



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

**APPLICATION FOR
PROGRAMS SEEKING RECERTIFICATION TO PROVIDE
JUVENILE SEX OFFENDER TREATMENT**

**Ohio Department of Youth Services
Attention: Sonya Wade
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Who should complete this application?

This application is for recertification of programs that provide assessment, treatment, and/or transition services to juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behaviors.

A program includes agencies and organizations that provide assessment, treatment and/or transition services as well as individuals who may provide treatment services through a contractual relationship. OAC 5139-69-01 defines “program” as an entity that provides assessment, treatment and/or transition services to juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behaviors.

GENERAL INSTRUCTIONS

- 1. Use the form provided in this application.**
- 2. Submit ONLY the information requested.**
- 3. Sections are to be clearly labeled and pages are to be numbered**
- 4. Submit the information in the order requested.**
- 5. Follow all instructions carefully – incomplete or incorrect applications will be returned.**
- 6. KEEP A COPY OF THE COMPLETED APPLICATION AS SUBMITTED FOR YOUR FILES.**
- 7. Please do not use staples, paper clips, binders, sheet protectors or other materials because all applications are copied multiple times during processing.**
- 8. A checklist is included with this application for your reference. The checklist identifies the required information to be included in a program’s application.**

**UPON APPROVAL FOR RECERTIFICATION, THE PROGRAM SHALL BE LISTED ON
THE LIST OF CERTIFIED SEX OFFENDER AND CHILD-VICTIM OFFENDER
TREATMENT PROGRAMS THAT WILL BE OPEN FOR PUBLIC INSPECTION**

SECTION ONE

Date: _____

Program Name: _____

Business Address: _____

County: _____

[Business office location]

Telephone: _____

Fax: _____

Email: _____

Name and title of person completing application: _____

Dates of Initial certification or most recent recertification:

From _____ **To** _____

Certification type sought: [Check all that apply]

Assessment

Treatment

Transition

SECTION TWO

Any changes in the counties the program serves and where treatment services are provided since the most recent application for initial certification or recertification.

SECTION THREE

Submit copies of currently held licenses or certificates issued by:

- **Ohio Department of Job and Family Services**
- **Ohio Department of Mental Health**
- **Ohio Department of Alcohol and Drug Addiction Services**
- **Ohio Department of Developmental Disabilities**
- **Accreditation from any National Accrediting Body**

SECTION FOUR

Copy of currently held program recertification for juvenile sex offender and/or child-victim treatment programs.

SECTION FIVE

A description of assessment, treatment and/or transition services provided.

Assessment, treatment and transitions services, per OAC 5139-69-03 are defined as:

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.

(1) Assessment tools shall be clinically indicated for assessing the needs of juveniles who are suspected of having a history of inappropriate sexual behaviors and be administered by qualified individuals acting within the scope of their practice.

(2) Assessments are conducted by an independently licensed professional or a licensed professional operating within the scope of their practice and under supervision.

(3) The initial comprehensive assessment of a child shall address the following information:

(a) Family history and dynamics;

(b) Youth's own abuse/victimization history;

(c) History of living arrangements/living environments;

(d) Social supports system;

- (e) Criminal history/criminogenic factors;**
- (f) Educational history/vocational history;**
- (g) History that places youth at risk (substance abuse, gambling, eating disorder);**
- (h) Behavioral health history and any treatment received;**
- (i) Medical history;**
- (j) Mental health status assessment;**
- (k) Aggression history;**
- (l) Sexual behavior/history;**
- (m) Cognitive assessment;**
- (n) Alleged offense/sexually inappropriate behavior/self-report including:**
 - (i) Prior juvenile court history;**
 - (ii) Details of the current charges and any other alleged incidents, or charges;**
 - (o) Documents describing victim impact, when available;**
 - (p) When available information from other sources regarding the child's inappropriate sexual behavior; and,**
 - (q) Documentation of any child welfare/protection investigations and case records when available.**
- (4) Assessment shall be updated after one year, prior to any changes in level of care, within thirty days of discharge or when clinically indicated, whichever is more frequent.**
- (5) Diagnosis**
 - (a) Only independently licensed professionals within their scope of practice shall provide a diagnosis prior to a child appearing in court.**
 - (b) Only independently licensed professionals within their scope of practice shall provide a diagnosis following a court order for treatment.**
 - (c) Only independently licensed professionals within their scope of practice shall provide a diagnosis at minimum yearly and at discharge or completion of the treatment plan.**

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/or youth with sexually abusive behavior/child-victim offender and to reduce the risk of sexual reoffense or other sexually abusive and aggressive behavior.

(1) Treatment shall be provided by qualified individuals acting within their scope of practice.

(2) Programs shall document that each of the following issues were considered when developing appropriate individualized treatment plans and are considered when determining discharge and transitions from the program:

(a) Youth commitment to eliminating pathological sexual behaviors;

(b) Family involvement and/or reintegration;

(c) Cognitive distortions regarding sexuality;

(d) Appropriate expression of feelings;

(e) Developing positive relationships;

(f) Reducing and controlling deviant sexual arousal;

(g) Victim empathy;

(h) Developing insight into the factors that trigger sexually abusive behavior;

(i) Developing effective strategies to reduce the risk of future criminal sexual behavior;

(j) Identifying positive support networks, including parents and families to develop a plan for accessing support;

(k) Developing healthy expression of sexuality; and,

(l) Trauma.

(3) Individualized treatment plans

(a) Individualized treatment plans shall be based on a comprehensive assessment and with participation from the youth, the family and victim where appropriate.

(b) Treatment plans shall include:

(i) Specific measurable treatment goals;

(ii) Specific action steps that identify party responsible;

(iii) Target dates for goal attainment; and,

(iv) Criteria for discharge and change in level of care.

(c) Treatment plans shall be reviewed every ninety days and at each assessment.

(4) Treatment contracts

(a) The treatment contract shall be explained in language understood by the youth and/or parent, custodian or guardian.

(b) The treatment contract shall identify:

(i) Responsibilities of the youth;

(ii) Responsibilities of the family, custodian, guardian;

(iii) Special requirements imposed by the juvenile court, probation, parole, public children's services agency and/or ODYS;

(iv) Duties to register as a juvenile sex offender or child-victim offender and consequences for failure to register if applicable; and,

(v) Consequences for failure to comply with the treatment plan.

(5) Safety plan

(a) Safety plans shall identify risk factors and intervention strategies for an individual youth.

(b) Safety plans shall include specific organizations with whom this information shall be shared.

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

(1) Programs providing transition services shall have policies and procedures that require documentation of the following:

(a) All offense details, police reports, victim statement, initial and ongoing assessments, documentation that treatment services, clinical records and the safety plan have been reviewed.

(b) A primary case manager is assigned who is a qualified individual to coordinate services, manage transition/pre-release planning and monitor youth compliance with the transition plan.

(c) The need for ongoing physical, behavioral health or developmental disabilities services is assessed and referrals are made to community providers.

(d) Assessments shall be completed and findings shall be included in the transition plan;

(e) An educational plan is established, transfer of records is complete, testing is up to date, and resource assistance is identified.

(f) Job or school readiness has been assessed and referrals made for training, literacy, transportation, job coaching and other supports necessary to achieve self-sufficiency including independent living skills.

(g) Where appropriate, youth's duties to register as a juvenile sex offender or child-victim offender are included in the transition plan.

(h) If youth is enrolled in school, the school district has been requested to provide a designated representative for the school district to participate as a member of the treatment team.

SECTION SIX

- A] A copy of the continuing education plan and policies focusing on assessment, treatment, transition and/or management of juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behaviors**

Per OAC 5139-69-03, 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.

- B] Documentation of implementation of the plan including sex offender, child-victim offender and/or youth with sexually abusive behaviors training (e.g. attendance sheets, programs training records, CEU/Attendance certificates; programs may also provide a summary list of trainings attended – LIMITED to no more than 10 (ten) pages)**

SECTION SEVEN

A copy of the table of organization that identifies the qualifications or credentials of staff responsible for supervising and delivering services to youth.

SECTION EIGHT

- A] Documentation reflecting that the policy for preventing sexual contact between youth and between all staff and youth has been reviewed from the date of initial certification and revised as appropriate and/or needed.**
- B] If either policy has been revised, a copy of that policy shall be submitted.**

SECTION NINE

A completed Ohio comprehensive assessment protocol [OCAP] self-assessment instrument, signed by the chief executive officer and the individual completing the application.

SECTION TEN

Any requests for variances or waivers from provisions of this rule or from provisions of rule 5139-69-03 of the Administrative Code.

APPLICATION CHECKLIST

Application Requirements	Documentation Provided	
Changes in counties served or where services are provided		
Copies of currently held licenses or certificates issued by		Exp Date
ODJFS		
ODMH		
ODADAS		
ODMR/DD		
Accreditation		
Copy of current initial program certification or most recent recertification		
Description of the assessment, treatment and/or transition service provided		
Copy of the program's continuing education plan to include assessment, treatment, transition and/or management of JSOs		
Documentation of implementation of continuing education plan including JSO specific training		
Table of organization identifying qualifications and credentials of staff		
Documentation that no sexual contact policies have been reviewed from date of initial certification and updated if appropriate or needed		
Copy of no sexual contact policies if revised, modified or changed		
Completed OCAP <ul style="list-style-type: none"> • Signed by chief executive officer • Signed by person completing application 		
Waiver/Variance request		