**Texas Child-Centered Care System (T3C) Annual Report**

*For T3C Credentialed Child Placing Agencies (CPA)*

Purpose: Child Placing Agency (CPA) will use this form to report on T3C specific requirements. The reporting period starting date is the 1st day of the month that Provider was awarded their first Active Full Credential or the 1st day of the month that Provider's previous Annual Report was due, and the end date is the last day of the month directly preceding the month that provider's current Annual Report is due.

| SERVICE PACKAGE ADD-ON | Transition Support Services for Youth & Young Adults |
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Use the light blue-shaded fields for entry. All form fields outlined in red are required. Reference the column for instructions on response.

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| **Number of youth served by this Add-On during the reporting period**<br><br>**Instruction:** Enter the total number of youth served by this Add-On during the reporting period. | 23 |

## 1. T3C Service Utilization and Outcomes

Use the table below to report Annual T3C activity and outcomes. For any measure not tracked during the reporting period, enter N/A.

### 1.1 T3C Annual Activity Totals (Referrals, Admissions, Discharges)

| Metric/Measure | IT Report Available | DFPS/SSCC Breakdown Available | Data source( system and report name) |
|---|---|---|---|
| | **Instruction:** For each row select **Yes** or **No** to indicate whether your Agency currently has an IT report that tracks the measure. | **Instruction:** For each row if an IT report is available, select **Yes** or **No** to indicate whether the report can show separate DFPS and SSCC data. If an IT report is not available select **N/A.** | **Instruction:** For each row if an IT report is available, enter the system and report name. If an IT report is not availabe enter **N/A**. |
| T3C Youth Placed being served by this Add-On | | | |
| T3C Discharges from this Add-On | | | |

| Metric/Measure | IT Report Available | DFPS/SSCC Breakdown Available | Data source( system and report name) |
|---|---|---|---|
| | **Instruction:** For each row select **Yes** or **No** to indicate whether your Agency currently has an IT report that tracks the measure. | **Instruction:** For each row if an IT report is available, select **Yes** or **No** to indicate whether the report can show separate DFPS and SSCC data. If an IT report is not available select **N/A.** | **Instruction:** For each row if an IT report is available, enter the system and report name. If an IT report is not availabe enter **N/A**. |
| Number of youth with no placement disruption or unplanned moves in this Add-On | | | |
| T3C Placement Disruptions/ Unplanned Moves from this Add-On | | | |

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| **Notes:**<br>If you responded **"No"** to any of the fields in the above section, describe how you collect, track, and evaluate/ analyze child, youth, and young adult outcomes related to children served, placement disruptions and discharges. Explain how this information is used for CQI and to update the Logic Model. | |

**1.2 Foster Home Annual Activity (Admissions, Placements, Discharges)**

| Metric/Measure | IT Report Available | DFPS/SSCC Breakdown Available | Data source( system and report name) |
|---|---|---|---|
| | **Instruction:** For each row select **Yes** or **No** to indicate whether your Agency currently has an IT report that tracks the measure. | **Instruction:** For each row if an IT report is available, select **Yes** or **No** to indicate whether the report can show separate DFPS and SSCC data. If an IT report is not available select **N/A.** | **Instruction:** For each row if an IT report is available, enter the system and report name. If an IT report is not available enter **N/A**. |
| T3C Foster Homes Credentialed for this Add On | | | |
| T3C Foster Homes currently being served under this Add-On | | | |
| Number of Foster Homes with at least one discharge from this Add On | | | |

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| **Notes:** If you responded **"No"** to any of the fields in the above section, describe how you collect, track, and evaluate/analyze information on Foster Homes credentialed for this Add-On, Foster Homes currently serving youth/young adults under this Add-On and Foster Homes with discharges from this Add-On. Explain how this information is used for CQI and to update the Logic Model. | |

## 1.3 Length of Stay

| Metric/Measure | IT Report Available | DFPS/SSCC Breakdown Available | Data source( system and report name) |
|---|---|---|---|
| | **Instruction:** For each row select **Yes** or **No** to indicate whether your Agency currently has an IT report that tracks the measure. | **Instruction:** For each row if an IT report is available, select **Yes** or **No** to indicate whether the report can show separate DFPS and SSCC data. If an IT report is not available select **N/A.** | **Instruction:** For each row if an IT report is available, enter the system and report name. If an IT report is not availabe enter **N/A**. |
| Average length of stay in this Add On (days) | | | |

| **Notes:** | |
|---|---|
| If you responded **"No"** to the field in the above section, describe how you collect, track, and evaluate/analyze the average length of stay for youth, and young adults in this Add On. Explain how this information is used for CQI and to update the Logic Model. | |

## 2. Aftercare and Evidence Informed Treatment Model

This section collects information on Aftercare Services and Evidence Informed Treatment Model Outcomes following a youth's discharge from a placement where they were served under this Add- On during this reporting period. Complete the tables below to document Aftercare applicability, required plan elements, service activity, documentation and Evidence Informed Treatment Model metrics or outcomes.

### 2.1 Aftercare Model and Practice

| Metric/Measure | IT Report Available | DFPS/SSCC Breakdown Available | Data source( system and report name) |
|---|---|---|---|
| | **Instruction:** For each row select **Yes** or **No** to indicate whether your Agency currently has an IT report that tracks the measure. | **Instruction:** For each row if an IT report is available, select **Yes** or **No** to indicate whether the report can show separate DFPS and SSCC data. If an IT report is not available select **N/A.** | **Instruction:** For each row if an IT report is available, enter the system and report name. If an IT report is not availabe enter **N/A**. |
| Required Aftercare for youth discharged from the T3C Basic Foster Family Home Support Services Package who received the Transition Support Services for Youth & Young Adults Add-On can be tracked. | | | |
| Completion of required weekly Aftercare contacts for the first 4 weeks following discharge can be tracked. | | | |
| Completion of required twice monthly Aftercare contacts can be tracked. | | | |
| Successful completion of all 6 months of required Aftercare can be tracked. | | | |
| Subsequent placement changes during the 6 months of Aftercare can be tracked. | | | |

| **Notes:** | |
|---|---|
| If you responded **"No"** to the fields in the above section, describe how you collect, track, and evaluate/analyze Aftercare for children, youth, and young adults in this Add On. Explain how this information is used for CQI and to update the Logic Model. | |

## 2.2 Evidence Informed Treatment Model/Logic Model (Optional)

This **optional** section collects information on your Evidence-Informed Treatment Model and/or Logic Model. Complete the table below to report provider-defined metrics or outcomes used to evaluate this Add-On during the reporting period. Metrics should align with the Provider's Evidence-Informed Treatment Model, Logic Model, Program design or identified service outcomes.

| Metric/Measure | Actual Value | Method/definition | Data Source | Improvement Options/Next Steps |
|---|---|---|---|---|
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| **Notes (optional):** Provide any additional Evidence-Informed Treatment Model and/or Logical Model information relevant to this reporting period; this could include successes, effective practices, workforce improvements, challenges, barriers impacting service delivery or other notable updates that DFPS should be aware of. | |
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## 3. Staffing Ratios and Caseload (Key Positions)

This section collects information on staffing ratios and caseloads for key positions supporting this Add-On during the reporting period. Complete the table below to report current staffing levels and workload distribution.

**3.1 Staffing Snapshot for Transition Support Services for Youth & Young Adults Add-On (as of the last day of the month prior to month that Annual Report is due)**

| Role/Position | Total Number of Positions | Number of Vacant Positions | Position holds Multiple Roles: | Number of Multiple Roles Held |
|---|---|---|---|---|
| | **Instruction:** In the cell below, enter the total number of positions for this category during the reporting period. | **Instruction:** In the cell below, enter the number of vacant positions for this category during the reporting period. | **Instruction:** In the cell below select **Yes** or **No** to indicate whether this position holds multiple roles for each category. | **Instruction:** In the cell below, select the maximum number of T3C roles held by a single individual filling this position during the reporting period |
| Dedicated Transitional Support/Mentor Staff | | | | |
| Aftercare Transitional Support/Mentor Staff | | | | |

**3.2 Staffing Contact Snapshot for Transition Support Services for Youth & Young Adults Add-On (as of the last day of the month prior to month that Annual Report is due)**

| Metric/Measure | IT Report Available | DFPS/SSCC Breakdown Available | Data Source( system and report name) |
|---|---|---|---|
| | **Instruction:** For each row select **Yes** or **No** to indicate whether your Agency currently has an IT report that tracks the measure. | **Instruction:** For each row if an IT report is available, select **Yes** or **No** to indicate whether the report can show separate DFPS and SSCC data. If an IT report is not available select **N/A.** | **Instruction:** For each row if an IT report is available, enter the system and report name. If an IT report is not available enter **N/A**. |
| Average Number of youth assigned to each Transitional Support/Mentor Staff during placement. | | | |
| Average Number of youth assigned to each Aftercare Transitional Support/Mentor Staff during Aftercare. | | | |
| Average number of Transitional Support/ Mentor Staff Staff contacts with each youth during placement. | | | |

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| **Notes:** If you responded **"No"** to the field in the above section, describe how you collect, track, and evaluate/ analyze Transition Support/ Mentor Staff contacts with youth during placement and Aftercare. Explain how this information is used for CQI and to update the Logic Model. | |

## 4. Continuous Quality Improvement Process

This section collects information about the Continuous Quality Improvement (CQI) process used during the reporting period to evaluate this Add-On, monitor outcomes, identify areas for improvement, and program evaluation during the Reporting Period. Data collected through operational reporting, case reviews, and service outcome monitoring should be used to inform internal CQI evaluation and improvement activities.

### 4.1 CQI Oversight and Review Structure

| CQI Component | Value for Current Reporting Period | Notes (optional) |
|---|---|---|
| Staff role responsible for CQI oversight<br>**Instruction:** Enter the staff position responsible for CQI oversight. | | |
| For this Add- On were CQI review meetings conducted during the reporting period?<br>**Instruction:** Select **Yes** or **No**. | | |
| **Outcome Comparison**<br>**Instruction:** For each item listed, select **Yes** or **No** from the drop down box in the corresponding light blue box to indicate whether the outcomes described can be assessed and compared. | **Comparison of outcomes for children within the same Service Package who received the Kinship Add-On** | |
| | **Comparison of outcomes for children across Service Packages who received the Kinship Add-On** | |
| **Data Sources used in CQI Review**<br>**Instruction:** For each item listed, select **Yes** or **No** from the drop down box in the corresponding light blue box to indicate whether the item was used in the CQI review. In the Notes column, provide any additional CQI information relevant to this reporting period. | **Referrals and Admissions Data** | |
| | **Add-On Transition Outcomes** | |
| | **Placement Stability** | |
| | **Continued Stay Reviews** | |
| | **Staffing and Caseload Data** | |
| | **Aftercare Outcomes** | |
| | **Discharge Outcomes** | |

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|---|---|---|
| **Frequency of CQI Review**<br><br>**Instruction:** For each item listed, select the appropriate response from the dropdown box in the corresponding light blue box to indicate the frequency at which the item is used in the CQI review process. If Other is selected, identify the frequency in the Notes column. In the Notes column, provide any additional CQI information relevant to this reporting period. | **Referrals and Admissions Data** | |
| | **Add-On Transition Outcomes** | |
| | **Placement Stability** | |
| | **Continued Stay Reviews** | |
| | **Staffing and Caseload Data** | |
| | **Aftercare Outcomes** | |
| | **Discharge Outcomes** | |
| **Participants in CQI Review Process**<br><br>**Instruction:** For each item listed, select **Yes** or **No** from the dropdown box in the corresponding light blue box to indicate whether the staff member participated in the CQI reviews. In the Notes column, specify the staff titles and whether they participated in all reviews or only specific areas, and any additional CQI information relevant to this reporting period. | **Case Management** | |
| | **Operations Staff** | |
| | **CQAI Staff** | |
| | **Program Leadership** | |
| | **Clinical Staff** | |
| | **Other**<br>**(if other provide CQI Participant in Notes)** | |