



MonDay CBCF
Vendor Evaluation

Vendor:
Date of Evaluation
Class:

To maintain program integrity, vendors are assessed regularly on their skills related to the delivery of treatment services.

Directions for Scoring: Vendor is assessed on each treatment delivery service item in its respective category using the following scale: **0-Needs Improvement, 1-Meets Expectation, 2-Exceeds Expectation.** Certain items may not be applicable to some employees and should reflect “NR” (non-ratable) in the column.

The procedure for scoring is as follows:

1. Rate each question by placing a checkmark in the appropriate column
2. Tally each column
3. Add the columns to come up with a total continuum score for the category

VENDOR ASSESSMENT

This assessment includes sitting in on groups, didactics and individual sessions, or watching video taped groups, didactics and individual sessions. Resident evaluations, review of client files, clinical supervision notes and staff participation in clinical meetings are also used to assess a vendor’s overall performance.

A. Skills: Assessment of the vendor’s ability to deliver drug and alcohol and/or mental health services to the residents to include: group & individual counseling, use of treatment manuals and cognitive behavioral counseling techniques. Vendors are also assessed on their communication skills and interpersonal characteristics. Vendor’s are measured by direct observation, demonstration of how to use the manuals, review written documentation supporting cognitive interventions and resident surveys.

Observation Dates:

GROUP AND CLASS PREPARATION	2	1	0
1. Arrives to the group/class knowing what skills will be taught			
2. Arrives to the group/class knowing what homework will be reviewed			
3. Arrives to the group/class knowing what activities will occur			
4. Arrives to the group/class knowing what homework will be given			
5. Arrives to group knowing which treatment plans will be reviewed			
6. Arrives to pre & post encounters prepared			
7. Arranges chairs in a semi-circle or circle for group/class			

8. Demonstrates an understanding of how to conduct staff didactics			
9. Demonstrates an understanding of knowing what is the purpose of staff didactics			
MANUAL			
10. Will occasionally refer to facilitator's manual during group/class			
11. Does not heavily rely on manual during group or class (i.e. just reading the manual to the residents)			
12. Consistently follows session topics			
13. Consistently follows the outline of each session			
14. Generates enthusiasm by role modeling for the residents the proper use of interactive journals and assignments			
15. Demonstrates an understanding of the importance of linking the interactive journals to the skills being taught			
CBT COUNSELING SKILLS			
16. Involves all residents in practicing the new skills			
17. Assists residents in identifying items that went well during the practicing period			
18. Assist residents in identifying situations and consequences that may occur in the "real world" and how to cope effectively and minimize negative consequences			
19. Provides constructive feedback to the residents			
20. Encourages residents to provide feedback about themselves			
21. Encourages residents to provide feedback to others			
22. Provides additional practicing exercises based on the feedback received			
23. Debriefs resident(s) after practicing skills			
24. Provides a dynamic presentation (e.g. is enthusiastic, has voice inflection, and is humorous when appropriate)			
25. Consistently uses repetition when presenting material			
26. Uses flip charts, white boards or other visual mechanisms during group			
27. Provides a room free from distraction (i.e., no phones ringing, people moving in or out, or the loud speaker interrupting)			
28. Keeps the participants and the groups on task (i.e., the groups do not become client-centered)			
29. Frequently asks open-ended questions to all residents during the group			
30. Consistently determines if the residents are understanding the materials			
31. Consistently receives high marks on resident exit surveys for facilitating groups and didactic classes			
COMMUNICATION SKILLS			
32. Provides the information to the residents in a clear and concise manner			
33. Articulates and expresses ideas verbally			
34. Recognizes confusion on the part of the participant			
35. Provides multiple examples of a situation until it is understood			
36. Communicates to the residents in a respectful manner			

37. Acknowledges residents concerns, opinions, feelings, and thoughts			
38. Uses reflective listening skills when counseling or interacting with residents			
INTERPERSONAL CHARACTERISTICS			
39. Establishes therapeutic alliance with the residents			
40. Is understanding and sensitive to differing viewpoints and cultural needs of residents and peers			
41. Engenders motivation through the use of motivational interviewing techniques and consistently uses them			
42. Sets firm boundaries with resident			
43. Is firm but fair with resident			
44. Is empathic			
45. Avoids argumentation			
46. Believes that residents behaviors/attitudes can change			
47. Does not pre-judge the resident			
48. Is warm, genuine, and open with the residents			
49. Establishes rapport with the residents by building a trusting relationship			
50. Challenges residents distorted thinking to help them change and willing to implement new methods			
Total number of check marks for each column			
X's			
	2	1	0
Total and Add Columns			
Total Score:			

0 - Needs Improvement
< 49

1 - Meets Expectations
50 – 79

2 - Exceeds Expectations
80 - 100

A. Clinical Skills Continuum Score: _____

B. Behavioral Shaping and Management: This section assesses the vendor's ability to be an effective **role model** for the residents and organization. It assesses the vendor's ability to recognize the residents' antisocial thinking and behavior address the problem and **redirect** the thinking. It also assesses the clinician's ability to use behavioral reinforcements to provide appropriate **rewards** for prosocial attitudes and behavior and **correctives** (punishments) for antisocial thinking and behavior.

ROLE MODELING			
1. Speaks positively about the program			
2. Speaks positively about treatment, law enforcement, courts, or the law in general			
3. Does not make derogatory comments, jokes, or remarks			
4. Does not reinforce derogatory/antisocial comments by laughing or agreeing with the comments			
5. Displays pro-social thinking			
6. Displays pro-social behavior			

7. Demonstrates positive verbal communication skills			
8. Demonstrates positive non-verbal communication skills			
9. Demonstrates respect toward staff			
10. Demonstrates respect toward residents			
REDIRECTING			
11. Recognizes antisocial thinking in residents			
12. Recognizes antisocial behavior in residents			
13. Addresses the antisocial thinking immediately			
14. Addresses the antisocial behavior immediately			
15. Redirecting takes place in a positive manner without shaming or alienating the resident			
CORRECTIVES			
16. Corrects the antisocial thinking in a non-threatening manner			
17. Consistently provides appropriate correctives for residents' antisocial behaviors exhibited (learning experiences, consequences, etc.)			
18. Consistently provides appropriate correctives for residents' antisocial attitudes exhibited			
19. Very concise in explaining why the person is corrected			
20. Correctives are tied to the individual			
21. Correctives are immediately given for antisocial thinking or behavior			
Total number of check marks for each column			
X's			
	2	1	0
Total and Add Columns			
Total Score:			

0 - Needs Improvement
1-19

1 - Meets Expectations
20 – 29

2 - Exceeds Expectations
30 – 40

B. Behavioral Shaping and Management Score: _____

C. Scoring:

A. Clinical Skills _____

B. Behavioral Shaping and Management _____

Total _____

Circle One:

Below 0 - 1
Meets 2 - 3
Exceeds 4

Comments:

Manager/Designee

Date