

**State of Oregon**  
**Department of Human Services – Office of Mental Health & Addiction Services**  
 500 Summer Street NE, E-86 • Salem, Oregon 97301-1118

**Prevention Site Review Protocol**

This site review protocol is intended to help funded programs prepare for the site review and allow OMHAS staff the opportunity to review your program before they arrive. Please complete the following information and return it to OMHAS at least one week before your scheduled site review. Please feel free to extract information from your annual report or implementation plan to help complete this form.

<b>PART A: Agency and Program Information</b>			
<i>Administrative information about your agency and OMHAS-funded programs.</i>			
1.	Period Covered by this Site Review: ____/____/____ to ____/____/____	Date(s) of Site Review: ____/____/____ to ____/____/____	
2.	Agency (Legal name and address of organization):		Program ID Number:
	FEIN:	Funding Amount this biennium:	\$
3.	Communities Served Under this Program (write in):		
4.	Name of Person Completing this Form:		Title of Person Completing this Form:
	Agency of Person Completing this Form:		Telephone Number:      Fax Number:
	Address of Person Completing this Form:		E-Mail Address (of person completing this form)
5.	Name of Fiscal Agent Contact Person:		Telephone Number:      Fax Number:
	Fiscal Agency:		E-Mail Address (of fiscal agency contact):
6.	Date form Completed ____/____/____		

## PART B: Agency Capacity and Project Administration

The information requested in this section addresses your agency's operational structure and resources. It will be used to assess your agency's ability and readiness to implement the funded program(s).

### WRITTEN POLICIES AND PROCEDURES

1. **Indicate whether your agency has each of the following. Be prepared to share or discuss anything marked "Yes" with your OMHAS Site Reviewer.** (check one box on each line).

Does the agency have...	<u>Yes</u> (Formal/Written)	<u>Yes</u> (Informal)	<u>No</u>
Prevention framework to guide efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current mission/vision/values statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational management chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-discrimination policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy for addressing gender specific services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### STAFFING

2. **Indicate whether your agency has each of the following. Be prepared to share or discuss anything marked "Yes" with your OMHAS Site reviewer.** (check one box on each line).

Does the agency have...	<u>Yes</u> (Formal/Written)	<u>Yes</u> (Informal)	<u>No</u>
Current and accurate job descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff orientation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional training and development plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff certification plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff recruitment and retention policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **How many adult staff are employed by your agency in total AND on the project(s) funded by OMHAS under review during this site review? Please answer both in terms of the actual number of staff members as well as the number of full-time employees (FTE's) that they represent. For example, if you have 4 full-time staff members and 3 half-time staff, you have 7 staff members representing 5.5 FTE staff.** (write in answers to all items)

- a) **All Agency Staff** (including OMHAS-funded project and administrative staff): \_\_\_\_\_
- b) **OMHAS-Funded Project Staff Only:** \_\_\_\_\_ Number of staff members equivalent to \_\_\_\_\_ FTE.
- c) **Number of Volunteers** assigned to the OMHAS-funded projects: \_\_\_\_\_
- d) **Total Volunteer Hours Per Week** (if applicable): \_\_\_\_\_

4. In the table below, list all staff members on the project(s) funded by OMHAS under review during this site review. Provide (1) each individual’s name, (2) their project position, (3) the number of hours that they work per week on this project, (4) their project responsibilities, and (5) a description of any other work that they do for your agency. Attach another sheet or continue on the back if you need more room.

Name	Project Position	Project Hours Per Week	Project Responsibilities	Other Agency Work

5. Have there been any changes, additions, or vacancies during the period covered by this site review in staffing on the OMHAS-funded project(s)? *(check one)*

Yes       No

If “Yes”, describe the staff changes/additions/vacancies, the reason for these conditions, and the way in which your agency handled or plan to handle these conditions.

**REFERRAL AND ANCILLARY SERVICES**

6. Check the appropriate box for the type of services your agency provides. (*check all that apply*)

- Universal       Selective       Indicated       Other: \_\_\_\_\_

7. What, if any, other similar prevention programs does your agency have and what are the funding sources?

SOURCE	FOCUS/OBJECTIVES
<b>FEDERAL</b>	
<b>STATE</b>	
<b>OTHER</b> (Identify Source)	

8. Describe your agency’s referral processes. Please include information about processes used *both* for referring clients into your programs and out of your agency for services not provided by your agency.

9. **List the agencies with which your OMHAS-funded project has formal or informal collaborative agreements (e.g., agreements to share resources, refer clients, etc.).** List the names of the agencies and provide a brief description of the agreement and any results of these collaborations. A *formal* agreement is written and sanctioned by your agency leadership. An *informal* agreement is understood by both agencies but not formalized. *Please attach another sheet if you need more room.*

Type of Collaborating Agency	Names of Agencies	Description of Agreement and Results of Collaboration
Business Community		
Faith Community (e.g., Clergy)		
Grassroots Community Organizations (e.g., Neighborhood Associations)		
Health Care Sector (e.g., Physicians, Hospitals)		
Law Enforcement		
Local Government (e.g., Town or City Government)		
Local Media (e.g., Newspaper, Radio, TV)		
Non-Governmental Health/Social Service Providers (e.g., Family Services)		
Schools		
Volunteer Service Organizations (e.g., Lions Club, Rotary)		
Youth Services Agencies (e.g., YMCA, Boys/Girls Club)		

## RECORD KEEPING AND FILE VERIFICATION

10. Indicate whether your agency has up-to-date, *formal/written* records of each of the following for the OMHAS-funded project(s) under review during this site review. Be prepared to share anything marked “Yes” with your OMHAS Site Reviewer. Provide explanation for anything marked “Not Applicable.” (check one box on each line)

Do you have formal/written records of....	Yes	No	Not Applicable	If “Not Applicable,” explain why:
Insurance and legal forms pertinent to the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agreements with subcontractors for professional services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agreements with other agencies/organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program activities/interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program curricula materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program participants (number, demographics, participation level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Program publicity/media coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluation activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study participant consent forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Institutional Review Board (IRB) proceedings (review to guarantee protection of human subjects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Background checks/clearances for staff and/or volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## PART C: Project Information

### EVALUATION

11. **Who is primarily responsible for the evaluation of your project (i.e., tracking its progress)?**
- Project Staff Person (write in name) \_\_\_\_\_
- Contracted Evaluator (write in name) \_\_\_\_\_
- Other (write in name) \_\_\_\_\_
- No Evaluator/Evaluation (please explain) \_\_\_\_\_
12. **Briefly describe how you are tracking the progress and impact of your project(s). Include a description of your (a) process evaluation activities (is the project implemented as planned – description of materials and activities) and (b) outcome evaluation activities (what impact does the project have – assessment of achievements and effects).**
- a) **How are you tracking your process evaluation activities?** (Examples of process evaluation activities include tracking the number of program participants or number of people served, tracking whether program sessions are implemented as planned, keeping formal records of meetings, etc.)
- b) **How are you tracking your outcome evaluation activities?** (Examples of outcome evaluation activities include tracking changes in participant knowledge and attitudes as a result of the program, assessing improvement in quality of services as a result of the program, etc.)
13. **Identify any evaluation instruments you have utilized during the period covered by this site review: (1) describe the instrument; (2) describe what it is intended to measure; and (3) explain how and when it was administered during this reporting period. Be prepared to share these instruments during the site review. See the sample below for guidance.**

Description of Instrument	Intended to Measure	How and When Utilized
Middle school student survey	Health knowledge, attitudes, and behaviors	Administered to all public middle school students at the beginning and end of the school year.

## SUSTAINABILITY

14. Identify any **additional resources** that you have obtained to enhance your OMHAS-funded projects (check one box on each line)

	Yes	No	→ If “Yes” explain funding obtained
<b>Grants</b> Short term, specific initiatives, federal or state government, foundation	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Gifts</b> Restricted or Unrestricted	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Membership</b> Fees	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Underwriting/Sponsorship</b> Businesses, Chambers of Commerce, rotary Clubs, Masons, Animal Clubs (Elks, Lions, etc.) may sponsor or underwrite specific programs & services	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Events</b> Fundraising activities and awareness events	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fee-for-Service</b> Sliding scales dependent upon income	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sale of Products or Services</b> Products (t-shirts, stickers, cook books, etc.) sold to support programs and services	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Non-Profit Business Affiliate</b> A for-profit business created separate from 501(c)(3) and profit supporting programs and services	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Bequests</b> Money willed to a group	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Endowment Funds</b> Donated funds, may be restricted or unrestricted	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Awards</b> Party applies to competition and receives funding	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Special Taxes</b> Taxes set aside to support a particular program	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Program of Government</b> Local government subsidizes program activities, police department, town funds, Community Development Block Grants	<input type="checkbox"/>	<input type="checkbox"/>	

15. Describe your plans for continuing the work (e.g., what program components will remain). Please describe any efforts you have made or will make to institutionalize your program in the community.



**18. Describe any significant changes made to your project during the period covered by this site review. This includes changes related to program implementation, evaluation, or other issues.**

Implementation Changes

Evaluation Changes

Other Changes



## **PART F: Additional Information for OMHAS**

23. **Is there anything else that you would like to share with OMHAS or discuss during the upcoming site review?**

## **PART G: Records Review**

**Be prepared to share the following materials with OMHAS during the site review.** (*You do not have to fill in any information in this section.*)

- 1. OMHAS-funded project materials**
  - a)** Curricula materials (e.g., manuals, videos).
  - b)** Evaluation instruments (e.g., surveys, and interview questions, curriculum fidelity checklists).
  - c)** Evaluation reports (e.g., report on results from a student survey, needs assessment summary).
  - d)** Other supporting materials (e.g., tracking of project participants, description of program components).
  
- 2. Agency materials identified in “Part B: Agency Capacity and Administrative Project Management”**
  - a)** *Written Policies and Procedures* – Prevention framework to guide efforts; Current mission/vision/values statement; Organizational management chart; Anti-discrimination policy.
  - b)** *Staffing Materials* – Current and accurate job descriptions; Staff orientation process; Professional training and development plans; Staff certification plans.
  - c)** *Record Keeping and File Verification* – Insurance and legal forms pertinent to the program; Agreements with subcontractors for professional services; Agreements with other provider agencies; Program activities/interventions; Program meetings; Program curricula materials; Program participants (number, description, participation); Program publicity/media coverage; Evaluation plan; Evaluation activities; Study participant consent forms; Institutional Review board (IRB) proceedings; Police clearances for staff and/or volunteers

**Thank you for completing this information.**

**Please return your completed for to OMHAS at least one week prior to your site review.**