Prevention Specialist

1. 01 (LSFHS ID 15) Does the activity log include the correct PBPS prevention strategy/IOM category, or "Other" with detailed description of activity, audience, grade level, and location?

2. 02 (65D-30.013(4)) Does the activity log include the date, duration and location of the activity?

3. 03 (65D-30.013(4)(e)) Does the provider's activity logs include the number of participants?

4. 04 (65D-30.013(4)(a)) Does the activity log describe the target population, including demographics and risk/protective factors?

5. 05 (65D-30.013(4)(c)) Does the activity log provide a clear description of the activity delivered?

6. 06 (65E-14) Does the activity log include staff name and ID?

7. 07 (65E-14) Is appropriate audit documentation maintained (sign-in sheets, supporting records)?

8. 08 (LSFHS ID 15) Are PBPS entries submitted monthly, accurate, and aligned with Block Grant-allowable activities?

9. 09 (LSFHS ID 15) Are errors in PBPS entries corrected within 30 days (or approved extension)?

10. 10 (LSFHS ID 15) Are approved pre- and post-tests administered according to program requirements?

11. 11 (LSFHS ID 15) Is a fidelity self-assessment completed for each implemented evidence-based practice?

12. 12 (LSFHS ID 15) Are outcome/performance data analyzed regularly to inform program adjustments and cost-efficiency?

13. 13 (LSFHS ID 15) Does the program align with the local needs assessment and target the populations/substances identified?

14. 14 (LSFHS ID 15) Does the provider collaborate with coalitions to confirm program alignment with community substance use prevention efforts?

15. 15 (LSFHS ID 15) Are environmental strategies implemented appropriately to modify community or physical environment risk factors?

16. 16 (65D-30.004(19)(a)) Are client records secure from unauthorized access?

Prevention Specialist

17. 17 (65D-30.004(19)(a)) Pertaining to Indicated participants; Is the prevention plan completed within 45 calendar days of placement?

18. 18 (65D-30.004(19)(a)) Pertaining to Indicated participants; Is the prevention plan reviewed/updated every 60 calendar days?

19. 19 (65D-30.004(19)(a)) Pertaining to Indicated participants; Does the plan include goals/objectives to reduce risk and enhance protective factors?

20. 20 (65D-30.004(19)(a)) Pertaining to Indicated participants; Is the prevention plan signed and dated by staff and client?

21. 21 (65D-30.004(19)(a)) Pertaining to indicated participants; Does the client folder document completion of services, summary notes, and follow-up info?

22. 22 (65D-30.004(19)(a)) Is individual participant attendance tracked?

23. 23 (65D-30.004(19)(a)) Are informed consents/ROIs included in client folders?

24. 24 (65D-30.004(12)(c)) Pertaining to indicated participants; Is transfer/referral information documented if the participant moves to another program?

25. 25 (LSFHS ID 15) Are quarterly Program Status Reports submitted, including progress on goals, objectives, performance, and process measures?

26. 26 (LSFHS ID 15) Does the provider implement pre-approved evidence-based practices and follow approval process for new EBPs?