# T3C Annual Report Workbook

## Purpose

This report is intended to capture operational capacity, utilization, and outcome information for each Service Package provided during the reporting period.

## Instructions

This report is organized by one Service Package on each tab.

Complete only the tabs for service packages that the Child Placing Agency (CPA) held an Active Full Credential for during the reporting period. The reporting period begins on the first day of the month when the provider received its first Active Full Credential (or when the previous Annual Report was due) and ends on the last day of the month before the current Annual Report is due.

Each Service Package tab includes:

- Section specific instructions that identify the information required for each section and how it should be reported.
- Blue fillable fields for entering information or selecting a response from a drop down menu where provided.
- Red outlined fields that identify required information and must be completed before submission.

**"Not Tracked"** is an option in some reporting fields. Entering it indicates the Provider did not track the requested information during the current reporting period. Due to T3C's iterative development, reporting requirements and options may be revised in future reporting periods. The T3C System Blueprint should be used to identify all applicable tracking requirements.

**"N/A"** is an option in some reporting fields only during the Provider's first annual reporting period.

**IMPORTANT-Adobe PDF Requirements** *(Required reporting documents are provided as Adobe PDF Forms.)* Before completing this report:

1. Download all required PDF forms.
2. Save the forms to your computer.
3. Open the saved report using Adobe Acrobat Reader. (Adobe Acrobat Reader is available free of charge from Adobe.) Do not complete the form within your Internet browser, as some features may not function correctly.
4. Enter information only in the light blue shaded reporting fields throughout the report.
5. Fields outlined in red are required and must be completed before the report can be finalized.
6. Save your work to your computer periodically while completing the report.

Review each applicable tab and complete all required information. Once all applicable tabs for the Provider's Active Full Credential Service Packages are complete, attach the report to an email and send it to DFPST3CAnnualReports@dfps.texas.gov.

## Provider Details

| | |
|---|---|
| **Legal Name of CPA** | |
| **DBA Name (if applicable)** | |
| **CPA Permit/ License Number** | |
| **T3C Active Full Credential Expiration Date** | |
| **CPA Primary Contact for T3C Annual Report** | |
| **Report Prepared by/ Contributors** | |
| **Number of Active Full Credential(s) Held for This Permit** | |

## Capacity, Service Area and Contracts

| Catchment Area(s) Contracted to Serve (Select all applicable regions) | | | |
|---|---|---|---|
| | ☐ 1-Saint Francis | ☐ 6A-Texans Together | ☐ 8B-Belong |
| | ☐ 2-2Ingage | ☐ 6B-Texans Together | ☐ 9-DFPS |
| | ☐ 3W-OCOk | ☐ 7A-DFPS | ☐ 10-DFPS |
| | ☐ 3E-Empower | ☐ 7B-DFPS | ☐ 11A-DFPS |
| | ☐ 4-4KIDS4Families | ☐ 8A-Belong | ☐ 11B-DFPS |
| | ☐ 5-Texas Family Care Network | | |

| CPA Contract Number if Provider currently Contracts with DFPS | |
|---|---|

## 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 "Not Tracked."

### 3.1 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>**For example if the total for the current reporting period is 20 break it out by referral source like the following.**<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 one or more of Provider's Active Full Credentials | | DFPS Total: _____<br>SSCC Total: | | Count of individual child referrals received where child met criteria for a T3C Service Package, regardless of acceptance or placement during reporting period. | |
| T3C Child Admissions | | DFPS Total: _____<br>SSCC Total: | | Count of individual children newly placed and admitted to a T3C Service Package during reporting period. | |
| T3C Children Placed | | DFPS Total: _____<br>SSCC Total: | | Count of all children in a T3C Service Package at any point 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. **For example if the total for the current reporting period is 20 break it out by referral source like the following. 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 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. If the data is not tracked enter "Not Tracked". | **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 were declined for that reason during the current reporting period. If the data is not tracked enter "Not Tracked". | |
| | | | | | |
| | **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* | | | |
| | | | | | |
| T3C Discharges | | DFPS Total:<br><br>SSCC Total: | | Count of child placement exits from a T3C Service Package during reporting period. | |
| T3C Placement Disruptions/ Unplanned Moves | | DFPS Total:<br><br>SSCC Total: | | Count of children in a T3C Service Package with an unplanned discharge more than 30 days before the average length of stay, without a Continued Stay Review or Discharge Notice recommending Service Package not offered by the Provider. | |