

LRE Monitoring of Substance Use Disorder Prevention Programming – 2022

LRE Reviewer: Amy Embury, SUD Prevention Manager

Provider Name:

Name/email of individual document:

Date of site visit:

Prevention Service Criteria	Provider: Evidence/Documentation to Support Compliance Requirement <i>Please provide document/file name you are referencing for proof and/or a short description</i>	Compliance Rating 2 = Full 1 = Partial 0 = None	LRE Comments <i>This section is reserved for LRE to provide comments, recommendations, or requests for clarification after reviewing the documentation</i>
<i>Source list as SUD FY22 Provider Manual is also included in all Prevention Contracts-as Attachment J- Operation Manual for Prevention Providers (rev. 10/1/22)</i>			
General Standards			
1.1 Research-Based Services: Provider can demonstrate (documented evidence) that programs and activities funded by the PIHP are being evaluated. (Source: SUD FY22 Provider Manual)			
1.2 Community Need: Services are based on community need and 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			
1.3 All Providers must be able to identify, at their site visit, how they coordinate services with other community agencies and coalitions. Coordination of Services should at a minimum include: Local Department of Health and Human Svcs, Local Community Mental Health, Local Schools, Law Enforcement, School Resource Officers, Teen Health Centers, Community Coalitions, Local Health Departments or Federally Qualified Health Center (many of listed services may not be available in each county). Provider has an established community collaboration practice/mechanism to ensure that person 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. (Source: SUD FY22 Provider Manual) Suggested documentation: Referral documentation, MOU/Agreements and established handover/referral practices.			

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1.4 Supporting Community Coalition: Services need to be supportive of community coalitions- staff attend and participate in coalition meetings and activities, primarily SUD Community Coalitions or those that support the continuum of SUD services. (Source: SUD FY22 Provider Manual)			
1.5 Agency has an active -signed CIA (Collaborative Involvement Agreement) on file with their local coalition			
1.6 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 service			
1.7 Provider services focus on State Priority Areas of: Underage Drinking, Underage Tobacco Use, and Prescription and Over the Counter Prevention, and Early Initiation. (Source: SUD FY22 Provider Manual)			
1.8 Provider services must fall within one of the six federally defined strategies: information dissemination, education, problem identification and referral, alternatives, community-based, and environmental. (Source: SUD FY22 Provider Manual)			
1.9 The Provider receives requests for prevention services which cannot be met and describes how requests that cannot be filled are processed.			
1.10 Publications Requirement: All provider prevention literature must acknowledge funding source. Program announcement, brochure, or other written communication that describes the program services to participant 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." As well as current funding statement, "This publication is supported by a grant from the Michigan Department of Health and Human Services/Bureau of Community Based Services, Office of Recovery Oriented Systems of Care, through Lakeshore Regional Entity. Its contents are solely			Providers may use the following abbreviated wording based on advisement 5/5/22 via MDHSS Lisa Coleman

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<p>the responsibility of the authors and do not necessarily represent the official views of MDHHS/OROSC or LRE". (Source: SUD FY22 Provider Manual)</p> <p>Provider is utilizing Media Campaign Guidelines MDHSS (Updated 4/1/22)</p> <p><i>Reference: Administrative Rules for SA Service Programs in MI (MDHHS, Pursuant to Section 6231(1) of MI Public Act 368 of 1978). Part 3 (RR). R325.14302(7):</i></p>			<p>“This publication is supported by a grant from the Michigan Department of Health and Human Services through Lakeshore Regional Entity. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of MDHHS of LRE”.</p> <p>Media Campaign Guidelines sent to providers 5/13/22</p>
<p>1.11 The provider ensures that prevention services to groups and individuals are kept confidential and is able to describe how records are maintained for groups and individuals receiving prevention services.</p> <p>Suggested documentation: Policy or procedures</p>			
<p>1.12 Provider can demonstrate that they OR their subcontractors:</p> <ol style="list-style-type: none"> 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department 2. Have not, within a three-year period from your LRE contract, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing public transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification of records, making false statements, or receiving stolen property. 3. Have not within a three-year period from your LRE contract been terminated for cause or default from (local, state or federal) public transactions. (Source: SUD FY22 Provider Manual) <p><i>Reference: Federal Regulation 45 CFR Part 76 (Office of Inspector General (OIG))</i></p>			

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<p>1.13 Services should address both high-risk populations and the general community. (see list below):</p> <ol style="list-style-type: none"> 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): _____ <p>(Source: SUD FY22 Provider Manual)</p>			
<p>1.14 Provider serves at least one specific group in the community that meets the definition of a "culturally diverse" group. Culturally diverse community group: 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. (Source: SUD FY22 Provider Manual)</p>			
<p>1.15 Provider can demonstrate that proposed improvement action/s has/ve been implemented for all recommendations from last FY and that it has begun to produce the desired impact the in the identified areas.</p> <p>Also, provider can demonstrate that prevention services align with the county prevention plan. (Source: SUD FY22 Provider Contract)</p>			

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<p>1.16 If a provider charges a fee for any prevention activity, funded in part or entirely by LRE, the provider must adhere to the following guidelines:</p> <p>a. Provider must have a policy in place that is specific to charging for prevention services and the policy must identify how Provider will assure that services are not denied based on ability to pay. A copy of this policy is to be submitted to LRE prior to the beginning of the contract period, and updated annually.</p> <p>b) Provider must identify fees collected for prevention services as program income on their monthly FSRs.</p> <p>(Source: SUD FY22 Provider Manual)</p> <p>Suggested Documentation if applicable: copy of policy, brochures/fliers</p>			<p>LRE will review FSRs for inclusion of fees if applicable</p>
<p>1.7 The SUD Provider demonstrates solvency and adequate internal controls. If the SUD Provider is financially dependent on another entity, the financial institution supporting the SUD Provider must demonstrate fiscal solvency.</p> <p>Suggested Documentation: Annual Audit Report; CPA management letter, Fiscal Solvency Documentation</p>			
<p>1.8 Provider can demonstrate that any incentive card (s) (i.e. gift cards) has had recipient sign off in acknowledgment of receipt. (Source: SUD FY22 Provider Manual)</p>			
<p>1.19 Provider can demonstrate that appropriate insurance coverage is maintained as spelled out in the contract. (Source: SUD FY22 Provider Manual)</p>			
<p>1.20 Provider does not utilize State Block Grant Funds to support tobacco cessation programs. (Source: SUD FY22 Provider Manual)</p>			
SECTION #2 Evaluation and Performance Improvement: LRE requires that all prevention services incorporate evaluation			
<p>2.1 The SUD Provider completes an analysis of Customer Satisfaction Surveys and develops improvement plans when areas fall below expected performance standards</p>			
<p>2.2 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.</p> <p>If not, the agency needs to demonstrate that it has engaged in efforts to make proper adjustments/corrections (Source: SUD FY22 Provider Manual)</p>			

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2.3 Providers must be aware of and attempt whenever possible to collect data elements identified in the National Outcome Measures (e.g., past 30 day use, perceived risk, etc.). (Source: SUD FY22 Provider Manual)			Ensure discussion of NOMS and review of how/if they are being utilized
SECTION #3 Designated Youth Tobacco Use Representative Contracted Providers (not applicable to every provider)			
3.1 Law Enforcement Collaboration: 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). (Source: NCFOK Plan)			
3.2 Involvement in Local Coalitions: Provider staff funded by LRE are actively involved in local tobacco coalitions or other substance use disorder coalitions, if no tobacco coalition is in place. Suggested Documentation: copies of meeting minutes			
3.3 Rate of compliance of the most recent Synar Compliance Check is at least 80%. (Source Synar Protocol issued by MDHHS)			
3.4 Vendor Education: DYTUR through the No Cigs For Our Kids program conducted vendor education visits 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). (Source: NCFOK Plan)			
3.5 Synar Education: Provider provides education to local law enforcement, chamber of commerce, and other community groups on the Synar Amendment. (Source Synar Protocol issued by MDHHS)			
3.6 Formal Synar: Provider completes Formal Synar following processes outlined by the State. (Source Synar Protocol issued by MDHHS)			
3.7 DYTUR has submitted to the LRE quarterly tobacco reports for previous FY in a complete & timely fashion. (Source: SUD FY22 Provider Manual)			
3.8 Vendor List Review: At least yearly the provider reviews completeness and correctness of their county's tobacco vendor list. This review includes all elements of the list either in person or by phone. (Source: SUD FY22 Provider Manual) Suggested Documentation: Vendor Education report			
3.9 DYTUR collaborates 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, State Police Tobacco Tax Team, youth advocacy groups).			

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3.10 DYTUR's complete the NCFOK Database quarterly and provide proof of that with quarterly tobacco reporting. (Source: NCFOK Plan)			
Section #4 Reporting			
4.1 Prevention data submitted in a complete and timely fashion (by the 10th of each month) through the State's MPDS systems. Quarterly Report are submitted on time by the 10th of the month following each quarter. (Source: SUD FY22 Provider Manual)			Review of input dates into MPDS and accuracy of data
4.2 Prevention Data System Accuracy: Provider has a system to check accuracy of data entered into the Michigan Prevention Data System (MPDS). Records of activities entered in the MPDS system are supported by documentation produced at the time activity/service was delivered. (Source: SUD FY22 Provider Manual)			Review of MPDS to ensure accuracy
4.3 Prevention Data System Manual: Provider has had all staff review the most current user for the Michigan Prevention Data System (MPDS). (Source: SUD FY22 Provider Manual) Required documentation for all staff: Sign off slip signed yearly.			
Section #5 Administration			
5.1 Prevention Certification: 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) (Source: SUD FY22 Provider Contract) Required Documentation: Copies of certifications for each staff			
5.2 Accredited Provider: Provider holds a valid & current accreditation issued by a nationally recognized organization (i.e. CARF, JCAHO, etc.). (Source: SUD FY22 Provider Contract) Required documentation: Copy of accreditation			Accrediting Body: Accreditation Status: Accreditation valid through: Were SA Prevention Services/Activities reviewed by the accrediting body's surveyor? And are Prevention Services listed in the scope of agency's accreditation certificate?
5.3 Licensing Requirement:			

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<p>Organization/programs not recognized as a governmental entity, as defined in Public Health Code PA 368 of 1978, shall be appropriately licensed for SUD service provision. Organizations/programs recognized as a governmental entity, as defined in Public Health Code PA 368, may retain such licensure as desired. LRE reserves the right, at its sole discretion, to require governmental entities providing SUD services under the term of this Agreement be appropriately licensed for SUD services should it deem such licensure prudent. SUD Prevention Providers (not recognized as a governmental agency) would hold a valid and current CAIT (Community Change, Alternative, Information, Training) http://www.dleg.state.mi.us/bhs_car/sr_sal.asp - Official state of MI website (Source: SUD FY22 Provider Contract) Required documentation: Copy of CAIT license if applicable to provider</p>			
<p>5.4 The Provider has attended all mandatory LRE PIHP prevention meetings and/or trainings. (Source: SUD FY22 Provider Contract)</p>			Review Prior to site visit
<p>5.5 Notification of Modifications: The provider must provide at least thirty (30) days notification to LRE in writing, of any action that would interrupt or interfere in the provision of services or funding or compliance with operations. (Source: SUD FY22 Provider Contract)</p>			
<p>5.6 Personnel Files: The following items are kept in the employees personnel files: Areas of review include: a) If new employee, documentation of orientation. b) If the employee is working on a MCBAP development plan - documentation of how progress is being tracked and how supervision is being completed. c) Is there documentation of having received a copy of their job description? d) Documentation of annual performance reviews e) Documentation of criminal background checks. f) Documentation of staff training records. g) Training toward MCBAP Certificate: 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 (i.e.: staff training logs, certificates of completion, proof of training, proficiency tests, etc.) and/or all full-time staff members receive 20hrs of CEU annually h) Provider has written policies for supervision of prevention personnel I) Staff have signed off on the form indicating that they have read the SUD Prevention Provider Manual.</p>			

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5.7 Specialty Grants: SOR 2, COVID, ARPA funds: acknowledgement of receipt of Notice of Award (attached to final MOUs or contracts) or accompanying documentation (ENDS) provided by the LRE re allowable funding activities. Supporting documents: executed Contracts, MOUs			LRE will have completed supported documents on file.
5.8 Financial - Timely completion of FSRs (Source: SUD FY22 Provider Contract)			
5.9 Reconciliation of FSRs to the provider’s accounting records. Supporting documentation obtained for each expenditure line item selected, and reviewed for allowability, proper support, and compliance with applicable guidelines and policies. Supporting documents: All applicable documentation for all LRE Prevention funded expenses, as indicated on FSR submissions utilizing block grant, PA2, SOR2, COVID Supplemental Funds, Gambling, etc for February 2022 for the provider agency. Trial Balance or General Ledger Detail, including invoices, receipts, supporting documents, explanations of expenses, etc. for specified FSR(s). For indirect costs, please provide a copy of the applicable cost allocation plan document.			
Section #6 Subcontracts (Note: this section is only for contracted providers who subcontract prevention services)			
6.1 Provider maintains documentation that all subcontracted staff have proper certification. (Source: SUD FY22 Provider Manual) Required documentation: List of subcontracted provider staff with certification information in applicable			
6.2 Provider maintains documentation that all subcontracted agencies have proper insurance. (Source: SUD FY22 Provider Manual) Required documentation: Copies of subcontracted providers’ CAIT Licenses if applicable			
6.3 Provider has written policies on subcontracts (Source: SUD FY22 Provider Manual) Required documentation: Copy of policies			
6.4 Provider has procedure in place for monitoring subcontracts for compliance including: a) Activities are researched based. b) Activities are entered into the MPDS timely and correctly. c) Process and outcome evaluation.			

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(Source: SUD FY22 Provider Manual) Suggested documentation: List of subcontracted services and the research or evidence base; identified procedure for how activities are being monitored in system; copies of sub-contractor evaluations.			
6.5 Provider has procedure in place for monitoring payment to subcontractors. (Source: SUD FY22 Provider Manual) Required document: Copy of policy and/or procedures			
6.6 Provider has formal agreement with sub-contractors identifying that subcontractor meets all LRE contractual requirements.			

General Planning Information and Discussion Items	Documentation (if applicable) <i>Please provide the file name of each document you are referencing and a short description of what the document is</i>	LRE Comments <i>This section is to provide comments and requests for clarification after review/discussion</i>
Describe the processes used to develop your agency’s annual LRE prevention budget. Be sure to include who is involved and how financial needs are determined.		
Describe the processes used for prevention staff to request funds for prevention supplies, contract services, and other non-fixed budget items.		

Describe your agency's efforts to improve substance abuse prevention within your county, both in general and for underserved populations within your county.		
Discussion relevant to: *Challenges: What factors (that may not be apparent to LRE or outsiders) are important considerations or challenges in your county? (Examples: shifting demographics, employment levels and opportunities, economic development/poverty, affordable /available housing.) *Identify any unmet needs based on these challenges: * 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?		
Staffing/Service Delivery: 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. 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. Provider Oversight: Discuss supervisor's management of staff time re MPDS Staff Training: Prevention staff received MHFA, SAPTS trainings? Staff on development plans (on target, supports needed, etc)		
If applicable: Observation Tool (Collaborative Group or Programming) feedback discussion:		

Other feedback, ideas or TA needed from the LRE:		
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