# Texas Child-Centered Care System (T3C) Annual Report
*For T3C Credentialed Child Placing Agencies (CPA)*

**Purpose:** Child Placing Agencies(CPA) will use this form to report on T3C specific requirements. The reporting period start 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 the Provider's previous Annual Report was due.

| SERVICE PACKAGE | Substance Use Support Services |
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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 children/youth served by this Service Package during the reporting period**<br><br>**Instruction:** Enter the total number of children/youth served by this Service Package during the reporting period. | |

## 1. T3C Service Utilization and Outcomes

Use the tables below to report Annual T3C activity and outcomes for this Service Package only. For any measure not tracked during the reporting period, enter "Not Tracked."

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

| Metric/Measure | Total for Current Reporting Period | By source DFPS/SSCC | Value for Prior Reporting Period | Definition/ Inclusion Rules | Data Source (system and report name) |
|---|---|---|---|---|---|
| | **Instruction**: For each row enter the total value for the current reporting period. If not tracked during the reporting period, enter "Not Tracked." | **Instruction:** For each row enter the total for current reporting period by referral source. Enter the number from DFPS and the number from SSCC. The DFPS and SSCC numbers should equal the total reported in total for current reporting period. Enter "0" if there were no referrals from a referral source during the reporting period.<br><br>**For example if the total for the current reporting period is 20 break it out by referral source like the following.**<br><br>**DFPS Total: 5 SSCC Total: 15** | **Instruction:** For each row enter a value, or if this is Provider's first Annual Report, Enter "N/A" | **Instruction:** Review the definition for each row and report the value using the row-specific definition shown in this column. | **Instruction:** For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked". |
| T3C Referrals received meeting criteria for Admission to this Service Package | | DFPS Total:<br><br>SSCC Total: | | Count of individual child referrals received where child met criteria for this Service Package, regardless of acceptance or placement during reporting period. | |
| New T3C Child Admissions to this Service Package | | DFPS Total:<br><br>SSCC Total: | | Count of initial/ new admissions under this Service Package during reporting period. | |

| Metric/Measure | Total for Current Reporting Period | By source DFPS/SSCC | Value for Prior Reporting Period | Definition/Inclusion rules | Data Source (system and report name) |
|---|---|---|---|---|---|
| | **Instruction**: For each row enter the total value for the current reporting period. If not tracked during the reporting period, enter "Not Tracked." | **Instruction:** For each row enter the total for current reporting period by referral source. Enter the number from DFPS and the number from SSCC. The DFPS and SSCC numbers should equal the total reported in total for current reporting period. Enter "0" if there were no referrals from a referral source during the reporting period.<br><br>**For example if the total for the current reporting period is 20 break it out by referral source like the following.**<br><br>**DFPS Total: 5 SSCC Total: 15** | **Instruction:** For each row enter a value, or if this is Provider's first Annual Report, Enter "N/A" | **Instruction:** Review the definition for each row and report the value using the row-specific definition shown in this column. | **Instruction:** For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked". |
| T3C Children Placed in this Service Package | | DFPS Total:<br><br>SSCC Total: | | Count of all child in this Service Package at any point during reporting period. | |
| T3C Referrals Declined by Reason for Declining<br><br>**Instructions:** For each reason listed, enter the total number in the corresponding light blue box to indicate how many T3C referrals were declined for that reason during the current reporting period. | **Capacity unavailable in Recommended Service Package:** | **Capacity unavailable in Recommended Service Package:** *Example: 20 DFPS/10 SSCC in the light blue box below* | | For each reason listed, enter the total number in the corresponding light blue box to indicate how many T3C referrals for this Service Package were declined for that reason during the current reporting period. | |
| | | | | | |
| | **Insufficient Capacity for Sibling Group:** | **Insufficient Capacity for Sibling Group:** *Example: 20 DFPS/10 SSCC in the light blue box below* | | | |
| | | | | | |
| | **Unable to meet child's needs:** | **Unable to meet child's needs:** *Example: 20 DFPS/10 SSCC in the light blue box below* | | | |
| | | | | | |
| | **Recommended Service Package not offered:** | **Recommended Service Package not offered:** *Example: 20 DFPS/10 SSCC in the light blue box below* | | | |
| | | | | | |
| | **Child does not meet admission Criteria-Child Characteristics:** | **Child does not meet admission Criteria-Child Characteristics:** *Example: 20 DFPS/10 SSCC in the light blue box below* | | | |
| | | | | | |

| Metric/Measure | Total for Current Reporting Period | By source DFPS/SSCC | Value for Prior Reporting Period | Definition/Inclusion Rules | Data Source (system and report name) |
|---|---|---|---|---|---|
| | **Instruction**: For each row enter the total value for the current reporting period. If not tracked during the reporting period, enter "Not Tracked." | **Instruction:** For each row enter the total for current reporting period by referral source. Enter the number from DFPS and the number from SSCC. The DFPS and SSCC numbers should equal the total reported in total for current reporting period. Enter "0" if there were no referrals from a referral source during the reporting period.<br><br>**For example if the total for the current reporting period is 20 break it out by referral source like the following.**<br><br>**DFPS Total: 5 SSCC Total: 15** | **Instruction:** each row enter a value, or if this is Provider's first Annual Report, Enter "N/A". | **Instruction:** Review the definition for each row and report the value using the row-specific definition shown in this column. | **Instruction:** For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked". |
| T3C Discharges from this Service Package | | DFPS Total:<br><br>SSCC Total: | | Count of child placement exits from this Service Package during reporting period. | |
| T3C Placement Disruptions/Unplanned Moves from this Service Package | | DFPS Total:<br><br>SSCC Total: | | Count of child in this Service Package that experienced unplanned placement discharges more than 30 days prior to the Service Package Average Length of Stay and without a Continued Stay Review or Discharge Notice recommending a change to a Service Package that is not offered by the Provider. | |

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

Use the table below to report Annual T3C activity and outcomes. For any measure not tracked during the reporting period, enter "Not Tracked".

| Metric/Measure | Total for Current Reporting Period | By source DFPS/SSCC | Value for prior Reporting Period | Definition/ inclusion rules | Data source( system and report name) |
|---|---|---|---|---|---|
| | **Instruction**: For each row enter the total value for the current reporting period. If not tracked during the reporting period, enter "Not Tracked." | **Instruction:** For each row enter the value for the current reporting period or enter "Not Tracked" and identify the applicable source DFPS/SSCC. | **Instruction:** For each row enter value, or if this is Provider's first Annual Report, Enter "N/A". | **Instruction:** Review the definition for each row and report the value using the row-specific definition shown in this column. | **Instruction:** For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked". |
| Foster Homes offering to accept new admissions to this Service Package during this reporting period | | | | Count of individual Foster Homes that offered to accept at least one new admission to this Service Package during the reporting period. | |
| Foster Homes that accepted at least one new T3C child placement to this Service Package during this reporting period | | | | Count of individual Foster Homes that accepted at least one new T3C child placement to this Service Package during the reporting period. | |
| Foster Homes that had at least one T3C discharge from this Service Package during this reporting period | | | | Count of individual Foster Homes that had at least one T3C discharge from this Service Package during the reporting period. | |
| Number of Foster Homes Credentialed for this Service Package during the reporting period. | | | | Count of individual Foster Homes Credentialed to provide this Service Package during the reporting period. | |

## 1.3 Length of Stay and Continued Stay Reviews

| Metric/Measure | Value for Current Reporting Period | Value for Prior Reporting Period | Method/Definition | Data Source (system and report name) | Notes/ Drivers |
|---|---|---|---|---|---|
| | **Instruction:** For each row enter the calculated value for the current reporting period. | **Instruction:** For each row enter a value, or if this is Provider's first Annual Report, Enter "N/A" | **Instruction:** Review the methodology and definition for each row and report the value using the row-specific definition shown in this column. | **Instruction:** For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked". | **Instruction:** If applicable, for each row enter additional information to support reporting. |
| Average Length of Stay in this Service Package (days) | | | Total days from placement to discharge for all children discharged from this Service Package during the reporting period, divided by the number of children discharged from this Service Package during the reporting period. | | |
| Average length of stay for all children served and not discharged in this Service Package during the report period (days) | | | Total days during the reporting period that children were served in this Service Package, divided by the total number of children who remained in the Service package through the final day of the reporting period. Do not include children with a discharge during the reporting period. | | |
| Number of Continued Stay Reviews completed for children in this Service Package | | | Count of Continued Stay Reviews completed with all required signatures for children served in this Service Package during the reporting period. | | |
| Do you currently track the number completed Continued Stay Reviews for children in this Service Package that were sent to the Caseworker/Case manager within 15 business days?<br><br>**Instruction:** Select **Yes** or **No**. | | | | | |
| Do you currently track the number of completed Continued Stay Reviews that identify a child required a change of Service Package?<br><br>**Instruction:** Select **Yes** or **No**. | | | | | |

## 2. Aftercare and Evidence-Informed Treatment Model Outcomes

This section collects information on Aftercare Services and Evidence Informed Treatment Model Outcomes following a child/youth's discharge from a placement where they were served under this Service Package 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 | Value for Current Reporting Period | Value for Prior Reporting Period | Method/Definition | Data Source (system and report name) | Notes/drivers |
|---|---|---|---|---|---|
| | **Instruction**: For each row enter the calculated value for the current reporting period. | **Instruction:** For each row enter value, or if this is Provider's first Annual Report, enter N/A. | **Instruction:** Review the methodology and definition for each row and report the value using the row specific definition shown in this column. | **Instruction:** For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked". | **Instruction:** If applicable, for each row enter additional information to support reporting. |
| T3C Discharges from this Service Package during this reporting period that require Aftercare | | | Count of children discharged from this Service Package that required Aftercare during the reporting period. | | |
| Children that had twice-monthly Aftercare contacts completed | | | Count of children in this Service Package that had twice-monthly Aftercare contacts during the reporting period. | | |
| Children that successfully completed all 6 months of Aftercare | | | Count of children discharged from the Service Package that required Aftercare, when there was successful contact with subsequent placement at least twice a month for 6 months, with the final month of Aftercare occurring during the Reporting Period. | | |
| Do you have the ability to track if children experienced a subsequent placement change during 6 months of Aftercare? **Instruction:** Select **Yes** or **No** | | | | | |
| Do you have the ability to track that twice-monthly Aftercare contacts were completed? **Instruction:** Select **Yes** or **No** | | | | | |
| Are referrals for continued services in the home or community documented? **Instruction:** Select **Yes** or **No** | | | | | |

| **Notes (optional):** Provide any additional Aftercare-related information relevant to this reporting period; this could include successes, effective practices, barriers impacting service delivery or other notable updates. | |
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## 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 Service Package 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 Service Package during the reporting period. Complete the table below to report current staffing levels and workload distribution.

### 3.1 Staffing Snapshot for Substance Use Support Services(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 | Providers Ratios/Coverage Goal (if applicable) | 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, enter the provider ratios or coverage goal for this position 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. |
| Licensed Child Placing Agency Administrator | | | | | |
| T3C Program Director | | | | | |
| T3C Treatment Director | | | | | |
| T3C Case Manager | | | | | |
| Crisis Management Staff | | | | | |
| Education Liaison | | | | | |
| T3C Intake/Placement | | | | | |
| Licensed Chemical Dependency Counselor or Qualified Credentialed Counselor | | | | | |
| Foster Family Home Caregiver Recruitment and Retention | | | | | |
| Staff Training and Workforce Development | | | | | |
| Aftercare Services Planning and Case Management | | | | | |
| Continuous Quality Improvement for Program | | | | | |
| Billing, Cost Reporting and Claims Administration | | | | | |
| Cross-System Coordination | | | | | |
| Staff Recruitment and Retention | | | | | |

| **Notes (optional):** Provide any additional staffing-related information relevant to this reporting period; this could include successes, effective practices, workforce improvements, staffing challenges, barriers impacting service delivery or other notable updates that DFPS should be aware of. | |
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## 4. Continuous Quality Improvement Process

This section collects information about the Continuous Quality Improvement (CQI) process used during the reporting period to evaluate this Service Package, 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.on.

### 4.1 CQI Oversight and Review Structure

| CQI Component | Value for Current Reporting Period | Notes (optional) |
|---|---|---|
| Staff role responsible for CQI oversight<br><br>**Instruction:** Enter the staff position responsible for CQI oversight. | | |
| For this Service Package were CQI review meetings conducted during the reporting period?<br><br>**Instruction:** Select **Yes** or **No**. | | |
| **Data Sources used in CQI Review**<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 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** | |
| | **Service Package 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** | |
| | **Service Package 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 Yes provide CQI Participant in Notes)** | |