



Lenawee  
Livingston  
Monroe  
Washtenaw

# SUBSTANCE ABUSE PREVENTION SERVICES

## PREVENTION PROGRAM MONITORING PROCEDURES

### Monitoring Overview

As stewards of federal and state funds, the CMHPSM has the responsibility to thoroughly monitor and evaluate PIHP-funded prevention programming. In an effort to ensure CMHPSM-funded prevention programs comply with PIHP contractual requirements, LARA CAIT licensing requirements, and proposed programmatic outcomes, and maintain program fidelity, the CMHPSM has implemented a variety of monitoring components. Each monitoring method, as described below, will be implemented to ensure programs are fulfilling statutory obligations, and that they are of benefit to the community in which they are offered. **All monitoring methods and tools are subject to change at the discretion of the CMHPSM.**

### Fiduciary Site Visit Overview

#### ***Site Visit Tool and Frequency of Visits***

Site visits or desk audits are conducted by the CMHPSM Prevention Coordinators every other year, occurring the opposite year of Program Observations, at the fiduciary/contract holder's site. All new providers will receive a site visit the first year of their contract with the CMHPSM. Site visits/desk audits are structured around the SUD Prevention Monitoring Tool (Attachment 1), which includes a variety of review components derived from the CMHPSM's prevention contract with providers, SUD Administrative Rules, LARA licensing requirements, etc. Providers are notified of their site visit date at least two weeks prior to their site visit and are provided with the Monitoring Tool in advance so that they may adequately prepare.

#### ***Data Verification***

Fiduciary site visits also include a program verification component. In order to verify that direct service prevention activities submitted to the Michigan Prevention Data System (MPDS) by providers actually occurred, CMHPSM Prevention Coordinators randomly select MPDS data entries to substantiate at the site visit. Proof of a direct service activity may include activity agendas, notes, minutes, sign-in logs, surveys or other evaluations, etc. Additionally, Prevention Coordinators randomly select specific programmatic outcomes that have been submitted by providers in their quarterly reports to verify reported outcome numbers. To verify outcomes, CMHPSM Prevention Coordinators may request to see copies of completed program surveys, for example. Providers are notified of MPDS record numbers and program outcomes that have been selected for review at least two weeks in advance.

#### ***Recipient Rights***

As Recipient Rights for SUD Prevention applies only to programs that provide a direct selective or indicated service to an individual (e.g. screenings and referrals as part of the Project SUCCESS program), the CMHPSM will not require a review of the Recipient Rights monitoring criteria for those programs that *only* provide Universal Prevention EBIs. However, all CAIT-licensed providers are required to adhere to the LARA regulations regarding Recipient Rights. The CMHPSM requires that all providers receive Recipient Rights training and review Recipient Rights policies and procedures annually.

### ***Provider Scores and Corrective Action Plan***

The Prevention Monitoring Tool is weighted and each criteria is scored. Providers are expected to score 85% or higher; scores below 85% will require a Corrective Action Plan (CAP). Providers will be given two weeks to submit a CAP to the CMHPSM. If the CMHPSM finds that the CAP is not sufficient, they may require additional information. The CMHPSM will follow-up with providers six weeks after their acceptance of the CAP to ensure that providers have successfully implemented their plan.

In situations where providers scored below 75% during their site visit, the CMHPSM will require both a CAP and a return site visit six weeks after their acceptance of the provider's CAP to ensure provider improvement and compliance.

## **Program Observations**

### ***Program Observation Tool and Frequency of Observations***

Program Observations are conducted by the CMHPSM Prevention Coordinators every other year, occurring the opposite year of Fiduciary Site Visit. Providers are requested to submit dates, times, and locations of their CMHPSM-funded prevention programming efforts for a certain period of time via the Prevention Program Observations form provided by the CMHPSM, and programs are selected for observation at random by the Prevention Coordinators. Prevention providers are given at least two weeks advanced notice regarding the program and date, time and location selected for observation. Providers are also provided with the CMHPSM Prevention Observation Tool (Attachment 2) at this time.

### ***Provider Corrective Action Plan***

If the CMHPSM finds that there is a significant issue with the program that is being observed, or that the provider is not maintaining fidelity to the program without prior acknowledgement or CMHPSM approval, the CMHPSM may request a CAP from the provider. Providers will be given two weeks to submit a CAP to the CMHPSM. If the CMHPSM finds that the CAP is not sufficient, they may require additional information. The CMHPSM will follow-up with providers six weeks after their acceptance of the CAP to ensure that providers have successfully implemented their plan. A follow-up observation visit may be scheduled.

## **Quarterly Reports**

The CMHPSM requires that Prevention providers submit quarterly reports regarding the status of their program and progress on their associated outcomes.

### ***Report Requirements***

- ***Tentative First Quarter Report:*** Providers are required to submit First Quarter Performance Questionnaire (Attachment 3) and evaluation tools used to measure program outcomes.
- ***Mid-year Report:*** Providers are required to submit mid-year updates to the EBI Implementation and Evaluation Plan (Example – Attachment 4), CMHPSM Prevention Program Assessment and Fidelity Form (Attachment 5), and Twelve Community Sectors Checklist (coalitions only) (Attachment 6).
- ***Tentative Third Quarter Report:*** Providers are required to submit Third Quarter Performance Questionnaire (Attachment 7).
- ***Year-end Report:*** Providers are required to submit year-end updates to the EBI Implementation and Evaluation Plan, CMHPSM Prevention Program Assessment and Fidelity Form, Program Brief, and Twelve Community Sectors Checklist.

## ***CMHPSM Report Review and Follow-Up***

The CMHPSM Prevention Coordinators thoroughly review all quarterly report documents to ensure that EBI planning activities are being completed and that progress is made towards achieving proposed program outcomes. Coordinators also examine program fidelity, and ensure that funded programs are utilizing appropriate evaluation tools that will effectively measure program outcomes, and that coalitions have engaged all 12 sectors of the community in their efforts.

After reviewing Mid-year Reports, the CMHPSM Prevention Coordinators issue a Program Status Brief (Example – Attachment 8) to providers that provides a status overview of each funded program based on the information submitted by providers in their reports. Status Briefs also include year-to-date MPDS direct service hour units for each program staff, and financial draw-down to date. The Prevention Team may also utilize Status Briefs to request additional follow-up information from providers.

## **Staff Credential Review**

Annually or whenever a staff or sub-contractor change occurs, the Prevention Team will request that providers submit a Direct Staff Credentials Worksheet (Attachment 9) for all staff that are CMHPSM-funded. This worksheet will assist the Team in ensuring that staff have the appropriate credentials to provide prevention services.

Programs that employ staff without sufficient credentials will be put on a provisional status contract, and a CAP will be required until appropriate credentials are maintained.

## **Quarterly Prevention Monitoring Team Review**

The Prevention Monitoring Team, which consists of CMHPSM Prevention Coordinators, Data Coordinator, and Finance Manager, meets quarterly to review Prevention program outcomes, MPDS data entries, and Financial Status Reports. The Team specifically looks for data anomalies and inconsistencies between direct service hours/program outcomes and program expenses. Providers are contacted to address any issues found during Monitoring Team review.

## **Program Briefs**

As the CMHPSM continues to emphasize the use of an effective, data-driven, outcome-based approach to substance abuse prevention, various methods are utilized to promote the applicability of this system, including the development of Program Briefs (Instructions - Attachment 10). Hence, at the end of the fiscal year, providers are required to create Program Briefs to highlight results, spotlight specific interventions/initiatives, and share information in a creative and informative way. Due to the potential for inclusions, providers are free to select the method of data presentation (graphs, charts, anecdotal statements, trend data, etc.). Program Briefs are helpful to promote the effectiveness of substance abuse prevention and inform decision-making bodies and others about prevention efforts in the CMHPSM region (Example – Attachment 11).