

# Attachment A: Services to Be Provided

Houston-Galveston Area Council / Juvenile Mental Health Services, CJD #26067-07  
 FY 2019

County: Fort Bend

**Notes and Directions:**

In the chart below, enter the # of units and cost to be contracted in each category of anticipated service. *These numbers will be used ultimately as deliverables for this project*, thus need to be *accurate*. Once completed and submitted to H-GAC, this document becomes a functional, executable part of your contract. Ensure that the number of units that you will be providing (# of assessments and/or # of counseling hours) are accurate, and that the costs entered reflect what will be invoiced.

The Overall Total does not have to match the limit exactly, so long as it does not exceed the amount of your contract.

If the Overall Total turns **red** it will be necessary to reduce the cost per assessment/counseling hour, or number of assessments/counseling hours.

Call 832-681-2515 or e-mail breann.stewart@h-gac.com for questions, concerns and comments.

**Complete the spreadsheet below to enter contracted amounts per category:**

<b>\$18,500.00</b> is your contract amount	Evaluations / Assessments			Counseling Services			
	Type	#	Cost per	# Hours* for Individual Therapy and Counseling	Average Cost per Hour	# Hours* for Group Therapy and Counseling	Average Cost per Hour per Individual
	Psych Assiessment	44.00	\$225.00				
	Follow Up Assessmen	86.00	\$100.00				
	Totals:	<b>\$18,500.00</b>			<b>\$0.00</b>		

\* to the nearest quarter-hour

Overall Total: **\$18,500.00**

**Notes from the county to H-GAC regarding numbers entered above:**