

Site Review Team: _____

Provider Name: _____

License Number _____

Review Date: _____

Provider Staff Present: _____

	PERFORMANCE REQUIREMENT/STANDARD	Possible Score	Actual Score	FINDINGS/EVIDENCE	Corrective Action Required?
		3=Full 2=Partial 1=None N/A=Not Applicable			
1.01.00	Prevention Service Criteria (Section 10.1 Provider Manual)				
1.01.01	Research-Based Services: At a minimum, 95% of all services must be research-based. Identify what percentage of services are research based and what research you have based your services on. Please provide a list of groups and what research was used. If the research presented is peer review journal - please provide a copy. If the research is local evidence - please let me know how you are evaluating this program. If the research is other federal registry, please provide the name of the registry.	3			
1.01.02	Community Need: Services are based on community need (Copies and examples of data utilized)	3			
1.01.03	Collaborative Services: Services are collaborative in nature, representing coordination of resources and activities with other primary prevention providers e.g. local health departments, community collaborative and DHS prevention programs for women, children, and older adults (Copy of Minutes from meetings, or if collaborative processes are not done in a meeting format, provide a brief narrative).	3			
1.01.04	Supporting Community Coalitions: Services need to be supportive of community coalitions (Meeting Minutes or other information)	3			
1.01.05	School Based Service Provision: No more than 35% of services may be school based and provider must have a way to track percentage. (Data system, and tracking procedure).	3			
1.01.06	Services Focus: Provider services focus on State Priority Areas of Underage Drinking, Underage Tobacco Use, Prescription and Over the Counter Prevention, and Alcohol Related Traffic Crashes.	3			
1.01.07	Subcontracts: Assure for any subcontracted service, activity or product, the Provider/Subcontractor agreement meets all Coordinating Agency requirements, i.e., those services supported in whole or part for which the CA pays, inclusive of co-pays with other sources of funds. This includes Third party insurance, First party insurance and other funding sources.	3			

PREVENTION SITE REVIEW AND PROVIDER PERFORMANCE MONITORING TOOL

	PERFORMANCE REQUIREMENT/STANDARD	Possible Score	Actual Score	FINDINGS/EVIDENCE	Corrective Action Required?
1.02.00	Utilization (Section 10.2 Provider Manual)				
1.02.01	Unit Delivery Targets: Provider is on track for delivering 850 annual units of direct service for each funded Full Time Employee (Monthly data entries and training & evaluation logs).	3			
1.03.00	Evaluation and Performance Improvement (Provider Manual Section 10.3)				
1.03.01	Outcome Evaluation: Provider completes short-term outcome evaluation identifying knowledge, attitude and behavior changes for all programming outside of information dissemination. Providers must be able to demonstrate how they know the program was effective; e.g. What were the goals of the program and were those goals obtained (Evaluation reports, Performance Improvement minutes etc.).	3			
1.03.02	National Outcome Measures: Provider is aware of and attempts, whenever possible, to collect data elements identified in the National Outcomes Measures .	3			
1.04.00	Reporting (Section 10.5 of Provider Manual)				
1.04.01	Monthly Service Reports: Monthly Service Reports are entered into the statewide Prevention Data System by the 10th day of the month following all activities. (Data System)	3			
1.04.02	Monthly Financial Reports: Monthly Financial Reports are completed and submitted by the 10th day of the month.	3			
1.04.03	Prevention Outcomes Report: Prevention Outcomes Report completed by December 15th, following the end of the previous fiscal year.	3			
1.04.04	Budget Amendments: Provider submits Budget Amendments by due date. If no amendments are needed, provider informs Riverhaven that none are needed.	3			
1.04.05	Additional Services Report: Provider on a quarterly basis sends report listing additional services that may be counted toward direct units but can not be entered in the Prevention Data System (i.e. training, evaluation time, community work not associated with direct face to face time, etc.)	3			
1.05.00	Designated Youth Tobacco Use Representative (DYTUR) (Section 10.9 of Provider Manual)				
1.05.01	Law Enforcement Collaboration: Provider works in collaboration with local law enforcement (Documentation of meetings or correspondence).	3			
1.05.02	Involvement in Local Coalitions: Provider is actively involved in local tobacco coalitions or other substance use disorder coalitions if no tobacco coalition is in place (Meeting Minutes).	3			
1.05.03	Non-SYNAR Compliance Checks: Provider needs to complete or work with local law enforcement to complete non-SYNAR compliance checks with a minimum of 10% of area vendors.	3			

PREVENTION SITE REVIEW AND PROVIDER PERFORMANCE MONITORING TOOL

	PERFORMANCE REQUIREMENT/STANDARD	Possible Score	Actual Score	FINDINGS/EVIDENCE	Corrective Action Required?
1.05.04	Vendor Education: Provider completes Vendor Education to a minimum of 10% of area tobacco vendors. Vendor Education should be given priority to 1) Vendors who have failed compliance checks, and 2) New vendors. (list of vendors provided vendor education)	3			
1.05.05	SYNAR Education: Provider provides education to local law enforcement, chamber of commerce, and other community groups on the SYNAR amendment.	3			
1.06.00	DYTUR Reporting (Section 10.9.2 of Provider Manual)				
1.06.01	Youth Access to Tobacco Report: Provider completes and submits, on a timely basis, the Youth Access to Tobacco Activity Report. All areas of the report are to be completed. (Due annually).	3			
1.06.02	Non-SYNAR Monthly Reports: Provider completes Non-SYNAR monthly reports.	3			
1.06.03	Local Vendor List Reporting: Provider checks local vendor list for accuracy by calling or visiting each vendor to verify information and sends corrected for by last business day in February. If the vendor is seasonal, the provider will check that vendor at a future date and report back to the Coordinating Agency Prevention Provider when complete.	3			
1.07.00	Administration				
1.07.01	Prevention Certification: Provider prevention staff has obtained state certification or has a registered development in place.	3			
1.07.02	Corrective Action Plans: The Provider has taken corrective action in all identified areas of concern/non-compliance on the previous Coordinating Agency Administrative Review.	3			
1.07.03	Licensing Requirements: The Provider has taken corrective action in all identified areas of concern/non-compliance on the previous MDCIS Licensing Review.	3			
1.07.04	Level 1 Communicable Disease Training: Prevention staff have completed Level 1 communicable disease training every two years. (Staff training records)	3			
1.07.05	Prevention Data System Accuracy: Provider has a system to check accuracy of data entered into the Prevention Data System. (Review of procedure)	3			
1.07.06	Cultural Competence: Is there a provider policy on cultural competence? RCA contract Attachment A, Services, #1, Letter F	3			
	TOTAL SECTION SCORE	87	0		
Comments:					