lasting improvements in child safety, permanency, and well-being.

Recommendations to Improve Implementation and Continuous Improvement

Drawing from Region 3W’s implementation experience and stakeholder feedback across roles, four interconnected recommendations emerged to strengthen future CBC rollouts and sustain quality improvement efforts. Each recommendation is grounded in both the strengths that contributed to 3W’s relatively smooth transition and the remaining gaps that, if addressed, could further improve system performance.

Create Space for Dialogue and Clarify Roles Before Transition

Survey and interview findings underscore that early and structured engagement with frontline staff and external partners can mitigate resistance, clarify expectations, and

preserve trust during the shift to CBC. In Region 3W, 45.8% of professionals cited “differences in priorities” and 29.2% pointed to “lack of role clarity” as barriers to collaboration (Table 16), reflecting the need for intentional pre-transition communication.

Multiple participants emphasized that structured forums, ranging from large-group meetings to one-on-one check-ins, enabled employees to voice their concerns and receive clear information about how their responsibilities would change post-transition. Identifying respected supervisors or senior staff as “transition champions” was seen as critical to conveying consistent messages and alleviating anxiety.

For external stakeholders, particularly in the judiciary and the provider network, ongoing dialogue both before and after the transition maintained buy-in and increased mutual understanding of the new processes. These relationship investments paid off: 69.2% of Region 3W professionals reported improved local problem-solving under CBC compared to 21.4% in Region 1 and 24.4% in Region 2 (Table 4).

Leverage and Cultivate Relationships as Implementation Infrastructure

Region 3W’s smoother transition was attributed in large part to OCOK’s long-standing presence in the community through ACH, which had cultivated trust with providers, courts, and advocacy groups for over a century. Stakeholders who oversaw multiple regions consistently described 3W as “smoother” and “more successful” compared to areas where SSCCs lacked a deep local footprint.

This relational capital translated into measurable advantages. In Table 26, professionals in Region 3W reported higher use of trust-building strategies than those in Regions 1 and 2. For example, 65.4% of 3W professionals said the SSCC held regular provider meetings, compared to 60.7% in Region 1 and 34.1% in Region 2. Likewise, 46.2% of 3W professionals reported maintaining regular communication with stakeholders through newsletters, emails, and meetings, versus 28.6% in Region 1 and 24.4% in Region 2. These strategies strengthened collaboration, expedited placement matching, and reduced adversarial interactions in court.

Preserve Flexibility to Innovate “Outside the Box”

Stakeholders repeatedly emphasized that CBC’s structural flexibility enabled OCOK to respond more quickly and creatively to family needs than was possible under the legacy system. Examples included paying for rent or utilities to stabilize placements, contracting with nontraditional service providers, and customizing supports for kinship caregivers.

This flexibility was not without guardrails: OCOK paired innovation with CQI oversight, ensuring that nontraditional expenditures aligned with safety, permanency, and well-being goals. Stakeholders also credited OCOK’s collaborative approach with RTCs, seeking to address quality issues without disrupting capacity, as an example of balancing enforcement with system stability.

Invest in Workforce Capacity and Well-Being as CQI Priority

Persistent workforce instability is among the most critical threats to CBC sustainability across regions, and Region 3W was no exception. While turnover rates were lower than in other regions, 62.5% of professionals still identified staff turnover as a “very” or

“extremely” problematic issue (Table 18), and 54.2% cited inadequate training or lack of experience as significant concerns.

OCOK’s response was to embed workforce wellness—physical, mental, and financial—into its CQI strategy. Initiatives included trauma-informed supervision, Talkspace counseling, vaccination and benefits fairs, and financial wellness supports such as health savings accounts. Leaders tied these directly to retention, noting that “well-being is one of our values... it’s on our annual reviews,” with supervisors tasked with monitoring overtime and encouraging work-life balance.

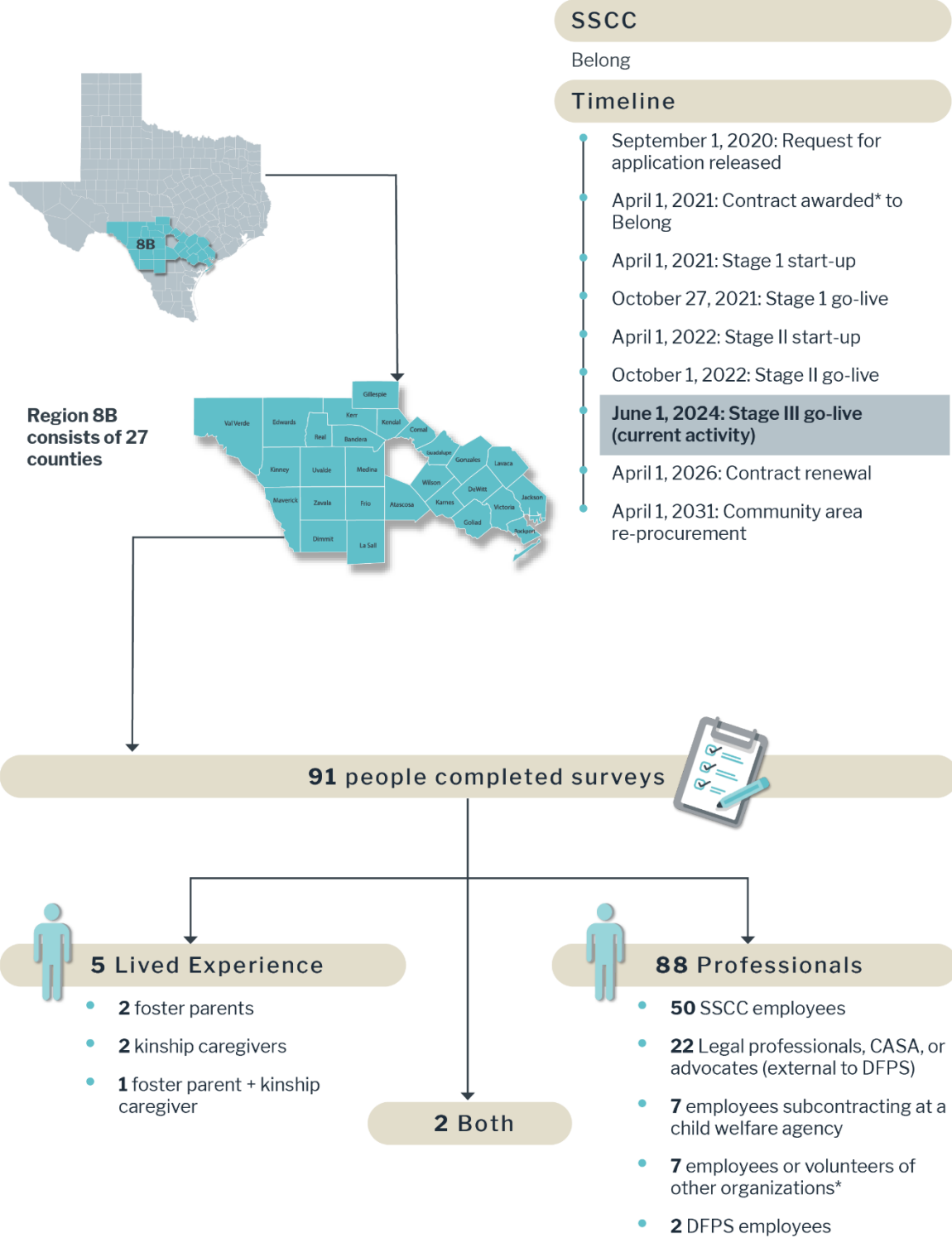
Overall, region 3W’s experience reinforces that early engagement, relationship capital, flexible problem-solving, and workforce investment are not ancillary supports but core implementation levers. By operationalizing these elements in contract requirements, funding structures, and CQI expectations, DFPS can better ensure that future CBC rollouts both start strong and sustain quality gains over time.

Region 8B: CBC Implementation Overview

Region 8B, encompassing 27 counties in the “South Central/Hill Country” area, is a primarily rural region that stretches from the Texas border to the Gulf Coast but does not include San Antonio. At the time of this evaluation, an estimated 1,095 children were in DFPS custody in Region 8B.

The region began its transition to Community-Based Care (CBC) in 2021 under a contract with Belong, a division of SJRC Texas. Belong’s service area extends across 27 counties and will soon expand to include Region 8A, leveraging a longstanding presence as a trusted community provider. Stakeholders in Region 8B consistently described the SSCC’s community relationships, mission-driven approach, and proactive change management as key assets in early implementation. At the same time, they emphasized the influence of regional contextual factors, including rural resource scarcity, workforce recruitment and retention dynamics, and systemic constraints on CBC’s ability to meet performance goals and improve outcomes related to safety, permanency, and well-being.

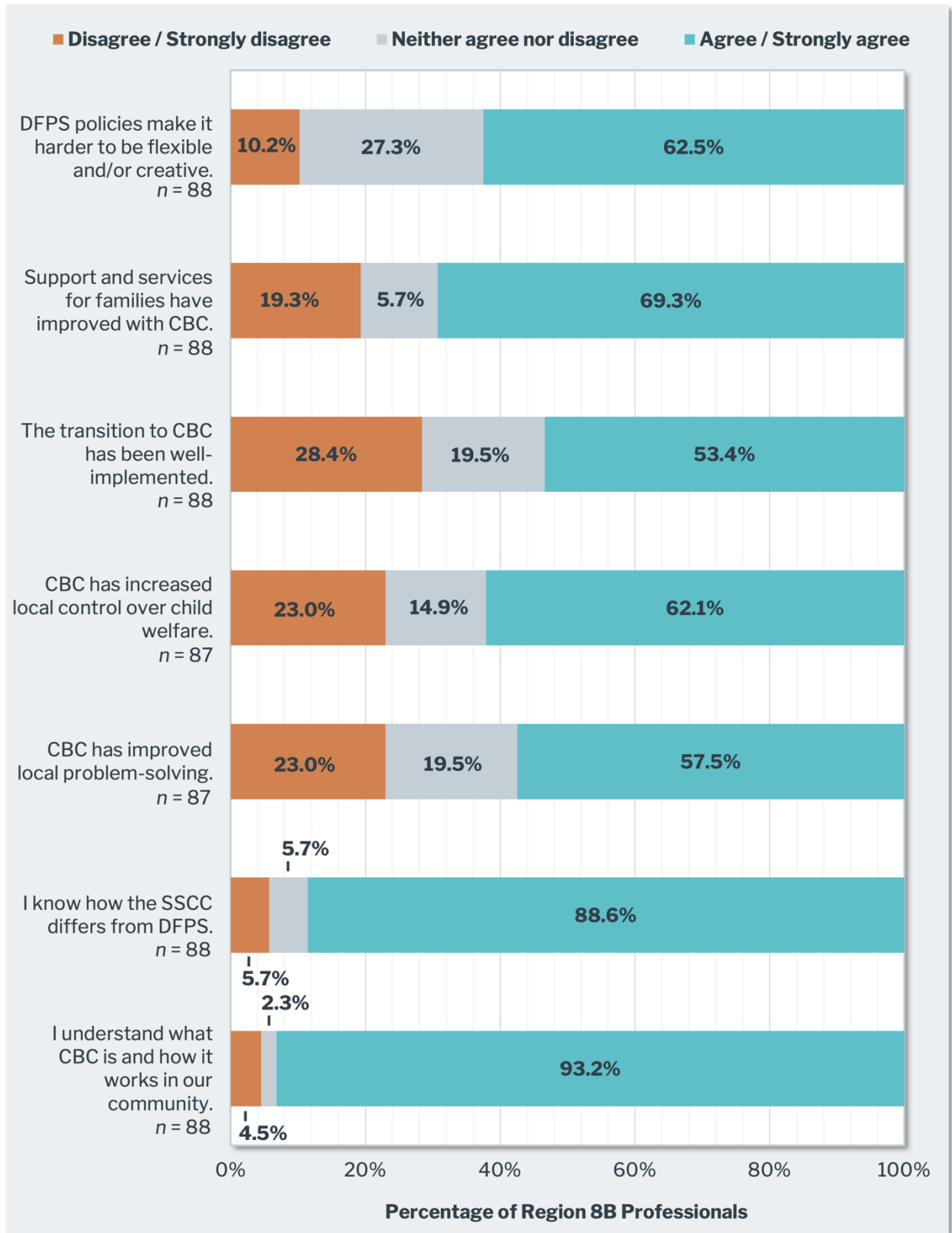
Figure 15. Region 8B Survey Sample



*Other types of organizations included faith-based organizations, non-profits serving youth in care or aging out of care, primary care providers, schools, and organizations offering mediation and parent education.

The mission alignment of staff was clearly communicated, as 93.2% of survey respondents in Region 8B “agreed” or “strongly agreed” they understood what CBC is, and 69.3% believed support and services for families have improved with the implementation of CBC (Figure 16). The following section examines how **outer context** factors (such as rural resource availability and geographic isolation), **inner context** factors (including workforce recruitment, retention, and organizational capacity), and **bridging factors** (collaboration and coordination across systems) have shaped Region 8B’s ability to meet phase-specific performance goals and improve safety, permanency, and well-being outcomes. It also considers **innovation-related factors**, including adaptive strategies to address service gaps and workforce challenges, and identifies adjustments to contextual factors that could strengthen implementation moving forward.

Figure 16. Professionals: Overall Perception of CBC in Region 8B



Contextual Factors Impacting Implementation

In Region 8B, stakeholders consistently identified two overarching themes as especially relevant for CBC implementation: (1) the availability and accessibility of resources for children and families, and (2) the development, retention, and capacity of the CBC workforce. These factors interact in complex ways—rural service gaps and transportation barriers limit access to critical supports, while workforce recruitment and retention challenges affect service quality and continuity. Together, they define much of the operational environment in which CBC must function and highlight key leverage points for improving implementation in the region.

Service Scarcity and Placement Gaps

Stakeholders across all roles described rural resource scarcity as one of the most significant (outer-context) factors shaping CBC implementation in Region 8B. This scarcity extends across the service continuum, most critically in specialized mental health care for children and youth with complex needs, but also in substance use treatment, domestic violence services, and specialized placements.

Participants described persistent “provider deserts” in rural counties, where long-standing shortages of high-quality, trauma-informed mental health services severely limit options for high-acuity children and youth. Even when beds exist, providers can refuse placements for children with intensive behavioral needs, creating what a stakeholder referred to as a “subclass” of youth who are particularly hard to place.

One professional described seeing “exhausted lists” of placement requests, many of which were rejected because facilities were “not equipped to handle behaviors.” They stressed that these refusals are not simply about space, but about the emergence of new and unfamiliar behaviors that staff “have no idea how to deal with,” bringing the placement crisis “to a head.” In their view, “it’s not the amount of beds that we need, it’s the ability to care for the new generation.” This perspective underscores that resolving the crisis will require more than expanding capacity.

Survey data mirror this unevenness: 25.0% of respondents in Region 8B rated the availability of placements meeting children’s needs as “poor”, while 37.5% rated it as good (Table 14), suggesting variability by child profile, county, and provider type.

Placement shortages are particularly acute for large sibling groups, especially when combined with behavioral health needs, often forcing separation or out-of-region placement. The region’s size and rural profile exacerbate these challenges, with families often facing one- to two-hour drives to access services, further complicated by limited public transportation and caregiver work schedules. As one stakeholder observed:

“Even if those caregivers, children, families, parents are willing and want the services, you’re looking at an hour to an hour-and-a-half drive... Or if there are [services], they’re always booked up... Usually they went without the service, went without the help... it didn’t lead to good outcomes for our children and families.”

Transportation barriers also prevent families from participating in community supports that foster stability and well-being. Funding for transportation assistance is limited, and creative

solutions such as ride-share gift cards are the exception rather than the norm. As one provider noted:

“Transportation inhibits our families from making connections with resources, and with other families so they don’t feel so alone.”

Survey data underscore the scope of this challenge: in Region 8B, 55.0% of foster and kinship caregivers identified “transportation, money for gas, or vouchers” as one of their most pressing needs (Table 22). This proportion is notably higher than in Regions 1 (44.2%) and 2 (31.0%), reflecting the heightened impact of geographic isolation and rural infrastructure limitations in Region 8B. Together, these perspectives underscore how geographic isolation, inadequate transportation infrastructure, and limited funding collectively hinder even the most motivated families from accessing essential services.

Telehealth has emerged as a partial mitigation strategy in Region 8B. While it improves reach in rural areas, serving as the only feasible access point in some cases, stakeholders emphasized that the quality and appropriateness of the service vary considerably by type. Survey results (Table 25) show that across regions, participants were most likely to agree or strongly agree that court hearings (58.3%) and case management services (51.7%) can be delivered virtually without losing quality. In contrast, far fewer agreed this was true for home visits (10.7%), substance abuse treatment services (10.7%), or mental health services for children (15.8%).

In-person delivery was consistently described as the “gold standard” for trauma-focused therapy, substance abuse programs, and assessments. Stakeholders also expressed concerns about minimal engagement (e.g., camera-off participation), reduced therapeutic rapport for children and youth with behavioral challenges, and limited ability to observe family dynamics in home settings. Many participants described virtual delivery as “better than nothing” when in-person options were unavailable due to provider shortages, transportation barriers, or long waitlists; however, they did not view it as a substitute when quality is paramount.

Systemic factors exacerbate these access challenges. Several participants noted that mental health providers in rural areas often decline STAR Health due to low or delayed payments, leaving families without viable in-network options.

“Mental and behavioral health providers don’t want to be credentialed with STAR Health because they aren’t paid, or aren’t paid on time. STAR Health says they have a long list of providers, but in rural communities, that list doesn’t exist. Families go without services because no one will take their insurance.”

This comment captures both the structural (reimbursement policy) and geographic (rural scarcity) dimensions of the problem. Even when the SSCC has made progress in recruiting rural providers, these systemic payment issues mean that many high-acuity children and youth, large sibling groups, and kinship caregivers still cannot access timely, appropriate care.

Survey data underscore the scope of the challenge. In Region 8B, 79.8% of respondents identified “mental health services, especially therapists who accept Medicaid/STAR Health”

as one of the most pressing youth needs (Table 20). This is the highest-rated need in the region and significantly above the proportion identifying “more local services and providers” (36.9%). Similarly, 55.8% of respondents selected mental health services as a top need of parents in the region (Table 24). The alignment of youth-focused and parent-focused survey results with qualitative accounts indicates a persistent and cross-cutting gap.

Finally, participants emphasized the need for expanded resources for kinship caregivers, particularly financial and logistical assistance to secure licensure and reimbursement:

“One sweet grandma has seven of her grandchildren... She cannot take care of them without reimbursement... We’ve had to de-mold homes, put in ramps, help with roof repairs... so they can be licensed to get reimbursement for these kids.”

Survey findings reinforce this qualitative insight. In Region 8B, 60.0% of foster and kinship caregivers identified “support for kinship families” as one of their most pressing needs (Table 22), making it one of the top three priorities in the region alongside daycare providers (61.3%) and transportation support (55.0%).

Taken together, these findings indicate that services in rural areas of Region 8B are shaped not only by the number of providers and available placement slots, but also by the compounded effects of geography, transportation barriers, systemic reimbursement issues, and gaps in specialized service availability. Survey data reinforce these qualitative accounts, with foster and kinship caregivers identifying transportation (55.0%), support for kinship families (60.0%) (Table 22), and mental health services—particularly those accepting Medicaid/STAR Health (79.8%)—as among the most pressing needs in the region (Table 20). The consistency between survey and interview findings underscores that these challenges are structural rather than situational; even the most motivated families cannot overcome long travel distances, inadequate transportation infrastructure, or the absence of qualified providers without targeted policy and funding solutions.

Workforce Development and Dynamics

Workforce dynamics emerged as a pivotal (inner and bridging) context for CBC implementation, both enabling and inhibiting progress. Stakeholders described two big arcs: (1) what happened to people during the transition (who moved, who stayed, what knowledge was lost or carried over), and (2) day-to-day quality being shaped by pay/benefits, experience, turnover, and growing reliance on virtual work. Survey results and lived-experience feedback reinforce these themes, helping to identify where targeted strategies would yield the most significant payoff.

Implementation tended to be smoother when entire DFPS teams transitioned into SSCC roles together, allowing local knowledge, relationships, and case familiarity to carry over. Where this did not occur, participants noted gaps in community connections and institutional memory. A legal professional recalled that many highly experienced DFPS staff—those “relying on being able to retire eventually with a state pension”—did not transition, resulting in the loss of people “with really great experience in those specific counties” who “knew the resources” and “knew the families.”

Concerns about caseworker experience and training, while significant, were somewhat lower in Region 8B (49.3% very/extremely problematic) than in other CBC regions (ranging from 59% to 79%), a difference perhaps influenced by the higher proportion of SSCC respondents in Region 8B's sample (Table 18). Nonetheless, community members described early-stage caseworkers as “*very inexperienced*,” even if they sometimes grew into “*tremendous permanency specialists*” with adequate support.

Compensation parity emerged as the most significant barrier to recruitment and retention during the rollout. Nearly three-quarters of Region 8B survey respondents (73.0%) rated “SSCC had lower salaries and benefits than DFPS” as very or extremely problematic (71.7% overall) (Table 18). Across regions, the top two workforce strategies professionals endorsed mirror this signal: “offer pay that matches/exceeds DFPS” (71.3%) and “offer benefits that match/exceed DFPS” (69.4%) (Table 17). It should be noted that the survey question combines salary and benefits into one question, which may not accurately reflect the efforts of Belong in Region 8B. For example, in qualitative data, Region 8 stakeholders described concrete mitigation steps—e.g., “*Belong used Blue Cross Blue Shield so state employees could keep providers*” and “*matched salaries*,” even raising private funds when needed—illustrating that pay/benefit alignment is both feasible and visible to staff when done well. Qualitative data also revealed that Belong was unable to match retirement benefits.

Turnover among frontline staff working directly with children was the most consistently cited challenge (73.0% in Region 8B; 80.0% overall, very/extremely problematic) (Table 18). Across regions, youth and caregivers felt the consequences directly: among lived-experience respondents, 43.8% said “caseworkers changed often,” 43.5% said calls/messages weren't returned, and 41.5% felt workers “didn't know what was going on” in the case (Table 15). These perceptions parallel middling ratings on responsiveness and coordination from caregivers and professionals—e.g., only 40.2% of professionals/caregivers rated “getting timely responses from staff” as good or excellent; 49.2% rated “support to make sure visits happen regularly and safely” as good or excellent (Table 7). Together, these data suggest that stabilizing staffing and preserving case continuity are direct levers on quality and experience.

The increasing reliance on virtual work brought mixed views. Many viewed it as a recruitment and retention tool, as well as to reduce travel burdens; however, others argued that it diminished the quality of engagement and assessments, particularly with children and youth. Survey data reflect these divides: participants agreed that some tasks can be delivered virtually without losing quality—court hearings (58.3% agree/strongly agree) and case management (51.7%)—but they rejected virtual delivery for core relational work such as home visits (only 10.7% agree), children's mental health (15.8%), and substance use treatment (10.7%) (Table 25). In practice, this means that virtual tools can be positioned as a means of workload relief (such as scheduling, check-ins, and hearings) while preserving in-person contact where clinical judgment and rapport are essential.

Ultimately, leadership and organizational culture played a crucial role in addressing workforce challenges. Respondents in Region 8B described leaders who maintained a clear mission focus, encouraged staff to “*always bring the community into community-based care*,” and drew on lessons from earlier CBC rollouts to sustain morale and standardize effective practices. These efforts were credited with strengthening partnerships and

accelerating the adaptation process, demonstrating that workforce stability and quality are as much about leadership and culture as they are about staffing numbers and pay scales.

Collaboration and Coordination with Legal Stakeholders

Several stakeholders emphasized that coordination between the SSCC, DFPS, attorneys, court personnel, and other legal partners remains an area for improvement, affecting case preparation and timely decision-making. At the same time, several judges expressed strong support for CBC's model and goals, even as they acknowledged persistent challenges in day-to-day implementation. As one judge noted, CBC offers "a more locally responsive structure with the potential to strengthen families," though missteps in communication and service delivery still require attention.

Survey results mirror these mixed perspectives across regions. Among all professional respondents, 60.8% agreed that caseworkers often lacked important historical context about the case, and 48.1% agreed that case information was not updated in a timely manner (Table 5). Nearly 40% said communication between DFPS and SSCC legal teams was inconsistent, and about one-quarter (25.3%) felt court reports were often incomplete or inaccurate (Table 5). These findings suggest that while the CBC model is broadly supported by many legal stakeholders, consistent, timely communication and documentation practices remain a critical area for improvement.

Legal professionals (external to DFPS) were even more likely to report these issues: 76.1% stated that caseworkers often lacked historical context, 56.5% agreed that case information was not updated promptly, and nearly one-third (32.6%) reported that court reports were incomplete or inaccurate (Table 5). In addition, less than one-third of legal professionals said they "always" or "most of the time" received case updates from SSCC staff in time to prepare for court (28.9%), and just under half (48.8%) said SSCC staff came to court prepared with accurate and complete case information (Table 39 and Table 6, respectively).

Barriers to court proceedings identified by legal respondents included delays in receiving information from service providers (55.6%), caseworkers unfamiliar with the case (37.8%), and uncoordinated communication between DFPS and SSCCs (35.6%) (Table 41).

Table 41. Main barriers to court proceedings in child welfare cases

Barrier	n	%
Information from service providers is delayed.	25	55.6%
Case information is not updated in a timely manner.	21	46.7%
Caseworkers who attend court are unfamiliar with the case.	17	37.8%
Communication between DFPS and SSCCs appears uncoordinated.	16	35.6%
Reports are missing or contain incorrect information.	12	26.7%
Guidance on what information DFPS needs for court is unclear.	5	11.1%
SSCC are missing case information from DFPS.	2	4.4%
Other*	7	15.6%

*Other responses included a lack of communication between parties, not knowing which information is relevant, receiving referrals in a timely manner, understanding the role of subcontractors, long and difficult-to-understand service plans, and SSCCs not staffing the case prior to court.

Qualitative accounts help illustrate the operational impact behind these data. One attorney described frequent delays and incomplete documentation:

“We’re getting reports with missing attachments, no timelines, or things that contradict earlier filings. It’s hard to make decisions when we’re piecing together what’s actually happened.”

Another legal stakeholder emphasized the loss of experienced DFPS staff and the resulting gap in case knowledge:

“When the transition happened, a lot of the people who really knew these cases and these families didn’t move over. Now you have people coming to court who don’t know the history, and it slows everything down.”

Others pointed to a lack of coordinated preparation between DFPS and the SSCC:

“Sometimes DFPS attorneys and SSCC caseworkers aren’t even on the same page about the case plan. You find out in court that they haven’t talked in weeks.”

Taken together, these survey results and qualitative accounts point to multi-layered coordination challenges between DFPS, SSCC staff, and legal stakeholders in Region 8B. The issues extend beyond the timely exchange of information to include gaps in historical case knowledge, inconsistencies in case planning, and insufficient alignment between legal teams before court.

Policy and Regulatory Constraints

In addition to resource and workforce limitations, some participants pointed to outer-context policy and regulatory factors that restrict flexibility in addressing children’s needs. Licensing rules, placement criteria, and provider discretion to refuse high-acuity cases can combine to create bottlenecks, particularly for large sibling groups or children with

significant behavioral health needs. As noted earlier, stakeholders also indicated that reimbursement policies, especially within STAR Health, disincentivize rural providers from serving the foster care population.

Survey results reveal the substantial impact of these factors. For example, the federal lawsuit was reported to have “impacted a lot” by 75.0% of Region 8B professionals, with only 5.0% saying it had no impact (Table 1). Similarly, heightened monitoring was perceived as having a significant effect by 66.7% of Region 8B respondents, with another 29.6% indicating it had impacted the system “a little” (Table 1). Stakeholders linked these oversight requirements to additional reporting demands, increased administrative burden, and a narrowing of operational flexibility.

The increased threshold to remove children was the most frequently cited as having “impacted a lot” in Region 8B (76.0%), reflecting stakeholder concerns that the policy shift, while intended to preserve family unity, also placed added pressure on frontline staff to manage complex safety decisions with limited resources (Table 1). By contrast, the COVID-19 pandemic had a more mixed reported effect—39.0% said it had “impacted a lot”, 40.7% said it had “impacted a little”, and 20.3% said it had no impact (Table 1)—suggesting that while pandemic-related disruptions were significant, their operational consequences were uneven across counties and provider types.

Qualitative accounts illustrate how these external forces often compound one another. For example, pandemic-era service delays, combined with heightened monitoring requirements and stricter removal thresholds, created what one provider described as “layer upon layer of barriers” that slowed case progression and complicated service delivery:

“Layer upon layer of barriers... from the lawsuit, heightened monitoring, and then COVID... everything slowed down. Even if you could get a service, you had to jump through five more hoops to make it happen.”

Several participants described the profound impact of recent legislative changes on child safety determinations and removal decisions.

“There’s a new definition of abuse and neglect, and you have to prove more to remove a child. We’re leaving kids in unsafe situations because we can’t meet that new threshold. It’s frustrating when you know the risk, but your hands are tied.”

Another stakeholder reflected on how these changes intersect with judicial authority:

“Judges can’t just order removals like they used to. That power has been taken away. Even when everyone in the room knows the child’s not safe, the law says they stay put unless there’s proof that meets this higher bar.”

Participants also noted that policy shifts and state-level decisions often fail to account for local realities, creating a one-size-fits-all approach that overlooks rural service gaps:

“Policies are written for the whole state, but they don’t work the same in a rural county where the closest provider might be two hours away. We spend more time documenting why something can’t be done than actually doing it.”

Resource constraints tied to the policy and political environment were a recurring theme, particularly in relation to Medicaid and philanthropic funding:

“The Medicaid rates are so low, providers won’t take our kids. And then we’re all competing for the same small pool of local donors to fill the gaps. It’s not sustainable.”

Stakeholders emphasized that these policy and regulatory constraints are mainly outside the SSCC’s direct control, yet they have direct and far-reaching consequences, including for meeting CBC’s performance goals. The combination of stricter removal thresholds, limited judicial authority, and restrictive reimbursement policies not only slows case progression but also reduces flexibility in finding and sustaining appropriate placements, particularly for high-acuity youth and large sibling groups.

Taken together, these findings show that in Region 8B, outer-context factors such as rural service scarcity, transportation barriers, and policy and regulatory constraints intersect with inner and bridging context factors like workforce stability, compensation parity, leadership culture, and coordination with legal stakeholders to shape the pace, quality, and reach of CBC implementation.

Best Practices, Strengths, Barriers, and Challenges

Three primary themes emerged from stakeholder perspectives in Region 8B regarding best practices, strengths, and barriers: 1) the strategic use of relationships, 2) communication as a driver of alignment, and 3) flexibility in service delivery. While these themes were also present in other CBC regions, Region 8B’s pre-existing community credibility and consistent leadership practices set it apart in several respects.

Relationships as a Lever for Successful Implementation

One of Region 8B’s most significant strengths during CBC implementation has been the ability of SJRC-Belong to draw on deep, long-standing relationships within the community. Stakeholders emphasized that being a respected local provider created a foundation of trust that facilitated a smooth transition and collaboration with partners.

“Providers already trust them in a way they might not trust DFPS... there’s a shared understanding from years of working alongside each other.”

This dynamic was consistently identified as a differentiator between Region 8B and regions where SSCCs were newer to the area or lacked a shared history with community partners and agencies. In Regions 1 and 2, for example, respondents noted that building trust took longer and required more deliberate outreach, as the SSCCs had to overcome perceptions of being outsiders. By contrast, Region 8B entered implementation with pre-existing rapport, reducing friction and enabling quicker alignment of key services.

Survey data reinforce this advantage: two-thirds of Region 8B respondents reported that the SSCC worked closely with local DFPS staff (68.2%), held community meetings about the transition (63.6%), engaged legal professionals (62.5%), and built on existing community relationships (62.5%) (Table 26). These rates are on par with or slightly higher than those in Region 3W, but notably above Region 2 for legal stakeholder engagement, an

area where Region 8B's early relationship groundwork appears to have accelerated trust-building. As one SSCC leader explained:

"We have great relationships... we cannot do this work without our providers. We wrap around them and provide understanding and support when needed."

Such mutual respect allowed for productive disagreements and problem-solving, a contrast to some regions where provider relationships were described as tense or transactional. In Region 3W, for example, survey respondents more frequently cited role confusion and inconsistent communication as barriers to collaboration, underscoring how Region 8B's relationship-oriented approach helped maintain stability during the transition phase.

Leadership style was also seen as central to sustaining these relationships. Belong's leadership was widely viewed as transparent, supportive, and accessible, traits that respondents felt set the tone for open collaboration both internally and externally.

"If you've been here 10 minutes or 25 years, the best idea wins."

This philosophy resonated with staff and community partners, who described leadership as open to innovation regardless of hierarchy or tenure. In Regions 1 and 2, participants similarly linked leadership accessibility to implementation success but noted that inconsistent application of this approach sometimes diluted its impact. Region 8B's consistency in this area was seen as a stabilizing factor during both preparation and implementation phases.

Effective relationship management in Region 8B also involved proactive change management, addressing potential points of tension before they escalated into barriers:

"We saw something bubbling up with the courts and said, 'Let's go together and start meeting with them.' If regional directors can buy in and build that strong relationship, they can move mountains."

Stakeholders viewed this readiness to act jointly with key partners as a hallmark of effective implementation. While Region 3W also reported success in jointly addressing emerging issues, Regions 1 and 2 described slower responses to similar challenges, with some problems persisting longer before solutions were mobilized.

Finally, respondents underscored the importance of sustaining strong relationships directly with families, particularly in kinship care:

"Kinship placements are the best-case scenario for kids, but they need a lot more support from the SSCC... We should approach those cases with more wraparound services to help all generations of the family heal together."

While all CBC regions have sought to expand kinship placements, Region 8B respondents cautioned that without additional wraparound supports (e.g., case management, therapeutic services, and logistical assistance), these arrangements risk replicating service gaps seen in the legacy system. Survey feedback mirrored concerns in Region 2, where kinship caregivers similarly reported high unmet needs, but contrasted with Region 3W,

where targeted use of flexible funds has helped stabilize such placements.

Taken together, these findings show that relationships in Region 8B function as an active mechanism for advancing CBC goals. The SSCC’s credibility as a local provider, consistent leadership accessibility, proactive engagement with courts and providers, and commitment to family-centered support collectively demonstrate best practices that align with preparation, implementation, and sustainment priorities.

Communication as a Foundation for Alignment and Continuity

In Region 8B, communication emerged as both a best practice and an ongoing challenge. Effective communication reportedly supported mission alignment, facilitated smoother workforce transitions, and helped preserve continuity of care—key success factors that distinguished Region 8B from some other CBC regions. At the same time, there are opportunities for role clarity with external partners and proactively addressing concerns about staff roles and transitions to CBC.

Compared to Regions 1 and 2, where limited early outreach and inconsistent messaging often slowed buy-in, Region 8B entered implementation with a stronger baseline understanding of CBC’s purpose. Survey results show that 93.2% of respondents in Region 8B agreed or strongly agreed they understood what CBC is, and 69.3% believed that support and services for families had improved (Table 4). These rates are consistent with those in Region 3W and exceed those reported in Region 2.

Beyond a shared vision, participants emphasized the pressing need for proactive communication and support to prepare the workforce for the transition. This includes addressing concerns about what staff roles would look like in CBC, such as benefits, pensions, and salaries, to aid in informed decision-making. One participant shared:

“It requires an employee to do a lot of digging and understanding their particular situation. Sometimes they just talk to their peer, and they might not be in the same group and have different benefits. Then also what I hear from staff often is that job security piece. This is a contract.”

This level of uncertainty was not unique to Region 8B, as similar concerns were raised in Regions 1 and 2. However, Region 8B respondents stressed that early, open conversations helped mitigate some of the anxiety and turnover risk during the transition.

Another frequently cited best practice in Region 8B was the SSCC’s ability to coordinate with DFPS leadership and the Office of CBC Transition as a third-party entity, maintaining service continuity when staffing shortages threatened to disrupt casework.

“When we had struggles hiring in certain areas... we worked with the department to get master CPS workers to come into our catchment area and work cases while we were building up our workforce... It was a seamless transition, where people knew from the very beginning, ‘I’m here temporarily ‘cause we’re doing some changes.’”

Participants credited this approach, coupled with clear messaging to families about what to expect, as critical to maintaining trust and preventing delays in case progression. In contrast, Regions 1 and 2 described more fragmented transitions, with inconsistent

communication sometimes leading to confusion for families and providers.

Yet even in Region 8B, communication can continue to be strengthened, particularly in clarifying the SSCC's role to service providers. One survey respondent reflected:

“Many service providers don't understand the role of the SSCC and are hesitant to contract with the SSCC, not understanding that their contract with DFPS is going away.”

The perception that partners did not fully understand the SSCC's role — identified by 54.3% of respondents as the biggest obstacle to collaboration (Table 16) — mirrors challenges found across all CBC regions, suggesting this is a system-wide issue rather than a localized one. While Region 8B leveraged strong internal and DFPS relationships to support the transition, broader system communication challenges persist as a significant barrier across all CBC regions under study.

Taken together, Region 8B's experience highlights how early, coordinated communication can strengthen mission alignment and maintain service continuity, particularly when paired with collaborative problem-solving between the SSCC and DFPS. However, the persistence of role confusion among external partners underscores the need for ongoing, targeted outreach and education to fully support CBC's intended goals during the sustainment phase.

Adaptive Problem-Solving and the Limits of Flexibility

Flexibility in service delivery emerged as a defining feature of Region 8B's CBC implementation, both as a best practice and an area for continued consideration. Stakeholders consistently described the SSCC's ability to adapt services to the needs of children and families, respond quickly to emerging gaps, and leverage funding more creatively than the legacy system. These practices were considered essential for improving stability, preventing placement disruptions, and facilitating reunification. However, participants also highlighted the limits of flexibility, particularly in rural contexts where physical presence, local knowledge, and timely human connection remain essential.

One of the most frequently cited advantages was the SSCC's responsiveness and resource alignment when a particular service or delivery method was not meeting a child or family's needs:

“They've got consistent providers in place... If we say, ‘Virtual counseling's not working for this family,’ they don't say, ‘That's all we have.’ They work to plug those holes.”

This approach demonstrates an organization's ability to pivot quickly. This operational agility contrasts sharply with stakeholder perceptions of the legacy DFPS system, which was often characterized as constrained by rigid processes and slower resource reallocation. In Region 8B, the SSCC's flexibility was amplified by a robust provider network and pre-existing trust with community partners, enabling them to identify alternate solutions rapidly and creatively. By comparison, Regions 1 and 2 also emphasized the value of flexibility, but their SSCCs faced greater delays in implementing alternatives due to less established networks and more limited discretionary funding. This underscores that flexibility is not

solely about willingness to adapt but also about having the relationships, resources, and systems in place to make adaptation possible.

Participants in Region 8B also identified the SSCC's ability to use flexible funding to support reunification:

"We're able to seek sponsorships, whereas the state didn't allow you to do that. I feel that allows us to be more supportive of reunification. We've been able to find funding and sponsorships to buy a car, or fix a car, or fix a roof, or get an AC."

Here, flexibility becomes a preventative intervention: addressing tangible needs that, if left unmet, could undermine reunification and increase the risk of re-entry into care. Stakeholders viewed these targeted investments as a means to remove socioeconomic barriers. In this respect, Region 8B's approach closely aligns with strategies in Region 3W, where SSCC leaders also leveraged discretionary funding to address urgent household needs; however, Region 3W participants reported greater difficulty in securing these resources.

The SSCC's ability to make quick, autonomous decisions without navigating multiple layers of approval was also seen as a competitive advantage:

"They can fill the gap really quickly...[The SSCC leader] can make that decision single-handedly."

Such decentralization of authority enables the organization to respond in real-time to urgent needs. While Region 8B stakeholders celebrated this autonomy, Region 1 respondents expressed concern that without transparent decision-making protocols, autonomy could lead to inconsistent application of resources. The absence of this concern in Region 8B may reflect higher baseline trust in SSCC leadership, fostered through longer-standing local relationships.

Flexibility also took the form of tailoring services to the unique needs of different counties within the same region:

"It's not a cookie-cutter game plan for everyone. What works in [one county] will be totally different from [another county] because of different resources and the priorities of local leaders."

In large and diverse catchment areas, this localized approach was considered crucial for enhancing service relevance and uptake. In contrast, Region 2 respondents described frustration when standardized protocols failed to account for local conditions, resulting in mismatches between service offerings and community needs.

Virtual service delivery emerged as another dimension of flexibility. Several stakeholders saw it as a significant innovation that expanded service reach in rural areas during early implementation, particularly under COVID-19 conditions. One participant stated:

“I will say SJRC Belong has done a good job of bringing some new resources, especially telehealth and that virtual piece. I think COVID helped to spur that along. That has been something that they’ve been able to capitalize on.”

This model also expanded participation in planning and implementation activities by reducing travel barriers:

“It allowed a lot of people to be involved in the work because it wasn't always in person or people had to travel in and have that barrier. It allowed for a lot of engagement with staff who are being affected by the transition in ways that they maybe hadn't been engaged in previous implementations.”

Here, flexibility fostered inclusivity, ensuring that staff, families, and partners, particularly in remote counties, could participate in CBC processes that had historically been inaccessible due to geography. However, participants acknowledged that virtual contact cannot fully replace in-person engagement, particularly when building trust and deepening relationships with families.

The risks of overreliance on remote operations were most apparent in rural areas that lacked a SSCC brick-and-mortar presence.

“Most of the SSCC employees do not reside in our county... When parents need a person to talk to, they’re placing a phone call. Maybe someone picks up right away—probably not.”

This feedback highlights a key limitation: flexibility without a consistent local presence can create unintended service gaps, particularly in urgent or emotionally charged situations. Stakeholders described how CASA volunteers and other regional actors sometimes became de facto first responders, a dynamic that also emerged in other rural counties. This reliance on non-SSCC partners for after-hours emergencies suggests that flexibility must be accompanied by a clear strategy for maintaining community-based accessibility and relationships.

Region 8B’s implementation experience demonstrates how strong local relationships, proactive communication, and operational flexibility can accelerate the rollout of CBC and support its sustainment. These best practices were most effective when backed by established community trust, consistent leadership accessibility, and coordinated action with DFPS. At the same time, persistent role confusion, rural access limitations, and the need for more robust kinship supports mirror challenges in other CBC regions, pointing to system-wide areas for improvement. Overall, Region 8B’s approach offers a model for leveraging local credibility and adaptable service delivery, demonstrating that sustained success requires targeted investments in communication, rural infrastructure, and family-centered wraparound services.

Continuous Quality Improvement and Fidelity to Implementation Plans

In Region 8B, stakeholders described a strong commitment to continuous quality improvement (CQI) and an evolving approach to balancing fidelity to the original CBC

implementation plan with adaptive adjustments. Three themes consistently emerged in describing these efforts: (1) the role of advocacy and partnership in problem-solving, (2) the tension between contract measures and performance measures, and (3) data-driven decision-making as the backbone of CQI.

Advocacy and Partnership

Stakeholders in Region 8B emphasized that the early phases of CBC implementation benefited from a collaborative “three-legged stool” approach between the SSCC, DFPS, and the Office of CBC Transition. This model integrated the CBC accountability role, case management oversight, and the SSCC into a coordinated structure that could identify service gaps and deploy technical assistance quickly. As one participant explained, the SSCCs “need to understand exactly that whole process early on” because it directly supports their ability to meet long-term goals, and DFPS teams also need that clarity to work effectively alongside them.

This early partnership was described as “instrumental to solving problems before they blew up into bigger issues,” with joint staffing of compliance problems and collective problem-solving to address barriers. In practice, the model enabled proactive engagement when issues arose, thereby maintaining trust between oversight bodies and the SSCC while ensuring fidelity to the implementation plan.

Several participants, however, noted that the dynamic has shifted over time. What was once “a true partnership” has, in their view, moved toward a more compliance-oriented focus. This pendulum swing risks limiting the advocacy and collaborative problem-solving that characterized early-stage success:

“It used to really be a true partnership to try to resolve barriers and work those out and now it is kinda pendulum swinging a little bit the other way.”

Participants also emphasized that advocacy within this partnership necessitates acknowledging the time required to build capacity and achieve performance goals. They noted that “moving the needle” on outcomes such as keeping siblings close to home or increasing least-restrictive placements often requires more time to achieve, making quarterly performance reviews a poor measure of progress:

“Moving the needle on child welfare performance measures... often takes a year or more to build capacity. These measures should be indicators of needed change, not a quarterly checkbox of good or bad.”

They argued that performance measures should be viewed as indicators of needed change, rather than as binary judgments of success or failure. This perspective highlights a critical fidelity consideration: without allowing adequate time for systemic changes to take effect, performance reviews risk penalizing SSCCs for structural capacity gaps rather than actual implementation shortcomings. For CQI to function effectively, oversight must be paired with advocacy that acknowledges these realities, ensuring that adjustments are informed by context rather than solely by compliance metrics.

Region 8B’s experience suggests that sustaining the “three-legged stool” balance (e.g., shared accountability, technical assistance, and proactive engagement) is a best practice

for aligning fidelity with adaptability. When advocacy and oversight operate in tandem, they create the conditions for long-term system improvement rather than short-term compliance fixes.

Measurement Misalignment

Participants from across Region 8B emphasized that a persistent obstacle to implementing CBC with fidelity lies in the lack of alignment between contract measures and performance measures. While both are designed to monitor progress and guide improvement, they focus on different aspects of the system and, in some cases, produce conflicting assessments of SSCC performance. This misalignment complicates continuous quality improvement by creating uncertainty about which benchmarks should drive decision-making and by obscuring a clear picture of how well the implementation plan is being carried out.

One participant explained that an SSCC could “do well on... performance measures, but be tanking their contract measures” because the two frameworks “measure... completely different things.” They pointed out that performance measures, while tracking specific system capacities, do not account for critical operational realities such as where children are placed, the types of placements available, and whether those placements are in-catchment or out-of-catchment. In their view, a dedicated placement-specific measure would fill this gap and address one of the most significant barriers to timely and effective service delivery in Texas.

This distinction has direct implications for fidelity. Performance measures often reflect broader outcome trends such as overall capacity levels or timeliness of permanency decisions, while contract measures track compliance with specific operational requirements. Without integration between the two, an SSCC can be deemed successful in one domain but deficient in another, resulting in mixed signals about priorities and progress.

Several participants stressed that some performance measures capture system-wide constraints rather than the SSCC’s implementation performance. For example, in rural parts of the catchment, most cases involve relative placements because paid foster homes are scarce. Yet, as one participant pointed out, this work is neither measured nor incentivized:

“They've gotta figure out a better way of assessing whether or not they're meeting their performance measures versus this one isolated metric regarding paid care because that's a very small percentage of who we're talking about overall. Most of my cases involve relative placement... We don't have the ability to keep kids in their community...if we don't work at relative placements, and somehow that's not a metric.”

Without recognition or incentive for these efforts, the system risks undervaluing the strategies that are often most feasible and beneficial in regions with limited placement infrastructure.

Interviewees also recommended broadening the scope of performance measures to capture qualitative dimensions of care such as trauma reduction, placement stability, and a child’s sense of normalcy. They argued that these additions would bring the measurement framework into closer alignment with CBC’s mission and offer a more holistic view of implementation success.

Leveraging Data to Drive Improvements

In Region 8B, both DFPS and SSCC staff emphasized that reliable, timely data are integral to implementing CBC with fidelity and sustaining continuous quality improvement. Data was described not only as a tool for tracking outcomes but also as the backbone of quality assurance (QA), contractual compliance, and strategic decision-making with providers.

Several participants noted that the SSCC's ability to act quickly often depends on its own data systems. State-level dashboards specific to CBC performance measures are not readily available, creating a reliance on outside analysis, which can delay timely decision-making. As one staff member explained, SSCCs maintain their own systems "so they can get real data and be proactive," because without it, the system becomes "reactive" rather than anticipatory:

"That's why many of our SSCCs are using their own system so they can get real data and be proactive 'cause we can't provide that to them. We can't even give them the information when they need it. And so we're not proactive. We're a very reactive agency."

In contrast to the state's limited real-time capabilities, Region 8B's internal tracking allows staff to locate "all 850 kids... at the push of a button," including exact addresses. This capability is closely tied to QA and contracting functions, which in turn determine whether placements are available and suitable. As one leader noted, in Stage One of CBC "placement" is the visible priority, but placement success is inseparable from QA and contractual relationships: if the SSCC cannot contract with providers, it cannot place children.

Robust data analysis has also enabled more holistic decision-making and innovation. Belong used data to identify service gaps and then brought certain supports in-house to improve coordination. Alongside caseworkers, the SSCC deployed navigator-type staff to address housing and Medicaid access, removing barriers that, if left unresolved, could undermine permanency.

"Part of better outcomes is thinking outside the box... Belong has brought a lot of things in-house... and added navigators to help with housing and Medicaid."

Data was also credited with enabling a long-standing achievement in the region: nearly 30 consecutive months with no child going without placement. Leaders attributed this record to the SSCC's QA processes, close provider relationships, and real-time awareness of where children are, where they are leaving, and where they are entering care. These relationships fostered trust, making local providers more willing to accept children with higher needs.

"Because of our great relationship through QA and contracting... our local providers say yes to our kids because they trust us..."

Participants emphasized that accountability is an inherent part of this data-driven approach. If contracted providers fail to meet standards, the SSCC is responsible for intervening to

ensure safety and quality. The SSCC is “so regulated” that this responsibility translates into a culture of constant internal monitoring, both to meet CBC’s quality standards and to satisfy daily oversight from multiple external entities.

“... we are so regulated that we are always checking, and checking, and checking again to ensure that we are providing the best quality. Because every day somebody else regulating us, so we have to ensure that we have solid quality and data to support it; and we do.”

Region 8B’s experience demonstrates how leveraging data beyond simple reporting (e.g., integrating it into QA, contracting, and direct service innovations) enables the SSCC to remain aligned with its implementation plan while making targeted, evidence-based adjustments that improve outcomes for children and families.

Recommendations to Improve Implementation and Continuous Improvement

Stakeholders in Region 8B identified several strategies to improve future CBC implementation and enhance continuous quality improvement (CQI). These recommendations build on the region’s strengths, such as established trust with community partners and effective use of data, while addressing gaps in communication, relationship management, and service delivery models. Four main areas emerged: (1) Transparent communication and workforce preparedness, (2) Leveraging relationships and institutional knowledge, (3) Expanding data-informed partnerships, and (4) Balancing virtual and in-person services.

Transparent Communication and Workforce Preparedness

Survey and interview findings underscored that consistent, timely communication is critical before and during the transition to CBC. Nearly half of Region 8B survey respondents (46.6%) identified information sharing as the most significant communication challenge (Table 28). Participants emphasized that workforce preparedness relies on transparent communication about expectations, timelines, and performance measures, as well as creating opportunities for staff to express concerns and offer feedback.

The importance of this approach was evident in survey results, which showed a stark difference in confidence levels—about half (50.1%) of Region 8B SSCC respondents felt very or extremely clear about upcoming changes, compared to only 9.5% of Region 8B DFPS respondents (Table 30). This gap suggests that while internal SSCC messaging was strong, broader cross-agency communication needed strengthening.

Stakeholders recommended aligning contract and performance measures earlier in the transition process to avoid misunderstandings about goals and accountability. More precise, shared definitions of success, communicated in advance, were seen as a way to reduce anxiety, support smoother role transitions, and maintain fidelity during early implementation.

Leveraging Relationship and Institutional Knowledge

Region 8B’s long-standing trust between the SSCC and the community was described as a

key driver of implementation stability. Open communication and the SSCC's flexibility in deploying resources and securing placements were credited with helping the region sustain an extended period with no children without placement (CWOP).

Survey findings reinforce this: working closely with local DFPS staff (68.2%) and holding community meetings or forums (63.6%) were among the most effective trust-building strategies (Table 26). Leadership accessibility and supportiveness were repeatedly cited as essential to maintaining both internal morale and external partnerships.

Institutional knowledge also emerged as a strategic asset, particularly when entire teams and supervisors transitioned from DFPS to the SSCC. This continuity preserved established provider relationships, reduced the learning curve, and supported service stability during the transition. Stakeholders advised intentionally retaining experienced staff and embedding their expertise into CQI processes to strengthen implementation over time.

Leveraging Relationship and Institutional Knowledge

Participants recommended using data not only for internal performance monitoring but also as a shared tool for strengthening community partnerships. They emphasized the importance of drawing data from multiple sources, including provider feedback, conversations with community leaders, and input from children and families, to gain a comprehensive understanding of needs and outcomes.

This broader data strategy was viewed as essential for shifting focus from strict compliance to partnership-based problem-solving. Stakeholders believed that presenting data in a way that highlights shared goals, rather than punitive measures, would foster more collaborative relationships and ultimately improve child and family outcomes.

Balancing Virtual and In-Person Services

Virtual service delivery was viewed as a crucial tool for expanding staffing capacity and service reach, particularly in rural areas. Stakeholders credited the SSCC with bringing in virtual resources to address urgent community needs and improve access to supports.

“Virtual services expanded reach in rural areas... but you have to ensure quality and safety, especially for treatment tied to reunification.”

While remote options increased flexibility for staff working across counties, participants also noted unintended consequences. Staff who did not live in the communities they served were sometimes less familiar with local resources. In emergencies, community partners and volunteers often stepped in to fill the gaps. This raised concerns about over-reliance on virtual services for professional convenience rather than necessity.

Stakeholders recommended clear guidelines to distinguish between when virtual delivery is the only viable option and when in-person contact is critical, particularly for services related to safety, mental health, or substance abuse treatment. Maintaining a hybrid approach, with deliberate use of in-person engagement, was considered essential for sustaining trust and ensuring service quality.

Region 8B's recommendations strike a balance between sustaining proven strategies, such as strong community relationships and data-driven decision-making, while addressing areas where misalignment, communication gaps, or overreliance on virtual services could

hinder long-term success. Transparent communication, early alignment of measures, intentional retention of institutional knowledge, broader data integration, and clear service delivery guidelines emerged as key priorities for strengthening both implementation fidelity and CQI in future phases.

Conclusion

This evaluation assessed CBC implementation across four Designated Community Areas (DCAs): Regions 1, 2, 3W, and 8B. The Community-Based Care Program Evaluation Team, a collaboration of Texas child welfare researchers, conducted the evaluation with a dual focus: (1) to examine how contextual factors influence the implementation process across different regional and organizational environments and (2) to assess how CBC implementation aligns with performance measures and outcomes. The EPIS Implementation Science framework provided a structured approach to analyzing how communities adopt, operationalize, and sustain CBC, paying close attention to outer contextual conditions, inner organizational factors, bridging mechanisms, and local innovations.

Over 200 individuals with professional and/or lived experience participated in the study through interviews, focus groups, and surveys. Their collective input suggests that CBC implementation, although not without obstacles, continues to evolve and become embedded in local communities. Participants frequently noted that many early implementation challenges had been addressed or were in the process of being resolved. At the same time, more complex challenges, especially those related to workforce stability, placement capacity, and behavioral health services, were recognized as enduring issues that require time, resources, and innovation to address.

Across the four regions studied, external disruptions such as the federal lawsuit and heightened monitoring placed significant strain on local systems. These disruptions were more prominently noted by professionals, who often described them as having a substantial impact on their work. Caregivers, by contrast, generally did not report that their direct care of children was affected. This difference in perspective may suggest that the disruptions had a limited impact on day-to-day caregiving or that caregivers were less exposed to the broader systemic challenges experienced by professionals.

Stakeholders expressed broad support for performance measures as tools of accountability but raised consistent concerns about conflicts between meeting targets and pursuing the best interests of children. Measures such as sibling placement, kinship care, and placement stability were widely valued; however, stakeholders cautioned that their strict application sometimes penalized efforts that prioritized children's needs.

Taken together, these findings informed seven major recommendations: strengthen workforce stability and capacity; update CBC funding methodology to reflect current needs; build behavioral health and service capacity; prioritize youth voice, normalcy, and transition to adulthood; incentivize family connections and reunification; enhance cross-system coordination and community relationships; and revise performance measures to better reflect practice realities and children's best interests.

Cautions in Interpreting Findings

While there was widespread participation in the evaluation, it is worth noting again that the sampling for the evaluation was a purposive convenience sample. While all stakeholder groups were invited to participate, actual participation was uneven across both regions and roles. For example, some regions included a larger number of SSCC administrators and staff (Region 8B), while others had a larger representation from legal professionals (Region 2). Additionally, individuals with lived experience, specifically birth parents, are underrepresented in the samples. For the survey, distribution was conducted primarily through SSCCs. This decision was intentional: it reduced the risk of fraudulent responses associated with open social media outreach, thereby safeguarding data quality. However, this approach also contributed to uneven participation rates across stakeholder groups and regions. Similarly, interviews and focus groups capture the perspectives of those who chose to participate, which necessarily means that some viewpoints are more heavily represented in the data than others. As such, findings and recommendations should be viewed in the context of these limitations, and readers should consider that there may be other patterns, themes, and ideas that were not fully captured.

These participation patterns also help explain the variation in perspectives reported in the findings. Rather than detracting from the validity of the analysis, they provide critical context for understanding why stakeholders and regions describe CBC's progress and challenges in different ways. For example, in regions where legal professionals were more represented, participants emphasized shortcomings in day-to-day case practice and court processes. In contrast, in regions with greater SSCC participation, the data highlighted organizational improvements and system-level innovation. Interpreting these perspectives through the lens of stakeholder roles and regional composition ensures that differences are not read as contradictions, but as reflections of distinct responsibilities, vantage points, and local contexts within the system.

By bringing these multiple perspectives and contexts into conversation, the evaluation offers a more comprehensive understanding of CBC implementation. The tensions across stakeholder groups—between professionals and caregivers, leadership and frontline staff, and policy-level systems and daily caregiving—as well as regional variation in how CBC has unfolded, showcase the complex realities of how the model is experienced on the ground. These methodological considerations are directly reflected in the examples that follow. Differences in participation across roles, regions, and systems help explain why stakeholders described external disruptions, CBC effectiveness, and service challenges in divergent ways. The section below highlights several of the most prominent areas where these perspectives diverged, illustrating how these variations shape understandings of CBC implementation.

Interpreting Variation in CBC Implementation

The examples presented below illustrate how differences in regional participation and stakeholder roles shape perspectives on CBC implementation. By examining these variations, the evaluation reveals important tensions across levels of the system—between policy and practice, leadership and frontline staff, and professionals and families—that collectively provide a more comprehensive understanding of CBC's progress and

challenges.

External Disruptions

- **Professionals** emphasized how systemic disruptions (COVID-19, federal lawsuit, heightened monitoring, removal threshold) added oversight burdens and slowed progress—94.4% said the lawsuit had an impact, with 72.8% calling it major.
- **Caregivers**, however, reported these same factors had little impact on their day-to-day parenting, with 70% saying COVID-19 did not affect their caregiving; 59.5% said the lawsuit did not affect them; 40.8% said heightened monitoring had no impact.

This divergence highlights how external, policy-level disruptions are acutely felt by agencies and professionals but may not directly translate into caregiving experiences. It also illustrates how different vantage points within the system can yield very different assessments of the same event.

Regional Differences in CBC Effectiveness

- **Survey findings** show Regions 1 and 2 (where legal professionals were overrepresented) were much more critical: only 21.4% (Region 1) and 24.4% (Region 2) agreed CBC improved local problem-solving. By contrast, 69.2% in Region 3W and 57.5% in Region 8B reported improvements.
- **Interviews and focus groups** with SSCC and DFPS leaders broadly described CBC as fostering innovation, improving collaboration, and embedding trauma-informed practice across all regions.

These findings reflect a system-level versus local practice lens: leadership perspectives point to structural progress, while frontline and legal actors focus on persistent barriers in casework and court proceedings.

Stakeholder Role Tensions

- **SSCC staff** were overwhelmingly positive—87.7% agreed services improved under CBC, and 73.8% felt the transition was well-implemented.
- **Legal professionals** were far more skeptical—only 17.2% agreed services improved under CBC, and just 13.8% said implementation was well-executed.

These differences reflect distinct lines of accountability and exposure. SSCC staff are positioned to see improvements in organizational processes and service coordination, while legal professionals, tasked with oversight of child safety and compliance, focus on case preparation and timeliness. The divergence highlights how the same system can appear to function very differently depending on professional role.

Family and Youth Engagement

- **Professionals** acknowledged engagement of caregivers and youth as an area for growth, with less than 10% rating it “excellent” (~25% rating them “poor”)
- **Youth** reported sharper experiences of exclusion: 40% reported they were never asked to participate in court hearings, and nearly 60% said they were never included in family group conferences, and only 24% always included in service planning.

This highlights a framing gap: professionals tend to describe engagement as a technical area that needs improvement, whereas youth and families characterize it as a systemic failure that undermines their voices in decision-making.

Service Capacity and Medicaid/STAR Health

- **Surveys** showed professionals rating SSCC coordination with behavioral health providers poorly, with only 53.6% giving good/excellent marks.
- **Interviews** with SSCC leaders and providers pointed instead to structural Medicaid issues—low reimbursement rates and delays—rather than local SSCC capacity, as the main barrier.

Finally, variation also emerged around service capacity, particularly in behavioral health. Survey respondents rated SSCC coordination with behavioral health providers relatively low, with only 53.6% giving good or excellent marks.

Interviews with SSCC leaders and providers, however, shifted the explanation away from local capacity and toward structural barriers in Medicaid and STAR Health. Leaders emphasized low reimbursement rates, delayed payments, and systemic inefficiencies as the primary obstacles to building provider networks. This reveals a tension between state-level and local responsibility. While professionals experience access failures in practice, SSCCs and providers emphasize the financing and regulatory structures that constrain their ability to respond.

Taken together, these examples of notable divergences underscore how perspectives on CBC are shaped by region, role, and proximity to practice. What may appear to be contradictions are better understood as role- and context-dependent experiences that point to different dimensions of the system. By surfacing these tensions—between policy and practice, leadership and frontline work, and professionals and families—the evaluation adds depth and context to the experience of CBC across different regional environments.

Recommendations

The findings from this evaluation point to seven cross-cutting priorities for strengthening CBC implementation. While many challenges reflect long-standing system constraints, CBC also creates opportunities to innovate and tailor solutions to local contexts. The recommendations that follow are grounded in stakeholder perspectives, survey findings, and emerging promising practices, and are organized as follows:

1. Strengthen workforce stability and capacity;
2. Update CBC funding methodology to reflect current needs;
3. Build behavioral health and service capacity;
4. Prioritize youth voice, normalcy, and transition to adulthood;
5. Incentivize family connections and reunification;
6. Enhance cross-system coordination and community relationships; and
7. Revise performance measures to support best interests.

Strengthen Workforce Stability and Capacity

Workforce stability remains one of the most critical foundations of CBC implementation. Across all four regions, stakeholders described high turnover among caseworkers, supervisors, and even executive leadership as deeply disruptive to continuity of care, relational trust, and institutional knowledge. Foster youth in Region 1 shared that with each staff change, *“no one really knows my story,”* underscoring how turnover erodes the relationships at the heart of effective casework. Supervisors in Region 8B echoed these concerns, noting they were *“losing so much historical memory”* when experienced staff departed.

Concerns extended beyond turnover to the rapid promotion of inexperienced staff into specialized or high-stakes roles without adequate preparation. Stakeholders emphasized that insufficient training in trauma-informed practice and courtroom readiness left new caseworkers struggling. A legal stakeholder in Region 8B described some as *“timid”* on the stand and *“not always ready”* to answer critical questions. At the same time, a foster parent in Region 2 observed that new staff *“don’t have the backbone they need to do this work yet.”* In Region 3W, staff pointed to leadership instability—persistent supervisor turnover—as damaging morale and cascading through teams

Promising Practices

Despite these challenges, SSCCs have piloted strategies to stabilize staffing and mitigate burnout. In Region 1, leadership responded to a caseload crisis by implementing rapid hiring, “hire-ahead” planning, and deploying support staff to alleviate the administrative and transportation burdens of frontline workers. This coordinated effort reportedly resolved the crisis within about three months—a timeline that, according to one stakeholder, would have taken CPS *“two years”* under the legacy system. By leveraging data and reassigning responsibilities to transport workers, the SSCC was able to *“take the pressure off the staff so the snowball didn’t get rolling,”* preventing further attrition.

In Region 8B, the SSCC developed a structured mentorship program for new hires, pairing each with an experienced colleague during their first 90 days. This approach was credited with reducing burnout and supporting smoother onboarding for new staff. The same SSCC also opted to preserve DFPS-equivalent health insurance benefits for units that transitioned into the CBC model, a decision stakeholders viewed as critical to retaining experienced personnel and maintaining morale during a time of organizational change.

Recommendation

Findings suggest that workforce strategies must focus on both strengthening the hiring pipeline and creating conditions that support long-term retention. Robust onboarding, structured mentorship, and ongoing training in trauma-informed care and courtroom readiness were widely cited as essential. Stakeholders also emphasized the importance of cultivating supportive organizational cultures that prioritize staff well-being, professional growth, and collaborative leadership.

At the same time, compensation remains a significant challenge. Pay disparities between SSCC and DFPS staff continue to drive turnover, yet this issue is complicated for agencies to resolve in an economic climate where nonprofit funding is declining. Stakeholders recommended creative strategies to expand the pipeline of qualified employees, such as

partnering with local universities to provide stipends for internships that lead to employment and advocating for expanded student loan forgiveness programs for nonprofit workers.

Workforce stability ultimately depends on broader labor market dynamics, many of which are outside the control of SSCCs. Even so, intentional investments in onboarding, mentorship, training, and culture can mitigate instability and strengthen the foundation on which CBC implementation depends.

Update CBC Funding Methodology to Reflect Current Needs

Funding structures were widely described as outdated and misaligned with the realities of today's child welfare system. The original methodology was based on child population estimates and cost studies conducted more than a decade ago, before the rise in high-acuity youth, the expansion of service requirements, and the escalation of regional cost drivers. As one stakeholder explained, *"From the start, [the SSCC] did not start with the funding they needed to do what they were tasked with. It's like they set them up to fail because they couldn't build a network without the money to do it."*

In practice, SSCCs reported frequent shortfalls between funding levels and operational realities. In some cases, this required mid-cycle requests for millions of additional dollars to meet baseline obligations. As one stakeholder noted, "They had to go back this year and do a secondary [ask] because the initial money wasn't enough. And we're not talking about just a little bit short; we're talking about millions that weren't allocated." Stakeholders also highlighted the impact of inflexible funding rules, which limited their ability to sustain critical support roles, such as transportation coordinators, kinship liaisons, and parent support workers. These gaps were seen as undercutting CBC's central goals of local flexibility and innovation.

Promising Practices

Even within these constraints, some SSCCs developed strategies to maximize available funds. In Region 1, leaders described using data-driven forecasting to make "hire-ahead" staffing decisions, preventing caseload crises before they escalated. Other SSCCs have leveraged local philanthropy to supplement operational gaps, though stakeholders widely cautioned that reliance on community fundraising is inherently unstable and inequitable across regions.

Recommendations

Findings suggest that updating CBC's funding methodology is essential to align resources with current realities. Stakeholders emphasized the need to re-base appropriations and rate structures using current data on caseloads, service intensity, acuity mix, and regional cost variation, rather than relying on outdated formulas. They also emphasized the importance of flexible start-up and network development funds, enabling SSCCs to build provider capacity before assuming full caseload responsibilities. In addition, stakeholders recommended mechanisms for mid-cycle adjustments in the event of unexpected demand shifts, which would reduce the need for reactive supplemental requests and reliance on unstable community fundraising. Finally, they urged that SSCCs be given greater local discretion in how funds are allocated, allowing them to invest in regionally relevant solutions

that reflect community needs. Updating the funding methodology in these ways would better connect resources to performance expectations while reinforcing CBC's core promise of local innovation. Without such reform, stakeholders cautioned, SSCCs will remain trapped in a cycle of shortfalls, reactive requests, and dependence on community fundraising to sustain essential services.

Build Behavioral Health and Service Capacity

Findings from across all four regions point to a sharp increase in the behavioral health needs of children and youth entering care. Stakeholders reported that many young people arrive with complex trauma histories, co-occurring diagnoses, or significant medical conditions, and that existing systems are unable to respond at the necessary scale or intensity. In Region 2, one participant explained, *"There are just not enough qualified therapists, period."* Similarly, a subcontractor in Region 8B described the situation as increasingly urgent, calling current waitlists "unacceptable" and "growing."

Region 2 stakeholders further emphasized a dual crisis: a shortage of foster homes, particularly for teenagers, alongside a lack of residential treatment centers capable of serving youth with significant mental health needs, intellectual disabilities, or autism. *"There is a challenge finding families that are willing... to care for kids with higher acuities, teenagers with mental health issues, IDD, autism,"* one participant noted.

This pattern was also observed in Regions 3W and 8B, where stakeholders described youth with complex trauma cycling through multiple placements without making therapeutic progress. As one Region 8B stakeholder summarized, *"We see exhausted lists with hundreds of rejections... it's not about having more beds, it's about the capacity to care for the new generation of kids."*

Geographic challenges further restricted access to care, particularly in Regions 1 and 8B. Families and staff often had to travel long distances for services, making them effectively inaccessible. A Region 1 stakeholder explained, *"Sometimes [the service] does exist, but it's three counties over, and nobody can get there."* While telehealth was seen as helpful for continuity, particularly during the pandemic, stakeholders also emphasized that it was not sufficient for trauma treatment or higher-acuity youth.

Promising Practices

In response to these gaps, some SSCCs and community partners have begun developing targeted strategies to address both service and placement gaps. In Region 3W, SSCC staff described strengthening partnerships with local behavioral health agencies to expand access, while also working to recruit more bilingual and culturally competent providers. These efforts were viewed as crucial to delivering more equitable and culturally appropriate care in communities with increasing linguistic and cultural diversity. Region 8B stakeholders described a specialized placement model designed to meet the needs of large sibling groups, particularly those with greater behavioral or emotional needs. One such home was intentionally designed to support up to five or six siblings together, offering a more stable and therapeutic alternative to fragmented or short-term placements.

Recommendations

Stakeholder insights suggest that there may be opportunities to further strengthen

behavioral health infrastructure and placement capacity across regions. Expanding the network of trauma-informed, culturally responsive providers, particularly in rural and underserved areas, could help reduce wait times and improve continuity of care. However, the responsibility for increasing behavioral health capacity is not traditionally the role of the child welfare system; therefore, it is questionable how CBC implementation should address the behavioral health challenges they currently face.

Behavioral health and child welfare systems are inextricably linked. The child welfare system depends on the behavioral health system to assist parents in stabilizing their mental health so they can raise their children in healthy environments; to help foster and kin caregivers understand and manage trauma-related behaviors; and to help youth process their life experiences and learn techniques to organize their thoughts, behaviors, and actions. In some cases, particularly in residential settings, foster care agencies have behavioral health specialists to assist youth. However, most other care is reliant on networks of community providers. Few community providers accept STAR Health due to low reimbursement rates. As a result, families face long waitlists, or they can try to find a private provider to pay out of pocket. At this point, many independent therapists are not even accepting private health insurance because they do not need to with such a high demand for therapy.

The child welfare system's dependence on the behavioral health system raises a question of whose responsibility it is to make improvements. In the past, professionals from both systems have advocated for increased reimbursement rates for Medicaid services, with the hope that this would increase the number of therapists accepting Medicaid. Advocacy efforts have also focused on enhancing behavioral health systems across the state. However, these structural changes require a substantial amount of time to implement. Based on stakeholder feedback, the need for mental health services is at such a critical point that it undermines the efforts of CBC implementation because agencies cannot meet the needs of children and families. To address the immediate need, the state should consider down-granting specific mental health grants to SSCCs, allowing them to either supplement payments to providers who accept Medicaid, pay independent therapists through private payment options, and/or develop their own internal networks. This type of approach aligns with the original mission of CBC to foster local, innovative solutions.

Prioritize Youth Voice, Normalcy, and Transition to Adulthood

Youth across regions reported feeling sidelined in their own case planning and described limited opportunities to participate meaningfully in decisions that directly impact them. In Region 1, young people reported that “no one really [was] listening,” and they often felt excluded from conversations about placements or family visits. This lack of inclusion was echoed by stakeholders who observed that, while some regions had structures in place to elevate youth voice, these were not always fully supported or consistently implemented.

Stakeholders in Regions 3W and 8B pointed to youth advisory councils and cross-agency engagement efforts as promising developments. However, they also noted that these efforts were frequently under-resourced, inconsistently facilitated, or disconnected from real influence on policy and practice decisions.

Older youth in Regions 2 and 3W also highlighted persistent gaps in practical supports for transitioning to adulthood. Programs like Preparation for Adult Living (PAL) were often

experienced as overly checklist-oriented and lacking continuity. As one youth in Region 3W explained, key life skills were taught “once when you’re 14,” but no one followed up “when you’re 17” and actually preparing to age out, leaving them to navigate critical tasks like opening bank accounts, getting a driver’s license, or applying for jobs with little hands-on support.

Beyond case planning and transition services, youth described barriers to accessing everyday adolescent experiences, including extracurricular activities, peer relationships, and opportunities for safe risk-taking that they saw as essential to their development and well-being.

Promising Practices

Some SSCCs and local partners are developing infrastructure for stronger youth engagement. In Regions 3W and 8B, youth advisory councils seem to provide young people a more direct role in program feedback and planning. These efforts offer a potential model for integrating lived experience into system design; however, stakeholders noted that they would benefit from more consistent resourcing, facilitation, and follow-through on youth recommendations.

These initiatives illustrate how CBC’s flexible framework could support more meaningful and sustained engagement of youth voices, particularly when aligned with cross-agency collaboration and dedicated staffing.

Recommendations

Findings suggest that expanding and strengthening youth engagement efforts, including adequately supported advisory councils and youth-led feedback loops, could enhance CBC’s responsiveness to the needs of young people in care. At the same time, more comprehensive and hands-on transition supports, delivered at developmentally appropriate moments, may better equip youth to succeed in adulthood. For example, youth frequently ask for skill-building opportunities to cook, shop, and make their own appointments. Foster parents caring for teenagers should provide ongoing coaching on these life skills to the youth in their care. To shift the mindset of foster parents, training may be needed to emphasize the importance of engaging youth in life skills development.

Incentivize Family Connections and Reunification

Stakeholders across regions emphasized that maintaining family connections, particularly among siblings and extended kin, remains unevenly supported under CBC. While some areas have prioritized kinship placements and increased flexibility in sibling contact, others described ongoing barriers that undermine these goals. In Region 8B, stakeholders highlighted promising improvements in kinship care and described more responsive approaches to coordinating sibling visits. In contrast, participants in Region 2 reported frequent disruptions to sibling contact, with visits often “canceled all the time” due to logistical issues or competing priorities.

Concerns also surfaced regarding the consistency and timing of reunification efforts. Legal professionals across regions described a lack of standardization in how and when families are reunified. Some stakeholders were concerned that reunification was being expedited in cases without adequate follow-up support in place, which could potentially compromise

child welfare and stability. Others pointed to instances where reunification was delayed even after parents had met the terms of their service plans. A judge in Region 2 characterized the process as “feeling like a moving target,” reflecting the lack of clarity and coordination that sometimes accompanies these decisions.

Promising Practices

Despite these concerns, stakeholders in Regions 3W and 8B described a series of efforts to build infrastructure that supports more intentional family engagement. Family-like visitation centers, designed to create welcoming, normalized spaces for family contact, were cited as a promising model. Additionally, some counties have piloted joint planning meetings that bring together multiple partners to coordinate support for families working toward reunification. These approaches were viewed as effective in reducing fragmentation and ensuring that services were better aligned with family needs, though they have not yet been implemented consistently across counties.

Recommendations

These findings suggest an opportunity to strengthen and standardize practices that support family connections and reunification across different regions. Establishing consistent protocols for sibling visitation, investing in follow-up supports for reunified families, and enhancing efforts to track and preserve sibling placements could help reduce unnecessary separations and promote relational stability. Expanding access to family-friendly visitation spaces and coordinated case planning processes may also improve the quality and consistency of reunification efforts, while reinforcing CBC’s broader goal of maintaining meaningful connections for children and families.

Challenging narratives that all parents are bad, distrustful, or dangerous is important for shifting the system to support families. Family engagement can also be strengthened by recruiting and supporting foster and kin caregivers who engage with parents and understand the importance of making sure a child stays connected to their family. To increase successful reunification, parent support is also critical. Creating peer mentor programs for parents and/or having case managers for parents, not just children, can help them navigate obstacles.

Enhance Cross-System Coordination and Community Relationships

Stakeholders across all four regions described persistent coordination challenges between DFPS, SSCCs, courts, and community partners. These breakdowns were often cited as a key barrier to the smooth implementation of CBC. In Region 1, participants pointed to duplicative paperwork, unclear role definitions, and what they characterized as “micromanagement” from DFPS, which they felt limited the flexibility and innovation that CBC was designed to promote.

Legal coordination was another area of concern. Judges’ standing orders and discretionary rulings sometimes conflicted with CBC performance measures or placement goals. One Region 2 stakeholder described a case in which efforts to keep siblings placed together in region were thwarted by a judge’s order prohibiting the use of emergency shelters—the only available option that could have accommodated the group. In such cases, SSCCs were

left to navigate conflicting mandates, resulting in frustration among providers and confusion regarding accountability.

Community partners, especially those in rural areas, also expressed a desire for more consistent involvement and two-way communication with SSCCs. Stakeholders noted that while CBC was designed to elevate local solutions, some rural providers still felt disconnected from decision-making processes or unclear about how to engage effectively with the new system.

Promising Practices

In Region 3W, cross-system coordination was described as a relative strength. Stakeholders there praised routine planning meetings that brought together DFPS, SSCCs, courts, and local service providers to align on case goals and clarify roles. One DFPS staff member described the region as “more of a team, not a hierarchy,” highlighting how shared leadership and open communication can support smoother transitions and more consistent service delivery.

These collaborative efforts were seen as reducing friction across agencies and helping stakeholders remain focused on shared priorities, particularly when dealing with more complex placements or urgent service needs.

Recommendations

Stakeholder feedback suggests that CBC may benefit from continued investment in structured, transparent communication and role clarification across agencies. Establishing clear expectations for coordination, particularly between SSCCs and legal partners, may help align operational practices with CBC performance goals. Strategies such as early engagement of judges and attorneys, joint training opportunities, and shared leadership models may also foster greater trust, reduce duplication, and ensure that local providers feel meaningfully included in planning and implementation efforts.

Revise Performance Measures to Support Best Interests

Across all CBC areas, stakeholders identified challenges with performance measures. There was no dispute by stakeholders about the need for performance measures, nor was there any indication that stakeholders wanted to abdicate their responsibility to meet performance measures. Instead, the challenges related to providing the best care for children and families arise when there are conflicts with the performance measures and the best interests of the child.

The most often discussed measures were sibling placement, home proximity, and kin placement. All three measures indicate positive placements for children. However, stakeholders noted that choosing one over the other sometimes penalized them even when they were doing what was best for the child. For example, prioritizing placements closer to home can often conflict with placing with kin or keeping siblings together.

Challenges with other measures were more logistical. For example, stakeholders raised concerns about how CPS reinvolvement is attributed in cross-region cases, given that accountability is assigned based on the legal county at the time of exit. Likewise, the placement stability measure might count moves that are actually in the best interest of the

child, such as a move to be with siblings or kin.

Recommendations

Because performance measures emerged as a pressing issue in the qualitative data, survey questions were developed to narrow down options for recommended changes. It is beyond the scope of this evaluation to vet each suggestion for feasibility, impact, and potential unintended consequences. Thus, we recommend that DFPS develop a structured process that allows for ongoing revisions.

Develop a Structured Process for Adaptations and Revisions

It is recommended that DFPS develop and adopt a structure that allows for a biennial review of performance measures. DFPS, SSCCs, and other stakeholders should meet to thoroughly assess if and how to modify performance measures so that measures encourage actions in the best interest of the child and promote accountability. Data should be gathered from professionals and those with lived experience to understand how performance measures are shaping practice and whether performance measures align with best interests. The process should be guided by two key concepts: (1) aligning measures as closely as possible with CFSR measures, and (2) prioritizing the best interests of the child. For the first iteration of this process, recommendations for both minor and major adjustments are suggested below.

Consider Minor Modifications to Performance Measures

For most performance measures, only slight modifications were suggested. Table X below details the slight modifications identified for the measures.

Table 42. Performance measures that should be slightly modified

Current Performance Measure	Modifications Suggested	Suggested Performance Measure
Percentage of children who do not experience abuse, neglect, or exploitation while in Foster Care.	Align with the federal CFSR measure	Percentage of all children in foster care during a 12- month period and the rate of victimization, per 100,000 days of care
Percent of Youth who turned 18 and have completed the required PAL Life Skills Training	Shift the requirement from PAL classes to having actual independent living skills	Percentage of youth who report having life skills based on Casey Life Skills Assessment
Percent of Youth Age 16 or Older who have a Driver's License or State Identification Card	Adjust to age 17 to ensure documents can be accessed	Percent of Youth Age 17 or Older who have a Driver's License or State Identification Card
Percent of Children who Exit to Permanency within X months	Allow agencies to exempt cases due to court delays	Percent of Children who Exit to Permanency within X months exempting court delays

Current Performance Measure	Modifications Suggested	Suggested Performance Measure
Percentage of Children Placed with Kin at 60 Days after Removal	Remove 60 days to account for issues with out-of-state placements & to not encourage rushed placements	Percentage of children placed 1) within 50 Miles of Removal Location; 2) with kin <u>AND/OR</u> 3) with siblings
Percentage of Placement Days in a Home Setting	Allow exception when home settings are not in best interest at a given time & consider expanding the definition of home setting to include group settings	Percentage of Placement Days in a Home Setting when a home setting is recommended

Collaborate to Make Major Adjustments

Four performance measures emerged as needing major adjustments. We present the suggestions in Table 43.

Table 43. Performance measures that should be modified significantly

Current Performance Measure	Modifications Suggested	Suggested Performance Measure
Percentage of Children Placed within 50 Miles of Removal Location	Change 50 miles to school district, county, or region	Percentage of children placed 1) within 50 Miles of Removal Location; 2) with kin AND/OR 3) with siblings
Percentage of Siblings in Paid Foster Care Placed Together	Prioritize sibling placement over proximity	Percentage of children placed 1) within 50 Miles of Removal Location; 2) with kin AND/OR 3) with siblings
Number of SSCC Foster Care placements per child	Do not count “positive moves” as a move	Number of SSCC Foster Care placements per child, excluding moves for step down, kin, and sibling placements
Percent of Children who Exit to Permanency and have a new CPS Intervention within 12 months from exit*	Align with federal measure; “intervention” is too broad; SSCCs should only be accountable for what they worked on	Percentage of children discharged to permanency (excluding adoption) in a 12-month period who reentered care within 12 months of exit for which the SSCC made the recommendation or decision about the child’s exit; and the child exited to permanency while in SSCC care.

Taken together, these seven recommendations underscore that CBC’s success hinges on sustained investment in people, aligned financing, and strong partnerships. Workforce stability, modernized funding, and strengthened behavioral health capacity are foundational; at the same time, elevating youth voice, reinforcing family connections, and

improving cross-system coordination are essential to day-to-day practice. Finally, performance measures must support decisions in the child's best interests and adapt as needs evolve. Advancing these priorities—through joint DFPS–SSCC leadership and locally driven innovation—will move CBC toward a more responsive, equitable system that helps children and families thrive in their communities.

Defining Success in Years Ahead

This evaluation suggests that CBC is an ambitious yet evolving reform that has begun to reshape the delivery of child welfare services in Texas. The findings reflect both the progress achieved and the ongoing challenges that require collective, sustained effort from DFPS, SSCCs, the courts, community partners, and youth and families themselves. Looking ahead, stakeholders envisioned a future where CBC could achieve significant milestones in the next three to five years, provided current challenges are addressed and system capacity continues to expand.

Success would mean more than meeting placement and proximity benchmarks; it would reflect a child welfare system where children remain safely connected to their families and communities, supported by consistent, high-quality casework, meaningful family engagement, and wrap-around services needed to ensure lasting stability. Successful implementation of CBC over the next three to five years could be defined by four interrelated priorities:

- **Permanency, Proximity, and Well-Being**
Success would mean children consistently achieve safe and lasting permanency, whether through reunification, adoption, or guardianship, and remain safely out of care. Permanency would be reinforced by strong aftercare services, sibling placements, and sustained proximity to children's home communities. Proximity alone would no longer be the outcome; instead, it would be paired with meaningful access to local services and supports that strengthen family stability. Child and family well-being would be measured not only by placement data but also by caregiver satisfaction, child safety, and reduced re-entry into care.
- **Family Engagement and Casework Quality**
Families would experience meaningful and consistent engagement from caseworkers. High-quality practice would include timely family and child service plans, regular face-to-face visits, and ongoing collaboration with parents and children. These critical casework tasks would be understood as central to permanency outcomes, ensuring that the issues leading to removal are fully addressed and that families are supported to remain intact.
- **Workforce Capacity and Caseload Management**
A stable and consistent workforce would ensure continuity of care for children and families. Staff retention strategies would emphasize support, training, and pathways for professional growth, helping to keep experienced caseworkers in place. Caseloads would remain manageable through layered staffing supports, such as hiring ahead, deploying family support workers, and relieving administrative burdens on frontline caseworkers. By responding quickly to workload pressures, SSCCs could prevent the turnover and burnout that undermine service quality.

- **Trust, Communication, and Innovation**

Early, transparent, and ongoing communication among DFPS, SSCCs, and community partners would be the foundation of successful implementation. Building trust during transitions and maintaining it through consistent engagement with judges, attorneys, providers, and families would reduce uncertainty and strengthen networks of care. At the same time, SSCCs would continue to use their flexibility to innovate—leveraging local partnerships and grants to expand kinship care, introduce wraparound in-home programs for high-acuity youth, and create more child- and family-centered pathways out of care.

Together, these priorities reflect what stakeholders envisioned as success under improved CBC conditions: a system that not only meets benchmarks but fulfills its core promise: keeping children safe, stable, and connected to their families and communities, while reducing the likelihood of repeated involvement with the child welfare system.

Summary

This evaluation captured the vast complexity in CBC implementation in just four regions that are the farthest along in implementation. All stakeholders demonstrated a strong commitment to improving the system, despite the obstacles they encountered during the implementation process. The evaluation identified numerous early implementation issues that have been resolved or are currently being addressed. However, there are significant ongoing issues that will affect SSCCs and communities.

The two primary obstacles of workforce and behavioral health service shortages are largely external issues that SSCCs and subcontracting agencies must navigate to serve children. While it is not realistic that SSCCs can manage solutions to every aspect of these issues, they are developing innovations unique to their communities. Their innovation cannot erase the overwhelming need for affordable and quality behavioral health services in Texas. The state will need to prioritize funding for behavioral health infrastructure.

The mission of CBC is to keep Texas children in foster care closer to home and connected to friends and families. While all stakeholders shared this mission, they identified issues that need improvement and clearly fall within the scope of the SSCCs. Findings suggest that SSCCs should prioritize older youth to focus on ensuring they have the skills necessary to live independently and promote family engagement. Findings also pointed to several areas where collaboration could be strengthened, particularly with the legal community.

Moving forward, all professional stakeholders involved in CBC implementation would be wise to remember that the success of implementation relies on the interdependent systems that must continue to work towards the same goal of meeting the child's best interests. This requires ongoing feedback loops, open communication, and trust between all partners.

Appendix A: Research Methods

This evaluation employed a mixed-methods approach including stakeholder interviews, focus groups, and surveys. This methodology enabled a comprehensive understanding of the contextual factors affecting CBC implementation. Guided by the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework, the evaluation focused on analyzing contextual factors, community responses, SSCC responsiveness to barriers, and fidelity in implementing the practice model and innovations.

To gather a broad range of perspectives, the evaluation team engaged a variety of stakeholders, including DFPS leaders, SSCC supervisors and administrators, subcontracting agency leaders, SSCC staff, legal professionals, community professionals, and individuals with lived experience. By combining individual and group interviews with surveys across the designated regions, the evaluation identified successful and challenging aspects of CBC implementation. The ultimate goal is to provide insights that inform continuous quality improvement from a strengths-based perspective, offering a comprehensive overview of CBC implementation in DCAs 1, 2, 3W, and 8B.

Research Questions

This program evaluation was guided by the following research questions:

1. How are contextual factors (outer, inner, bridging, and innovation) impacting the implementation of CBC across different DCAs?
 - a. How can contextual factors be adjusted to improve implementation?
 - b. How are contextual factors impacting phase-specific performance goals, quality indicators, and outcomes related to safety, permanency, and well-being?
2. What best practices, strengths, or key success factors are SSCCs demonstrating during the preparation, implementation, and sustainment phases?
 - a. What barriers and challenges are SSCCs encountering during these phases?
 - b. What commonalities and differences emerge across CBC regions during these phases?
3. To what extent are SSCCs implementing their plans with fidelity and making adjustments to ensure continuous quality improvement?
4. What recommendations can be made to improve future implementation efforts and quality improvement?

Research Methods

To better understand the CBC implementation process, particularly in Stage III, we conducted in-depth interviews, focus groups, and surveys across multiple stakeholders. This mixed-methods approach captured detailed insights from SSCC leadership and administrative staff, DFPS personnel, legal professionals, and other key stakeholders involved in and/or impacted by the CBC rollout. By gathering diverse perspectives, the

evaluation team identified both the successes and challenges encountered during the implementation of CBC. The collected data can also guide future improvements in child welfare.

Interviews with Leadership

The evaluation team conducted 56 semi-structured interviews with local DFPS leaders ($n = 13$), SSCC administrators ($n = 16$), subcontracting agency administrators ($n = 18$), and judges ($n = 9$). Due to the smaller sampling frame for these stakeholders and the demands of their roles and schedules, individual interviews were more suitable than focus groups.

Sample

Table A1 outlines the stakeholder groups, the sampling approach for each group, and how their perspectives align with the EPIS framework. The first group of participants consists of local DFPS leaders. Since the SSCCs have entered Stage III of implementation, the number of DFPS employees in the region, excluding those involved in investigations, is limited. The team requested a list of directors and administrators from the DFPS state office in the region and contacted those individuals to schedule interviews.

SSCC administrators are defined as director-level employees of the SSCC who are responsible for CBC implementation. Since job titles vary across SSCCs, the team contacted the CEO or equivalent listed on the DFPS CBC website and requested information on additional staff who should be interviewed.

Administrators from subcontracting agencies were also interviewed. Individual interviews help ensure experiences and viewpoints remain confidential. To recruit participants, the evaluation team requested that SSCCs provide a list of their contracting agencies and the number of placements made with each during the last fiscal year. To ensure diverse perspectives, the team divided the list into quartiles based on the number of placements and selected one agency from each quartile.

Judges were also interviewed. Due to the confidential nature of their work and scheduling issues, it was not feasible to conduct a focus group with judges. For recruitment purposes, the team requested that the Texas Children's Commission introduce members of the evaluation team to judges with specialty dockets in the DCA who possess extensive knowledge and a strong commitment to child welfare.

Recruitment

Initial recruitment emails were sent to all stakeholders, providing an overview of the study and inquiring about their interest in participating in an interview. Follow-up reminder emails were sent to all stakeholders who did not respond to the initial invite. If the contact information was incorrect, the team made efforts to obtain the updated information. Stakeholders who agreed to participate were sent a calendar invite and an interview consent form.

Table A1. Sampling of stakeholder groups for stakeholder interviews

Stakeholder Group	EPIS Framework Alignment	Sample Selection	Recruitment	N
Local DFPS Leaders	Outer-context: service environment, leadership, funding, & resources	Purposive sampling of Regional Director, Program Directors, Program Administrators (3-5) in each CBC area	Obtained list of administrators from DFPS state office	13
SSCC Administrators	Inner-context: Leadership, organizational characteristics, organizational staffing, training, client population, quality monitoring Innovation factors Bridging factors	Purposive sampling of SSCC administrators (3-5) in each CBC area	Utilized information on CBC website to find list of administrative staff; contact CEO or equivalent to confirm staff that should be interviewed	16
Administrators at subcontracting agencies	Inner-context: Leadership, organization characteristics, organizational staffing, client population, quality monitoring Innovation factors	Purposive sample of Executive Directors at contracting agencies (3-5) in each CBC area; including large organizations, mid-size organizations, smaller organizations	Obtained list of contracting agencies from DFPS that includes number of placements made in the last fiscal year	18
Judges	Outer-context: Service environment, leadership Bridging factors Innovation factors	Purposive sample of 1-2 judges in each CBC area	Asked Children's Commission for introductions to judges who have specialty dockets in the CBC area	9

Interview Guides

The evaluation team developed semi-structured interview guides for each stakeholder group listed in Table A1. Using the EPIS framework, the team created interview questions that focused on contextual factors influencing performance measures and gathered stakeholder insights on CBC's progress and quality of implementation. Interview protocols are included in Appendix B.

Data Collection

Interviews were conducted online and lasted approximately one hour. Researchers reviewed the consent form with participants and obtained verbal consent. Interviews were recorded unless a participant declined, in which case the interviewer took detailed field notes. Participants were compensated with a \$25 donation to a local rainbow room on their

behalf.

Data Analysis

The evaluation team had the interviews transcribed verbatim and conducted a conventional content analysis, utilizing qualitative analysis software (ATLAS.ti). This approach is well-suited for contexts where there is limited prior research or theory available. The data analysis followed these steps: First, researchers immersed themselves in the data by reading transcripts to develop a coding scheme. Second, the data were organized by labeling statements according to the coding scheme. Researchers then iteratively analyzed all coded statements to identify emerging themes, starting by examining each stakeholder group within each region. Finally, researchers compared themes across different stakeholder groups and regions, organizing them into broader categories to build a comprehensive understanding of CBC implementation at both regional and statewide levels. Throughout the analysis, researchers met weekly to review each other's work, ensuring consistency and reliability in coding. A lead researcher oversaw the process, providing individual support to coders as needed. To maintain rigor and transparency, the evaluation team used analytic memos to clearly document how interview statements were linked to themes and broader categories.

Focus Groups with Stakeholders

The evaluation team conducted 31 separate focus groups or interviews with an additional 84 individual stakeholders. These stakeholders may have less knowledge of CBC administration but more direct experience with how children and families are served. The evaluation team determined the number of focus groups or interviews to hold based on participant responses and availability for each set of stakeholders in each DCA.

Sample

Table A2 details the stakeholder groups, the method used by the team to sample the specific group for focus groups, and how their perspective aligns with the EPIS framework.

The evaluation team defines SSCC supervisors ($n = 28$) as individuals who directly supervise and manage staff providing direct care to children and youth in residential facilities or providing case management to youth as a conservatorship worker or equivalent. These supervisors were employees of the SSCC ($n = 16$) or subcontracting agencies ($n = 12$). To recruit participants, the evaluation team asked SSCC and contracting agency administrators to distribute an internal recruitment email, inviting staff to participate. The evaluation team scheduled focus groups on a first-come, first-served basis, with an emphasis on balanced representation from SSCC employees and contracting agency staff.

Legal professionals also play a key role in child welfare. Focus groups with legal professionals ($n = 35$) included attorneys representing parents, attorneys representing children, CASA staff, and CASA volunteers. To recruit individuals, the evaluation team asked CASA and the Children's Commission to send out an announcement of the focus group to their respective lists, targeting each DCA. Focus group spots were filled on a first-come, first-served basis.

The evaluation team also conducted focus groups with community professionals ($n = 14$). These participants included agency staff or private practitioners who provide behavioral

health, domestic violence, youth services, parent education, and any other support services in the DCAs. The team recruited participants by asking SSCCs to identify the agencies with which they work most frequently. Focus group spots were filled on a first-come, first-served basis.

To ensure the inclusion of voices of those with lived experience, the evaluation team recruited for additional focus groups or interviews with caregivers ($n = 4$) and with youth ($n = 3$). Caregivers included foster parents, adoptive parents, kin caregivers, or birth parents. Based on experience, inclusion of birth parents often proves difficult due to recruitment issues, and the research team was only able to engage one birth parent in an interview. The evaluation team recruited caregivers through formal and informal foster and kinship care groups, as well as through SSCC staff. Caregivers were asked to contact the research team if they were interested in participating in the study.

Youth with lived experience were recruited through the Texas Alliance for Child and Family Services (TACFS) youth advisory groups with SSCCs. TACFS provides training and technical assistance for SSCCs to create and maintain youth advisory groups. The evaluation team asked TACFS to advertise a focus group for each DCA. Spots were filled on a first-come, first-served basis.

Participants received a \$25 e-gift card as an incentive. DFPS staff who participated in interviews and focus groups for this evaluation did not receive financial compensation. This decision was made in keeping with guidance provided by the DFPS Legal Division.

Table A2. Sampling of stakeholder focus groups

Stakeholder Group	EPIS Framework Alignment	Sample Selection	Recruitment	N
Supervisors of direct care/case management staff	Outer-context: Service environment & resources	Purposive sample of supervisors of direct care staff (8-12) in each CBC area	Email introduction from administrators to their case management supervisors	28
Legal professionals	Outer-context: Service environment, leadership Bridging factors Innovation factors	Purposive sampling of 8-12 legal professionals, including ad litem, parent attorneys, CASA staff in each CBC area	Email introductions from local CASA affiliate and Children's Commission	35
Community professionals	Outer-context: Service environment, leadership, resources Bridging factors Innovation factors	Purposive sampling of 8-12 community agencies in each CBC area that address any of the following issues: Mental health needs, substance use, domestic violence, education needs of youth, parent education	SSCC-recommended partners, word of mouth	14

Stakeholder Group	EPIS Framework Alignment	Sample Selection	Recruitment	N
Individuals with lived experience (currently involved with the child welfare system)	Inner-context: Client population Innovation factors	Purposive sample in each CBC area of 8-12 caregivers	Formal and informal foster parent groups, kinship care groups, and SSCC staff	4
Individuals with lived experience (currently involved with the child welfare system)	Inner-context: Client population Innovation factors	Purposive sample in each CBC area of 8-12 young adults/teens with lived experience	Texas Alliance Youth Advisory Groups	3

Focus Group Guides

The evaluation team developed semi-structured focus group guides for each stakeholder group listed in Table A2. Based on the EPIS framework and with input from the stakeholders described above, the team developed focus group questions that captured information about the CBC implementation process, the attainment of CBC Quality Indicators, and perceptions of overall progress and the quality of implementation. Focus group interview protocols are available in Appendix C.

Data Collection

Focus groups were conducted virtually and lasted up to 1.5 hours. Participants provided consent to participate in the study and to have the focus group audiotaped and transcribed. They received a copy of the consent form for their records.

Data Analysis

The evaluation team had each focus group and interview transcribed verbatim and analyzed the data using conventional content analysis. Both individual and group interview data were analyzed with qualitative analysis software (ATLAS.ti). Conventional content analysis is a widely accepted qualitative analysis technique used for analyzing text data from focus group transcripts, which is particularly appropriate when there is limited existing theory or research on a phenomenon.

In the first step of the analysis, researchers immersed themselves in the data by reading transcripts to develop a coding scheme. Next, the data were organized by labeling statements according to this coding scheme. The third step involved an iterative process of analyzing all coded statements and developing themes. Initially, this process focused on each stakeholder group within each region. Themes from different stakeholder groups and regions were then compared and organized into broader categories to develop a comprehensive understanding of how CBC is being implemented both within regions and across the designated DCAs.

To strengthen analytic rigor and ensure consistency, coding was conducted in batches by different members of the research team, both across regions and within individual regions. This approach allowed teams to cross-check interpretations, refine code definitions, and test the reliability of emerging themes. During each phase of the process, researchers met weekly to review one another's coding and discuss any discrepancies. A member of the research team served as the lead and closely supervised the process. The integrity and reliability of the qualitative analysis were further supported by the use of analytic memos, which clearly linked interview statements to themes and broader categories.

Surveys

While focus groups and interviews provided an opportunity to develop an in-depth understanding of the perspectives of a small number of stakeholders, the evaluation team also gathered the perspectives of a broad range of stakeholders via surveys. Survey and interview/focus group data were intended to complement each other. The evaluation team used the information gathered during the interviews and focus groups to develop and refine survey items (Appendix D). The survey instrument was shared with DFPS for review and refinement. Once content was agreed upon, the survey was programmed into Qualtrics and piloted with the evaluation team and DFPS staff.

Sample

The evaluation team invited all individuals over the age of 18 who identify with a stakeholder group listed in Tables A1 and A2 to complete the survey. This invitation was also extended to staff members working with the SSCC or subcontracting agencies. A total of 243 individuals completed the survey: 172 professionals, 60 individuals with lived experience, and 11 individuals who met the criteria for both groups. Information about survey respondents can be found in Appendix E.

Recruitment

For recruitment, the evaluation team used a multifaceted approach to distribute the survey to stakeholders in each region. Due to data security concerns and the potential for bots to participate in surveys that offer financial rewards, the team did not advertise the survey on social media. The risk of bots has increased significantly over the past two years, leading to inefficient and unreliable data from anonymous online surveys. Instead, the team emailed the survey to key groups of stakeholders, including individuals who had participated in interviews or focus groups, as well as those who had requested a survey be sent to them. Contacts were asked to either take the survey or share it with others whom they thought might be eligible. An email template was provided for sharing purposes.

Table A3. Survey recruitment strategies

Stakeholder Group	Recruitment	N
DFPS staff	Evaluation team emailed the survey to key groups of stakeholders, individuals who participated in interviews or focus groups, and those who requested to have a survey sent. Contacts were asked to either take the survey and/or share it with others who they thought might be eligible. An email template was provided for sharing purposes.	16
SSCC staff		65
Staff at subcontracting agencies		30
Legal professionals, CASA, or advocates		58
Mental health professionals		1
Employee or volunteer for another type of organization connected to child welfare		13
Individuals with lived experience		71*

*11 were also professionals

Measures

Drawing on the EPIS framework and incorporating early input from DFPS and community stakeholders, the evaluation team developed a comprehensive set of survey measures to capture perceptions of CBC implementation across four dimensions: outer context, inner context, bridging factors, and local innovations. The survey assessed perceptions of implementation progress, community readiness and alignment, workforce issues, system coordination, and trust in CBC structures—closely aligned with key CBC Quality Indicators and emerging themes from early interviews and focus groups.

Survey items were designed to be responsive to the diverse experiences and roles of stakeholders. The team developed a core set of questions relevant to all participants, with tailored items and skip patterns for different groups, including DFPS staff, SSCC and subcontractor staff, legal stakeholders, and individuals with lived experience, such as caregivers and youth formerly in care. This design enabled nuanced data collection while ensuring comparability across roles and regions.

Measures addressed specific EPIS-related constructs such as:

- **Outer context:** community awareness, readiness, and policy alignment;
- **Inner context:** agency-level communication, training, and supervision;
- **Bridging factors:** collaboration and role clarity between DFPS and SSCCs; and
- **Innovation factors:** locally developed practices, perceived system improvements, and quality of services.

Themes from initial qualitative data informed the development of questions about workforce transitions, case continuity, stakeholder trust, and service coordination. For instance, items were included to assess staff turnover, perceptions of training adequacy, and whether CBC had improved service delivery, communication, and placement options.

The survey instrument was pilot tested with internal stakeholders before dissemination to ensure accessibility, clarity, and timing. Survey results were analyzed both descriptively and thematically, and the findings are presented in this report alongside qualitative insights to provide a comprehensive picture of implementation successes and barriers across each

region.

Data Collection

The survey was anonymous and confidential. Participants were only asked to indicate which stakeholder group they belong to and which region they are in so that the survey generates the correct questions for them. Once completed, a \$5 donation was made to the local Youth Advisory Council on behalf of every professional who completed the survey. All individuals with lived experience received a \$25 e-gift card.

Data Analysis

All survey responses were imported into the Statistical Package for the Social Sciences (SPSS). Bivariate procedures among measures were performed consistent with item metrics.

Limitations

Although the evaluation followed a structured sampling strategy as outlined in the CBC workplan, differences in stakeholder participation across the four DCAs may have influenced the composition and emphasis of the qualitative data. In Region 8B, interviews and focus groups included a relatively high number of SSCC staff, while Region 2 had stronger participation from legal professionals, particularly in focus groups. These patterns may have contributed to the prominence of specific themes, such as legal coordination or internal staffing practices, within regional findings.

Despite targeted recruitment strategies and outreach efforts, the evaluation did not capture the perspectives of birth parents. As a result, caregiver perspectives primarily reflect the experiences of kinship caregivers and foster parents. This gap may limit the diversity of viewpoints on issues such as family engagement, reunification, and the responsiveness of the system to parental needs. While the evaluation presents a robust account of stakeholder experiences, these representational limitations should be considered when interpreting the findings.

Survey findings should be interpreted with an understanding of key methodological limitations. To protect data integrity and limit the risk of spam responses, survey distribution was managed regionally: rather than posting the link publicly, each SSCC was asked to share the survey directly with relevant stakeholders. While this approach enhanced the authenticity of responses, it also likely contributed to notable variation in participation rates and respondent composition across regions.

For example, in Region 2, responses were disproportionately from legal professionals and advocates; in Region 8B, the majority of respondents were affiliated with the SSCC. Region 1 responses were largely from staff at subcontracting child welfare agencies, while Region 3W had a more diverse mix of respondents. Perspectives from youth and parents with lived experience were limited across all regions, which constrains the depth of insight into how CBC is experienced by those most directly affected by the system.

Due to this uneven distribution by stakeholder role and region, it is difficult to determine whether some differences in response patterns reflect actual regional implementation differences or are more indicative of the roles and experiences of the specific individuals

who participated. As such, cross-regional comparisons should be interpreted with caution. While the data offer valuable insights into stakeholder perceptions, the variability in representation may introduce bias and limit the generalizability of findings across the broader system.

Appendix B: Interview Guides

Interview Guide: Judges

Introduction

Thank you for agreeing to participate in an interview today. My name is _____ and I am part of an evaluation team of Texas child welfare researchers from UT Austin, UTSA and UT Arlington. We have been contracted by DFPS to conduct a program evaluation of Community-Based Care in regions 1,2,3W and 8B. As part of this evaluation, we are interviewing and conducting focus groups with a variety of stakeholders. Our goal is to gather insights to better understand the factors that are impacting implementation and program measure outcomes. Your feedback will play a critical role in improving the program and guiding the development of the continuous quality improvement (CQI) process for CBC.

Before we begin, I need to review a couple of logistics. I have emailed and provided a link in the chat to the consent form for this project. You may keep this for your records. I am now going to review the most important parts of that consent form:

- This study is **confidential** and your responses to the questions will not be linked to your identity. We are not releasing names of participants or any other identifying information to DFPS or any other entity. Results will only be reported in aggregate form.
- Participation is **voluntary**. You can decline to participate at any time now or after we start the interview.
- We are asking for **consent** to audio record this interview. We will transcribe the interview and delete the recording immediately after. Your name will not appear on the transcription.
 - Do you consent to have the interview recorded and transcribed?

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

Before we begin, do you have any questions for me?

Interview Protocol

Section 1: Background Information

To start, can you tell me a little about your background and experience in child welfare?

1. What is your current position, and what are your primary responsibilities in this role?
2. Were you in your current role during any of the Stage I or Stage II CBC rollouts?

Section 2: Local Needs and Barriers

Let's talk about the needs and challenges in your community.

3. Considering the children, families, and caregivers in your community, what are the

most urgent needs that agencies are struggling to meet?

4. What are the main challenges agencies face in addressing these needs?

Section 3: CBC Implementation and Performance

Now, we'd like to discuss your perceptions of CBC implementation and its impact on the child welfare system.

5. Can you describe what the implementation of Community-Based Care (CBC) has looked like in your area?
 - a. What successes or challenges have you observed?
6. When reviewing the latest performance measures, CBC areas have shown improvement in achieving permanency within a year, with some areas exceeding statewide trends. From your perspective, what factors, if any, might contribute to timely or delayed permanency outcomes for children?
 - a. Could you share any specific challenges or barriers you observe that might impact these outcomes?

Section 4: Contextual Factors Impacting CBC Implementation (outer-context)

We know there are many factors that influencing child welfare in this area. I would like to ask about some of the factors external to the SSCC and how they impact CBC implementation to gain a better understanding of successes and barriers.

A. State Policies and Legal Context

7. In terms of the broad state of child welfare in Texas, how have state policies impacted agencies in this community?
 - a. Have there been specific policies that have facilitated or hindered progress?
8. What other external factors, if any, have influenced the implementation of CBC in this region?

B. Impact of Local Resources and Other Sectors

9. In your view, how do local resources impact agencies' ability to serve children and families?
10. What role have other sectors, such as mental health or behavioral health, played in service delivery?
11. What impact have workforce issues (e.g., staffing shortages, turnover) had on agency operations?
12. To your knowledge, how has the community been involved in the transition to CBC in this region?
 - a. In what ways has community support helped or hindered the implementation process?
 - b. How would you characterize the SSCC's approach to community

engagement?

13. What role have professional organizations (e.g., Texas Alliance, Children's Commission, Texas CASA) played in the CBC implementation?

Section 5: Contextual Factors (Innovative Practices)

14. Have you seen any innovative practices or strategies that have improved service delivery or addressed challenges in your region?
15. What innovations do you think are still needed?

Closing

16. Is there anything else you think would be helpful for us to know as we aim to understand implementation of CBC in your region?

Interview Guide: Local DFPS Administrators

Introduction

Thank you for agreeing to participate in an interview today. My name is _____ and I am part of an evaluation team of Texas child welfare researchers from UT Austin, UTSA and UT Arlington. We have been contracted by DFPS to conduct a program evaluation of Community-Based Care in regions 1,2,3W and 8B. As part of this evaluation, we are interviewing and conducting focus groups with a variety of stakeholders. Our goal is to gather insights to better understand the factors that are impacting implementation and program measure outcomes. Your feedback will play a critical role in improving the program and guiding the development of the continuous quality improvement (CQI) process for CBC.

Before we begin, I need to review a couple of logistics. I have emailed and provided a link in the chat to the consent form for this project. You may keep this for your records. I am now going to review the most important parts of that consent form:

- This study is **confidential** and your responses to the questions will not be linked to your identity. We are not releasing names of participants or any other identifying information to DFPS or any other entity. Results will only be reported in aggregate form.
- Participation is **voluntary**. You can decline to participate at any time now or after we start the interview.
- We are asking for **consent** to audio record this interview. We will transcribe the interview and delete the recording immediately after. Your name will not appear on the transcription.
 - *Do you consent to have the interview recorded and transcribed?*

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

Before we begin, do you have any questions for me?

Interview Protocol

Section 1: Background Information

Let's start with your background and experience.

1. Can you tell me a little about your experience in child welfare?
2. What is your current role, and what are your main responsibilities related to CBC?
3. Were you in this role during any of the Stage I or Stage II CBC rollouts?

Section 2: Needs of Youth, Families and Caregivers

Now that we've discussed your background, I'd like to learn more about the needs of families in your area.

4. From your perspective, what are the most pressing needs of children, families, and caregivers that agencies are currently struggling to meet?
5. What challenges are preventing agencies from fully addressing these needs?

Section 3: CBC Implementation and Performance Measures

Let's talk about how CBC has been implemented in your region.

A. CBC Implementation in Region

6. How would you describe the CBC rollout so far?
7. What challenges or successes have stood out during the implementation process?

B. Performance Measures

Now let's discuss how CBC performance is being measured as outlined in the [Rider 15 Report for CBC](#).

8. How well do you think the current performance measures capture the work being done by the SSCC?
9. In your view, do these performance measures effectively reflect the quality of services provided and the outcomes achieved?
10. Are there any additional measures you think should be included to better reflect CBC's impact?

Section 4: Contextual Factors Impacting CBC Implementation

Let's explore some internal and external factors that might influence CBC implementation.

A. State Policies and Legal Context

11. How have state policies affected CBC implementation in your region?
12. Beyond state policies, what other external factors have impacted the CBC rollout?

B. Funding and Local Resources

13. To your knowledge, how is the SSCC using its funding, including legislative appropriation and private sources, to meet the needs of children and families in your

area?

14. How effectively do you think the SSCC collaborates with subcontracting agencies to ensure consistent care?
15. How have other sectors, like mental and behavioral health, impacted the SSCC's ability to meet the needs of children and families?

C. Workforce Dynamics and Staffing

Let's shift to workforce dynamics and how staffing has shaped CBC implementation.

16. What factors have affected the workforce in this area during CBC implementation?
17. What efforts, if any, are being made to address workforce-related issues?

D. Relationship between DFPS and SSCC

Now, let's turn to the relationship between DFPS and the SSCC.

18. How would you describe the working relationship between DFPS and the SSCC during CBC implementation?
19. What opportunities do you see for DFPS and the SSCC to improve collaboration and service delivery in the region?

E. Community Involvement in CBC Implementation

Let's shift to community involvement in CBC implementation.

20. How has the community been involved in the CBC rollout in your area, and what role has this engagement played in supporting or stifling implementation?
21. How have professional organizations, such as Texas Alliance, Children's Commission, or Texas CASA, contributed to CBC implementation?

Section 5: Contextual Factors (Innovative Practices)

To wrap up, I'd like to ask about any practices and innovations introduced during CBC.

22. What practices or strategies introduced during the CBC rollout have been particularly effective in addressing challenges or improving service delivery?
23. What additional practices do you think are needed to better address the needs of children, families, and caregivers as CBC implementation progresses?

Closing

24. Is there anything else you think would be helpful for us to know as we continue to understand CBC implementation in your region?

Interview Guide: SSCC Administrators

Introduction

Thank you for agreeing to participate in an interview today. My name is _____ and I am part of an evaluation team of Texas child welfare researchers from UT Austin, UTSA and UT

Arlington. We have been contracted by DFPS to conduct a program evaluation of Community-Based Care in regions 1,2,3W and 8B. As part of this evaluation, we are interviewing and conducting focus groups with a variety of stakeholders. Our goal is to gather insights to better understand the factors that are impacting implementation and program measure outcomes. Your feedback will play a critical role in improving the program and guiding the development of the continuous quality improvement (CQI) process for CBC.

Before we begin, I need to review a couple of logistics. I have emailed and provided a link in the chat to the consent form for this project. You may keep this for your records. I am now going to review the most important parts of that consent form:

- This study is **confidential** and your responses to the questions will not be linked to your identity. We are not releasing names of participants or any other identifying information to DFPS or any other entity. Results will only be reported in aggregate form.
- Participation is **voluntary**. You can decline to participate at any time now or after we start the interview.
- We are asking for **consent** to audio record this interview. We will transcribe the interview and delete the recording immediately after. Your name will not appear on the transcription.
 - *Do you consent to have the interview recorded and transcribed?*

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

Before we begin, do you have any questions for me?

Interview Protocol

Section 1: Background Information

Let's start with your background and experience.

1. Can you tell me a little about your experience in child welfare?
2. What is your current role, and what are your main responsibilities related to CBC?
3. Were you in this role during any of the Stage I or Stage II CBC rollouts?

Section 2: Needs of Youth, families and Caregivers

Next, I'd like to learn more about the needs of families in your area.

4. From your perspective, what are the most pressing needs of children, families, and caregivers that agencies are currently struggling to meet?
5. What challenges are preventing you from fully addressing these needs?
6. How are you building connections within the community to better address the needs of your client population?

Section 3: CBC Implementation and Performance Measures

Let's talk about how CBC has been implemented in your region.

A. CBC Implementation in Region

7. How would you describe the CBC rollout so far?
8. What challenges or successes have stood out during the implementation process?

B. Performance Measures

Now let's discuss how CBC performance is being measured as outlined in the [Rider 15 Report for CBC](#).

9. How well do you think the current performance measures capture the work being done by the SSCC?
10. In your view, do these performance measures effectively reflect the quality of services provided and the outcomes achieved?
11. Are there any additional measures you think should be included to better reflect CBC's impact?

Section 4: Contextual Factors (Innovative Practices)

We are also interested in understanding the innovative practices that have been implemented to improve service delivery or address challenges during CBC implementation.

A. Internal Systems for Data and Quality Improvement

Let's discuss how your agency uses internal systems to monitor and improve performance.

12. What internal systems have you developed to manage data, track performance, and support continuous quality improvement?
13. How do these systems help you assess CBC implementation and performance outcomes?

B. Innovative Practices and Strategies

I'd like to discuss strategies and practices introduced during CBC implementation.

14. What innovative practices or strategies have you implemented in your SSCC to improve service delivery or tackle specific challenges?
 - a. How do you expect these innovations to impact performance measures or outcomes?
15. In your opinion, what types of innovations are still needed to address the needs of children, families, and caregivers in your region?

Section 5: Contextual Factors Impacting CBC Implementation

Let's explore some external factors that have influenced CBC implementation in your region.

A. State Policies and Legal Context

16. How have state policies affected CBC implementation in your region?
17. Beyond state policies, what other external factors have impacted the CBC rollout?

B. Funding and Resource Allocation

18. From what you know, how is the SSCC using funding, including legislative appropriations and private sources, to meet the needs of children and families?
19. How do you anticipate T3C might affect your ability to meet these needs?
 - a. What opportunities or challenges do you foresee with T3C in terms of funding and resource allocation?

C. Impact of Local Resources and Other Sectors

20. How have local resources, such as community organizations and local funding, influenced your ability to serve children and families?
21. How have other service sectors, such as mental and behavioral health, impacted your service delivery?
22. How have external workforce dynamics, such as regional staffing shortages or turnover, affected your ability to deliver services?
23. What approaches or strategies have been effective in supporting your workforce, and what goals do you have for improving staffing moving forward?

D. Community Involvement in CBC Implementation

Let's shift to community involvement in CBC implementation.

24. How has the community been involved in the CBC rollout in your area, and what role has this engagement played in supporting or stifling implementation?
25. How have professional organizations, such as Texas Alliance, Children's Commission, or Texas CASA, contributed to CBC implementation?

Section 6. Contextual Factors Impacting CBC Implementation (inner context)

Now, let's shift to internal factors within your agency that influence CBC implementation and outcomes.

A. Organizational Culture

Let's start with your agency's internal culture and staffing.

26. How would you describe your agency's work environment and organizational culture?
27. What do you see as the main drivers of your agency's culture, and what strengths have stood out in helping your team succeed?

B. Relationship with Subcontracting Agencies

Let's move on to your agency's collaboration with subcontracting agencies.

28. How would you describe your relationship with subcontracting agencies or other organizations involved in service delivery?
29. What strategies have been effective in building a network that provides continuous care for children and families?

- a. What types of support do you provide these agencies to help them meet service delivery goals?

30. What challenges have you encountered when working with subcontracting agencies, and how have you addressed them?

C. Relationship with DFPS

Let's shift to your working relationship with DFPS.

31. How would you describe the SSCCs working relationship with DFPS during the CBC implementation?

32. In what ways has DFPS leadership supported the SSCC during the CBC implementation?

33. What additional support from DFPS would help improve your agency's effectiveness during the CBC implementation?

Section 7: Contextual Factors (Bridging Factors)

Next, I'd like to touch on the role of the Public-Private Partnership in CBC implementation.

34. What role did the Public-Private Partnership play in CBC implementation?

35. What do you feel is needed to strengthen collaboration between private providers and DFPS to improve outcomes?

Closing

36. Is there anything else you think would be helpful for us to know as we continue to understand CBC implementation in your region?

Interview Guide: Subcontracting Administrators

Introduction

Thank you for agreeing to participate in an interview today. My name is _____ and I am part of an evaluation team of Texas child welfare researchers from UT Austin, UTSA and UT Arlington. We have been contracted by DFPS to conduct a program evaluation of Community-Based Care in regions 1,2,3W and 8B. As part of this evaluation, we are interviewing and conducting focus groups with a variety of stakeholders. Our goal is to gather insights to better understand the factors that are impacting implementation and program measure outcomes. Your feedback will play a critical role in improving the program and guiding the development of the continuous quality improvement (CQI) process for CBC.

Before we begin, I need to review a couple of logistics. I have emailed and provided a link in the chat to the consent form for this project. You may keep this for your records. I am now going to review the most important parts of that consent form:

- This study is **confidential** and your responses to the questions will not be linked to your identity. We are not releasing names of participants or any other identifying information to DFPS or any other entity. Results will only be reported in aggregate form.

- Participation is **voluntary**. You can decline to participate at any time now or after we start the interview.
- We are asking for **consent** to audio record this interview. We will transcribe the interview and delete the recording immediately after. Your name will not appear on the transcription.
 - Do you consent to have the interview recorded and transcribed?

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

Before we begin, do you have any questions for me?

Interview Protocol

Section 1: Background Information

To start, can you tell me a little about your background and experience in child welfare?

1. Before your current role, what positions/roles did you have?
2. What is your current position, and what are your primary responsibilities in this role?
3. Were you in your current role during any of the Stage I or Stage II CBC rollouts?
4. What SSCCs does your agency contract with?
 - a. For the purposes of this interview, we are going to focus only on region (1,2,3W or 8B)

Section 2: Needs of Youth, Families and Caregivers

Now that we've discussed your background, I'd like to learn more about the needs of families in your area.

5. From your perspective, what are the most pressing needs of children, families, and caregivers that agencies are currently struggling to meet?
6. What challenges are preventing agencies from fully addressing these needs?
7. What do you feel is needed to help bridge private providers and DFPS?

Section 3: CBC Implementation and Performance Measures

Let's talk about how CBC has been implemented in your region.

A. CBC Implementation in Region

8. Can you describe what the implementation of Community-Based Care (CBC) has looked like in your area?
 - a. Where are you currently in the implementation process?
 - b. What challenges or successes have you noticed so far?

B. Performance Measures

Now let's discuss how CBC performance is being measured as outlined in the [Rider 15](#)

Report for CBC.

9. How well do you think the current performance measures and data reflect the work being done by the SSCC?
10. Do you think the performance measures adequately capture the quality of services and outcomes?
11. Are there any additional measures you think should be included or given more focus to better show the impact of CBC?

Section 4: Contextual Factors Impacting CBC Implementation

Let's explore some external factors that influence CBC implementation.

A. State Policies and Legal Context

12. How have state policies impacted your agency and your ability to implement CBC?
13. What other external factors, if any, have influenced the implementation of CBC in this region?

B. Funding and Resource Allocation

14. How does funding impact the services your agency provides to children and families?
15. Other than payments for placements, how do you fund your services?
 - a. Has the SSCC ever provided you additional financial support?

C. Impact of Local Resources and Other Sectors

16. How have local resources (e.g., community organizations, local funding) impacted your ability to serve children and families?
17. How have other service sectors, such as mental and behavioral health, impacted ability to meet the needs of children and families?

D. Relationship with Subcontracting Agencies

18. How would you describe your agency's relationship with the SSCC?
19. How has the SSCC worked with your agency to create a network that provides continuous care for children and families?
20. How does the SSCC support your agency in meeting service delivery expectations?
21. What challenges has your agency faced in working with the SSCC, and how have these been addressed?
22. What do you think is needed to improve collaboration between private providers, the SSCC, and DFPS to better serve the client population?

E. Community Involvement in CBC Implementation

23. How has the community been involved in the transition to CBC in your region?
 - a. In what ways has community support helped or hindered the implementation process?

24. How have professional organizations (e.g., Texas Alliance, Children’s Commission, Texas CASA) contributed to CBC implementation?

Section 4: Contextual Factors Impacting CBC Implementation (inner context)

In addition to factors external to the SSCC, we would also like to understand internal factors that influence CBC implementation and the performance measures.

B. Workforce Dynamics and Staffing

25. In your view, what factors have impacted the workforce in this community during CBC implementation?
- a. What factors have impacted agency retention of staff?
 - b. What do you perceive as successes in terms of staffing?
 - c. What goals should be prioritized related to staffing?
26. What steps, if any, are being taken to address workforce issues?

Section 5: Contextual Factors (Innovative Practices)

We are also interested in understanding the innovative practices that have been implemented to improve service delivery or address challenges during CBC implementation.

27. What innovative practices or strategies has your agency implemented to improve service delivery or tackle specific challenges?
28. In your opinion, what types of innovations are needed to better address the needs of children, families, and caregivers in your region?
29. Are there any other strategies you think could enhance the effectiveness of CBC?

Closing

30. Is there anything else you think would be helpful for us to know as we continue to understand CBC implementation in your region?

Appendix C: Focus Group Guides

Focus Group Guide: SSCC/Agency Staff Supervisors

Introduction

Thank you for agreeing to participate in this focus group today. My name is _____ and I am part of an evaluation team of Texas child welfare researchers from UT Austin, UTSA and UT Arlington. We have been contracted by DFPS to conduct a program evaluation of Community-Based Care in regions 1,2,3W and 8b. As part of this evaluation, we are interviewing and conducting focus groups with a variety of stakeholders. Our goal is to gather insights to better understand the factors that are impacting implementation and program measure outcomes. Your feedback is important—it will help improve CBC implementation and inform continuous quality improvement efforts.

Before we begin, I'll go over a few key points from the consent form, which you should have received via email and in the chat. You're welcome to keep a copy for your records.

- This study is **confidential** and your responses to the questions will not be linked to your identity. We are not releasing names of participants, agencies that participate or any other identifying information to DFPS, the SSCC, your agency or any other entity. Results will only be reported in aggregate form.
- Participation is voluntary. You can decline to participate at any time now or after we start the focus group.
- We are asking for consent to audio record this focus group. We will transcribe the focus group and delete the recording immediately after. Your name will not appear on the transcription.

*It's also important to note that because this is a group setting, we **can't guarantee full confidentiality**. While we as researchers will keep your responses private, we can't control what others in the group might share outside of the session. We ask that you only share what you're comfortable discussing in this group.*

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

If all that sounds okay, I just need to get a verbal consent from you that you agree to participate in the study and to be recorded. Before we begin, do you have any questions for me?

Interview Protocol

Introductions

To start, I'd like to go around the group. Please share your first name, your current job title, and how long you've worked in child welfare in this region.

Section 1: Serving Children and Families (contextual factors – inner context)

We know there are many factors that influence how well agencies can serve children and families. CBC implementation aims to improve permanency, stability, and well-being for children. I want to ask you about some factors that might be impacting those goals.

A. Assessing Needs and Barriers

In this first section, I'd like to hear about the current needs of children and families in your region, and how local resources and other service sectors impact your work.

1. Based on your experience, what are the most pressing **unmet needs** among the children and families you serve in this region?
 - a. What makes these needs hard to meet?
 - b. Are there certain child populations your agency struggles to serve?
2. How do other **service sectors**, such as mental and behavioral health, affect your ability to meet the needs of children and families in this area?
3. How does the availability of **local resources** in your area—such as local partnerships and organizations—impact your ability to meet these needs?
4. Are there examples of local collaborations or resources that have made a difference?

B. Identifying Challenges and Strategies for Improvement

Next, I'd like to learn more about your agency's current practices and any challenges you've experienced in delivering services under CBC.

5. Let's talk about family connections. What is your agency doing to support family connections—including working with birth families toward reunification and supporting kinship placements?
 - a. What strategies or practices have been most effective, and what challenges remain?
6. Placement disruptions continue to be a concern across regions. What are your agency's strategies for reducing placement disruptions?
 - a. Are there any practices that have been particularly effective, and what challenges remain?
7. Many older youth in care struggle to get IDs or driver's licenses. Why do you think this continues to be a challenge?
 - a. Are there barriers your agency or youth face in making this happen, and what steps might help improve access?
8. Has your agency implemented any new or creative strategies to improve services or outcomes for children and families?
 - a. Are there any innovations you'd like to implement, or see implemented?

Section 2: Agency Climate (Contextual Factors - Inner Context)

Now let's talk about internal factors within your agency that affect staff and the services you provide.

9. How would you describe your agency's **workplace culture** or environment?
 - a. What does your agency do well when it comes to supporting staff, and where do you see room for improvement?
10. What kinds of specialized training or professional development have you or your staff received that have been most beneficial in supporting children and families?
11. If your agency uses a practice model, how is it supporting staff in their work?
12. How have you or your staff been involved in quality improvement efforts? Has your feedback led to changes in how you do your work?
13. How has heightened monitoring and oversight impacted your day-to-day work?
14. How have staffing issues within your agency such as turnover and retention affected service delivery or continuity of care in your region?
 - a. How are these staffing dynamics affected your work and ability to serve children and families?
 - b. Have there been efforts to improve retention?
15. How have system-wide workforce issues (staffing turnover and retention) impacted your work?

Section 3: External Relationships and Community Collaborations (Contextual Factors - Outer Context)

For this last part, I'd like to focus on how your agency works with other stakeholders across the child welfare system.

16. How would you describe your working relationship with SSCC leadership? In what ways have they supported your work, and where could they improve?
17. How would you describe your agency's interactions with local child welfare professionals in the region (e.g., judges, CASAs, attorneys, mental health agencies, schools, and other family support providers)?
 - a. Which relationships have been most beneficial (as far as improving outcomes for children), and why?
18. Can you describe any interagency or community collaborations that have been particularly successful?

Closing

19. Is there anything else you think would be helpful for us to know as we work to understand the implementation of CBC in your region?

Focus Group Guide: Community Professionals

Introduction

Thank you for agreeing to participate in this focus group today. My name is _____ and I am part of an evaluation team of Texas child welfare researchers from UT Austin, UTSA and UT Arlington. We have been contracted by DFPS to conduct a program evaluation of Community-Based Care in regions 1,2,3W and 8b. As part of this evaluation, we are interviewing and conducting focus groups with a variety of stakeholders. Our goal is to gather insights to better understand the factors that are impacting implementation and program measure outcomes. Your feedback will play a critical role in improving the program and guiding the development of the continuous quality improvement (CQI) process for CBC.

Before I begin, I do need to review a couple of logistics prior to starting. I have emailed and provided a link in the chat to the consent form for this project. You may keep this for your records. I am going to review the most important parts of that consent form.

- This study is **confidential** and your responses to the questions will not be linked to your identity. We are not releasing names of participants, agencies that participate or any other identifying information to DFPS, the SSCC, your agency or any other entity. Results will only be reported in aggregate form.
- Participation is **voluntary**. You can decline to participate at any time now or after we start the focus group.
- We are asking for **consent** to audio record this focus group. We will transcribe the focus group and delete the recording immediately after. Your name will not appear on the transcription.

*Please note that since this is a **group setting**, we cannot guarantee confidentiality in the same way we could in a one-on-one interview. While we, as researchers, will keep responses private, we can't control what other participants might share outside the group. For this reason, we encourage you to only share what you feel comfortable discussing.*

If all that sounds okay, I just need to get a verbal consent from you that you agree to participate in the study and have the interview recorded and transcribed.

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

Any questions for me before we begin?

Interview Protocol

Introductions

Let's begin by introducing ourselves. Please share your first name, your current role, and how long you've worked in child welfare in this region.

Section 1: Needs and Barriers (Inner Context - Serving Children)

In this first section I'd like to hear about the current needs of children and families in your

regions, and how local resources and other service sectors impact your work.

1. Based on your experience, what are the most pressing unmet needs among the children and families you serve in this region?
 - a. What makes these needs hard to meet?
 - b. Are there certain child populations your agency struggles to serve?
2. How do other service sectors, such as mental and behavioral health, affect your ability to meet the needs of children and families in this area?
3. How does the availability of local resources in your area—such as local partnerships and organizations—impact your ability to meet these needs?
 - a. Are there examples of local collaborations or resources that have made a difference?
4. Let's talk about family connections. From your perspective, how are agencies in your area working with birth families to support reunification? How are they working with kin to support placements and maintain family connections?
5. Placement disruptions continue to be a concern across regions. From your vantage point, what are the most common reasons that children experience instability or move placements?
6. Many young people (16+) in foster care face challenges in obtaining a driver's license or ID. What factors do you think prevent this from happening, and what solutions might help address this issue?

Section 2: Organizational Climate and Staffing (Inner Context - Agency Climate)

Let's talk about how internal factors within your own agency—things like workplace culture, staffing, and training—affect your work and the services you provide.

7. How would you describe your agency's workplace culture or environment?
 - a. What does your agency do well when it comes to supporting staff, and where do you see room for improvement?
8. As far as workforce dynamics, what impact has staff turnover or retention had on your work and on the children and families you serve?
9. What kinds of specialized training or professional development have you or your staff received that have been most beneficial or useful in your work?
10. Are there any specific practice models that your staff are using? How has this model shaped the way your team delivers services?
11. In what ways has the SSCC engaged you or your agency to provide feedback for quality improvement? Have these efforts led to changes in how you do your work?
12. Have you seen any new or creative approaches used by your agency—or others in your region—that have improved services or outcomes for children and families?
 - a. What other innovations would you like to see implemented?

Section 3: Collaboration and External Relationships (Outer Context)

For this last part I'd like to focus on how your agency works with other stakeholders across the child welfare system.

13. How would you characterize your working relationship with SSCC leadership and staff?
 - a. In what ways have they supported your work, and where could they improve?
14. How would you describe your agency's interactions with other child welfare professionals in your area (e.g., judges, lawyers, mental health agencies, schools, and other family support providers)?
 - a. Which relationships have been most beneficial (as far as improving outcomes for children), and why?
15. Can you describe any interagency or community collaborations that have been particularly successful?

Closing

16. Is there anything else you would like to share that would help us better understand the implementation of CBC in your region?

Focus Group Guide: Legal Professionals

Introduction

Thank you for agreeing to participate in this focus group today. My name is _____ and I am part of an evaluation team of Texas child welfare researchers from UT Austin, UTSA and UT Arlington. We have been contracted by DFPS to conduct a program evaluation of Community-Based Care in regions 1,2,3W and 8b. As part of this evaluation, we are interviewing and conducting focus groups with a variety of stakeholders. Our goal is to gather insights to better understand the factors that are impacting implementation and program measure outcomes. Your feedback will play a critical role in improving the program and guiding the development of the continuous quality improvement (CQI) process for CBC.

Before I begin, I do need to review a couple of logistics prior to starting. I have emailed and provided a link in the chat to the consent form for this project. You may keep this for your records. I am going to review the most important parts of that consent form.

- This study is **confidential** and your responses to the questions will not be linked to your identity. We are not releasing names of participants, agencies that participate or any other identifying information to DFPS, the SSCC, your agency or any other entity. Results will only be reported in aggregate form.
- Participation is **voluntary**. You can decline to participate at any time now or after we start the focus group.
- We are asking for **consent** to audio record this focus group. We will transcribe the focus group and delete the recording immediately after. Your name will not appear

on the transcription.

Please note that since this is a group setting, we cannot guarantee confidentiality in the same way we could in a one-on-one interview. While we, as researchers, will keep responses private, we can't control what other participants might share outside the group. For this reason, we encourage you to only share what you feel comfortable discussing.

If all that sounds okay, I just need to get a verbal consent from you that you agree to participate in the study and have the interview recorded and transcribed.

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

Any questions for me before we begin?

Interview Protocol

Introductions

Let's begin by introducing ourselves. Please share your first name, your current role, and how long you've worked in child welfare in this region.

Section 1: Needs, Barriers and Service Deliver (Contextual Factors)

We understand that multiple factors impact how effectively courts, legal advocates, and CASAs can support the goals of CBC implementation, including child permanency, stability, and well-being. From your perspective as legal professionals (CASA staff, volunteers, etc.):

1. In thinking about the children and families you work with or advocate for, what are some of their most pressing needs?
 - a. From your perspective, how well are agencies in your region able to connect children and families to the services they need?
 - b. How have other service sectors—like mental health and behavioral health—impacted service delivery in your area?
 - c. What additional resources or supports do you think would help improve outcomes for children and families involved in your cases?
2. What are you seeing when it comes to agencies working with families—both birth families and kin—to support reunification or maintain family connections?
 - a. Can you share examples of when reunification efforts have been successful? What made them work?
 - b. How involved are kin caregivers in your cases, and how do agencies support or hinder those placements?
 - c. Are there any policies, court practices, or agency behaviors that help—or hurt—efforts to keep children connected to family?
3. What do you think is contributing to placement disruptions in your region?
 - a. Have you noticed any patterns?
4. Many older youth (16+) in foster care face challenges in getting ID or driver's

licenses. Why do you think this remains a challenge?

- a. What could be done to address it?

Section 3: Organizational Climate and Staffing (Contextual Factors - Inner Context)

Now I'd like to hear your perspective on the work environment of agencies you work with and the factors affecting their staff.

5. Based on your interactions, how would you describe the organizational culture of the agencies or SSCCs you work with?
 - a. In your view, how does agency culture or environment affect their ability to serve children and families?
 - b. In what ways does this culture affect collaboration with legal professionals or outcomes for children and families?
6. How would you describe the skills, preparedness, or communication of the agency staff you interact with?
 - a. In your experience, what are the strengths of agency staff when it comes to communication or case planning?
 - b. Where do you see the gaps in training or support that would help improve their effectiveness?
7. What workforce dynamics—such as staff turnover or shortages—have you observed in these agencies?
 - a. How have these staffing dynamics affected your ability to do your work, or outcomes for children and families—if at all? Follow-up prompts:
 - i. How often do you see caseworkers or supervisors changing on your cases?
 - ii. What kinds of disruptions or delays has this caused, if any?
 - iii. How do staff transitions impact communication, court preparation, or permanency planning?
8. Are there system-wide staffing issues you've noticed across regions or agencies?
 - a. How have these workforce issues affected service delivery or case outcomes in your area?

Section 4: External Relationships and Collaboration (Contextual Factors - Outer Context)

Let's talk about your interactions with SSCC and agency staff and other child welfare professionals.

9. How would you describe your working relationships with SSCCs?
 - a. How have SSCC staff and leadership supported, or hindered, your work with children and families?

- b. In what ways could they better support legal professionals like yourself?
10. How would you describe the level of collaboration among child welfare agencies, courts, schools, mental health providers, and other key stakeholders?
 - a. Where do you see strong collaboration happening? What's working well?
 - b. Where are the gaps or breakdowns in communication or coordination?
 - c. What could be done to strengthen relationships across systems to better serve children and families?

Section 5: Innovative Practices and Needed Innovations

In this final section I'd like to hear your perspective on what's working well and where there's room for innovation in child welfare practice.

11. Have you seen any new or creative practices or initiatives—locally or in other regions—that have helped improve outcomes for children and families?
 - a. Can you think of any innovations that should be implemented for system improvement?

Closing

12. Is there anything else you think would be helpful for us to know as we work to understand the implementation of CBC in your region?

Focus Group Guide: Caregivers

Introduction

Thank you for agreeing to participate in this focus group today. My name is _____ and I am part of an evaluation team of Texas child welfare researchers from UT Austin, UTSA and UT Arlington. We have been contracted by DFPS to evaluate how Community-Based Care is working in this area. Community-Based Care (or CBC) is a new way Texas is trying to help kids and families in foster care. Some of the goals of CBC are to help kids leave care sooner, move around less, and stay close to important people in their lives. Even though you might not know a lot about the system part, we want to know if some of the goals of Community-Based Care are helping caregivers and youth. Your experiences as a caregiver will help us understand what's working and what needs improving.

Before we begin, I do need to review a couple of things with you. I have emailed and provided a link in the chat to the consent form for this project. You may keep this for your records. I am going to review the most important parts of that consent form.

- This study is **confidential**. That means we won't use your name or share anything that identifies you with DFPS, the SSCCs, your agency, or anyone else. Your responses to our questions will only be used in group summaries—no one will know what any one person said.
- Participation is **voluntary**. That means that you don't have to answer anything you don't want to. You can stop participating at any time.

- We are asking for **consent** to audio record this focus group. We will transcribe the focus group and delete the recording immediately after. Your name will not appear on the transcription.

Because this is a group discussion, we can't guarantee that other people in the group won't share something said here. We'll do everything we can to protect your privacy, but please only share what you're comfortable with.

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

If all that sounds okay, I just need to get a verbal "yes" from you that you agree to participate in the study. Before we begin, do you have any questions for me?

Interview Protocol

Introductions

Let's start by going around the group. Please share your first name and a quick sentence about your history with the child welfare system—whatever you're comfortable with.

Section 1: Serving Children (Inner Context)

As I mentioned during the introduction, some of the goals of CBC are to help kids leave care sooner, reduce how often they move, and keep them connected to important people in their lives. I'd like to hear how things are going for the kids you care for—and why some of these goals are harder to achieve.

1. In your experience, what do kids in your care need the most?
 - a. Are you generally able to get them the support or services they need?
 - b. What kinds of problems or obstacles have you run into?
2. In your view, what are some reasons a child might leave a placement earlier than expected?
 - a. What makes it hard for a child to stay in one place?
3. It's been hard for many agencies to help teens aged 16 and older get a driver's license or ID. Why do you think this has been a challenge?
4. How have you worked with birth families to help children reunite with them?
 - a. What has worked, and what challenges have you faced?
5. How do you help kids stay connected to relatives, friends, or other important people?
 - a. What's worked well in supporting these relationships?

Section 2: Agency Climate and Support (Inner Context)

Now I'd like us to talk about your experiences with agency staff and the kind of support you've received from them.

6. How has staff turnover within the agency you work with affected how you care kids?
 - a. Have you noticed changes in the help or services you get?

- b. Can you give an example of how staff turnover made a difference in your experience?
7. What kinds of training or support has your agency given you to help in your role?
- a. How has that training helped you?
 - b. Are there other trainings or resources you wish they offered caregivers like yourself?

Section 3: Interactions with Agency and SSCC Staff (Outer Context)

Next, I'd like to hear about your interactions with staff from your agency and SSCCs.

8. How would you describe your experience working with staff at your agency?
- a. How have they helped or supported you?
 - b. Have there been times when you felt your concerns weren't taken seriously?
 - c. What would you change about how they work with caregivers?
9. How have your interactions with SSCC case managers been?
- a. How have they supported you?
 - b. Have there been times when your needs or concerns were not met?
 - c. What suggestions do you have to improve how caregivers and case managers work together?

Section 4: Innovative Practices

In this final section, I'd like to hear your ideas for how the system can improve.

10. Based on your experiences, what new ideas or changes do you think would help improve foster care—particularly for caregivers like yourself?
- a. Are there any gaps or missing services you think would make a meaningful difference?
 - b. What role do you think caregivers should play in making changes to the system?

Closing

11. Is there anything else you'd like to share about your experience as a caregiver, or anything you think we should know to better understand how Community-Based Care is going in your area?

Focus Group Guide: Youth

Introduction

Thank you for agreeing to participate in this focus group today. My name is _____ and I am part of a research team trying to understand how Community-Based Care is working in this area. Community-based Care was a new way that foster care works where one agency in the area, not DFPS, takes care of kids. Even though you might not know a lot about the system part, we want to know if some of the goals of Community-Based Care are helping youth.

Before we begin, I do need to review a couple of things with you. I have emailed and provided a link in the chat to the consent form for this project. You may keep this for your records. I am going to review the most important parts of that consent form.

- This study is confidential. That means we won't use your name or anything else that could identify you when we talk about what we learn from this group. We will not share with DFPS or any other agency what was discussed here today. Your responses will only be reported back in summary form, and will not be linked to your identity. At the same time, this is a group setting, so while we, as researchers, will keep everything private, we can't promise that others in the group will do the same. Because you're sharing space with people you may not know, we encourage you to only share what you feel comfortable talking about.
- HOWEVER, I do have to report if you tell me that you are being hurt, want to hurt yourself or are going to hurt someone else.
- Participation is voluntary. This means you can skip any question you don't feel comfortable answering. It also means you can leave the call at any time. We are asking for your consent to record this conversation so that we can transcribe it. After we transcribe everything, we will delete the recording. Your name will not show up on that final transcript we keep for our records.
 - Do you consent to have the interview recorded and transcribed? _____

If you have any questions about this study, you can contact the Principal Investigator, Dr. Monica Faulkner. Her contact information is listed on the consent form.

If all that sounds okay, I just need to get a verbal "yes" from you that you agree to participate in the study. Before we begin, do you have any questions for me?

Interview Protocol

Introductions

Please share your first name, and if you feel comfortable, how long you were in foster care.

Section 1. Serving Youth (Inner Context)

Community-Based Care (or CBC) is a new way Texas is trying to help kids and families in foster care. Some of the goals of CBC are to help kids leave care sooner, move around less, and stay close to important people in their lives. Your experiences in foster care will help us

understand what's working and what still needs to get better.

To start, can you tell us a little about what foster care was like for you?

1. Were you able to get the help you needed?
 - a. How did caregivers or other adults in your life help you access the things you needed?
2. Why do you think some kids or teens leave placements (foster homes or shelters) sooner than expected?
 - a. What do you think makes it hard to stay in one place?
3. How did caseworkers or caregivers help you stay in touch with your parents or family while you were in care?
 - a. What worked well? What could have been better?
4. Besides your family, were there other important people you wanted to stay in touch with—like friends, teachers, or mentors?
 - a. Did anyone help you stay connected with them? What kind of support would have helped?
5. If you have brothers or sisters, were you placed together with them?
 - a. If not, do you know why?
 - b. How did it feel to be placed apart, and what could have helped?
6. Many youth have trouble getting an ID or driver's license by age 16. Did you have this problem, or know someone who did?
 - c. What made it hard, and what do you think could help more youth get them?

Section 2: Impact of Staff Turnover (Inner Context - Agency Climate)

7. Did your caseworker change a lot while you were in care?
 - a. About how many caseworkers did you have?
8. How did it feel when your caseworker changed?
 - a. How do think it affected your case?
 - b. Was there anything that made those changes easier?

Section 3: Contextual Factors: Innovative Practices

9. What do you think would make foster care better for youth like you?
 - a. Are there changes that would have made your experience easier or more positive?
 - b. Have you seen or heard of anything that worked really well for youth in foster care? This could be a program, or something someone did to help that worked really well.

Closing

10. Is there anything else you'd like to share about your time in foster care or what you think needs to change?

Appendix D: Survey Outline

Child Welfare Experience

Survey questions about child welfare experience personally and professionally.

1. Do you have personal / lived experience with the child welfare system as a youth, parent, or foster parent or kinship caregiver?
2. Have you ever worked or volunteered in a role that supports children and families involved in the child welfare system (e.g., DFPS, SSCCs, child welfare agencies, CASA, legal or mental health services)?
 - *If Yes: What best describes your professional role connected to child welfare?*
3. What is your current position within your agency?
4. Have you worked (or volunteered) in any of the following CBC regions? Select all that apply.
 - Region 1 (Texas Panhandle including Lubbock and Amarillo)
 - Region 2 (Big Country and Texoma including Abilene and Wichita Falls)
 - Region 3W (Metroplex West)*
 - Region 8B (South Central and Hill Country regions surrounding Bexar County)
 - None of the above
5. Have you worked in Region [#] in the past [yrs] years?
6. How many years of experience do you have in child welfare?
7. How long have you worked (or volunteered) for your current employer?
8. How long have you been in your current position?
9. Prior to working for the SSCC, did you work for DFPS?
10. How many years did you work for DFPS?
11. What was the last position you held with DFPS?
12. Prior to working for the SSCC, did you work for DFPS? How long did you work for DFPS?

CBC Questions

13. How much do you agree or disagree with the following statements?
 - I understand what CBC is and how it works in our community.
 - I know how the SSCC differs from DFPS.
 - CBC has improved local teamwork and problem-solving.
 - CBC has increased local control over child welfare.
 - The transition to CBC has been effective.
 - DFPS policies make it harder to be flexible and/or creative.
 - Support and services for families have improved with CBC

14. How familiar do you think community stakeholders were with the SSCC before the transition compared to now?
15. Did the SSCC use any of the following strategies to build trust in the community during the transition to CBC (when they first began placing children)? Select all that apply.
- Held community meetings or forums to talk about the transition
 - Maintained regular communication through newsletters, emails, meetings, or similar methods
 - Worked closely with local DFPS staff
 - Engaged judges, attorneys, and other legal professionals
 - Built on existing relationships in the community
 - Other
 - I'm not sure
16. Did local DFPS Leaders use any of the following strategies to build trust in the community during the transition? Select all that apply.
- Spoke positively about CBC
 - Encouraged agencies and partners to collaborate with the SSCC
 - Emphasized a shared mission of helping children and families
 - Other (please describe): _____
 - I'm not sure
17. During the transition, how clear was the communication from each group regarding upcoming changes, timelines, and expectations?
18. How helpful do you think each of the following strategies is for improving communication among all partners?
- Regular, structured communication (e.g., standing weekly meetings, scheduled updates)
 - Clear roles and accountability (e.g., greater clarity on who to contact with concerns, and how to escalate unresolved issues)
 - Better understanding of the SSCC's role and authority (e.g., clearly delineating areas where the SSCC leads, or defers to DFPS oversight)
 - Consistent messaging from DFPS and the SSCC (e.g., both groups sharing the same information and goals with community partners)
 - Open and honest communication with external system partners (e.g., keeping providers, legal partners, and advocacy groups informed and involved)
 - Community outreach to explain CBC and the SSCC's role (e.g., hosting public meetings or sharing easy-to-understand information about the system and changes)
19. What are the biggest communication challenges in your region right now? (Select up to 2)
- Not receiving regular updates
 - Information is unclear or inconsistent
 - Information arrives too late to act on
 - SSCC and DFPS give conflicting guidance
 - Other (please describe): _____

- I'm not sure
20. How helpful are the following strategies in improving community collaboration?
- SSCC-hosted town halls or stakeholder meetings
 - SSCC staff participation in CASA meetings or Child Welfare Board meetings
 - Having dedicated staff to build relationships and maintain an active SSCC presence in the community
 - Including subcontractors, CASA, and other partners in collaborative planning or case coordination meetings
21. How successful has the SSCC in your region been at building community collaboration?
22. What are the biggest obstacles to collaboration? (Select up to 3)
- Unclear roles, responsibilities, or expectations
 - Limited opportunities for joint training or shared learning
 - Leadership turnover within the SSCC and DFPS
 - SSCC and DFPS have different priorities
 - Key partners (e.g., schools, social security, other agencies) don't understand the SSCC's role
 - Other, please describe: _____
 - I'm not sure
23. If you could make one change to improve collaboration in your region, what would it be?

Workforce Challenges

24. How problematic were the following workforce issues during the transition to CBC?
- Few DFPS staff chose to transition to the SSCC.
 - The SSCC had lower salaries and benefits than DFPS for similar positions.
 - The SSCC restructured positions that did not align with prior DFPS positions.
 - The SSCC workforce lacked experience or did not receive adequate training.
 - There was high turnover among frontline staff working directly with children.
 - Some DFPS staff initially joined the SSCC but later returned to DFPS or moved into different (supervisory / administrative) roles or departments
25. What are the top strategies an SSCC should use to strengthen the workforce during the CBC transition? (Select up to 3)
- Hire former DFPS staff into SSCC positions
 - Offer pay that matches or exceeds DFPS levels
 - Offer benefits that match or exceed DFPS (e.g., retirement, health insurance, time off)
 - Provide staff with onboarding support
 - Provide staff with ongoing training opportunities
 - Foster a supportive and respectful work environment
 - Other, please describe: _____
 - I'm not sure

Service Delivery

26. How would you rate the following aspects of service coordination under CBC?
- Timeliness of service delivery for children and families
 - Availability of placement options that meet children's needs
 - Availability of support services for foster families
 - Availability of support services for kinship families.
 - Availability of reunification services for families
27. How would you rate each of the following for foster and kinship families?
- Being kept informed about their case
 - Being involved in decisions about the child
 - Understanding what's expected and what support is available
 - Getting timely responses from staff (like SSCC or DFPS)
 - Getting connected to services and support
 - Receiving support to make sure visits happen regularly and safely
28. How would you rate each of the following for parents working toward reunification?
- Being kept informed about their case
 - Being involved in decisions about the child
 - Understanding what's expected and what support is available
 - Getting timely responses from staff (like SSCC or DFPS)
 - Getting connected to services and support
 - Receiving support to make sure visits happen regularly and safely
29. How would you rate the SSCC's coordination efforts with the following community partners?
- Mental and behavioral health providers
 - CASA and legal stakeholders
 - School systems and educational supports
 - Medical providers and specialists
 - Subcontracted service providers
 - Social Security Administration
30. In your opinion, what are the top strategies for improving service coordination?
(Select up to 3)
- Involve providers and other community partners in service planning meetings and decision-making
 - Involving foster and kinship families in service planning meetings
 - Involving birth families in service planning meetings
 - Having a clear point of contact at the SSCC for service questions
 - Shared documentation or platforms for case updates and service tracking
 - Allowing contracts with providers outside the SSCC's network (subcontractors only)
 - Other, please describe:
 - I'm not sure
31. Please indicate how much you agree or disagree with the following statements about virtual service delivery. (Virtual means services delivered online, like through Zoom). The following services can be delivered virtually without losing quality:

- Court hearings
 - Case management services
 - Home visits
 - Mental health services for children
 - Mental health services for parents
 - Substance abuse treatment services
32. Please indicate how much you agree or disagree with the following statements about service coordination related to legal cases.
- Court reports are often incomplete or missing key details.
 - Case information is not updated in a timely manner.
 - SSCCs are unclear about what DFPS attorneys need for court.
 - Communication between DFPS and SSCC legal teams is inconsistent.
 - Caseworkers often lack important historical context about the case.
33. How often do you have adequate time to prepare for court hearings, including reviewing or developing case updates? (Caseworkers and supervisors)
34. How often do you receive last-minute requests from DFPS for case updates before a hearing?
35. What should be the top priorities for improving services for children and families over the next two years?

Performance Measures

36. How well do current performance measures promote practices that best support children and families?
37. *If familiar:* How much do you agree or disagree with the following statements about CBC performance measures?
- At times, performance goals (e.g., sibling placement, proximity, and family-like settings) may compete with one another.
 - Court-ordered placements or services can conflict with performance measures.
 - Placement instability should hold SSCCs accountable for moves that are disruptive (e.g., due to behavior issues or caregiver request) rather than all moves.
 - Performance benchmarks should not be set at 100%.
 - Written context should be considered when determining whether a CQI plan is appropriate.
38. *If familiar:* In your opinion, when should an SSCC be held responsible for recidivism (when a child returns to foster care)? Select all that apply.
- If the child was in SSCC care for any length of time
 - If the SSCC was managing the case at the time of the child's exit
 - If the SSCC managed the case for at least 30 days
 - If the SSCC managed the case for at least 60 days
 - If the SSCC made the recommendation or decision about the child's exit
 - If the child exited to permanency while under SSCC care

- Other (please explain): _____
- I'm not sure

39. *If familiar:* Have you ever felt pressure to meet a performance target in a way that might not align with what's best for the child or family?

40. *If familiar:* When all performance goals cannot be met, which goal do you believe is most important for supporting a child's well-being?

- Keeping children close to home
- Placing children in a family-like setting
- Keeping all siblings together
- Placing children with relatives or someone they know (kinship)
- Other, please describe: _____
- I'm not sure

41. *If familiar:* What is the best way to measure proximity in a way that reflects a child's connection to their home community? (Select the option that best represents meaningful closeness—whether physical or relational.)

- County
- Neighboring counties
- School district
- Region or Catchment area
- Within 50 miles of home community
- Frequency of visits with families
- Other, please describe: _____
- I'm not sure

42. *If familiar:* For each PM below, please indicate whether it should be kept as is, modified, or removed. You may also select unsure if you are unfamiliar with the PM.

- **Child safety** - Definition: The percentage of children who do not experience abuse, neglect, or exploitation while in paid foster care.
- **Placement stability** - Definition: The number of paid foster care placements per child.
- **Placement in home setting** - Definition: The percentage of placement days in a home setting for children and youth in conservatorship.
- **Proximity to home** - Definition: The percentage of children in paid foster care placed within 50 miles of their removal location.
- **Siblings placed together** - Definition: The percentage of cases where all siblings are placed together in paid foster care.
- **Placed with kin** - Definition: The percentage of children placed with kin on the 60th day after removal.
- **Timely exits to permanency** - Definition: The percentage of children who exit to permanency within specified timeframes (e.g., within 12, 18, 24, or 36 months of entering substitute care).
- **Timely exits to reunification** - Definition: The percentage of children who exit to reunification within specified timeframes (e.g., within 12, 18, 24, or 36 months of entering substitute care).
- **CPS reinvolvement** - Definition: The percentage of children who exit to permanency and have a new CPS intervention within 12 months of exit.

- **Youth have a driver's license or state ID** - Definition: The percentage of youth age 16 or older who have a driver's license or state identification card.
- Youth complete **Preparation for Adult Living (PAL) Life Skills training** - Definition: the percentage of youth turning 18 who have completed PAL Life Skills Training.

43. *If familiar:* Do you have any other suggestions or concerns about how performance measures are defined or used?

External Influences

44. To what extent have the following external policies or factors negatively impacted CBC in your region?

- The COVID-19 pandemic
- The federal lawsuit
- Heightened monitoring
- Increased threshold to remove children

45. What are the most pressing needs for youth in your community? Select up to three.

- Mental health services, especially therapists who take Medicaid/STAR Health
- More local services and providers
- Support for youth with developmental delays
- Doctors and specialists who can address complex medical needs
- Occupational, physical, or speech therapy
- Ability to visit and stay connected to family (birth)
- Wraparound services
- In-home services and supports
- Other, please describe: _____
- I'm not sure

46. What are the most pressing needs for foster and kinship families in this community? (Select up to 3)

- Transportation, money for gas, or vouchers
- Daycare providers, particularly who can care for children with higher needs
- Respite care, particularly when youth have higher needs
- Support for kinship families
- Clear communication between DFPS, SSCC, and subcontracting agencies with foster parents
- More privacy – too much oversight pushes away families
- Other, please describe: _____
- I'm not sure

47. What are the most pressing needs for parents* in this community? (Select up to 3)

**Birth parents or those with custody before CPS was involved.*

- Knowing what resources are available
- Housing support
- Employment support
- Support with parenting
- Help with transportation to appointments, work or visits

- Support around domestic violence
- Mental health services
- Substance use treatment
- Treatment options that support youth staying in home
- Help understanding the child welfare system
- Other, please describe: _____
- I'm not sure

48. What are the most pressing needs for agencies in your community? Select up to three.

- A more supportive and balanced regulatory environment
- More staff to meet ratio requirements in residential treatment centers (RTCs)
- Support to reduce transportation barriers for family visits and reunification
- Greater system-wide commitment to safe reunification with biological parents
- More resources to support in-home visits across long distances
- More attorneys ad litem to represent children
- Recruiting and supporting foster families to improve long-term retention
- Hiring and retaining experienced caseworkers to support case continuity
- Other (please describe): _____

Closing

Lastly, is there anything else about CBC you'd like to share or think is important for us to know?

Appendix E: Survey Participant Tables

Table E1. Survey participation by region and overall

Survey type	Region 1		Region 2		Region 3W		Region 8B		Total	
	n	%	n	%	n	%	n	%	N	%
Personal / Lived experience	27	49.1%	2	4.7%	28	51.9%	3	3.3%	60	24.7%
Professional	26	47.3%	39	90.7%	21	38.9%	86	94.5%	172	70.8%
Both	2	3.6%	2	4.7%	5	9.3%	2	2.2%	11	4.5%
Total	55	22.6%	43	17.7%	54	22.2%	91	37.4%	243	100.0%

Participants with Professional Experience

Table E2. Type of professional experience by region and overall

Professional experience	Region 1		Region 2		Region 3W		Region 8B		Total	
	n	%	n	%	n	%	n	%	N	%
DFPS employee	6	21.4%	7	17.1%	1	3.8%	2	2.3%	16	8.7%
SSCC employee	5	17.9%	4	9.8%	6	23.1%	50	56.8%	65	35.5%
Employee at a subcontracting child welfare agency	12	42.9%	3	7.3%	8	30.8%	7	8.0%	30	16.4%
Legal professional, CASA, or advocate (external to DFPS)	3	10.7%	26	63.4%	7	26.9%	22	25.0%	58	31.7%
Mental health professional	0	0.0%	0	0.0%	1	3.8%	0	0.0%	1	0.5%
Employee or volunteer for another type of organization*	2	7.1%	1	2.4%	3	11.5%	7	8.0%	13	7.1%
Total	28	15.3%	41	22.4%	26	14.2%	88	48.1%	183	100.0%

*Other types of organizations included faith-based organizations, non-profits serving youth in care or aging out of care, primary care providers, schools, and organizations offering mediation and parent education.

Table E3. Role or position at DFPS by region and overall

Role / Position	Region 1		Region 2		Region 3W		Region 8B		Total	
	n	%	n	%	n	%	n	%	N	%
Case Management Oversight	5	83.3%	6	85.7%	0	0.0%	1	50.0%	12	75.0%
Supervisor	0	0.0%	0	0.0%	1	100.0%	0	0.0%	1	6.3%
Regional Leadership	1	16.7%	0	0.0%	0	0.0%	0	0.0%	1	6.3%
Prefer not to say	0	0.0%	1	14.3%	0	0.0%	1	50.0%	2	12.5%
Total	6	37.5%	7	43.8%	1	6.3%	2	12.5%	16	100.0%

Table E4. Current DFPS asked to consider transitioning to a position at the SSCC

Asked to consider SSCC position	n	%
No	2	12.5%
Yes	14	87.5%
Total	16	100.0%

Table E5. Role or position at SSCC by region and overall

Role / Position	Region 1		Region 2		Region 3W		Region 8B		Total	
	n	%	n	%	n	%	n	%	N	%
Case worker / case manager / case specialist	0	0.0%	0	0.0%	0	0.0%	13	26.5%	13	20.6%
Supervisor of case workers	2	40.0%	1	25.0%	3	60.0%	11	22.4%	17	27.0%
Leadership	3	60.0%	2	50.0%	2	40.0%	12	24.5%	19	30.2%
Support staff	0	0.0%	0	0.0%	0	0.0%	8	16.3%	8	12.7%
Other*	0	0.0%	1	25.0%	0	0.0%	5	10.2%	6	9.5%
Total	5	7.9%	4	6.3%	5	7.9%	49	77.8%	63	100.0%

*Other positions included human resource staff, intake specialists, parent educators, Family Group Decision Making facilitators, and Quality Assurance staff.

Table E7. SSCC staff employed with DFPS prior to working at SSCC

Prior employment	n	%
No prior employment with DFPS	22	34.9%
Prior employment with DFPS	41	65.1%
Total	63	100.0%

Table E8. Prior position at DFPS (if SSCC staff had prior employment)

Prior position at DFPS	n	%
Case worker / Case specialist	14	35.0%
Supervisor	10	25.0%
Investigator	6	15.0%
Regional Leadership	4	10.0%
Support staff	2	5.0%
Case Management Oversight	1	2.5%
State Office	1	2.5%
DFPS attorney	1	2.5%
Other	1	2.5%
Total	40	100.0%

Table E9. Prior position at DFPS (if SSCC staff had prior employment)

Experience	N	Min	Max	Mean	SD
Years at DFPS prior to SSCC	41	<1 year	30	10.88	7.732

Table E10. Role at subcontracting child welfare agency by region and overall

Role / Position	Region 1		Region 2		Region 3W		Region 8B		Total	
	n	%	n	%	n	%	n	%	N	%
Home developer / licensing	2	16.7%	0	0.0%	0	0.0%	0	0.0%	2	6.7%
Case worker / case manager / case specialist	4	33.3%	0	0.0%	2	25.0%	0	0.0%	6	20.0%
Supervisor of case workers	4	33.3%	2	66.7%	4	50.0%	0	0.0%	10	33.3%
Leadership	1	8.3%	1	33.3%	2	25.0%	6	85.7%	10	33.3%
Direct care staff	0	0.0%	0	0.0%	0	0.0%	1	14.3%	1	3.3%
Support staff	1	8.3%	0	0.0%	0	0.0%	0	0.0%	1	3.3%

	Region 1		Region 2		Region 3W		Region 8B		Total	
Role / Position	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	N	%
Total	12	40.0%	3	10.0%	8	26.7%	7	23.3%	30	100.0%

Table E11. Role as legal professional by region and overall

	Region 1		Region 2		Region 3W		Region 8B		Total	
Role / Position	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	N	%
CASA staff / volunteer	2	66.7%	26	100.0%	5	71.4%	18	81.8%	49	84.5%
Attorney or Guardian ad Litem	1	33.3%	0	0.0%	2	28.6%	4	18.2%	7	12.1%
Total	3	5.2%	26	44.8%	7	12.1%	22	37.9%	58	100.0%

Table E12. Years of professional experience

Experience	N	<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>SD</i>
Years in child welfare	180	<1 year	46	12.45	9.149
Years with current employer	173	<1 year	41	7.21	7.314
Years in current position / role	180	<1 year	30	4.66	5.201

Participants with Personal or Lived Experience

Table E13. Type of personal / lived experience by region

	Region 1		Region 2		Region 3W		Region 8B		Total	
Experience	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	N	%
Foster parent	21	72.4%	3	75.0%	29	87.9%	2	40.0%	55	77.5%
Foster parent + Kinship caregiver	0	0.0%	1	25.0%	2	6.1%	1	20.0%	4	5.6%
Kinship caregiver	0	0.0%	0	0.0%	1	3.0%	2	40.0%	3	4.2%
Young adult who has experienced foster care	8	27.6%	0	0.0%	1	3.0%	0	0.0%	9	12.7%
Total	29	40.8%	4	5.6%	33	46.5%	5	7.0%	71	100.0%

Table E14. Foster parents and kinship caregivers currently licensed to foster

Status	n	%
Currently licensed	52	85.2%
Not currently licensed	9	14.8%
Total	61	100.0%

Table E15. Experience of foster parents and kinship caregivers

Experience	N	Min	Max	Mean	SD
Years of experience as a foster parent or kinship caregiver	62	<1 year	32	4.61	5.19
If currently licensed, number of years with current agency	52	<1 year	15	2.94	3.09

Table E16. Young adults: Length of time in foster care

Experience	N	Min	Max	Mean	SD
Length of time in care	9	1	9	5.33	2.83



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