OhioMHAS Prevention Services Guidance Document

Office of Prevention Services
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Prevention in Ohio is grounded in the public health model, which focuses on improving the well-being of populations. Public health draws on scientific foundations that are multi-disciplinary and engage the entire community through the social-ecological model. Prevention aims to reduce underlying risk factors that increase the likelihood of mental, emotional and behavioral (MEB) health disorders and simultaneously to promote protective factors that decrease MEB health disorders. MEB health disorders include but are not limited to substance use disorders, mental illness, suicide, problem gambling, etc.

This document demonstrates the continuum of prevention-based services for MEB health disorders and contains definitions and explanations of how the six prevention strategies can be used to support comprehensive prevention efforts. Ohio's prevention system is fortunate to have several funding sources to provide prevention services; however, *it is imperative to match the selection of services with the appropriate funding source to obtain the desired outcome for the population you are serving.* This document provides guidance for funding, including what funding source can be utilized for each service, and takes into consideration the requirements of different funding sources.

I. Definitions

Prevention

Prevention promotes the health and safety of individuals and communities. It focuses on reducing the likelihood of, delaying the onset of, or slowing the progression of or decreasing the severity of MEB health disorders.

Prevention services are a planned sequence of culturally appropriate, science-driven strategies intended to facilitate attitude and behavior change for individuals and communities. They can be direct or indirect.

- **Direct Services:** Interactive prevention interventions that require personal contact with small groups to influence *individual-level change (ie: classroom based program, parenting program, community training, etc.).*
- **Indirect Services:** Population-based prevention interventions that require sharing resources and collaborating to contribute to *community-level change (ie: compliance checks, media campaigns, advocacy, etc.).*

The term **primary prevention** is reserved for interventions designed to reduce the occurrence of new cases of MEB health disorders (IOM, 2009). Two criteria define primary prevention efforts:

- First, prevention strategies must be intentionally designed to reduce risk or promote health before the onset of a disorder.
- Second, strategies must be population-focused and targeted either to a universal population or to sub-groups with known vulnerabilities (selective and indicated populations) (IOM, 2009).

Primary prevention should include a variety of strategies that prioritize populations with different levels of risk. Specifically, prevention strategies can be classified using the Institute of Medicine Model of Universal, Selective, and Indicated, which classifies preventive interventions by priority population. The definitions for these population levels of risk are:

- **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" (IOM, 2009 p. xxix).
- **Selective:** "Targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional or behavioral disorders is 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 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)" (IOM, 2009 p. xxviii).
- **Indicated:** "Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorder, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention" (IOM, 2009 p. xxvi).

*These **primary prevention** interventions are fundable by any OhioMHAS prevention funding stream.*

Early Intervention

Early intervention is an integral part of the continuum of prevention-based services. These interventions happen after serious risk factors have already been discovered or early in disease progression soon after diagnosis. The goal is to halt or slow the progress of disease in its earliest stages. Early interventions are implemented through a comprehensive developmental approach that is collaborative, culturally sensitive, and geared towards skill development and/or increasing protective factors. ***These primary prevention services provided prior to assessment are usually included in the Indicated intervention category, and most often are Education, Problem Identification and Referral strategies, including screening.***

The only ***OhioMHAS prevention funding streams that can fund early intervention services are Problem Gambling, targeted General Revenue Funds (State GRF), Early Childhood Mental Health (ECMH), and if applicable the Mental Health Block Grant.*** These services can also be funded by local levy funds and other funds from foundations or other public or private organizations, etc. While early intervention and those interventions implemented to slow the progression or decrease the severity of a MEB health disorder are allowable prevention services, *the SAPT Block Grant primary prevention funding cannot be used on these services.*

Recovery Support

Recovery support or relapse prevention focuses on helping people manage complicated, long-term health problems such as diabetes, substance use disorders, mental health disorders, etc. The goal is to prevent further physical deterioration and maximize quality of life. Ohio's definition of recovery is, "the personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions."

Activities or interventions that are implemented to assist individuals with maintaining their recovery of an MEB health disorder are not classified as prevention services. These services are identified as recovery support or services that support individuals' abilities to live productive lives in the community. *Therefore,*

recovery services are not considered prevention services and cannot be funded by any OhioMHAS prevention funding stream, without exception. The Problem Gambling fund, however, is intended for the full continuum of care from prevention to treatment and recovery supports.

Therefore, **primary prevention** services *exclude* clinical assessment, treatment, recovery support services, relapse prevention, case management (individualized assistance and advocacy to ensure that needed services are offered and procured) or medication services of any type. It also *excludes* working with only one individual at a time except in instances when a prevention professional must use the *Problem Identification & Referral Strategy* to screen and refer an individual enrolled in a direct prevention service that is identified as possibly needing or being able to benefit from services that exceed the scope of prevention.

Health Promotion

Health promotion interventions are universal efforts to enhance an individual's ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, social inclusion, and to strengthen their ability to cope with adversity (IOM, 2009 p.66). These services can be provided across the entire continuum of care. Most of these services can be funded by local levy funds, state funds and other funds such as foundations, civic organizations, etc. *Limited services in this category that meet the primary prevention definition may be funded under the SAPT Block Grant.*

Harm Reduction

Harm reduction is a set of ideas and interventions that reduce the harms associated with both drug use and ineffective drug policies. Harm reduction stands in stark contrast to a punitive approach to problematic drug use—it is based on acknowledging the dignity and humanity of people who use drugs and bringing them into a community of care in order to minimize negative consequences, promoting optimal health and social inclusion. These activities reduce the harms of use such as health issues, overdose, etc., and are not considered primary prevention. As a result, they cannot be paid for with SAPT BG funds. *Training* for such interventions and activities would fall under the *community-based* process strategy since community members are receiving training, and this would be an allowable *primary prevention service. Purchasing Naloxone, needle exchange and implementing other types of harm reduction intervention is not allowable.* Harm reduction activities are sometimes necessary throughout the continuum of care and can be paid for with other funding.

Equity and Inclusion

Advancing equity and inclusion is at the core of the work of the prevention field. Communities need to identify how the structural drivers of inequity, like racism and income inequality (Social Determinants of Health), impact communities and make good health unattainable. Primary Prevention is a key strategy for eliminating these inequities. *Ohio's Executive Response: A Plan of Action to Advance Equity*, National CLASS Standards and other equity frameworks can be helpful with efforts to achieve health equity through advocacy, multi-sector engagement and community change.

II. Prevention Strategies

This guidance is based on a model for how the Substance Abuse and Mental Health Services Administration/ Center for Substance Abuse Prevention's (SAMHSA/CSAP) six prevention strategies are to be implemented for the greatest impact in Ohio's communities. Strategies implemented are based on the result of the Strategic Prevention Framework which begins with assessment of needs, resources and readiness conducted as part of the community planning process. This ensures funded prevention interventions will address community risk and protective factors to reduce MEB health disorders. All six strategies in appropriate proportions are needed as part of a comprehensive prevention approach. *Communities receive the greatest*

benefit when a comprehensive public health approach is used that combines all six strategies in the appropriate balance to address the needs of universal, selective and indicated populations in their own unique community (IOM 2009, p.64).

The prevention strategies of community-based process, education and environmental are key prevention strategies, due to the intervention strength they contribute to influencing attitudes, behaviors, policy standards and impacting outcomes at the community and societal levels.

Community-Based Process

The community-based process (CBP) is essential to comprehensive prevention efforts. CBP acts as the foundation for the other five strategies. Without a CBP, none of the other CSAP strategies can be implemented, and if they are, they will not be as effective. Strategies should be selected through a community-based process (e.g. a community coalition or a youth-led program), and not merely by one prevention professional or prevention agency. All other strategies are organized, planned, and implemented as a result of collaboration during a 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 and/or networking. Community-based process activities are essential to effectively implement an environmental strategy. Planning and meeting must result in the selection of either a prevention education or environmental strategy to allow for the return on investment of the community's resources invested in the coalition building, capacity building and planning process.

Education

This strategy focuses on the delivery of services to target audiences with the intent of increasing knowledge and skills as well as influencing attitude and/or behavior. It involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities. Activities influence critical life skills and social/emotional learning including decision-making, refusal skills, critical analysis and systematic judgment abilities.

Environmental

This strategy is designed to establish or change standards or policies that will reduce the incidence and prevalence of behavioral health problems in a population. This is accomplished through media, messaging, policy and enforcement activities conducted at multiple levels in the social-ecological model (considers the complex interplay between individual, relationship, community, and societal factors).

The following three strategies support the implementation of the above key strategies. These are implemented in conjunction with Community-Based Process, Education and Environmental strategies.

- **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/volunteer activities. These activities must be conducted as a part of a larger comprehensive prevention effort and are best when paired with opportunities to build attachment and bonding to families, schools, communities, and peers. Otherwise, they are merely a fun activity that cannot be distinguished from healthy participation in community life.
- **Information Dissemination:** This strategy focuses on building awareness of mental, emotional and 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.
- **Problem Identification & 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 a

behavioral health assessment. This strategy does not include clinical assessment or treatment for behavioral health disorders. Although SBIRT (Screening Brief Intervention and Referral to Treatment) services could be included in this strategy, it cannot be funded by SAPT block grant prevention funds. The Problem Identification and Referral strategy is implemented when an individual enrolled in a direct service is identified as possibly needing or may benefit from services that exceed the scope of prevention.

III. Funding Ohio's Prevention Service System

OhioMHAS primarily supports the prevention service delivery system through allocations to the county Alcohol, Drug and Mental Health Boards. A small amount of grant funds is used to support statewide initiatives.

Prevention Certification

Agencies providing prevention services and strategies funded through OhioMHAS must be certified prevention agencies, unless exempted through administrative rule, and must be staffed by qualified, credentialed individuals as described in administrative rule (http://codes.ohio.gov/oac/5122-29-20). Workforce development expenses specifically related to evidence-based prevention approved by the Ohio Chemical Dependency Professionals Board for prevention registered clock hours are allowable under all funding sources. Allowable expenses include training that contributes to, and the application fee for, the Ohio Certified Prevention Assistant, Specialist, and Consultant credentials and renewals. OhioMHAS prevention funding cannot be used to support training and application expenses for credentials other than the three listed.

Billing Method

Community prevention efforts benefit all Ohioans through a number of programs at the local and state levels. A fee for unit of service billing method is not optimal for funding modern, public health approaches to community prevention because the unit method is based on a treatment model of providing discrete services to individuals. OhioMHAS strongly recommends that communities explore other billing methods that facilitate the integration of OhioMHAS funded strategies with those funded by other federal, state and local entities into a comprehensive plan for collective community impact.

SAPT Block Grant and General Revenue Funding

All prevention interventions funded through Substance Abuse Prevention and Treatment (SAPT) Block Grant and State General Revenue Funds (GRF) must be in alignment with federal prevention National Outcome Measures, be based on data-driven decision-making, provide some level of evidence (according to SAMSHA's definitions of prior effectiveness, and produce measurable outcomes reported annually. See https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf or https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf.

Any activity that is not primary prevention or that is not specifically substance abuse prevention is not permitted to be funded with Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention funding. (See 45 CFR 96.124 and 45 CFR 96.125.) Therefore, services such as Screening, Brief, Intervention & Referral to Treatment (SBIRT), testimonials by individuals in recovery, needle exchanges or other HIV prevention activities, food purchases that are not inherently part of an evidence-based program, case management, which includes continual individualized assistance and advocacy to ensure that needed services are offered and procured or any relapse prevention such as psycho-social education for individuals in recovery are not permitted to be funded with OhioMHAS SAPT Block Grant prevention funds.

Additionally, overdose prevention drugs such as Naloxone or projects related to overdose prevention such as Project DAWN are also *not* permitted to be funded with any OhioMHAS SAPT Block Grant prevention funds, without exception. These types of projects are medical interventions not behavioral health prevention interventions. Although, SAMHSA does allow for SAPT prevention funds to be utilized to support overdose prevention education; therefore, the redirection of primary prevention dollars from community resources to support this effort is unnecessary. The Ohio Department of Public Safety has already developed a local naloxone education assistance training for EMS, which is available free online, and the Ohio Department of Health provides overdose education and naloxone distribution programs in which training is provided by a trained opioid overdose prevention educator. These services can, however, be paid for with General Revenue Funds (GRF), Problem Gambling funds (when a co-occurring Gambling Disorder diagnosis exists), Local Levy funds, Foundation and Philanthropic funding and other funding directly allocated to these types of services.

All OhioMHAS funded prevention services must be in alignment with federal and state funding source priorities and produce measurable outcomes. Different funding sources have varied reporting requirements and restrictions for use of funds.