XXX 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: _______________________________  By: _____________________________________
Agency Representative                                           CCRB Chair

Name: ____________________________  Name:  __________________________________
Title: _____________________________  Date: ___________________________________
Date: _____________________________