

T3C READY



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**FY 2024 T3C Grant Project
Final Report ► November 2024**

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Introduction

The Texas Department of Family and Protective Services (DFPS) defines the Texas Child Centered Care System (T3C) as follows:

Texas Child Centered Care (T3C) is the project to define the foster care service continuum, the methodology that goes into calculating the cost of foster care, and collectively establishing a new foster care system in Texas. Defining, purchasing, and reimbursing providers based on individual service packages (as opposed to using a child leveling system) represents a new way of doing business in the Texas foster care system.¹

The shift to T3C will require substantial changes to provider operations in Texas. The Texas Legislature appropriated money for provider transition grants to support providers in making the needed changes. Through Community Based Care (CBC), the SSCCs have historically worked closely with providers to build much-needed capacity for Texas children. Given both the opportunities and challenges in moving to T3C, the SSCCs proposed to DFPS that the SSCCs administer the grants in both SSCC catchments and legacy areas to support provider transition to T3C. For ease of administration, the SSCCs agreed for funding to be awarded to one SSCC. ACH Child and Family Services (ACH) agreed to be the lead SSCC for the project and entered into a contract with the state to administer the FY 24 funds through a project named T3C Ready. All SSCCs provided support to the implementation and grant award process by providing up to three representatives each to be part of a SSCC Grants Administration Advisory Committee, which has met monthly throughout the FY 24 grant cycle.

The Texas Alliance of Child and Family Services (TACFS) has well-developed access, communication, and relationships with most providers in Texas. As the lead SSCC, ACH contracted with The Texas Center for Child and Family Studies (the Center), a supporting arm of TACFS, to develop and guide the T3C grant administration process and T3C grantee support. The Center has also worked with the SSCCs to create an infrastructure of support for the provider community which includes development of a T3C Readiness Assessment, T3C specific learning opportunities, webinars, and online self-paced tutorials.

Throughout the project, close partnership with DFPS has been a priority and has been critical to the success of the grant implementation. The DFPS T3C office has engaged in Readiness Workshops, Office Hours, a virtual mini conference for grantees, other specific learning opportunities, and T3C Ready leadership meetings throughout the process.

This final status report fulfills the requirement in the DFPS-ACH agreement for a report on the FY 24 grants due no later than December 1, 2024.

¹ https://www.dfps.texas.gov/Texas_Child_Centered_Care/default.asp#what_is_t3c

Progress Report on Activities and Tasks

Activity/Task	Status	Date
Establishment of SSCC Advisory Committee	Complete, committee has been meeting at least monthly	Starting March 1, 2024, to current date
Project plan development	Complete	Submitted to DFPS on April 9, 2024
Draft grant solicitations, application, instructions	Complete	Submitted to DFPS on April 9, 2024
Approval of plan & solicitation by DFPS	Complete	Received May 3, 2024
Begin communication strategies	Ongoing	Beginning April 2024
Launch of T3C Ready website, Q&A re: grants	Complete	April 24, 2024
Publish grant solicitation	Complete	May 8, 2024
Solicitation open	Complete	May 8-May 24, 2024
Orient and train proposal scoring teams	Complete	Week of May 13, 2024
Scoring of applications	Complete	May 8-June 10, 2024
Awards notices & grant agreements distributed	Complete	June 18, 2024
Denial notices distributed	Complete	June 19, 2024
Funds distribution	Complete	June 27-July 17, 2024
Grant awardee orientations	Complete, four orientations held	Weeks of July 8 and July 15, 2024
Operations Grantees Mini-Conference	Complete	October 21, 2024
Collection of Budget Reporting data	Complete	November 4, 2024 (Additional audit of 20% of grantees underway)
Evaluation of Grant Impact	Complete	November 2024
Final Report	Complete	November 2024

Amount of Funding Disbursed & Provider Details

Grantees began returning grant agreements on June 18, 2024, and all paperwork was returned by grantees as of July 12, 2024. As paperwork was received from grantees, ACH processed the grant payments. The first grant payments were made June 27, 2024, and the final grant payment was made July 17, 2024. The total paid out in FY 2024 grants was \$5,728,324, exceeding the required disbursement amount of \$5,670,000 by \$58,324, at no additional cost to the State.

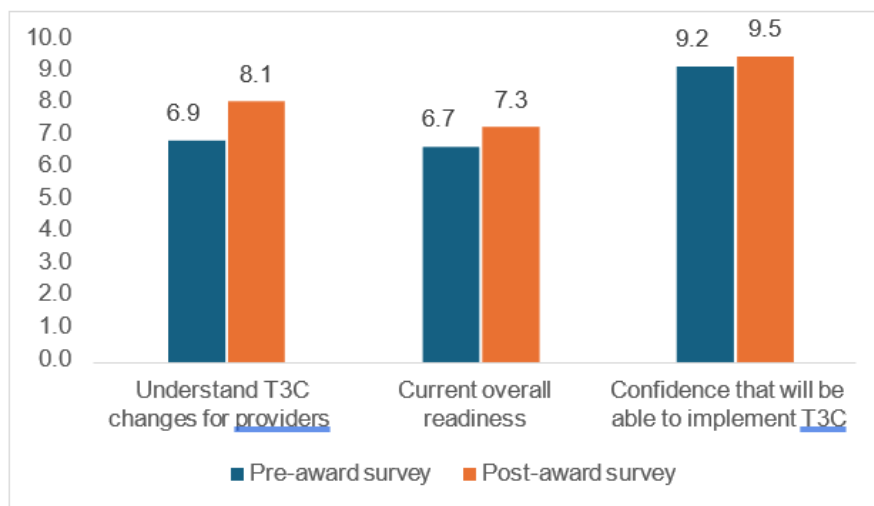
Appendix A (Detailed Provider Data) contains information regarding the 80 organizations that were grant recipients in FY 24. For each grantee, the table includes the provider's name, headquarters location, contracts held, service areas, funding objectives, intended service packages, award amount, and whether all funds have been encumbered or

expended to date. The data is broken into two groups: recipients of the Building Grants (up to \$20,000) and recipients of Operations Grants (up to \$150,000). Appendix B (Activities Associated with Funding Objectives) outlines the types of activities providers engaged in within funding objective categories.

Evaluation of Grant Impact

Grant recipients completed pre-award and post-award surveys to track changes in several readiness indicators. The pre-award surveys were completed in mid-July 2024 and the post-award surveys were completed in mid-October 2024.²

The chart below shows the changes in the average score (on a 1-10 scale) from pre-award to post-award on three concepts: understanding the changes that will happen for providers under T3C, current level of readiness to offer at least one service package, and confidence in their ability to successfully implement T3C in the future. The average score for each item went up from pre-survey to post-survey, even though the time frame between surveys was only three months, and even though only a few organizations had already expended all of their grant funding when the post-survey was distributed. The smallest change was seen in providers' confidence that they will be able to implement T3C in the future, which is to be expected since the pre-award average score was already very high, with little room to improve.



Operations grant recipients were also asked to identify, on a 1-10 scale, their current level of T3C readiness within *each specific category* that they received funding in.³ The table below shows the percentage increase in the average score from pre-survey to post-survey. The table breaks out the recipients into two groups: those who reported that they had already spent at least 50 percent of the funds they were awarded and those who reported that they had spent less than

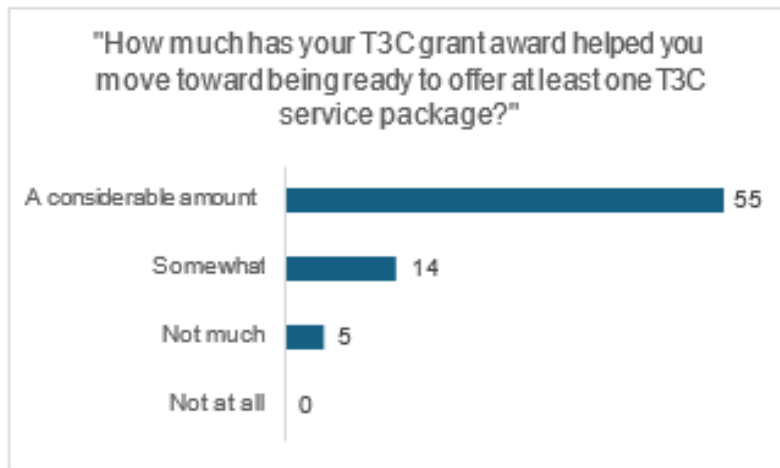
² One organization that received a building grant, Guardian's Promise, did not complete the post-award survey, despite many requests and reminders over several weeks from the T3C Ready team.

³ In every funding category, there were a handful of providers whose self-report of the categories they received funding in did not match from pre-survey to post-survey. Only providers whose pre and post-survey categories aligned are included in the calculations.

50 percent (at the point in time when they completed the post-award survey). The reason for this distinction is that providers who had used more of their funding might be more likely to have larger increases in their readiness than those who had not yet spent as much. That pattern held true in three of the categories: spending on IT systems, spending on data collection system, and spending on cost reporting systems. In the policies and procedures and training categories, there were small difference between those who had spent half their funds and those who had not, with those who had expended less of their funds showing slightly higher increases in readiness.

	Providers who spent at least half of funds	Providers who spent less than half of funds
Policies and procedures	3.8% increase	5.1% increase
Training	15.7% increase	16.4% increase
IT systems	36.4% increase	11.1% increase
Data collection systems	27.8% increase	13.7% increase
Cost reporting systems	6.6% increase	-3.6% decrease

Beyond looking at differences in how the grantees scored their readiness from pre-award to post-award, we also asked providers to tell us how the grant funding impacted their readiness. A large majority of providers indicated that their award moved their readiness forward by a considerable amount.



We followed up by asking grantees to tell us more, in their own words, about how the funding had advanced their readiness. In their open-ended comments, providers indicated that the grant funds provided critical support as they prepare for T3C implementation.

“The T3C grant funds have been instrumental in enhancing our agency's readiness for the next phase of implementation. These funds have allowed us to allocate resources strategically, enabling us to strengthen key areas that are crucial for moving forward.”

“Overall, the grant has empowered us to make informed decisions and progress in our implementation efforts.”

“Without [this grant] we would not be able to navigate these changes.”

“Working on all areas to get ready- this grant and funding has been key.”

“Receipt of T3C grand funding gave our agency the confidence to move forward with T3C readiness.”

Many providers’ comments explicitly referenced what they purchased with their grant funds and connected those purchases with an increase in organizational readiness. The table below contains direct quotes from providers about how their specific purchases affected their agencies.

<p>Policies and procedures (includes staffing, treatment models, clinical models, and CQI)</p>	<p><i>We feel the greatest contribution the grant has provided us is to be able to hire and train prior to transition, basically prior to receiving revised rates. This is critical for us to be truly ready to transition as an early adopter.</i></p> <p><i>The grant funds have eased the financial burden of updating and implementing our treatment model, contracting for CQI implementation, and training our staff.</i></p> <p><i>The T3C grant helped us to strengthen the implementation of treatment model!</i></p> <p><i>We have been able to use the grant to hire a consultant to help with the incorporation of our treatment model into our policies and help identify which procedures needed to be updated.</i></p> <p><i>Another major financial support with the grant is that it has allowed us to hire two night staff, to meet the required staff to child ratio. This was a major step towards meeting requirements and ensuring child safety and supervision at all times.</i></p>
<p>Training</p>	<p><i>The grant has enabled our staff to receive essential training, equipping them with the knowledge and skills required to meet T3C standards.</i></p> <p><i>These funds have been greatly appreciated. They have helped us to be able to set up trainings that will help with our service packages. We really appreciate the help!</i></p> <p><i>The T3C grant funds have significantly enhanced our operations... enabling us to implement an evidence-based, trauma-informed therapeutic treatment model. This advancement is essential to</i></p>

	<p><i>providing the highest level of care to the population we serve. Through the grant, we've also been able to have four staff travel for the needed training to become master trainers, equipping them with advanced skills to mentor and train staff in our organization.</i></p>
<p>IT and data collection systems</p>	<p><i>We needed an IT system that not only addressed case management but also tracked outcomes. We found that, which was a big start for us.</i></p> <p><i>With the funding, we upgraded our IT systems, ensuring we can securely manage data and streamline communication, which helps us stay compliant and efficient.</i></p> <p><i>We've used the funds to improve our technology infrastructure, allowing us to streamline communication and case management processes.</i></p> <p><i>We did not have any type of electronic data system before funding. Now, we have a data system that we are learning from and feel confident that we can be paperless by January 1, 2025.</i></p>
<p>Cost reporting systems</p>	<p><i>We developed a new accounting cost report system and trained our team on it to meet T3C standards. This training helps ensure our financial reporting is accurate and transparent.</i></p>

Value Add Activities

T3C Readiness Assessment Tool

Following the release of the DFPS T3C Blueprint on February 29, 2024, the Center began work on a Readiness Assessment Tool for the provider community. The T3C Readiness Assessment is an anonymous online tool that walks providers through the T3C service package requirements, as outlined in the Texas T3C System Blueprint, to help assess current readiness for T3C implementation. The Readiness Assessment Tool helps providers determine where to focus their efforts toward getting ready to offer specific T3C packages. After completing the assessment, providers receive a customized report summarizing their responses and identifying the areas where providers are meeting, partially meeting, and not yet meeting package requirements. The tool was introduced at a series of T3C workshops held across the state and virtually in April and May 2024. As of November 4, 2024, approximately 171 unique organizations have completed the assessment for at least one service package they intend to provide. A video orientation that guides providers on how to access and utilize the assessment tool is available on the [T3C Ready website](#).

T3C Readiness Workshops

In April and May 2024, the Center, in partnership with ACH and the SSCCs, conducted five half-day T3C workshops for current providers, both virtually and in person. The purpose of the workshops was to enable providers to better understand the many details related to T3C credentialing, to begin identifying specific credentialing levels to pursue for their programs, and to support their ability to plan for and implement needed changes. In addition to introducing the Readiness Assessment Tool, the agenda included a video featuring providers from other states who have been through similar changes, a session on using the Blueprint to guide credentialing, a capacity needs discussion with the SSCCs, Q&A with DFPS, and panel and tabletop discussions on aligning current business models with T3C. Each provider organization was allowed to bring 2-3 participants, depending on the location. In-person workshops were held in Houston, Ft. Worth, Lubbock, San Antonio, followed by one virtual workshop. A total of 606 participants attended across the five workshops. Workshop evaluation key findings were provided in the September 2024 Grant Status Report.

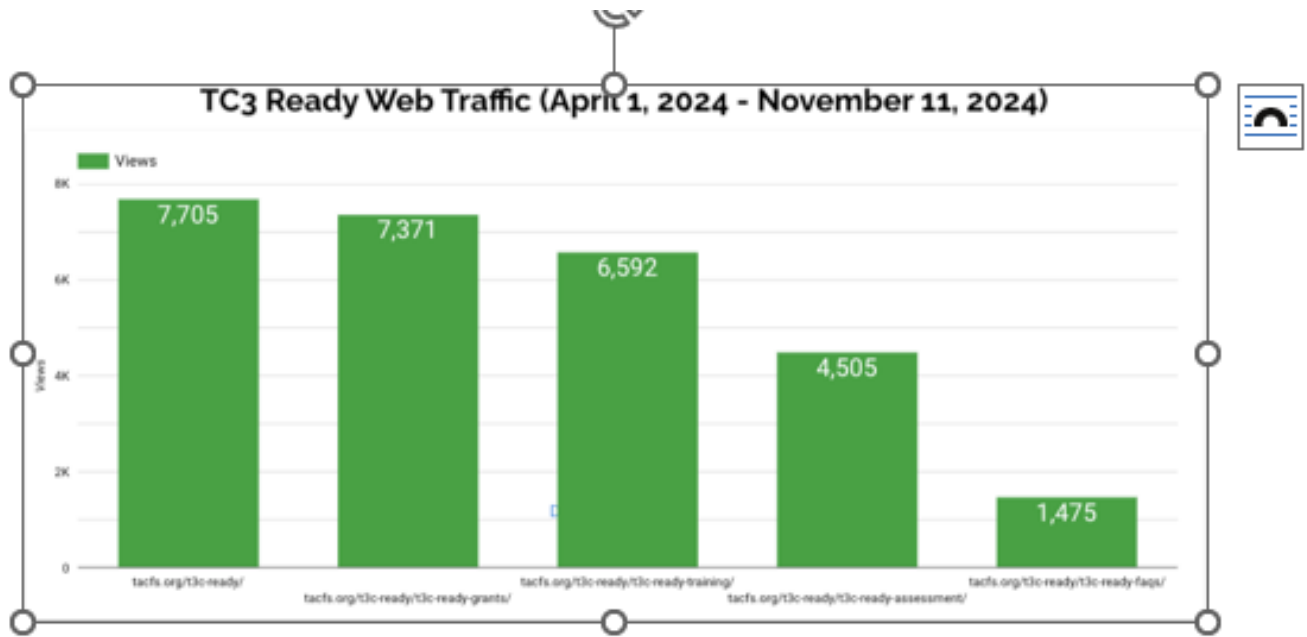
T3C Training Suite & Learning Opportunities

Ongoing work to identify, develop, and deliver training and learning opportunities is a critical part of the work to support preparation of the provider community for T3C. During calendar year 2024, the Center has collaborated with ACH, the SSCCs, and DFPS to identify training needs. DFPS has been actively engaged and a partner in a number of learning opportunities during this year. The following list includes trainings, workshops, webinars and learnings that have been delivered and are recorded and available for all providers in the TACFS Online Learning Center. All training, workshops, webinars, and online offerings are available to all providers, they need not be a member of TACFS. Attendance numbers listed below are for the actual live event excepting the Implementing and Embedding a Trauma-Informed Approach session, which is a self-guided online training. Offerings include:

- Continuous Quality Improvement Lab (monthly series, participant #s vary)
- Implementing and Embedding a Trauma-Informed Approach (122 unique enrollments)
- Creating Safe Spaces (Safe Spaces Design Concepts) (85 participants)
- Aftercare Programming Workshop (131 participants)
- Strengthening Residential Care: Treatment and Program Models (222 registrants)
- T3C Technology Needs & Considerations (116 participants)
- Understanding STAR Health (92 participants)
- T3C Office Hours Series (in partnership with DFPS, monthly series, participant #s vary)
- T3C Post Grant Learnings (114 participants)
- Mergers, Partnerships & Acquisitions (76 participants)
- Supports for Youth 14+ (79 participants)
- Continued Stay Guidelines and the CANS (37 participants)
- T3C Super Session at the Texas Child Care Administrators Conference (≈1,000 participants)

T3C Ready Website

The T3C Ready website is a tool created to communicate with providers about upcoming trainings, grant information, FAQs and everything T3C. The website also includes a video orientation to the T3C Readiness Assessment and access to the tool.



SSCC Grant Advisory Committee

The Advisory Committee serves as the primary entity advising the T3C Ready Initiative Leadership on matters impacting Texas providers' capacity to prepare for and be credentialed to serve in the T3C system. Its focus areas include Texas providers' training needs, financial needs, operational and internal needs, and new programming requirements in the T3 service array. The Advisory Committee ensures that all activities remain community-based care centered, child and family-focused, and provider supportive.

The Advisory Committee's objectives include:

- Advising on Texas providers' current status and changes that can impact T3C preparedness
- Contributing feedback to the development and implementation of the T3C grant roll out, monitoring and evaluation
- Providing input on communication plan for the T3C initiative
- Providing input on specific grant materials
- Providing input on reports to DFPS, and
- Participate in educating the provider community regarding T3C implementation.

As a part of the work of the SSCC Grant Advisory Committee the committee was surveyed to get their feedback on what worked well during the FY 24 grant process. Feedback was overwhelmingly positive including the following comments:

“Reaching consensus on important items and trying to ensure the most participation and most benefit for providers as possible.”

“Clear communication regarding grants, diverse scoring teams, lots of communication out to providers about availability of grants, able to link providers to other information regarding T3C.”

“Very organized and well structured.”

“I feel the communication was good and the application process was very user friendly.”

“The transparency and ability to provide honest feedback. The scoring system also seemed to work very well for our scorers.”

Lessons Learned

There are several key takeaways from the administration of grant funding and T3C Ready activities throughout 2024.

1. The financial assistance of the grant funding made a large impact on provider readiness.

The significant impact of the financial resource cannot be overstated. The transition grants have allowed organizations to engage in activities that are necessary to take the steps to serve in the T3C model.

In the open-ended comments section of the post-award surveys, many grantees expressed the theme that, without up-front funding to cover their readiness costs, they would not have been able to make progress toward the transition to T3C:

“The funding helped our agency build our infrastructure before the reimbursement at the available higher rates. We would not be able to ramp up without initial funds.”

“It allows us to move forward with T3C readiness months in advance of the time it would have taken to budget for the necessary expenses.”

“It has allowed us to add, and plan to add, needed pieces in order to be ready to apply for interim credentialing and beyond...without adding debt.”

“The funds allowed us to make quicker decisions and get the implementation started immediately instead of worrying about fundraising for new requirements.”

2. Providers’ knowledge and understanding of T3C requirements is highly varied.

There is a vast continuum in the understanding of the requirements of T3C. There continues to be a need to meet providers where they are in facilitating understanding around the T3C model, requirements, and processes. At the T3C

Super Session at the Texas Child Welfare Administrators' Conference, when asked what support and type of learning opportunities were needed in future T3C learnings, 54 percent (of 69 respondents) selected "Entry level T3C info/T3C 101" and 49 percent selected "Components of the T3C Blueprint". This underscores what we have been hearing anecdotally about a subset of providers who are only beginning to engage in thinking about T3C Readiness, while others are significantly underway on their organizational work. Smaller organizations may have more limited bandwidth to apply to the work needed to prepare for T3C. Further, as we think about new providers joining the community, it is critical to ensure that there are continued opportunities to support organizations getting up to speed on T3C. As the framework for credentialing, contract monitoring, and transition of children develops, easy access to information will continue to be important to the entire provider community. Based on lessons learned through the grant application and administration process, ongoing support for providers to successfully navigate the credentialing application process will also be needed.

3. Subject matter support is critical.

Attendance at T3C learnings, workshops, and office hours has been robust throughout the year. Providers need continued access to information on T3C associated topics that represent major changes in how they will do business, including continuous quality improvement, aftercare service provisions, treatment models, and developing policies and procedures that are trauma-informed and tailored to specific needs associated with the various T3C service packages. It is also important to note that DFPS has a robust process for identifying changes and making revisions needed to the T3C blueprint during this early implementation phase. These iterations are an important process in making timely adaptations to the model as needed, yet it can also be difficult for providers to keep up with the "latest version" being used. Ongoing education and peer learning will continue to be a need throughout the early implementation and transition process to support both newer providers getting started and more advanced providers working to keep operations current with most recent rules and requirements.

4. Improvements were made to the technical components of grant administration.

In addition to the above more global findings, there were some minor technical components of the grant administration where there were lessons learned. These were primarily associated with the application process, including phrasing or structure of grant application questions. We also identified places where the applicants could benefit from additional guidance, including the need to ensure all parts of uploaded forms were complete and that all required documents were uploaded (especially with regard financial documents), the need for specificity in project descriptions, and the need for consistency between the project budget and project description. After the first round of grants, a T3C Transition Grants Learning webinar was held in September 2024 to provide feedback to the provider community ahead of the release of the FY 25 RFA.

APPENDIX A: Activities Associated with Funding Activities

Examples of qualifying activities associated with the funding objectives

Policies and procedures consistent with selected primary models and targeted service package(s) the provider will be delivering.	
<i>Clinical models for GROs and CPAs</i>	Development and implementation of well-defined models for treating mental and behavioral health and/or an enhancement of their clinical model.
<i>Enhanced programming/treatment models</i>	Expanding program options and policies and procedures to align with T3C requirements. (e.g., 24-hour intake, respite and specialized respite, 24/7 crisis response, aftercare services, complex cross-system coordination, normalcy, readiness for adulthood, family finding, discharge planning, nursing, etc.) DFPS has a definition of treatment models that aligns closely with what Youth for Tomorrow (YFT) calls “program models.” Organizations may need support in developing a robust treatment model, policies, training, or support in implementing an existing treatment model.
<i>Quality assurance</i>	Systems, policies and procedures to evaluate and improve quality, demonstrate fidelity, predict results.
<i>Staffing</i>	Certain service packages have specific specialized staffing requirements that may warrant the hiring of new staff and associated policies and procedures. Grant funds could be used for salary. Providers would need to have a plan for sustainability until certification.
New targeted and upfront training for intake, case managers, directors, foster parents (if applicable), direct delivery staff (if applicable), etc. on new primary models/service packages and CANS 3.0 assessment tool and process.	
<i>Facility readiness</i>	Assessing ability of facilities to support delivery of service packages and supporting facilities improvements. (e.g., supervision/line of sight, anti-ligature features, security, durability, etc.)
<i>Training development</i>	Development of training on model/service packages and CANS 3.0 assessment tool and processes to support organizational transition.
Information Technology (IT) systems to support operating under the new service array.	
<i>Quality assurance</i>	IT system changes needed to evaluate and improve quality, demonstrate fidelity, predict results.
<i>Billing</i>	IT Systems needed to support billing and operating in new service array.
Data collection system to track and report changes.	
<i>Implementation, development, or refinement of new data systems</i>	Assessing current system against T3C requirements and implementing needed changes.
System to complete cost collection to populate a more robust cost report.	
<i>Changes to cost reporting</i>	T3C anticipates changes to cost reporting. Details have not been made available, but seeing requirements in T3C Blueprint may provide some key takeaways. HHSC also intends to have a mechanism (to be defined) to track foster home costs; this will be a new requirement that will need to be implemented by CPAs.