SCOPE OF WORK - EXHIBIT A [2023-2024]

SECTION 1—Work Products

The Agency will provide mental health and substance abuse assessments, substance abuse treatment and mental health counseling to Lake Forest Park residents with incomes at or below 80% of the State Median Income or have extenuating circumstances that prevent them from paying the full cost for service.

The services will be provided through the Agency's Family Counseling Program, Substance Abuse Program and Family Support Program.

The Agency will maintain State and/or County certification for the quality of their services. The Agency will share the results of State and/or County reports that monitor their services with the City.

Outreach/prevention services are defined as non-client activities to faciliate services. This may include a one-time consult, referral and meeting with referral sources.

SECTION 2—Reporting

Outcomes

The Agency will report on the outcome of their services with each quarterly report. The outcomes are the same as those reported to United Way by the Agency for drug and alcohol treatment and mental health. Those include:

1. Client's use of alcohol/drugs will decrease at or before discharge.
2. Clients will show a reduction of symptoms.

Treatment

The Agency will also report with each quarterly report:

1. Identification number for each Lake Forest Park client
2. Date of service

SCOPE OF WORK - EXHIBIT A [2023-2024]

SECTION 2—Reporting

3. Type of service provided
4. Number and duration of sessions

Outreach/Referral

The Agency will describe this service in its report.

INVOICE FOR SERVICES - EXHIBIT C [2023-2024]

SECTION 1—Invoice

Payer:
City of Lake Forest Park
17425 Ballinger Way NE
Lake Forest Park, WA 98155
Attn: Community Volunteer Coordinator
(206) 957-2814

Payment to:
Center for Human Services
17018 15th Avenue NE
Shoreline, WA 98155
Agency Contact: Beratta Gomillion
(206) 362-7282

Billing Period:	**Total Quarter Request:**
Date submitted:	
Yearly Contract Amount	**$27,000**
Amount Billed this Report	
Amount Previously Billed	
Total YTD	
Contract Balance Remaining	

Payment Request For Services

Payment in the amount of $6,750 will be made to CHS each quarter, not to exceed $27,000 annually.

Service	Fee	This Request	Previous Request	YTD	Balance
Total					

Under penalty of perjury under the laws of the State of Washington, I swear and affirm that the information provided in this invoice is true and correct.

Printed Name: _____ **Title:** _____

Authorized Signature: _____ **Date:** _____

INVOICE FOR SERVICES - EXHIBIT C [2023-2024]

SECTION 2—<u>Service Report</u>

Agency: Center for Human Services

Reporting Dates: _____ to _____

	Client Identification Number	Services	Dates of Service	Number of Services Hours	Status
1.					
2.					
3.					
4.					
5.					
6.					

Service Summary Report - EXHIBIT C [2023-2024]

SECTION 3—Service Summary Report

Agency: Center for Human Services

Reporting Dates: _____ to _____

Service Numbers	Progress		Comments
	This Quarter	Year to Date (YTD)	
Individuals, couples and families receiving individual treatment			
Clients attending group sessions			
Intakes or assessments			
Percent of intakes or assessments resulting in treatment			
Outreach Referral (Describe)			

Outcome Measurement Criteria:

Outcome	Indicator	Measurement Tool
People addicted to alcohol/drugs are able to break their dependency	Client's use of alcohol/drugs will decrease at or before discharge	Before treatment and after treatment information obtained through self-reporting, UA results, and counselor assessment
Clients receiving mental health counseling will increase their emotional well-being	Clients will show a reduction in symptoms	Review of treatment plan

INVOICE FOR SERVICES - EXHIBIT C [2023-2024]

SECTION 3—Service Summary Report

Agency: Center for Human Services

Reporting Dates: _____ to _____

Outcome Results:

Drug and Alcohol Treatment	**This Quarter**	**Year to Date (YTD)**
Number of clients in this Outcome		
Number of clients that decreased or abstained from using alcohol or drugs		
Success Rate		
Target Success Rate		
Mental Health Treatment	**This Quarter**	**Year to Date (YTD)**
Number of clients in this Outcome		
Number of clients that show reduction in symptoms		
Success Rate		
Target Success Rate		
Totals		