### **APPENDIX 1**

			OGRAM							
CAT Team Variation	Acres 11	PERS				A	1	1	гот	
(Select One)	Ages 11- 21			PSA eam		Ages 0- 10			FST eam	
Provider Name										
Contract Number										
Reporting Period	From					То				
Reporting Requirement	Target	•	This Mon	th	Q	uarter to D	)ate	١	fear to Da	ate
DELIVERABLE Number of Persons Served - Section D-2 (Minimum Numbers Apply to CAT Ages 11- 21 only) 1 <sup>st</sup> Month = 10 2 <sup>nd</sup> Month = 20 3 <sup>rd</sup> Month = 25 Thereafter = 30-35	Min per month									
MINIMUM PERFORMANCE MEASURES – Sec	tion XV	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
School, Preschool, and Daycare Attendance	80%									
Improved Level of Functioning, based upon CFARS, FARS, CANS, or alternative assessment	80%									
Living in a Community Setting	90%									
Improved Family Functioning based upon NCFAS-G+R, CANS, or alternative assessment	80%									
Notes: 1. Performance measures for CFARS/FARS, NCFAS, and CANS will become effective once the Provider discharges a minimum of 10 individuals. 2. Providers may use the space below to provide performance-related details affecting the delivery of services according to the specified targets. (Optional)										
ATTESTATION										
I hereby attest the information provided here	in is accura		-	-	ded in ac	cordance	with the	terms and	d conditio	ons of
this contract, and is supported by client docu Authorized Name and Title (please print)										
Signature						Date	9			

## **APPENDIX 2**

QUARTERLY SUPPLEMENTAL DATA REPORT CAT PROGRAM						
CAT Team Variation (Select One)	Ages 11-21	FFPSA Team	Ages 0-10	FST Team		

Provider Name			
Contract #			
Reporting Period	From	То	

		Individuals Di	verted from Out of H	Iome Placement		
			nts at risk of out of			
		me placement due				
Discharge Options	Child Welfare involvement	Residential mental health treatment	Juvenile Justice commitment	At admission, number of participants not at risk of out of home placement	Total This Quarter	Total Year to Date
Number of						
discharges removed						
from the home due						
to child welfare						
involvement						
Number of						
discharges admitted to a residential						
mental health						
treatment center						
Number of						
discharges						
committed to						
juvenile justice						
placement						
Number of						
discharges living in						
the community						
Totals						
Use the space below to provide any discussion of details affecting the delivery of services and supplemental data. (Optional)						
						/

## **APPENDIX 2 (CONTINUED)**

Gainful Activity for Individuals Not Enrolled in School or a Vocational Program					
Required Reporting	Total This Quarter	Total Year to Date			
Number of individuals served during the reporting period age 16 and					
older not included in the school attendance measure.					
Number of these individuals that engaged in at least one gainful activity during the reporting period.					
Use the space below to provide examples of the gainful activities these individuals engaged in during the reporting period.					

Individuals Waiting to Receive Services Wait list records are created by providers when an individual has been determined as eligible for services, but the provider is at maximum capacity and access is not immediately available. Verbal consent to services is part of eligibility determination.

Required Reporting	This Quarter	Year to Date
Total number of individuals eligible to receive services that have been waitlisted		
Average wait time for individuals eligible for services (in number of days spent on the wait list for services)		

ATTESTATION						
I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency.						
Authoriz	Authorized Name and Title (please print)					
Signature			Date			

# **APPENDIX 3**

CAT Return On Investment Quarterly Report					
Network Service Provider:					
Managing Entity:					
<b>Cumulative Fiscal Quarterly</b>					
Number	of Clients		Da	ys Involved	
			Act	ual Costs Per	Total Costs Per Quarter
		•		Day	
Clients Served in CAT					
Clients Discharged from CA					
Clients Discharged from CA	T who				
Remain in Community					
The Clients discharged fro	m CAT were di	verted from:	Co	osts Per Day	Annualized Cost
		1			Avoided
Diverted from				\$291.16	
Diverted from Ju			\$322.00		
Diverted from Psychiatric		\$657.79			
	dential (SIPP)				
Total Cost Avoidance					
ROI Differential (Tota					
Return on Investment Diff	erential (Divide			or the Quarter	
	<u> </u>	ATTESTATIO			
I hereby attest the information					
the terms and conditions of	this contract,			lient documen	ation records maintained
		by this agend	:у.		
Authorized Name and					
Title					
(please print)				Deta	
Signature				Date	