

**XXXX AGREEMENT OF CLINICAL OUTCOMES WITH
AGENCY NAME**

This agreement made and entered into on January 1, XXXX, by and between the RESOURCE BOARD and AGENCY NAME., is a supplement to the contract by and between the RESOURCE BOARD and AGENCY NAME, hereinafter referred to as AGENCY INITIALS, to provide Service Name.

The RESOURCE BOARD and AGENCY INITIALS agree that AGENCY INITIALS will evaluate, monitor and measure the following clinical goals as spelled out in their Request for Funding Proposal:

GOAL 1: 90% of clients will show improvement in mental health symptoms.

GOAL 2: 70% of clients will achieve one of their treatment goals within 6 sessions.

GOAL 3: 75% of clients will show improvement in relationships with family as evidenced by fewer conflicts.

AGENCY INITIALS will be responsible for reporting their mid-year clinical findings regarding these goals to the RESOURCE BOARD by August 15, XXXX and an annual report by February 15, XXXX for the period of January 1, XXXX to December 31, XXXX. Clinical Outcome Reports should be uploaded to the agency's Reports folder on CCRB's SharePoint portal.

These reports should include the number of St. Charles County children and youth served, the number of parents served, and/or the number of professionals served and a comparison of the clinical results to the goals stated above. Any variance below or above the stated goals should be explained.

Failure to provide this report in a timely manner would result in a violation of the contract between the RESOURCE BOARD and AGENCY INITIALS and may result in either the reduction of funding for this service or the elimination of funding for this service.

This contract constitutes the complete understanding of the parties hereto with respect to this subject matter and may be modified or amended only by a written instrument executed by the parties.

IN WITNESS WHEREOF, the parties hereunto set their hands:

AGENCY NAME

Community and Children's Resource Board

By: _____
Agency Representative

By: _____
CCRB Chair

Name: _____

Name: _____

Title: _____

Date: _____

Date: _____