

## **MONITORING REPORT**

<b><u>District:</u></b> Click or tap here to enter text.		<b><u>Procurement Number:</u></b> Click or tap here to enter text.	
<b><u>Vendor:</u></b> Click or tap here to enter text.		<b><u>Reviewed By:</u></b> Click or tap here to enter text.	
<b><u>Date of Visit:</u></b> Click or tap to enter a date.	<b><u>Date of Report:</u></b> Click or tap to enter a date.	<b><u>Monitoring Period Covered:</u></b> Click or tap here to enter text.	
<b><u>Number of Open Plans:</u></b> Click or tap here to enter text.		<b><u>Number of Files Reviewed:</u></b> Click or tap here to enter text.	
<b><u>Final Overall Rating:</u></b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		<b><u>Corrective Action Plan:</u></b> <input type="checkbox"/> Not Required <input type="checkbox"/> Required within 5 business days	

## **RATING CRITERIA**

<b><u>Rating</u></b>	<b><u>Description</u></b>
<b>Satisfactory (S)</b>	During the monitoring period, the vendor meets the requirements of the Statement of Work and operated within the terms and conditions of the agreement or there are few deficiencies with the vendor's performance.
<b>Unsatisfactory (U)</b>	During the monitoring period, there are patterns of deficiencies with the performance of the vendor as to the requirements of the Statement of Work that must be corrected.

<b><u>Records, Conferences, Disclosures and Emergency Procedures</u></b>	<b>S</b>	<b>U</b>	<b>N/A</b>
1. File Content & Maintenance ( <i>Section C. General Requirements, Subsection A&amp;C</i> ) <ul style="list-style-type: none"> <li>The vendor's file contains chronological notes reflecting all significant contacts, topics covered during sessions, and modalities of therapies used.</li> <li>The vendor's file contains the Confidential Release of Information, the Program Plan 45 (all Amended or Terminated Program Plan 45), initial and updated Treatment Plans (every 90 days), Monthly Sign In Logs, Transitional Care Plans, Drug Testing Log (if applicable), and/or Assessments and Evaluations/Reports.</li> <li>The vendor's file contains prior approval for telemedicine.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Disclosure <i>(See Section C. General Requirements, Subsection B)</i> <ul style="list-style-type: none"> <li>The vendor protects persons under supervision information including pretrial records.</li> <li>The vendor notifies the officer upon receipt of legal process requiring disclosure of defendant/person under supervision records.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vendor Testimony <i>(See Section C., General Requirements, Subsection G)</i> <ul style="list-style-type: none"> <li>The vendor does not create, prepare, offer, or provide any opinions, reports or testimony that is not outlined by this statement of work.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency Services and Contact Procedures <i>(See Section C, General Requirements, Subsection H)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>Comments and Positive Feedback:</u></b></p> <p>Click or tap here to enter text.</p> <p><b><u>Deficiencies:</u></b></p> <p>Click or tap here to enter text.</p>			

Provision of Services	S	U	N/A
1. Case Staffing Conference <i>(See Section C. General Requirements, Subsection E.)</i> <ul style="list-style-type: none"> <li>The vendor is communicating with the USPO/USPSO at the following frequency: <ul style="list-style-type: none"> <li>PCRA High and Moderate – Minimum of every 30 Days</li> <li>All Residential Treatment Placements – Minimum of every 30 Days</li> <li>All Other Referrals – Minimum of every 90 Days</li> <li>Upon request of USPO/USPSO</li> <li>Pretrial PTR A 3, 4, 5 – Minimum of every 30 days</li> <li>Pretrial PTR A 1, 2 – Minimum of every 90 days</li> <li>Pretrial SO – ongoing</li> <li>Post-Conviction SO – Minimum of every 30 days</li> </ul> </li> <li>The vendor's staff conferences with the USPO/USPSO include the defendant's/person under supervision's motivation for treatment, modality and frequency of treatment, SMART goals (specific – not vague and tied to presenting problem; measurable – quantifiable; achievable – realistic; relevant – treatment related; and time-bound – start, incremental and attainable), PCRA Risk Factors (post-conviction only), responsivity factors, cultural considerations for service delivery factors, noncompliance with supervision or treatment, community observations, collateral supports, and/or officer delivered interventions.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>2. Vendor Reports <i>(See Section C., General Requirements, Subsection F.)</i></p> <ul style="list-style-type: none"> <li>The Treatment Plan must be signed by the vendor and defendant/person under supervision, and must include information regarding SMART goals, actions steps, support networks, medication management, community-based services, skills developed to manage risk, self-management skills, target completion dates, recommendations and justifications for continued treatment (where applicable). <ul style="list-style-type: none"> <li>- <i>Treatment Plans</i> are sent initially and every 90 days thereafter.</li> </ul> </li> <li>The Transitional Care Plan must include the reason for concluding contract treatment, the supportive social networks, medication management, community-based services, skills developed to manage risk, self-management skills, and diagnosis and prognosis. <ul style="list-style-type: none"> <li>- <i>Transitional Care Plans</i> are sent at the conclusion of contract services, but no later than 15 days after treatment is terminated.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior</p> <ul style="list-style-type: none"> <li>The vendor provides notification in writing within 24 hours of any violation behaviors including no-shows, positive drug tests or drug testing violations, behavior that may increase risk, and or/not following staff direction. <i>(See Section C., Notifying USPO/USPSO of Defendant/Person under Supervision Behavior)</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Interactions with defendant/person under supervision <i>(See Section C.)</i></p> <ul style="list-style-type: none"> <li>Interactions include the use of cognitive and behavioral techniques, including but not limited to cognitive restructuring, skill building using a structured learning approach (including modeling, role rehearsal and feedback), and teaching the skill of problem solving to change thought patterns while teaching pro-social skills.</li> <li>Interventions address risk and needs as defined in the treatment plan.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>Comments and Positive Feedback:</u></b></p> <p>Click or tap here to enter text.</p>			
<p><b><u>Deficiencies:</u></b></p> <p>Click or tap here to enter text.</p>			

<b><u>Staff, Facility, and Invoice Requirements</u></b>	<b>S</b>	<b>U</b>	<b>N/A</b>
1. Invoicing ( <i>See Section G</i> ) <ul style="list-style-type: none"> <li>The vendor submits invoices on time (no later than the 10<sup>th</sup> of the month), correct, and complete.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vendor's compliance with Sections E, F, G, and H of the Statement of Work <ul style="list-style-type: none"> <li>Physical location in catchment area.</li> <li>Office space preserves confidentiality.</li> <li>Immediate placement of federal clients.</li> <li>All requests to terminate treatment for a defendant/person under supervision must be approved and Prob45 completed.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Comments and Positive Feedback:</u></b>  Click or tap here to enter text.			
<b><u>Deficiencies:</u></b>  Click or tap here to enter text.			

<b><u>Interviews/Observations</u></b>	
<b>1. Defendant/Person Under Supervision</b> - A representative sample of defendants/persons under supervision will be interviewed. Circle the appropriate response for questions 1-5 below: <ol style="list-style-type: none"> <li>I feel understood, supported, or reassured by my counselor. Not at All, Somewhat, or Very Much</li> <li>I have a clear understanding of the problems I need to work on in treatment. Not at All, Somewhat, or Very Much</li> <li>I understand and agree with my treatment goals. Not at All, Somewhat, or Very Much</li> <li>I have improved my skills and learned new strategies to cope with my problems. Not at All, Somewhat, or Very Much</li> <li>I am personally invested in my treatment and what I need to do to achieve my goals. Not at All, Somewhat, or Very Much</li> <li>What recommendations do you have for program improvement?</li> <li>What else is important for us to know?</li> </ol>	
<b>Number of Interviews:</b>	Click or tap here to enter text.
<b><u>Summary of Responses:</u></b>  Click or tap here to enter text.	

<b>2. USPO/USPSO</b> – A representative sample of officers will be interviewed.	
1. Do officers have a collaborative working relationship with the person providing service delivery? 2. What is going well? 3. What recommendations do you have for program improvement? 4. What else is important for us to know?	
<b>Number of Interviews</b>	Click or tap here to enter text.
<b><u>Summary of Responses:</u></b>  Click or tap here to enter text.	
<b>3. Vendor</b> – A representative sample of those providing service delivery will be interviewed.	
1. Does the person providing service delivery have a collaborative working relationship with officers? 2. Describe the clinical interventions used to address risk factors. (If applicable) 3. What is going well? 4. What else is important for us to know?	
<b>Number of Interviews</b>	Click or tap here to enter text.
<b><u>Summary of Responses:</u></b>  Click or tap here to enter text.	
<b>4. Group Observation</b> (if applicable)	
<b>Number of Observations:</b> Click or tap here to enter text.	
<b><u>Summary of Observations:</u></b>  Click or tap here to enter text.	

<b><u>Rating</u></b>	
<b>Satisfactory:</b> <input type="checkbox"/>	<b>Unsatisfactory</b> <input type="checkbox"/>
<b>Justification:</b>  Click or tap here to enter text.	
<b>Deficiencies Requiring Corrective Action Plans (if applicable):</b>  Click or tap here to enter text.	