

**2008/2009 Western UP Substance Abuse Services CA
Prevention Provider Site Monitoring Protocol**

PROVIDER _____ Date: _____

CA Participants: Jim O'Brien

Provider Participants: _____

License #'s/Sites to be visited (if located in more than one community):

1. _____

2. _____

3. _____

For the Provider

Signature _____ Title _____ Date _____

For the Coordinating Agency

Signature _____ Title _____ Date _____

Contractual Obligations

ADMINISTRATIVE:

Follow-up on Previous Site Review and any Outstanding Areas/Issues

Applicable only if there are unresolved findings or if on-site discussion and review is needed.

Were there any previous contract violations? YES NO

If yes, are there minimally policies and procedures with which to address those violations?

(Contract Section IV. Section 6, on page 19.)

Is a corrective active plan implemented for previous site visit areas/issues? YES NO

Additional comments or monitoring issues:

Audit Items (Contract Section IV. Section 7, on page 19.)

Did the provider receive more than \$500,000 in Federal funds during FY 2007-08?

YES NO

Has the provider undergone an "Outside" audit(s) for FY 2007-08?

YES NO

Has the audit been forwarded to the CA?

YES NO

Were there any findings and recommendations?

YES NO

If yes, have they been resolved?

YES NO

Documentation Submitted:

Discussion/Comments:

Findings and Recommendations:

DRUG FREE WORKPLACE

Does the provider meet the requirements of the Drug Free Workplace Act of 1988 34 CFR Part 85, Subpart F? (**Contract Section VIII Section 3, page28**) YES NO

Licensure, Accreditation, Staff Qualifications, Representation

Requirement: (**Contract Section IV, General 2 on page 4.**)

Does the Provider establish and maintain credentials file on all salaried or contractual staff providing clinical services?

YES NO

Does the Provider conduct a criminal background check on all potential employees?

YES NO

Does the Provider provide professional development of counselors and all health care workers relative to HIV/AIDS prevention and the prevention of other serious communicable diseases?

YES NO

Requirement: (**Contract Section IV, General, 3 on page 4.**)

Staff Qualification Requirements

Do all prevention staff have all licenses and/or certifications required by local, state or federal regulations to provide the services needed to meet program objectives?

YES NO

What minimum education requirements does the program have for prevention personnel?

Staff Development/Training Plans and Ongoing Education

Does the program have professional staff development plans and policies?

YES NO

If, yes please provide a copy.

Do prevention personnel participate in an identified or minimum number of staff development hours yearly? If yes, please explain the process.

Is there a mechanism within your program to assure that substance abuse provider staff meet the minimum Knowledge Standard requirement regarding HIV/AIDS?

YES NO

If yes, attach documentation or explain the assurance process.

Does the Vendor's Plan include cultural competency?

YES NO

Have staff been trained to deliver services as described in the respective evidence-based program guidelines? Provider assures that all direct services staff hired have passed the CPC or CPS examination, or have a 6-month waiver or are exempt.

YES NO

Provider assures that all personnel who provide client services as a provider, are licensed, certified, or otherwise qualified to carry out their responsibilities.

YES NO

Provider assures that measures have been implemented to meet the ODCP professional qualification standards beginning October 1, 2008. YES NO

Describe:

Does the Provider display current license status by MDCIS?

YES NO

Describe location of the license(s):

Is the Provider accredited by a nationally recognized designated body?

YES NO

If yes, please list the designated body(s):

Describe how the "Training Log*" is maintained (Contract Section IV, Paragraph 14)?
(*current list of 'in service' training completed)

Who is the designated representative to the Coordinating Agency?
Has an "alternate" been designated?

Where are your board meeting minutes maintained?
Are they available for review?

YES NO

Discussion/Comments: (including improvement to the requirement)

Findings and Recommendations:

FIDELITY BONDING

Requirement: The Provider shall submit to the Agency a program specific Fidelity Bonding confirmation and proof of professional liability insurance for the fiscal year with the executed agreement (***Contract Section IV, Section 8 subsection f on page 7***).

Does the Provider maintain fidelity bonding documentation?

YES NO

Is the bonding documentation available for review?

YES NO

Does the Provider maintain Professional Liability Insurance?

YES NO

Is a copy of insurance available for review?

YES NO

Discussion/Comment:

Findings and recommendations:

Planning Requirements and Service Delivery

Has the program submitted an Annual Action Plan and amendments as necessary for prevention services to the Coordinating Agency for approval?

YES NO

If not please explain, and identify steps to meet this requirement.

Does the planning process include:

a local needs assessment or local data sources **YES NO**

defining problem conditions and behaviors **YES NO**

identifying service population(s) **YES NO**

choosing appropriate strategies **YES NO**

expected measurable outcomes? **YES NO**

Please list data sources, data items that identified problem issues, service populations, strategies, and anticipated outcomes.

Have units of service been provided according to contract?

EVIDENCE BASED PROGRAM Units Contracted Units Delivered

NON- EVIDENCE BASED PROGRAM Units Contracted Units Delivered

Is service provision on schedule to meet full utilization of funding for the current fiscal year?

YES NO

Evidence-Based Programming

Does the provider employ CSAP-approved Model Program(s) or other evidence-based models in the delivery of its prevention services?

YES NO

If yes, please list the program models utilized and the populations they serve.

Are participants using the curriculum and materials as specified by the program's developers?

YES NO

If not, what is the rationale for altering the delivery of the program?

Are model program evaluation instruments being used?

YES NO

If yes, please provide copies of aggregate results of evaluations.

If not, what is the provider rationale and what are the alternative evaluation methods being used? Please provide copies of aggregate results of evaluations.

Are pre and post assessment tools used to evaluate the effectiveness of prevention activities?

YES NO

If, yes please provide a blank sample and aggregate results for all prevention groups served.

Is information about participant satisfaction collected regarding funded prevention activities?

YES NO

If yes, please provide documentation.

Are outcomes and information obtained from evaluations used to modify activities as needed?

YES NO

Please explain and provide examples.

Is the program experiencing any challenges with providing services to HR populations?

YES NO

If yes, what are they?

School/Community Programming

Does the program maintain a 35/65% School based versus Community based mix?

YES NO

If not please explain, and identify a plan to meet this requirement.

Reporting

Does the program comply with CA contractual requirements for monthly submission of prevention data on the SUDPDS system?

YES NO

If not please explain, and identify a plan to meet this requirement.

Are SUDPDS records used to verify monthly FSR billings to the CA for prevention services? (In FY 2009-10, billings will only be reimbursed for the number of hours recorded on the SUDPDS system).

YES NO

Please be prepared to discuss specific prevention session data entry records upon request.

Key Collaborations and Coordination

What procedures are being used to promote collaboration and coordination with other providers:

Collaboration with other Substance Abuse providers?

Collaboration with other Human Services?

Please provide documentation. If none, what are your plans to collaborate and document that collaboration?

Discussion of Provider Accomplishments, Concerns, Future Directions