AUTHENTICATED,
OHIO LEGISLATIVE SERVICE
COMMISSION
DOCUMENT #311778

Ohio Administrative Code

Rule 5122-29-20 Prevention services.

Effective: October 1, 2023

(A) As used in this rule:

(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) "Brief intervention" means a time-limited, structured behavioral health intervention using techniques such as motivational engagement that are personalized to reduce risk and encourage behavior change.

(3) "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 mental, emotional, and behavioral (MEB) disorders.

(4) "Culturally relevant" means the service delivery system response 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.

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

(6) "Early intervention" means an integral part of the continuum of prevention services that includes providing early services and supports after serious risk factors have been identified. These interventions are implemented to halt or slow the impact of those risks and indicators of MEB disorders in the earliest stages.

(7) "Evidenced-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.

(8) "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.

(9) "Indirect services" mean population-based prevention interventions that require sharing resources and collaborating to contribute to community-level change. "Indirect services" include compliance checks, media campaigns, advocacy, and resource development.

(10) "Mental, emotional, and behavioral health (MEB) development" or "MEB development" means a product of complex neurobiological processes that interact with characteristics of the physical and social environment, beginning before conception and continuing through and beyond adolescence.

(11) "Mental, emotional, and behavioral health disorders" or "MEB disorders" mean a number of conditions that exist on a continuum, including mental and substance use disorders, while including a broader range of concerns associated with problem behaviors in youth.

(12) "Mental health promotion" means actions supporting the development of protective factors and healthy behaviors that can help promote healthy MEB development and prevent or reduce risk factors that could lead to the development of a diagnosable MEB disorder.

(13) "Prevention services" means a planned sequence of culturally relevant, evidence-based strategies designed to reduce the likelihood of or delay the onset of MEB disorders. "Prevention services" include direct services and indirect services.

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

impact of a risk factor on problem outcomes.

(15) "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.

(16) "Resiliency" means the ability to adapt and grow in response to adversity, stress, or trauma. Building resiliency includes a focus on strategies that mitigate risk and build protections in individuals and communities that prevent adverse childhood experiences and other risks that contribute to MEB disorders.

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

(18) "Screening" means a process that identifies risk factors or early behaviors that make MEB disorders 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.

(19) "Social determinants of health" mean 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 built environment, and social and community context.

(20) "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, and others 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.

(21) "Workforce development" means learning opportunities designed to increase knowledge, skills, and abilities of the workforce and includes training, conferences, virtual learning webinars, and communities of practice.

(B) Prevention services involve a continuum of coordinated efforts developed within a comprehensive public health approach combining the use of the following evidence-based strategies in appropriate proportions. Mental health promotion and early intervention are part of this continuum and use a combination of the approaches and methods described in paragraphs (B)(2) and (3) of this rule.

(1) Evidence-based prevention strategies

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

(b) 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.

(c) 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.

(d) 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.

(e) 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.

(f) 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.

(2) Mental health promotion involves the use of one or both of the following approaches:

(a) Universal efforts to enhance an individual's ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion, as well as strengthening their ability to cope with adversity by targeting skills (such as self-regulation, self-efficacy, goal setting, and building positive relationships) that build resiliency;

(b) Actions to strengthen the policy environment and use of strategic communication for network building, stakeholder engagement, enhanced mental health literacy, and behavior change.

(3) Early intervention involves the use of both of the following methods:

(a) A comprehensive developmental approach that is collaborative, culturally relevant, and geared toward skill development or increasing protective factors; and

(b) Services and supports that are provided to individuals and families prior to receiving a clinical diagnosis, are usually included in the indicated category, and most often use education and problem identification and referral strategies, such as screening and brief interventions.

(C) Subject to paragraph (D) and except as provided in paragraph (G) of this rule, a provider that seeks to receive the government funds described in division (B) of section 5119.36 of the Revised Code for its prevention services is to have those services certified by the department of mental health and addiction services by meeting all of the following standards:

(1) The provider uses at least one of the following evidence-based prevention strategies described in paragraph (B)(1)(a), (b), or (c) of this rule: education, environmental, or community-based process.

(2) All prevention interventions used by the provider 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

(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) The provider is implementing 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, the provider is implementing 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) The provider employs or contracts with either or both of the following to provide prevention

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interventions:

(a) Licensed or certified individuals, consistent with paragraph (B) of rule 5122-29-30 of the Administrative Code, 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 requirements 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 Administrative Code.

(6) The provider has a process to ensure volunteers assisting with prevention interventions are supervised by one or more individuals who are eligible, in accordance with rule 5122-29-30 of the Administrative Code, to supervise within the applicable professional scope of practice.

(7) The provider has 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) The provider has 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) The provider has a plan for evaluating the effectiveness of the prevention services it provides and its workforce development approaches.

(10) The provider has a plan to maintain, in accordance with paragraph (E)(3) of rule 5122-27-01 of the Administrative Code, documentation for the prevention services it provides.

(D) A provider that is a coalition is not subject to the certification requirement in paragraph (C) of this rule until July 1, 2025.

The applicability of paragraph (C) on providers that are coalitions, beginning July 1, 2025, does not prohibit a board of alcohol, drug addiction, or mental health services from doing any of the following:

(1) Participating as a member or convener of a coalition;

(2) Serving as a fiscal or administrative agent for a coalition;

(3) Providing staff support for a coalition;

(4) Submitting an application for certification on a coalition's behalf, as long as the board indicates the coalition's name in the space designated for the provider's "doing business as" name and all other information the board submits as part of the application is about the coalition as the provider.

As provided in section 340.037 of the Revised Code, a board of alcohol, drug addiction, or mental health services is not permitted to provide prevention services except as permitted under that section.

(E) A provider that is a coalition, and that is not requesting deemed status according to rule 5122-25-02 of the Administrative Code, is to file an application according to the procedure in rule 5122-25-03 of the Administrative Code except that the coalition is only required to submit as part of the application all of the following:

(1) The items specified in paragraphs (A)(1)(a)(i), (iii) to (ix), (xi), (xii), and (xiv) of rule 5122-25-03 of the Administrative Code;

(2) The address and telephone number the coalition uses for legal notice and correspondence;

(3) A written description of the coalition's governance structure and a written table of organization or organization chart;

(4) Upon request of the department and if applicable, the corporate information specified in paragraph (A)(1)(b) of rule 5122-25-03 of the Administrative Code.

(F) A provider that is a coalition and that is seeking certification under this rule is exempt from the certification fee for prevention services specified in rule 5122-25-08 of the Administrative Code.

(G) All of the following are not subject to the certification requirement in paragraph (C) of this rule, although each may attain certification on a voluntary basis:

(1) An educational entity under the jurisdiction of the Ohio department of education or Ohio department of higher education;

(2) A board of health of a general or city health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code that has received accreditation from the public health accreditation board;

(3) A faith-based organization that is actively working with a provider certified under this rule, as verified in writing by that provider;

(4) A county family and children first council established under division (B)(1) of section 121.37 of the Revised Code.

(H) A provider whose prevention services have been certified pursuant to this rule is not required to keep records of individuals who receive prevention services. Any records which are kept, however, are to be kept in compliance with the requirements of 42 C.F.R. part 2 and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 C.F.R. part 160 and subparts A and E of part 164.