GRO T3C Annual Reports

T3C PMO Office

Annual Reports 101: What You Really Need To Know

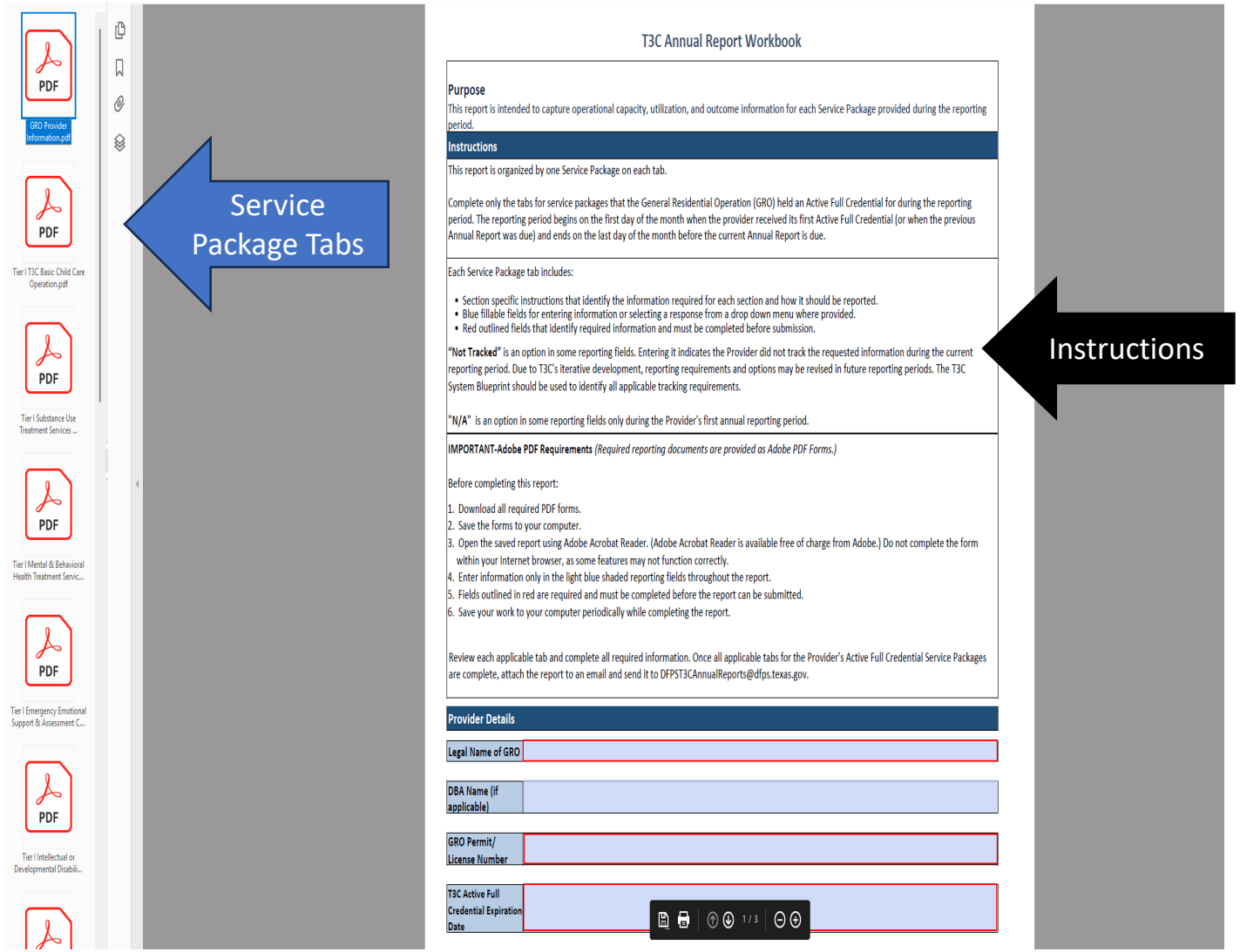
THE ANNUAL REPORT IS DUE ANNUALLY DURING THE MONTH IN WHICH THE PROVIDER'S FIRST ACTIVE FULL CREDENTIAL WAS AWARDED.

THE ANNUAL REPORT IS COMPLETED IN ADOBE PDF FORMAT.

IF ADOBE READER IS NOT INSTALLED, DOWNLOAD IT HERE: HTTPS://GET.ADOBE.COM/READER/

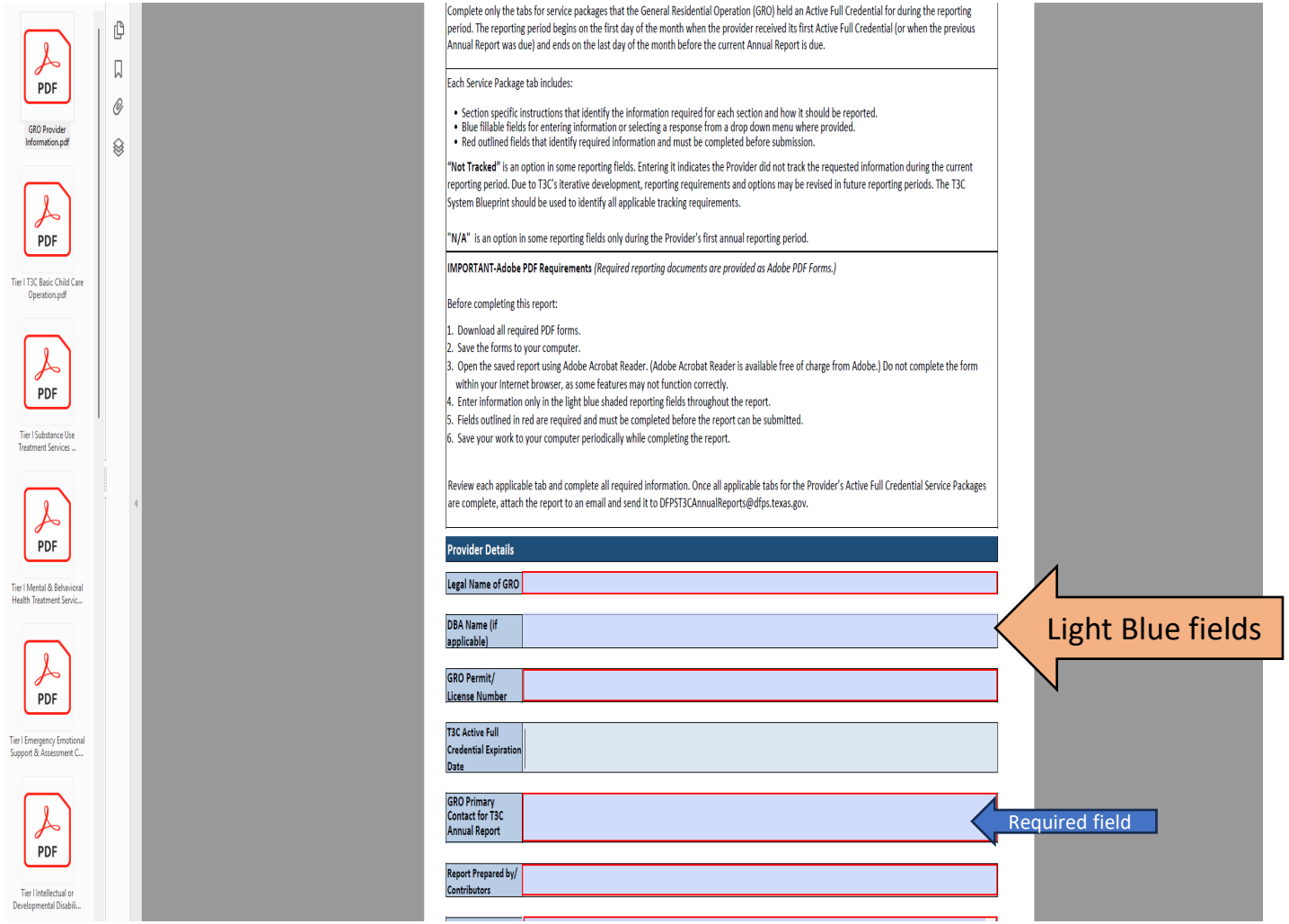
Annual Report Workbook Overview

Each Service Package has its own PDF workbook. Complete only the workbook(s) for the service package(s) in which your agency/operation held an Active Full Credential during the reporting period.



Annual Report Workbook Overview

- Review the instructions on the first page before completing the workbook.
- Light blue fields identify where information may be added.
- Red outlines identify **<u>required</u>** fields that must be completed before the report can be submitted.

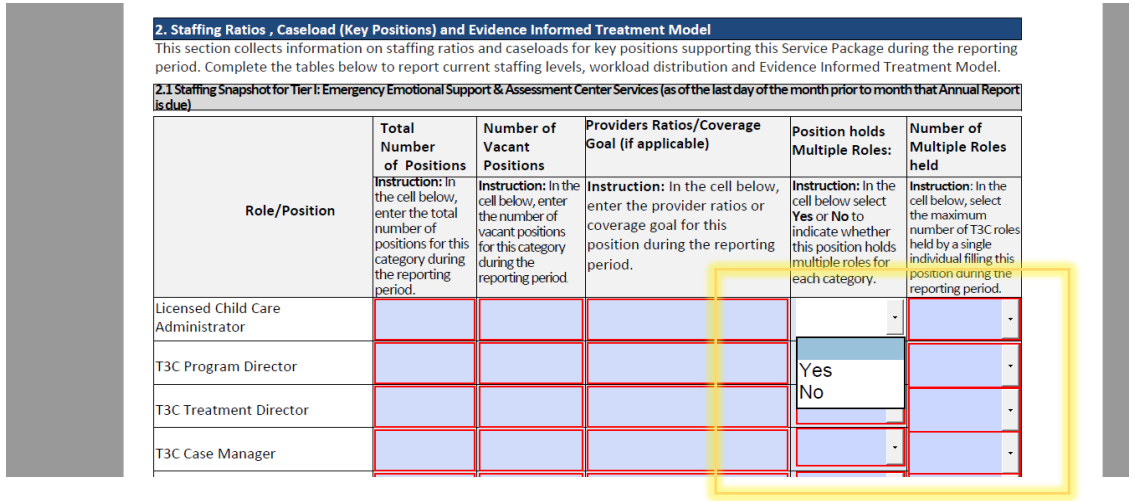


Completing Reporting Fields

- **Data Entry Fields**
  Enter the requested information directly into the applicable field

- **Yes/No Selections**
  Some fields require a Yes or No selection, from a drop-down menu.

- **Multiple Choice Selections**
  Select the applicable response from the drop-down menu.



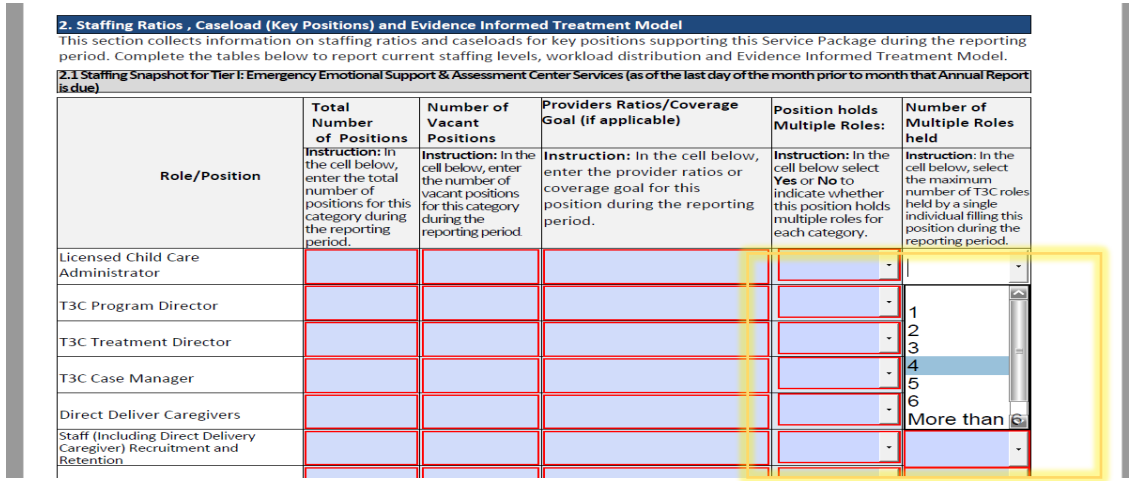
2. Staffing Ratios , Caseload (Key Positions) and Evidence Informed Treatment Model

This section collects information on staffing ratios and caseloads for key positions supporting this Service Package during the reporting period. Complete the tables below to report current staffing levels, workload distribution and Evidence Informed Treatment Model.

2.1 Staffing Snapshot for Tier I: Emergency Emotional Support & Assessment Center Services (as of the last day of the month prior to month that Annual Report is due)

Role/Position	Total Number of Positions **Instruction:** In the cell below, enter the total number of positions for this category during the reporting period.	Number of Vacant Positions **Instruction:** In the cell below, enter the number of vacant positions for this category during the reporting period.	Providers Ratios/Coverage Goal (if applicable) **Instruction:** In the cell below, enter the provider ratios or coverage goal for this position during the reporting period.	Position holds Multiple Roles: **Instruction:** In the cell below select **Yes** or **No** to indicate whether this position holds multiple roles for each category.	Number of Multiple Roles held **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 Care Administrator					
T3C Program Director					
T3C Treatment Director					
T3C Case Manager					

Yes
No



2. Staffing Ratios , Caseload (Key Positions) and Evidence Informed Treatment Model

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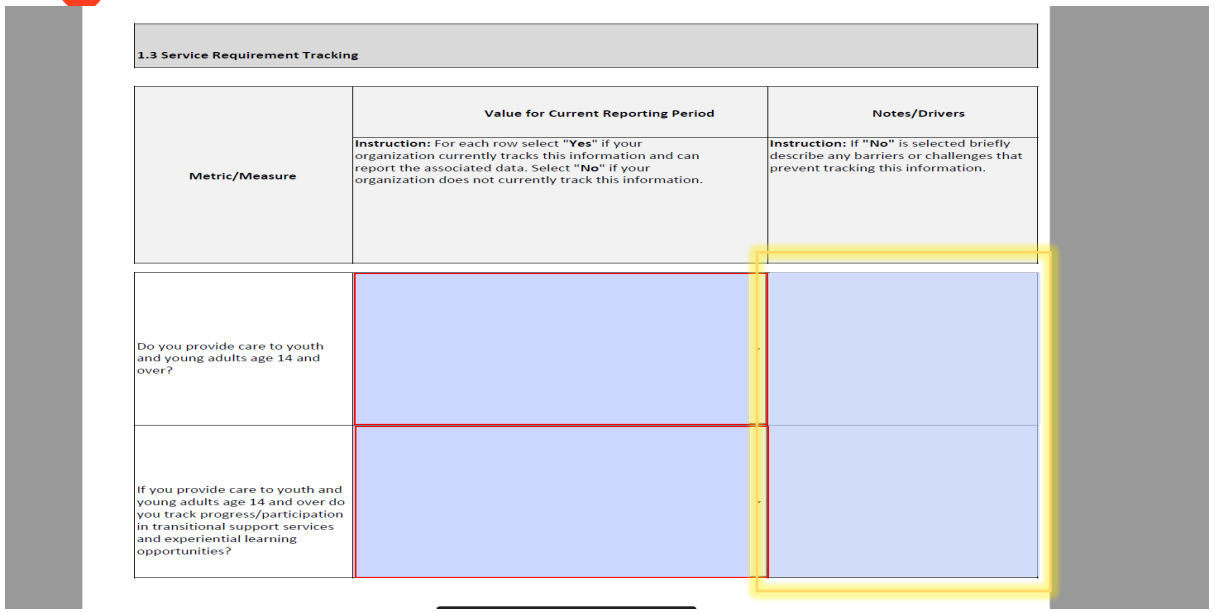
Licensed Child Care Administrator					
T3C Program Director					
T3C Treatment Director					
T3C Case Manager					
Direct Deliver Caregivers					
Staff (Including Direct Delivery Caregiver) Recruitment and Retention					

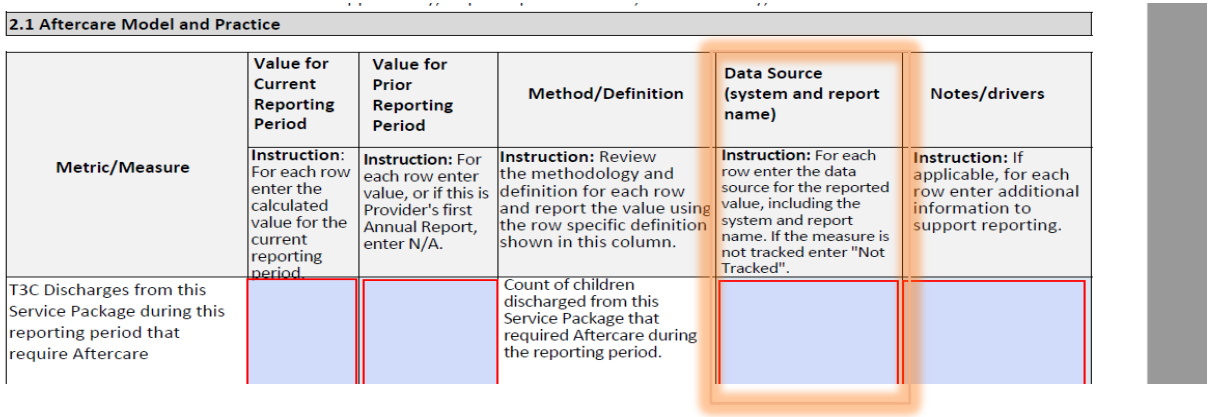
1
2
3
4
5
6
More than 6

Completing Notes and Data Source Fields



1.3 Service Requirement Tracking

Metric/Measure	Value for Current Reporting Period	Notes/Drivers
	Instruction: For each row select **"Yes"** if your organization currently tracks this information and can report the associated data. Select **"No"** if your organization does not currently track this information.	**Instruction:** If **"No"** is selected briefly describe any barriers or challenges that prevent tracking this information.
Do you provide care to youth and young adults age 14 and over?		
If you provide care to youth and young adults age 14 and over do you track progress/participation in transitional support services and experiential learning opportunities?		



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.		

Notes:

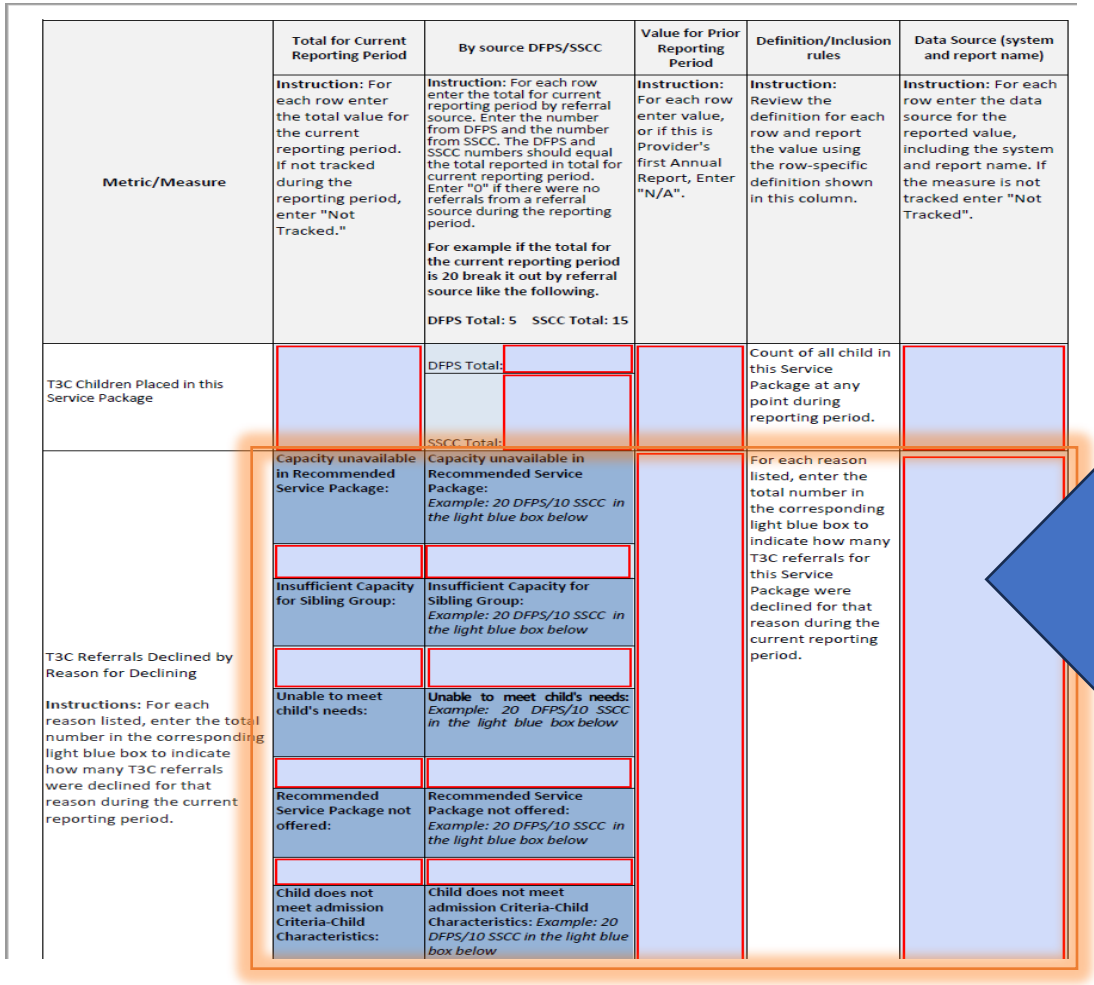
Notes sections are included throughout the forms and contain instructions specific to each section. Review the instructions carefully to determine what required or optional information should be entered.

Data Source:

When a Data Source is requested, identify where your organization maintains the Provider specific data being reported. Include the system used to track the data and the name of the report used to obtain the requested information.

Completing Multi-Part Reporting Fields

- Review each row carefully, as multiple types of information may be requested within the same row.
- Complete each applicable field across each row, including any additional information requested.
- Reference the instructions within a table for the specific information required.

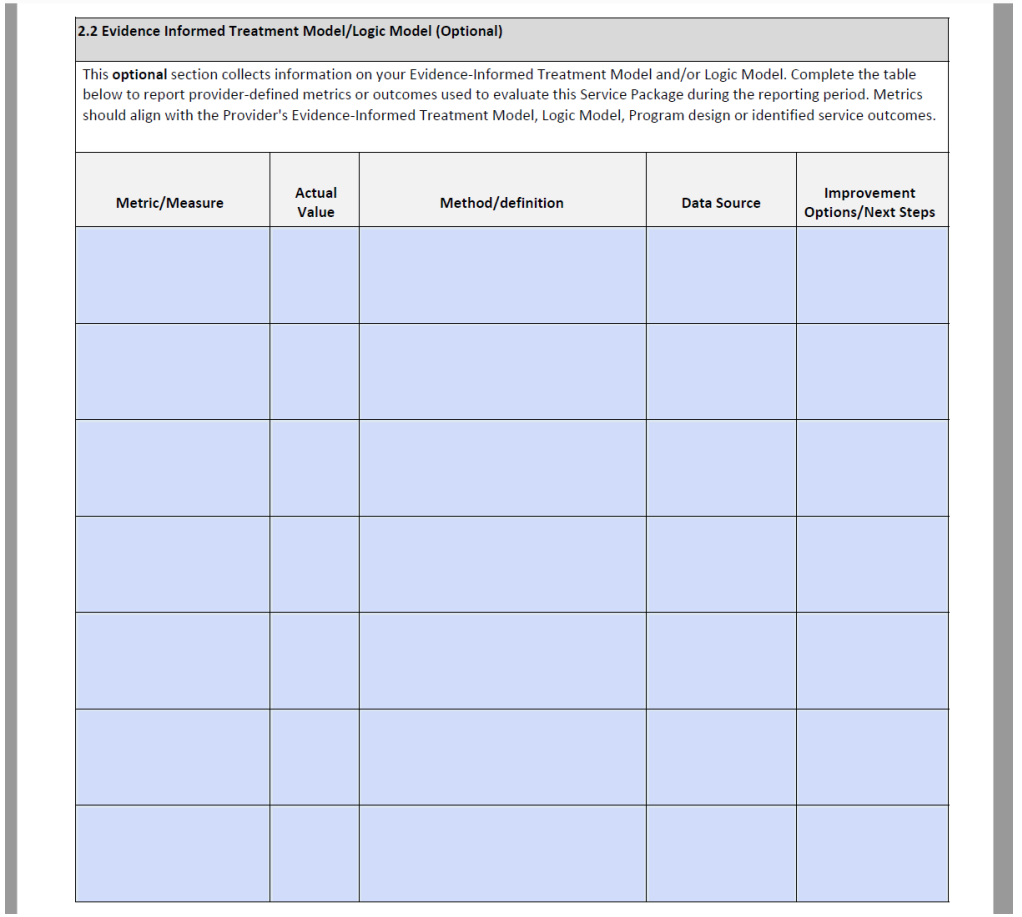


Metric/Measure	Total for Current Reporting Period	By source DFPS/SSCC	Value for Prior Reporting Period	Definition/Inclusion rules	Data Source (system and report name)
	Instruction: For each row enter the total value for the current reporting period. If not tracked during the reporting period, enter "Not 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 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: SSCC Total:		Count of all child in this Service Package at any point during reporting period.	
T3C Referrals Declined by Reason for Declining **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*			

Multiple fields may relate to the same metric.

Evidence Informed Treatment Model

- This section is optional.
- Use this section to provide information about your Evidence Informed Treatment Model/Logic Model.
- Report any outcomes or positive results associated with the model.
- Include information that demonstrates the impact or effectiveness of the model, when available.

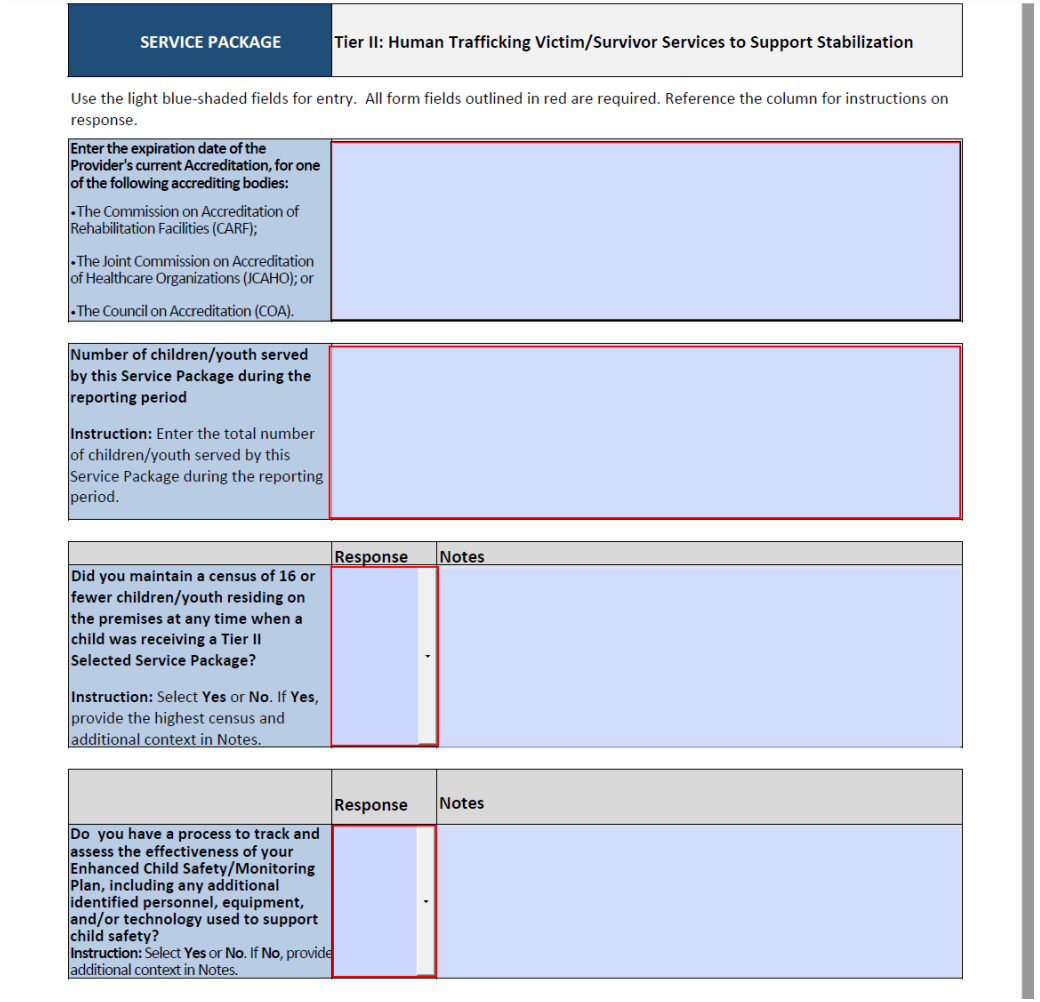


2.2 Evidence Informed Treatment Model/Logic Model (Optional)

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

Tier II Overview



SERVICE PACKAGE	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization

Use the light blue-shaded fields for entry. All form fields outlined in red are required. Reference the column for instructions on response.

Enter the expiration date of the Provider's current Accreditation, for one of the following accrediting bodies: •The Commission on Accreditation of Rehabilitation Facilities (CARF); •The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or •The Council on Accreditation (COA).	

Number of children/youth served by this Service Package during the reporting period **Instruction:** Enter the total number of children/youth served by this Service Package during the reporting period.	

	Response	Notes
Did you maintain a census of 16 or fewer children/youth residing on the premises at any time when a child was receiving a Tier II Selected Service Package? **Instruction:** Select **Yes** or **No**. If **Yes**, provide the highest census and additional context in Notes.		

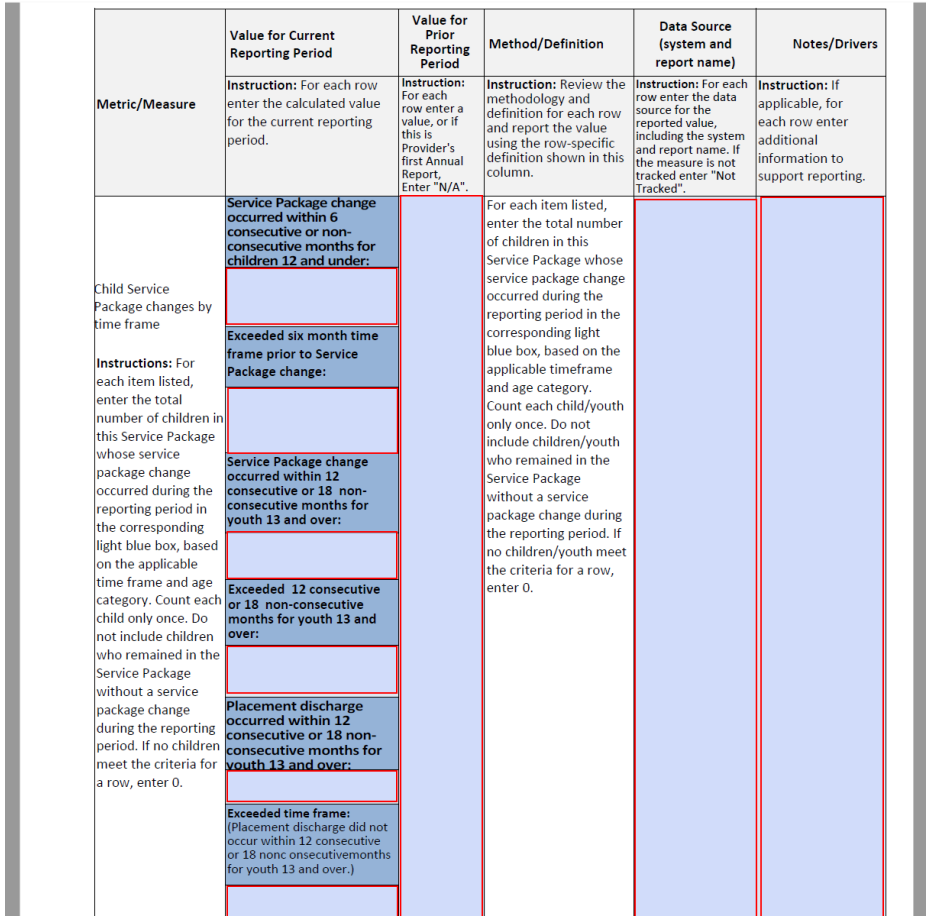
	Response	Notes
Do you have a process to track and assess the effectiveness of your Enhanced Child Safety/Monitoring Plan, including any additional identified personnel, equipment, and/or technology used to support child safety? **Instruction:** Select **Yes** or **No**. If **No**, provide additional context in Notes.		

Before Completing Tier II reporting sections, have the following information available:

- Accreditation information, including accreditation type and expiration date.
- Census information for the applicable Service Package, during the reporting period.

Completing Tier II Reporting

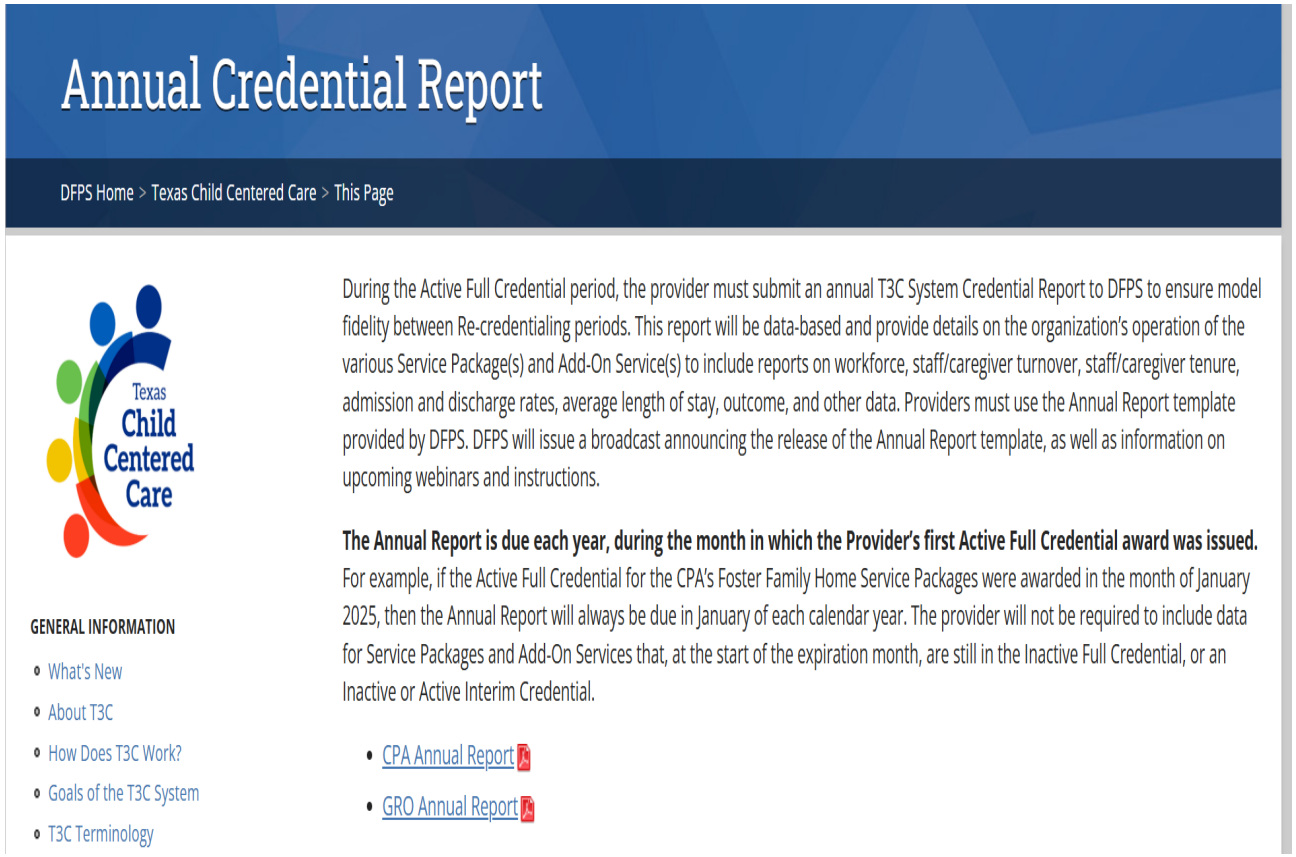
- Review each row carefully, as multiple types of information may be requested within the same row.
- Complete each applicable field across each row, including any additional information requested.
- Reference the instruction within a table for the specific information required.



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.
Child Service Package changes by time frame **Instructions:** For each item listed, enter the total number of children in this Service Package whose service package change occurred during the reporting period in the corresponding light blue box, based on the applicable time frame and age category. Count each child only once. Do not include children who remained in the Service Package without a service package change during the reporting period. If no children meet the criteria for a row, enter 0.	**Service Package change occurred within 6 consecutive or non-consecutive months for children 12 and under:** **Exceeded six month time frame prior to Service Package change:** **Service Package change occurred within 12 consecutive or 18 non-consecutive months for youth 13 and over:** **Exceeded 12 consecutive or 18 non-consecutive months for youth 13 and over:** **Placement discharge occurred within 12 consecutive or 18 non-consecutive months for youth 13 and over:** **Exceeded time frame:** (Placement discharge did not occur within 12 consecutive or 18 nonc onsecutivemonths for youth 13 and over.)		For each item listed, enter the total number of children in this Service Package whose service package change occurred during the reporting period in the corresponding light blue box, based on the applicable timeframe and age category. Count each child/youth only once. Do not include children/youth who remained in the Service Package without a service package change during the reporting period. If no children/youth meet the criteria for a row, enter 0.		

Annual Report Location

Annual Reports are available on the DFPS T3C Webpage on the Annual Credential Report page and are also included on the "What's New" page.



Report Submission

Once complete save your Annual Report with your Legal Name and Permit Number ex. SampleProvider_762234

Submit your completed Annual Report to the DFPS T3C Annual Reports mailbox: DFPST3CAnnualReports@dfps.texas.gov

Questions or Assistance

FOR QUESTIONS OR ASSISTANCE WITH THE ANNUAL REPORT, CONTACT: DFPST3CANNUALREPORTS@DFPS.TEXAS.GOV

PLEASE ALLOW UP TO **48 BUSINESS HOURS** FOR A RESPONSE.

Thank You

Thank you for attending. We look forward to working with you throughout the Annual Report Process.