*** DRAFT - NOT YET FILED ***

5122-29-20 **Prevention services.**

On and after the effective date of this rule, prevention services is not a certifiable service of the department for purposes of division (A) of section 5119.35 of the Revised Code. The purpose of this rule is to specify a definition of prevention services and best practice standards for the provision of prevention services in this state.

(A) General definitions

(1) "Adverse childhood experiences" or "ACES" mean potentially traumatic events that occur during childhood (ages 0-17 years of age). "Adverse childhood experiences" include physical and emotional abuse, neglect, caregiver mental illness, and household violence.

(2) "Coalition" means a group of diverse organizations and constituent groups working together, using a comprehensive public health approach and data driven planning process, toward a common goal of reducing the local incidence, prevalence, and consequences of adverse public health events such as suicide and substance use.

(3) "Culturally relevant" means the service delivery system that utilizes population health data to respond to the cultural, linguistic, beliefs, and practices of the community as demonstrated through readiness, resource, and needs assessment activities; capacity development efforts; engaging stakeholders in planning; sound implementation science; and evaluation, quality improvement, and sustainability activities.

(4) "Direct services" mean interactive prevention interventions that necessitate personal contact with individuals or groups to influence individual-level change. "Direct services" include classroom-based programming, parent programs, training, and coalition building.

(5) "Evidence-based" means a program, practice, policy, strategy, or intervention that has been identified as effective by a nationally-recognized organization, a federal agency, or agency of this state and has produced a consistent, positive pattern of results on the majority of the intended recipients or target population.

(6) "Evidence-informed" means practices, strategies, policies, or interventions that were developed based on the best research available in the field. These activities have a strong scientific basis for their use and there is confidence from recognized institutions that these will have a consistent positive pattern of results or fit within prevention best-practice frameworks.

(7) "Indirect services" means population-based prevention interventions that necessitate sharing resources and collaborating to contribute to community-level change. "Indirect services" include compliance checks, media campaigns, advocacy, resource development, and strategic planning.

*** DRAFT - NOT YET FILED ***

(8) "Protective factor" means a characteristic at the biological, psychological, family, or community level that is associated with a lower likelihood of adverse outcomes or that reduce the negative impact of a risk factor on problem outcomes.

(9) "Public health approach" means a model that attempts to prevent or reduce a particular illness or social problem in a population by identifying risk factors and implementing strategies to improve conditions.

(10) "Risk factor" means a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of adverse outcomes.

(11) "Screening" means a process that identifies risk factors or early behaviors that make MEB disorders or population level outcomes more likely and can be carried out at the individual, group, and community level. Screening segments a portion of those screened who could benefit from additional interventions, including a referral for a diagnostic assessment.

(12) "Social determinants of health" means conditions in places where people live, learn, work, and play that affect a wide range of health risks and outcomes. "Social determinants of health" include economic stability, education, health and healthcare, neighborhood and environment, and social and community context.

(13) "Trauma-informed" means a program, organization, or system that does all of the following: (a) realizes the widespread impact of trauma and understands potential paths for recovery; (b) recognizes the signs and symptoms of trauma in clients, families, staff, community, and populations involved with the system; (c) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (d) seeks to actively resist re-traumatization.

(B) Definition of prevention services

"Prevention services" means a planned sequence of culturally relevant, evidence-based strategies, developed within a comprehensive public health approach, designed to reduce the likelihood of or delay the onset of adverse individual or population outcomes and/or diagnosable disorders. "Prevention services" include direct services and indirect services and combine the use of the evidence-based strategies in paragraph (C) of this rule in appropriate proportions.

(C) Evidence-based prevention strategies

(1) Education: This strategy increases knowledge and skills, as well as influences attitude or behavior. This strategy does not include education provided as a

*** DRAFT - NOT YET FILED ***

component of treatment services.

(2) Environmental: This strategy seeks to establish or change standards or policies that will reduce the incidence and prevalence of behavioral health problems in a population.

(3) Community-based process: This strategy focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building, or networking. This strategy is essential to effectively implementing environmental strategies that will impact social determinants of health.

(4) Alternatives: This strategy focuses on providing opportunities for positive behavioral support that reduce risk taking behavior and reinforce protective factors achieved through attachment and bonding to families, schools, communities, and peers. The opportunities are to be provided as part of a larger comprehensive prevention effort.

(5) Information dissemination: This strategy builds knowledge and awareness of the nature and extent of risk and protective factors related to MEB disorders and their effects on individuals, families, and communities.

(6) Problem identification and referral: This strategy focuses on identifying individuals who exhibit behavior or risk indicators and referring them for prevention interventions, clinical assessment, or services. An example of this strategy is universal screening in a school.

(D) Best practice standards

The department encourages providers of prevention services to provide prevention services in accordance with the following best practice standards:

(1) Use at least one of the following evidence-based prevention strategies described in paragraph (C)(1), (C)(2), or (C)(3) of this rule: education, environmental, or community-based process.

(2) Use prevention interventions that are evidence-based or evidence-informed by prevention science as demonstrated by one of the following:

(a) A theory of change that is documented in a logic or conceptual model;

(b) A description of the intervention in a national registry or peer-reviewed journal;

(c) Documentation that the intervention has been implemented showing a consistent pattern of positive results; or

*** DRAFT - NOT YET FILED ***

(d) Documentation that the intervention has been reviewed and found appropriate by a panel of informed prevention experts or key community leaders that includes a description of each reviewer's qualifications.

(3) Implement interventions that are targeted to various populations based on the following levels of risk:

(a) Universal: Targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

(b) Selective: Targeted to individuals or a subgroup of the population whose risk of developing mental, emotional, or behavioral disorders is significantly higher than average.

(c) Indicated: Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow an MEB disorder, as well as biological markers that indicate a predisposition in a person for such disorder prior to a clinical diagnosis.

(4) Within a targeted population, implement interventions by considering all of the following:

(a) Conceptual fit addressing identified risk and protective factor priorities;

(b) Cultural relevance and support from key prevention stakeholders;

(c) Adverse childhood experiences and trauma-informed implications; and

(d) Age and gender appropriateness.

(5) Employ or contract with either or both of the following to provide prevention interventions:

(a) Licensed, certified, or registered individuals, consistent with agency 5122 of the Administrative Code regarding eligible providers and supervisors, who are able to show (i) prevention competency within the professional scope of practice of the appropriate license, certification, or registration issued by a regulatory board of this state and (ii) compliance with the supervisory and ethical mandates identified by such regulatory board.

(b) Prevention specialist assistants, prevention specialists, or prevention consultants certified under Chapter 4758. of the Revised Code who are working within their professional scope of practice and are supervised in accordance with rules 4758-6-08, 4758-6-09, and 4758-6-10 of the

*** DRAFT - NOT YET FILED ***

Administrative Code.

(6) Have a process to ensure volunteers assisting with prevention interventions are supervised by one or more individuals who are eligible, in accordance with agency 5122 of the Administrative Code regarding eligible providers and supervisors, to supervise within the applicable professional scope of practice.

(7) Have a procedure for prevention service providers to document their workforce development and continuing education hours for purposes of staying current with the latest developments in prevention science.

(8) Have a procedure for referring individuals participating in prevention services to all of the following when a need is identified:

(a) Substance use, problem gambling, or other mental health disorder treatment and primary care health services;

(b) Social services; and

(c) Community resources.

(9) Have a plan for evaluating the effectiveness of the prevention services it provides.

(10) Have a plan to maintain documentation for the prevention services it provides.