

LRP
SA Prevention Audit Form FY 14-15

PROVIDER: DATE: REVIEWED BY: Stephanie VanDerKooi		Scoring Criteria: 2: Substantial to full compliance level with specification and expectation of requirement 1: Partial compliance with specification and expectation of requirement 0: Non-compliance or insufficient levels of compliance with requirement. NA: Not Applicable; NV: Not Verified; NS: Not Scored		
SECTION I a) Provider Licensure b) Staff Certification		Assigned Score	Weighted Score	Comments
1	<u>Accredited Provider:</u> Provider holds a valid & current accreditation issued by a nationally recognized organization (i.e. CARF, JCAHO, etc)		2	<i>Accrediting Body:</i> <i>Accreditation Status:</i> <i>Accreditation valid through:</i> <i>Were SA Prevention Services/Activities reviewed by the accrediting body's surveyor?</i> <i>And are Prevention Services listed in the scope of agency's accreditation certificate?</i>
2	<u>Non-accredited provider:</u> Provider has had a successful Certification Review conducted by Network180 OR Lakeshore Regional Partners System Management Unit in the past three years	N/A		<i>Date of Certification Review (any issues?).</i>
3	Provider holds a valid & current CAIT (Community Change, Alternative, Information, Training) License for provision of SA Prevention services issued by MDCH (Verification of licenses status through http://www.dleg.state.mi.us/bhs_car/sr_sal.asp - Official State of Michigan Website).		2	<i>MDCH SA Services License ID #:</i> <i>Director responsible for state license:</i> <i>Prevention License type: Date of issuance:</i> <i>Any exception/observation to current status? (None).</i>
4	PIHP-funded SA Prevention activities are provided by staff members who hold current and valid SA Prevention Certification issued by MCBAP (accepted certification: CPS, CPC or CHES)		2	<i>Enter initials of staff and appropriate info: ; Type of Certification: ; # of Certification: ; Effective through: ; Provided</i>
5	<u>Ongoing person-to-person activities carried out by a non-Certified/designated person w/o direct on-site supervision</u> (ex. delivery of Peer-to-Peer services; Strengthening Family program facilitation; Other Program Facilitation; Mentoring activities, etc): a) Provider has documented evidence verifying that person has received training and/or proper certification for the discharge of assigned functions; b) Provider demonstrates that staff receive on-going appropriate training; c) Provider can identify how training priorities are determined in relation to the areas of prevention that your agency has prioritized and how funding is allocated to cover training expenses; d) Provider demonstrates that person is provided with ongoing oversight and support; e) Provider tracks/documents involvement of person; f) Provider has conducted a back ground check; g) Provider demonstrates that it evaluates the person's performance h) Provider demonstrates that staff receive on-going appropriate training		2	
Section I - Compliance Level		0.0	8.0	0%
		Max. possible score: 8.0		
SECTION II Service Delivery		Assigned Score	Weighted Score	Comments
6	Provider is able to demonstrate (<i>documented evidence</i>) that programs and activities funded by the PIHP are <u>being evaluated</u>		2	

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7	Results produced to-date by programs and activities funded by the PIHP indicate that the outcomes planned are being met or are on pace to being met. <i>PS. If not, the agency needs to demonstrate that it has engaged in efforts to make proper adjustments/corrections</i>	2	
8	Agency/Program has an established community collaboration practice/mechanism to ensure that persons with other SA or health care needs are assisted/referred to agencies/providers in the community that offer services more appropriate to their presenting needs. (i.e. referral documentation, MOU/agreements and established handover/referral practices, etc).(CA standard; also: CARF_Section 3.T.2.a,b,c and 3.7.a (2011 BHSM)).	2	
9	Provider can describe the intervening variables they are trying to change within their target population that will have a positive impact on consequences being addressed	2	
10	Provider demonstrates that through its programs/activities it serves at least one distinct community groups that meet the CSAP definition of Risk Category (see list below): 1) Children of SA abusers; 2) Pregnant women/teens; 3) Youth experiencing repeated school failure, chronic truancy or are school drop-outs (focus on alternative education students); 4) Those who exhibit violent or delinquent behavior; 5) Youth involved in the Juvenile Justice system; 6) Persons experiencing mental health symptoms and/or are suicidal; 7) Persons experiencing chronic pain; 8) Victims of physical, sexual or psychological abuse; 9) Homeless/runaway youth; 10) Persons who are economically disadvantaged; 11) Youth who are beginning to experiment with or are occasional users (who are not yet in need of treatment); 12) Children with prenatal exposure to ATOD; 13) Other (identify): _____	2	
11	Provider serves at least one specific group in the community that meets the definition of a "culturally diverse" group. <u>Culturally diverse community group:</u> A subset of the community, which from an ethnic, gender, appearance, health, racial, biological, socioeconomic or other characteristic can be distinguished or identified as distinct from the majority group living in this geographic area, community. A group that for various reasons has historically been recognized for being disproportionately affected by the incidence and consequences of higher health and social risk factors.	2	

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12	Consequence data (used for development of SA Prevention activities/programs) and Outcome Measures developed by the organization are within the scope of the (SAMHSA) NOMs domains and Outcome Measures	2	COMMON OUTCOME MEASURES: Explain program connection (examples provided) I) Reduced Morbidity: MiPHY/YAS data used in community needs assmt addresses multiple OMs: 30 day use; perception of risk; age of 1st use; perception of disapproval. II) Employment/Education: Workplace policy: yes/no; Attendance/enrollment in school: yes/no; ATOD related suspensions/expulsion: Yes/no; addressed by agency's programs indirectly through court and school programs; III) Crime and Criminal Justice: ARTC data: yes/no; drug-related crime: Yes/no, partially (data from District Court, Family Court, MSP and local Law Enforcement); V) Social Connectedness: status?; planned implementation of a program focused on families of parent users (Celebrating Families); VI) Access/Capacity (of persons served by age, gender, race and ethnicity): Yes; data for this measure obtained for all curriculum-based programs offered by the agency; VII) Retention: # of EBPs implemented: yes/no; # of youth receiving a Prevention message: Yes (for curriculum-based programs); IX) Cost Effectiveness: % of funds spent on EBPs: X) Use of Prevention EBPs: # of SA EBPs being used for all strategies: Recommendation: Improve data collection tools by utilizing focus groups, town halls, and other survey tools to improve data surveillance.	
Section II - Compliance Level		0	14.0	0%
Max. possible Weighed score:			14.0	
SECTION III Staff Development		Assigned Score	Weighed Score	Comments
13	Provider demonstrates that it strives to provide workforce with knowledge and skills in areas and subjects that transcend the PIHP training requirements listed below.		2	
14	<u>Training toward MCBAP Certificate:</u> Records demonstrate that SA Prevention staff members of the organization have completed or are on pace to complete the required # of hours necessary to maintain or earn its MCBAP certification (example: staff training logs, certificates of completion, proof of training, proficiency tests, etc)		2	
Section III - Compliance Level		0	4.0	0%
Max. possible score:			4.0	
SECTION IV a) Service Improvement b) Rights & Confidentiality		Assigned Score	Weighed Score	Comments
15	Provider can demonstrate that proposed <u>improvement action/s has/ve been implemented for all recommendations</u> and that it has begun to produce the desired impact the in the identified areas.		2	
16	Prevention data submitted in a complete and timely fashion (by the 10th of each month) through <u>the State's MPDS</u> systems. Quarterly Report are submitted on time by the 15th of the month following each quarter.		2	<i>MPDS is entered on time. Timely submission of SA Prevention activity data through MPDS Quarterly Reports are submitted by Jan 15, April 15, July 15 and October 15.</i>
17	Review of Prevention Activity Records: Records of activities entered in the MPDS system are supported by documentation produced at the time activity/service was delivered		2	

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18	Provider's "program announcement, brochure, or other written communication that describes the program services to <i>participant</i> or to the general public" contains minimally the following notification of rights: " Recipients of SA services have rights protected by state and federal law and promulgated rules. For information contact the Office of Recipient Rights, 376 E. Apple Ave Muskegon, MI 49442 " Reference: Administrative Rules for SA Service Programs in MI (MDCH, Pursuant to Section 6231(1) of MI Public Act 368 of 1978). Part 3 (RR). R325.14302(7):	2	
19	Confidentiality practices of program are sound and program records that may contain reference to specific participants or group/location currently receiving services are stored in locked/protected spaces to secure private information.	0	2
Section IV - Compliance Level		0	10.0 0%
Max. possible score:			10.0
SECTION V Community Anti Drug Coalition / Collaboration		Assigned Score	Weighted Score
20	Agency is actively involved with the work of the local County Prevention Coalition		2
21	Agency has an active - signed CIA (Collaborative Involvement Agreement) on file		2
22	Provider can describe interaction with substance abuse treatment, mental health, health care, or other human services provider that has resulted in support for either agency's efforts or in a coordination of services		2
23	Prevention service align with the county prevention plan		2
Section V - Compliance Level		0	8.0 0%
Max. possible score:			8.0
SECTION VI a) Youth Access to Tobacco b) Synar-related Activities		Assigned Score	Weighted Score
24	<u>Rate of compliance of the most recent Synar Compliance Check</u> is at least 80%.		2
25	DYTUR through the No Cigs For Our Kids program conducted <u>vendor education visits</u> of at least 25% of the retailers who are in the target area. (NOTE: Reviewer to list the specific educational efforts and materials used to educate targeted retailers).		2
26	DYTUR conducted the No Cigs for our Kids program completing law enforcement compliance checks during the past 12 months (Reviewer to note the # of CCs and the compliance rates obtained).		2
27	DYTUR has submitted to the PIHP quarterly tobacco reports for the previous FY in a complete and timely fashion.		2

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28	DYTUR <u>collaborates</u> with local partners (to implement No Cigs for Our Kids) to plan and implement activities and efforts designed to engage local vendors and monitor/enforce their compliance with the sales restrictions/provisions of the Youth Tobacco Act (ex. Health dept, law enforcement, youth advocacy groups).	2		
Section VII - Compliance Level		0	10.0	100%
Max. possible score:			10.0	
GENERAL PLANNING INFORMATION				
(a)	Has staff received MHFA Training? Total trained; dates:	NS		
(b)	Describe anticipated hurdles and plans to overcome them:	NS		
(c)	Describe the processes used to develop your agency's annual LRP prevention budget. Be sure to include who is involved and how financial needs are determined.	NS		
(d)	Describe the processes used for prevention staff to request funds for prevention supplies, contract services, and other non-fixed budget items.	NS		
Summary		Assigned Score	Weighted Score	Compliance Rate per Section
SECTION I a) Provider Licensure b) Staff Certification		0.0	8.0	0%
SECTION II Service Delivery		0.0	14.0	0%
SECTION III Staff Development		0.0	4.0	0%
SECTION IV a) Service Improvement b) Rights & Confidentiality		0.0	10.0	0%
SECTION V Community Anti Drug Coalition / Collaboration		0.0	8.0	0%
SECTION VI a) Youth Access to Tobacco b) Synar-related Activities		0.0	10.0	100%
Total		0	54	0%
GENERAL DISCUSSION ITEMS:				
1	In what areas would the Provider like to technical assistance / training with regard to substance abuse prevention? If multiple areas are indicated, please rank order by top priority.	NS		

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2	Challenges: What factors (that may not be apparent to LRP or outsiders) are important considerations or challenges in your county? (Examples: shifting demographics, employment levels and opportunities, economic development/poverty, affordable /available housing.)	NS	
3	Cost/Unit of Service: Does your agency's cost per unit of service fall within an acceptable range. If not, be prepared to discuss why.	NS	
4	Units of Service/FTE: Has the agency achieved the target units of service per full-time-equivalent (FTE)? If not be prepared to discuss why and how it will be corrected in the future.	NS	
5	Unmet Need: What services or community drug use patterns would you like to target that you have been unable to? In other words, if you were to expand or enhance services what would you do?	NS	
6	What areas do you think the LRP should focus on next FY?	NS	
7	Any other thoughts you would like to share with the LRP?	NS	