OhioMHAS Prevention Taxonomy

Office of Prevention & Wellness
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I. Prevention Definitions

Ohio Prevention

Prevention promotes the health and safety of individuals and communities. It focuses on reducing the likelihood of or delaying the onset of behavioral health problems (i.e. substance abuse, mental illness, suicide and problem gambling).

Interventions

Primary 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.
- **Indirect Services:** Population-based prevention interventions that require sharing resources and collaborating to contribute to community-level change.

Primary Prevention

The term "prevention" is reserved for interventions designed to reduce the occurrence of new cases of mental, emotional and behavioral health disorders (IOM, 2009). Two criteria define primary prevention efforts.

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

Therefore, by definition, prevention EXCLUDES clinical assessment, treatment, recovery support services, relapse prevention or medications of any type. It also EXCLUDES working with only one individual at a time except in rare 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. Primary prevention interventions are fundable by all OhioMHAS prevention funding streams.

Early Intervention previously known as Secondary Prevention
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. Secondary interventions are implemented through the use of a comprehensive developmental approach that is collaborative, culturally sensitive, and geared towards skill development and/or increasing protective factors. Therefore, the only OhioMHAS prevention funding stream that can fund these services is Problem Gambling.

Recovery Support previously known as Tertiary Prevention
Recovery support or relapse prevention focuses on helping people manage complicated, long-term health problems such as diabetes, substance abuse disorders, mental illness, etc. The goal is to prevent further physical deterioration and maximizing 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." Therefore, recovery services CANNOT be funded by any OhioMHAS prevention funding stream, without exception.

Health Promotion

Promotion interventions are universal efforts to enhance individuals' ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion, and to strengthen their ability to cope with adversity (IOM, 2009 p.66). Since these services can be provided across the entire continuum of care, only those services that can be considered primary prevention are addressed by this prevention taxonomy. Services such as psychosocial education provided to an individual with a diagnosis would fall within a treatment taxonomy.

Public Health

The focus of a public health approach is on improving the well-being of entire populations by addressing underlying risk factors that increase the likelihood of mental, emotional and behavioral health disorders and of increasing protective factors. Public health draws on a science base that is multi-disciplinary, and engages the entire community using a social ecological model. A public health approach has the following characteristics.

- **Population Focus**: Focuses on, intervenes with and measures the health of the entire population and uses public policy as a central tool for intervention. Works collaboratively across a broad range of systems and sectors.
- **Promoting and Preventing**: Focus on preventing problems before they occur by addressing sources of those problems, as well as identifying and promoting conditions that support optimal behavioral health. Balances the emphasis on behavioral health problems with a focus on positive behavioral health.
- **Determinants of Health**: Places greater emphasis on creating environments that promote and support optimal behavioral health and develop skills that enhance resilience. Malleable factors that are part of the social, economic, physical or geographical environment can be influenced by policies and programs.
- **Process/Action Steps**: Requires implementation of a series of action steps. The public health approach uses a process that is rooted in the scientific method and mirrors the steps of the Strategic Prevention Framework (SPF). Both the public health model and the SPF require the use of data to select and adapt interventions for implementation in local contexts.

Risk Level

- **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)."

Prevention Strategies

- **Education**: This strategy focuses on the delivery of services to target audiences with the intent of 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. The target audience does not include individuals already diagnosed. Prevention education is not equivalent to psychosocial education which is helping a diagnosed individual increase awareness and knowledge of the nature, extent and harmful effects of substance abuse, recovery or relapse.
- **Environmental:** This strategy seeks to establish or change standards or policies to influence 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.
- **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. (This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.)
- **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. (This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.)

- **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. (This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.)
- **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 behavioral health or other assessment. (This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.) This strategy does not include clinical assessment and/or treatment for behavioral health. It also does not include SBIRT.

II. Interaction of Prevention Strategies

This newly updated Prevention Taxonomy is based on a re-conceptualized model for how CSAP's six prevention strategies are to be implemented for the greatest impact in Ohio communities. **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).

- *Prevention education* and *Environmental* strategies **are the two main** prevention strategies, because they have the intervention strength to influence attitude, behavior and status. Therefore, conducting either *Prevention education* or *Environmental* strategies alone is considered prevention. The other four CSAP strategies support the implementation of these two main strategies. All six strategies in appropriate proportions are needed as part of a comprehensive prevention approach.
- *Community-based process* activities are essential to effectively implementing an *environmental* strategy. However, conducting *community-based process* strategies alone is not prevention. 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 processes.
- *Information dissemination* activities create awareness and build knowledge in the targeted populations. However, these activities do not have the proven strength to change attitude and behavior as a stand-alone strategy. Therefore, *information dissemination* activities alone are not prevention. They do provide a foundation for *community-based process* to engage and mobilize communities into action. Although *prevention education* interventions can be implemented without the foundational of *information dissemination* and *community-based process*, these interventions tend to lack the benefits resulting from broad-based community support and opportunities for expansion and quality improvement.
- The *Problem identification and referral* strategy is implemented as an adjunct when an individual enrolled in a direct service is identified as possibly needing or being able to benefit from services that exceed the scope of prevention. Alone, it is not prevention.
- *Alternative activities* are implemented as a celebration of individual or community success and must be an activity that will, through evidence, also contribute to addressing risk/protective factors and/or intervening variables identified in initial program development. Otherwise, it is merely a fun activity that cannot be distinguished from healthy participation in community life. Therefore, *alternative activities* alone are not prevention.

The following graphic provides a visual representation of how the six CSAP Strategies contribute to individual and community-level change. The focus on intended level of change and the interaction of strategies allows for the interventions funded by multiple systems and funding streams to be integrated into one conceptual model for a community.
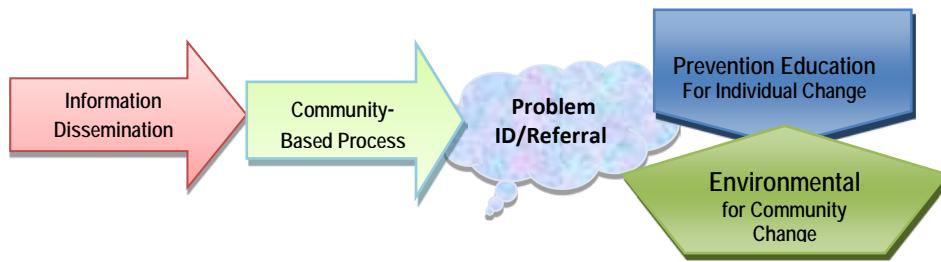
III. Prevention Service System

Support of the prevention service delivery system from OhioMHAS is primarily through allocations and pass through grants to the Alcohol Drug Addiction Mental Health/Alcohol and Drug Addiction Services (ADAMHS/ADAS) and Community Mental Health Services Boards (CMHS). A small amount of funds are also utilized to support state-wide initiatives. The Prevention Taxonomy provides the guidelines for the delivery of this service array. Strategies implemented are based on the assessment of needs, resources and readiness conducted as part of the community planning process to ensure funded prevention interventions will address community risk and protective factors that either complicate or mitigate substance use and other risk behaviors. These 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 recommends that communities explore other billing methods that facilitate the integration of OhioMHAS funded interventions with those funded by other federal, state and local entities into a comprehensive plan for collective community impact.

All OhioMHAS funded prevention activities must be in alignment with federal and state funding source priorities and produce measureable outcomes. Different funding sources have different reporting requirements and different prohibitions for use of funds. All prevention interventions funded through SAPT Block Grant must be in alignment with federal prevention National Outcome Measures, be based on data-driven decision-making, provide some level of evidence of prior effectiveness and produce measureable outcomes reported annually.

Agencies providing prevention services funded through OhioMHAS must be prevention certified unless exempted through administrative rule, and must be staffed by qualified, credentialed individuals as described in administrative rule. Workforce development expenses specifically related to evidence-based prevention approved by the Ohio Chemical Dependency Credentialing 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; the Ohio Early Childhood Mental Health Professional Credential, and the Ohio Youth Prevention Leadership Certification. OhioMHAS prevention funding can NOT be used to support training and application expenses for credentials other than the five listed.

IV. SAPT Block Grant Exclusions

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, any relapse prevention such as psycho-social education for individuals in recovery 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, 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. Also, no administrative services are permitted to be provided with SAPT Block Grant prevention set-aside funds unless they are directly related to the cost of the program and can be justified as such.

V. Prevention Service Chart

Activity by Strategy	Type		Eligible Funding Source		
Education (This strategy focuses on the delivery of services to target audiences with the intent of 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. The target audience does not include individuals already diagnosed.)	Direct	Indirect	SAPT Block Grant	CMHS Block Grant	Problem Gambling
Classroom or Small Group Prevention Programming	X		X	X	X
Parenting and Family Education/Skills Training	X		X	X	X
Peer Prevention Leader and Peer Prevention Educator Programs	X		X	X	X
Mentoring program: education, training or activity led by staff for Mentees, Mentors or both.	X		X		X
Environmental (This strategy seeks to establish or change standards or policies to influence 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.)	Direct	Indirect	SAPT Block Grant	CMHS Block Grant	Problem Gambling
Access & Availability					
Compliance Checks		X	X		X
Interventions Addressing Location, Restrictions and/or Density of Outlets		X	X		X
Product Pricing/Placement		X	X		X
Server/Seller Training		X	X		X
Norms Change					
Media Campaign (Billboards, PSA's, Social Media, etc.)		X	X	X	X
Media Literacy		X	X		X
Social Norms Marketing Campaign		X	X		X
Policy/Practice Change					
Advocacy		X	X		X
Environmental Scan		X	X		X
Establish/Review/Change Policy or Practice for Community, School or Workplace (i.e. Environmental Codes, Ordinances, Regulations and Legislation)		X	X	X	X
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. (This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.)	Direct	Indirect	SAPT Block Grant	CMHS Block Grant	Problem Gambling
Assessment					
Readiness Assessment		X	X	X	X
Needs Assessment		X	X	X	X
Resource Assessment		X	X	X	X
Organizational Assessment		X	X		X
Engagement					
Community and Volunteer Training		X	X	X	X
Multi-Agency Coordination and Collaboration		X	X	X	X
Community Team Building		X	X	X	X
Coalition Building		X	X	X	X
Organization/Facilitation of Focus Groups, Listening Sessions and Town Hall Meetings		X	X		X

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. (This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.)	Direct	Indirect	SAPT Block Grant	CMHS Block Grant	Problem Gambling
Mass Media Message (Billboard, Press Release, PSA, Social Marketing Message, TV/Radio Spot)		X	X		X
Newsletter, Brochure, Webpage or Other Publication		X	X		X
Resource Directory		X	X		X
Speaking Engagement/Webcasting		X	X		X
Tool Kit		X	X		X
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. This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.)	Direct	Indirect	SAPT Block Grant	CMHS Block Grant	Problem Gambling
Youth and Adult Leadership Activities	X		X	X	X
Community Service/Service Learning Activities	X		X	X	X
Cultural Programs/Events	X		X		X
Community Events Targeting Risk/Protective Factors	X		X		X
College/Higher Education Visits	X		X		X
Problem Id & 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 is not designed to be conducted alone but as a part of a comprehensive evidence-based approach. This strategy does not include clinical assessment and/or treatment for behavioral health. It also does not include SBIRT.)	Direct	Indirect	SAPT Block Grant	CMHS Block Grant	Problem Gambling
Referral to Drug-Free Workplace Programs/EAP Programs	X		X	X	X
Referral to Student Assistance Program Services	X		X	X	X
Consumer Advocacy and Linkage	X		X	X	X