

5122-29-20 Prevention service.

(A) Prevention services are a planned sequence of culturally relevant, evidenced-based strategies; which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders. Prevention services shall:

- (1) Be intentionally designed to reduce risk or promote health before the onset of a disorder; and,
- (2) Be population-focused and targeted to specific levels of risk.

Prevention services are reserved for interventions designed to reduce the occurrence of new cases of MEB disorders, and shall not be used for clinical assessment, treatment, recovery support services, relapse prevention or medications of any type.

(B) "Coalition" means a collaboration of groups or individuals which have agreed to work together towards a common goal of reducing local incidence, prevalence, and consequences of MEB disorders.

(C) "Culturally relevant" means the service delivery systems respond to the needs of the community demonstrated through readiness, resource and need assessment activities; capacity development efforts; engaging stakeholders in planning; sound implementation science; evaluation and quality improvement and sustainability activities.

(D) "Evidenced-Based" means an intervention that has been identified as effective by a nationally recognized organization, a federal, or state agency, and has produced a consistent positive pattern of results on the majority of the intended recipients or target population. The intervention must also be implemented to fidelity as defined by the developer; and provided or supervised by licensed, certified, or registered professionals in accordance with paragraph (B) of rule [5122-29-30](#) of the Administrative Code.

(E) "Mental, emotional, or behavioral" (MEB) disorder means a diagnosable mental illness or substance use disorder.

(F) Levels of risk are:

(1) Universal: targeted to the general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

(2) Selective: targeted to individuals or to a subgroup of the population whose risk of developing MEB disorders are significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a MEB disorder. Those risk factors may be at the individual level for non-behavioral characteristics (e.g., biological characteristics such as low birth weight), at the family level (e.g., children with a family history of substance abuse but who do not have any history of use), or at the community/population level (e.g., schools or neighborhoods in high-poverty areas).

(3) Indicated: targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow MEB, as well as biological markers which indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention.

(G) Mandatory strategies: In order to be certified prevention providers must provide at least one of these strategies:

(1) Education: This strategy focuses on the delivery of services to target audiences with the intent of influencing attitude or behavior. It involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator or facilitator and participants is the basis of the activities. Activities influence critical life skills and social or emotional learning including, but not limited to, attachment, emotional regulation, empathy, family and social connectedness, decision-making, refusal skills, critical analysis, and systematic judgment abilities.

(2) Environmental: This strategy seeks to establish or change standards or policies to influence the incidence and prevalence of behavioral health problems in a population. Activities address family, social, neighborhood, school or community norms and seek to reduce identified risk factors and increase protective factors; this is accomplished through media, messaging, policy and enforcement activities conducted at multiple levels.

(H) Supporting strategies: In addition to the strategies in paragraph (G) of this rule, prevention providers must provide at least one of the following strategies in order to be certified:

(1) 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.

(2) Alternatives: This strategy focuses on providing opportunities for positive behavior support as a means of reducing risk taking behavior, and reinforcing protective factors. Alternative programs include a wide range of social, cultural and community service or volunteer activities.

(3) Information dissemination: This strategy focuses on building awareness and knowledge of behavioral health and the impact on individuals, families and communities, as well as the dissemination of information about prevention services. It is characterized by one-way communication from source to audience.

(4) Problem identification and referral: This strategy focuses on referring individuals who are currently involved in primary prevention services and who exhibit behavior that may indicate the need for behavioral health or other assessment. This strategy does not include clinical assessment or treatment for behavioral health. It also does not include SBIRT.

(I) Prevention providers must demonstrate that prevention interventions are:

(1) Culturally relevant;

(2) Age appropriate;

(3) Gender appropriate; and,

(4) Targeted toward multiple settings within the community.

(J) Prevention providers must document procedures for referring consumers to the following:

(1) Alcohol addiction, drug addiction, mental health, gambling addiction and primary care health services;

(2) Social services; and,

(3) Community resources.

(K) Prevention providers must document an evaluation process for the following:

(1) Prevention interventions (2) Prevention workforce development activities

(L) Volunteers

(1) Volunteers assisting with universal prevention interventions must be monitored by an eligible provider other than an Ohio registered applicant.

(2) Volunteers assisting with selective or indicated prevention interventions must be monitored by personnel that are eligible to supervise prevention personnel as set forth in rule [5122-29-30](#) of the Administrative Code.

(M) Prevention service providers are not required to keep records of individuals who receive prevention services. Any records which are kept shall be kept in manner compliant with the confidentiality requirements of 42 C.F.R. and HIPAA.

(N) Educational entities under the jurisdiction of the Ohio department of education or the Ohio board of regents are exempt from the prevention certification rule.

(O) Coalitions providing services as defined in both paragraph (G)(2) of this rule and either paragraph (H)(1) or (H)(3) of this rule are exempt from the prevention certification rule.

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