### 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 B [2023-2024]**

# SECTION 1—<u>Invoice</u>

rayer.			rayment to.				
17425 Ballinger Way NE Lake Forest Park, WA 98155		Center for Human Services 17018 15th Avenue NE Shoreline, WA 98155					
					Agency Contact: Berat	ta Gomillion	
					(206) 957-2814		
Billing Period:			<b>Total Quarter Re</b>	quest:			
Date submitted:							
Yearly Contract Amount				\$27,000			
Amount Billed this Report							
Amount Previously Billed							
Total YTD							
Contract Balance Remaining							
Payment in the amount of \$6,7	50 will be mad			,000 annually.			
Service	Fee	This Request	Previous Request	YTD	Balance		
T		<del></del>	1				
		T	T T				
T		T	1				
T		T	T T				
Total							
Under penalty of perjury under provided in this invoice is true		he State of Washing	gton, I swear and affirm	that the informa	tion		
Printed Name:			Title:				
Authorized Signature:			Date:				

# INVOICE FOR SERVICES - EXHIBIT B [2023-2024]

# SECTION 2—Service Report

Agency:	Center	for	Human	Services
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**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 B [2023-2024]

## SECTION 3—Service Summary Report

Agency:	Center for Human Services
<b>Reporting Dates:</b>	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 B [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		