**APPENDIX 3**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CAT Return On Investment Quarterly Report** | | | | | | |
| **Network Service Provider:** | |  | | | | |
| **Managing Entity:** | |  | | | | |
| **Cumulative Fiscal Quarterly ROI Report):** | |  | | | | |
| **Number of Clients** | | | **Days Involved** | | |  |
| **Actual Costs Per Day** | | | **Total Costs Per Quarter** |
| **Clients Served in CAT** | |  |  | | |  |
| **Clients Discharged from CAT** | |  |  | | | |
| **Clients Discharged from CAT who Remain in Community** | |  |
| **The Clients discharged from CAT were diverted from:** | | | **Costs Per Day** | | | **Annualized Cost Avoided** |
| **Diverted from Child Welfare** | |  | $170 | | |  |
| **Diverted from Juvenile Justice** | |  | $223 | | |  |
| **Diverted from Psychiatric Residential (SIPP)** | |  | $478.04 | | |  |
| **Total Cost Avoidance** | | | | | |  |
| **ROI Differential (Total Cost Avoidance minus Total Cost for the Quarter)** | | | | | |  |
| **Return on Investment Differential (Divided by the Total Costs for the Quarter)** | | | | | |  |
| **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. | | | | | | |
| **Authorized Name and Title**  *(please print)* |  | | | | | |
| **Signature** |  | | | **Date** |  | |