



John R. Kasich, Governor
Harvey J. Reed, Director

**OHIO COMPREHENSIVE ASSESSMENT PROTOCOL
Certification Review**

FOR:

**PROGRAMS SEEKING INITIAL OR RECERTIFICATION TO
PROVIDE**

**JUVENILE SEX OFFENDER, CHILD-VICTIM OFFENDER OR
YOUTH WITH SEXUALLY ABUSIVE BEHAVIORS TREATMENT**

**Ohio Department of Youth Services
Attention: Sonya Wade
30 West Spring Street, 5th Floor
Columbus, Oh 43215
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INSTRUCTIONS

Programs seeking initial certification or recertification to provide juvenile sex offender child-victim offender and youth with sexually abusive behaviors assessment, treatment and/or transition services must complete this Ohio Comprehensive Assessment Protocol.

For the purpose of completing this Certification Review, “program” means an entity that provides assessment, treatment and/or transition services to juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behaviors.

Program or Provider Name:

This program or provider delivers the following services:
(CHECK ALL THAT APPLY)

Assessment

Treatment

Transition

This application is for:

Initial Certification

Programs seeking initial certification are required to have the following numbered standards in place:

**#1 #2 #3 #7 #10 #13 (a-e) #14 (a & b) #16 (c, d, e, f)
#18 (a – d) [As highlighted in the document]**

Where appropriate, programs may check “N/A” if that/those services are not provided. For example, if a program is applying for only assessment certification, not all standards would be applicable i.e. transition services. The program would then mark the transition standards as N/A.

It may be necessary for a program to check “NO.” For example, a residential program may not assist a registered sex offender with his or her duty to register with the local sheriff due to custodial status.

Recertification

Programs seeking recertification are required to have all of the numbered standards in place.

Please complete the sections that apply to the services provided and for which certification is being sought.

Print Name – Person Completing Certification Review

Signature Person Completing

Date

I have reviewed this document and do hereby attest to the responses provided reflecting the services provided by this program.

Print Name – CEO/Executive Director

CEO/Executive Director Signature

Date

COMPREHENSIVE ASSESSMENT PROTOCOL

Certification Review

PROGRAM AND ADMINISTRATIVE REQUIREMENTS

(Specific to assessment, treatment and/or transition services for juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behaviors)

	Yes	No	N/A	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a written description of the theoretical basis for your treatment approach including the philosophy and methods employed and the qualifications of staff and supervisors? Required for Initial certification
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a written policy for preventing sexual contact between youth? Required for Initial certification
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a written policy for preventing sexual contact between all staff and youth? Required for Initial certification
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the above policy reviewed at least annually as documented in agency meeting minutes?
5.				Do you have written policies and procedures for the following? Check all that apply.
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admission and discharge criteria
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confidentiality
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client/resident supervision
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prohibited activities, including sexual contact/activity and consequences
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff ratios
(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reporting of suspected abuse and/or neglect and physical intervention by staff
(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical incident reporting and tracking
(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program evaluation or performance improvement planning
(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program's expectations of youth's participation
(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A handbook/information provided to each youth with information about the program, the rules that apply to youth receiving services, a copy of the rules, and the program's grievance process
(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Processes by which the youth is referred to other services;
(l)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collaboration when necessary with other professionals, families and community supports
(m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Development and implementation of treatment contracts
(n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transitioning and continuity of care from one setting to another
(o)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment group size
(p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth compliance with SORN registration duties

ASSESSMENT

Assessment means the process of collecting, documenting, and analyzing information in measurable terms, so that appropriate decisions can be made regarding the need for the supervision and treatment of juvenile sex offender and/or child-victim offender.

OAC 5139-69-03 (B) (1)

	Yes	No	N/A	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are assessment tools clinically indicated for assessing the needs of juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behavior?
				List assessment tools used
				(a)
				(b)
				(c)
				(d)
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessments which render a diagnosis of mental and emotional disorders are conducted by independently licensed professionals operating within their scope of practice
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are assessments conducted by independently licensed professionals or licensed professionals operating within their scope of practice under supervision? Required for Initial certification
9.				Does the initial comprehensive assessment address the following information?
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family history and dynamics
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth's own abuse/victimization history
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of living arrangements/living environments
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social support system
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal history/criminogenic factors
(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational history/vocational history
(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History that places youth at risk (substance abuse, gambling, eating disorder)
(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral health history and any treatment received
(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical history
(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental health status assessment
(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggression history
(l)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual behavior history
(m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cognitive assessment
(n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alleged offense/sexually inappropriate behavior/self-report including: <ul style="list-style-type: none"> • Prior juvenile court history • Details of the current charges and any other alleged incidents or charges
(o)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documents describing victim impact, when available
(p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When available, information from other sources regarding the child's

				inappropriate sexual behavior; and,
(q)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of any child welfare investigations and case records when available.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do policies or procedures require that assessments be updated each year, prior to changes in levels of care, within 30 days of discharge, and whenever clinically indicated?

TREATMENT

Treatment services means a comprehensive set of therapeutic experiences, and interventions planned and organized to improve the prognosis and functioning of a juvenile sex offender, child-victim offender and youth with sexually abusive behavior/child-victim offender and to reduce the risk of sexual reoffense or other sexually abusive and aggressive behavior.

OAC 5139-69-03 (B) (19)

	Yes	No	N/A	
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program have written policies and procedures regarding the provision of treatment services provided by qualified individuals acting within their scope of practice and supervision? Required for Initial certification
12.				Does the treatment program include documentation that the following issues are considered when developing individualized treatment plans, and determining discharge?
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth commitment to behavior change
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family involvement and/or reintegration
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correcting cognitive distortions regarding sexuality
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate expression of feelings
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developing positive relationships
(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce and control deviant sexual arousal
(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim empathy
(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop insight into the factors that trigger sexually abusive behavior
(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop effective strategies to reduce the risk of re-offending
(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify positive support networks, including parents and families, and develop a plan for accessing support
(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop healthy expressions of sexuality
(l)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trauma history
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are treatment plans based on a comprehensive assessment and do they include the following
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific measurable treatment goals
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific action steps that identify the party responsible
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Target dates for goal attainment
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criteria for discharge and change in level of care
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ninety day review policy and at each assessment
14.				Does the treatment contract include the following? Required for Initial certification
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibilities of the youth

(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibilities of the family or legal custodian
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements imposed by the juvenile court, probation, parole, PCSA, and/or DYS
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duties to register and consequences for failure to register if applicable
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consequences for failure to comply with the treatment plan
15.				Does the Safety Plan include the following
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific risk factors and intervention strategies for the youth. Required for Initial certification
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specific organization with which information is shared. Required for Initial certification

TRANSITION

Transition services means services provided when a youth moves from one level of care to another or from one treatment location to another.

OAC 5139-69-03 (B) (18)

Yes No N/A

	Yes	No	N/A	
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program have policies or procedures that document the following for youth transition services?
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All offense details, police reports, victim statements, initial and ongoing assessments, documentation of treatment notes, clinical records, the community safety plan and its review schedule
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assignment of a primary sex offender case manager with documented qualifications qualified to coordinate services, manage transition/pre-release planning, and monitor youth compliance with the transition plan
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth are assessed and referrals are made to community providers for ongoing medical, mental health, substance abuse, and MR/DD services
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessments are completed and findings are included in the treatment compliance plan
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An education plan is developed, record transfer is complete, testing is current, and resource assistance is identified
(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job or school readiness has been assessed and referrals have been made for training, literacy, transportation, job coaching, independent living skills, and any other supports necessary to achieve self-sufficiency
(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When applicable, youth's duties to register are included in the transition plan
(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If youth are enrolled in school, the school district has been asked to provide a designated representative from the school-school district to participate as a member of the treatment team.

Clinical Records & Documentation

Yes No N/A

17.				Do clinical records, at a minimum, include the following?
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment results
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progress notes
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed statement of informed consent. Required for Initial certification
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed confidentiality waiver documentation. Required for Initial certification.
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed treatment contracts. Required for Initial certification
(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual treatment plans. Required for Initial certification
(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant medical records
(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offense history
(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School records if applicable
(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommendation for community referral (s)
(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge or termination summary at discharge or termination
18.				Does the program have a policy or procedure in place whereby if the youth refuses to sign the treatment contract the program notifies the treatment team and an appropriate action is determined
19.				Do confidentiality documents include the following?
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify effective and ending dates. Required for Initial certification
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outline any specific limitations on youth and family confidentiality. Required for Initial certification
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Include an explanation of how consent may be withdrawn without penalty. Required for Initial certification
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document informed consent of the parent or legal guardian and the juvenile. Required for Initial certification
20.				Does termination of treatment focus on the following?
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon a planned, successful discharge from a treatment program, does the program document that the youth has substantially complied with the treatment plan, satisfied the conditions of the treatment contract, and has been assessed as eligible for consideration for discharge
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon an unplanned discharge from a treatment program, does the document that the youth failed or refused to comply with the treatment plan, has not met the conditions of the treatment contract, and/or has been assessed as ineligible for consideration for discharge
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When appropriate, does the program document that the youth aged out of the treatment program, reached maximum medical benefit or has been discharged before completion of the program

APPENDIX

DEFINITIONS

(1) “Assessment” means the process of collecting, documenting, and analyzing information in measurable terms, so that appropriate decisions can be made regarding the need for the supervision and treatment of juvenile sex offender and/or child-victim offender.

(2) “Child” means a person who is under eighteen years of age, except that the juvenile court has jurisdiction over any person who is adjudicated an unruly or delinquent child prior to attaining eighteen years of age until the person attains twenty-one years of age, and, for the purposes of that jurisdiction related to the adjudication, a person is so adjudicated an unruly or delinquent child shall be deemed a “child” until the person attains twenty-one years of age. For the purposes of this rule, the term youth is synonymous with “child”.

(3) “Child-victim offender” means a person who is convicted of, pleads guilty to, has been convicted of, has pleaded guilty to, is adjudicated a delinquent child for committing, or has been adjudicated a delinquent child for committing any child-victim oriented offense, pursuant to section 2950.01 of the Revised Code.

(4) “Confidentiality waiver” means a document that is part of each informed consent document that delineates the limitations of confidentiality of treatment services provided to juvenile sex offender, child-victim offender and/or youth with sexually abusive behaviors.

(5) “Continuing education” is the process through which staff become current concerning juvenile sex offender, child-victim offender and/or youth with sexually abusive behaviors treatment concepts and techniques, acquire new knowledge and skills relevant to their work, gain new competencies, or improve current competencies and skills by completion of approved and documented educational experiences.

(6) “Diagnosis” means the diagnosis on mental and emotional disorders by an independent licensed professional within their scope of practice. The diagnosis and subsequent treatment plans shall be completed by these licensees.

(7) “Family” means a group of people related by blood or circumstances who may rely upon one another for sustenance, support, security, and or socialization.

(8) “Juvenile sex offender” means a child who is adjudicated a delinquent for committing, or has been adjudicated a delinquent child for committing any sexual offense as defined in section [2950.01](#) of the Revised Code.

(9) “DD” means developmental disabilities.

(10) “ODYS” means the Ohio department of youth services.

(11) “PCSA” means a public children services agency.

(12) “Policy” means a set of basic principles and associated guidelines, formulated and enforced by the governing body of an organization, to direct and limit its actions.

(13) “Procedure” means a description of the operational implementation or activities necessary for achieving a specific policy, principle or guideline.

(14) “Program” means an entity that provides assessment, treatment and/or transition services to juvenile sex offender, child-victim offender and youth with sexually abusive behavior and/or child-victim offenders in accordance with this rule.

(15) “Qualified individual” means an individual licensed by the Ohio Medical Board, Psychology Board or Counselor, Social Worker and Marriage and Family Therapist Board operating within his or her scope of practice or with specialized training through a college university or nationally accredited organization..

(16) “Safety plan” means a plan that addresses specific risk factors of an individual youth, intervention strategies as well as interagency collaboration and information sharing.

(17) “Scope of practice” means formalized training, supervision and/or experience in juvenile sex offender treatment.

(18) “SORN classification/hearing” means a hearing held by a judge or magistrate to determine if an adjudicated child is to be classified as a juvenile sex offender registrant or public qualified registry juvenile offender registrant and to determine the child’s duties to register and if community notification is needed.

(19) “Transition services” means services provided when a youth moves from one level of care to another or from one treatment location to another.

(20) “Treatment” means a comprehensive set of therapeutic experiences, and interventions planned and organized to improve the prognosis and functioning of a juvenile sex offender, child-victim offender and youth with sexually abusive behavior/child-victim offender and to reduce the risk of sexual reoffense or other sexually abusive and aggressive behavior

(21) “Treatment contract” means a document explained to and signed by a juvenile, his_or her family, custodian or guardian and other treatment team members that identifies the responsibilities of the family, guardian, and youth; special requirements imposed by treatment team members; conditions that provide for protection of past and potential victims; and, consequences for failure to comply with the treatment plan.

(22) “Treatment plan” means a written statement(s) of treatment objectives and goals for an individual established by a treatment team, which includes the youth, his or her family, custodian or guardian when available, treatment provider and that includes specific criteria that indicates progress. Treatment plans shall identify problem areas to be addressed in treatment, proposed treatment and treatment goals and objectives signed off by an independently licensed professional within their scope of practice.

(23) "Youth with sexually abusive behaviors" means a child who has been identified as engaging in behavior that could be defined as any sexual offense as defined in Section 2950.01 of the Ohio Revised Code – regardless if the youth was formally adjudicated of the behavior.