Ohio Administrative Code

Rule 5139-69-03 Juvenile sex offender, child-victim offender and/or youth with sexually abusive behaviors treatment standards.

Effective: April 20, 2017

(A) The purpose of this rule is to set forth requirements for the assessment, treatment and transition of juvenile sex offenders, child-victim offenders and/or youth with sexually abusive behaviors. This rule applies to all programs seeking certification and recertification.

(B) 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 offenders and child-victim offenders.

(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 as 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 offenders, child-victim offenders 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 identification of and/or labeling of mental and emotional disorders by an independently licensed professional operating within the scope of his or her practice, or by supervisees of an independently licensed professional operating within the scope of his or her practice and within the supervision rules of the independently licensed professional's profession.

(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) "ODYS' means the Ohio department of youth services.

(10) "PCSA" means a public children services agency.

(11) "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 action.

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

(13) "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.

(14) "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.

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

(16) "Scope of practice" means all practices, principles, methods, and procedures permitted by virtue of licensure, supervision, and/or qualification as an expert by knowledge, skill, experience, training, or education.

(17) "Sex Offender Registration and Notification (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 and to determine the child's duties to register and if community notification is needed.

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

(19) 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 behaviors and to reduce the risk of sexual reoffense or other sexually abusive and aggressive behavior.

(20) "Treatment contract" means a document explained to and signed by a youth; his family, custodian, and/or guardian; and other treatment team members that identifies the responsibilities of the youth, family, custodian/guardian, and other treatment team members; 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.

(21) "Treatment plan" means a written statement(s) of treatment objectives and goals for an individual reviewed by a treatment team. Treatment plans shall identify problem areas to be addressed in treatment and treatment goals and objectives are authorized by an independently licensed professional operating within the scope of his or her practice or by supervisees of an independently licensed professional operating within the scope of his or her practice and within the supervision rules of the independently licensed professional's profession.

(22) "Treatment team" means a team of individuals responsible for creating, communicating, coordinating and revising a youth's treatment plan. Minimally, the team consists of the youth; his or her family, custodian or guardian when available; and treatment provider(s).

(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 Revised Code regardless if the youth was formally adjudicated of the behavior.

(C) Program and administrative requirements

(1) Programs shall meet the certification application requirements identified in rule 5139-69-02 of the Administrative Code.

(2) Programs shall seek recertification after the initial two years and shall meet the recertification application requirements identified in rule 5139-69-02 of the Administrative Code.

(3) Programs shall have a written description of the theoretical basis for their services for juvenile sex offender, child-victim offender and youth with sexually abusive behavior treatment that encompasses the philosophy and methods of assessment, treatment and transition including the identification of specific intervention services and the qualified individuals to deliver and supervise those services.

(4) Programs shall have policies for preventing sexual contact between youth and between all staff and youth. The efficacy of these policies shall be reviewed at least annually and revised as appropriate. Any revision to the policies shall be filed with the advisory board within thirty days of revision.

(5) Programs shall provide documentation of agency licensure, certification and/or accreditation and the advisory board shall be notified within three business days of any change in licensure or certification status.

(6) All programs seeking initial certification or recertification shall have policies and procedures,

available on demand, regarding:

(a) Admission and discharge criteria;

(b) Confidentiality;

(c) Client/resident safety supervision;

(d) Prohibited activities, including sexual contact/activity and consequences;

(e) Staff ratios;

(f) Reporting of suspected abuse and/or neglect and physical intervention by staff;

(g) Physical intervention by staff;

(h) Critical incident reporting and tracking;

(i) Program evaluation or performance improvement planning;

(j) Program's expectations of youth's participation;

(k) 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;

(l) Processes by which the youth is referred to other services;

(m) Collaboration when necessary with other professionals, families and community supports;

(n) Development and implementation of treatment contracts;

(o) Transitioning and continuity of care from one setting to another;

(p) Treatment goals and group size; and,

(q) Youth compliance with SORN duties.

(D) Assessment

(1) Risk assessments and the mental health diagnosis, if applicable, shall guide the development of the treatment plan.

(2) Assessment tools shall be clinically indicated and, at a minimum, include at least an assessment tool that is widely recognized in the field as a measure in the area of juvenile justice sexual offender risk. The assessment tool shall assess the needs of juveniles who are known or suspected of having a history of inappropriate sexual behaviors and shall be administered by a qualified individual acting within the scope of his or her practice and is certified to provide risk assessment services by ODYS.

(3) Assessments are conducted by an independently licensed professional operating within the scope of his or her practice, or by a supervisee of an independently licensed professional operating within the scope of his or her practice and within the supervision rules of the independently licensed professional's profession. An assessor is determined to be certified after providing ODYS documentation of a minimum of three hours of training specific to risk assessment administration within a two year certification cycle.

(4) The initial comprehensive assessment of a child shall address at least 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 (e.g., substance abuse);

(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.

(5) 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.

(a) Updated assessments shall be comprehensive and shall address the areas required in the initial assessment.

(b) Updated assessments shall also include information regarding changes in risk factors and ongoing treatment recommendations, if applicable.

(6) Diagnosis

(a) Only an independently licensed professional operating within the scope of his or her practice, or a supervisee of an independently licensed professional operating within the scope of his or her practice and within the supervision rules of the independently licensed professional's profession shall provide a diagnosis.

(E) Treatment

(1) Treatment shall be provided by qualified individuals acting within their scopes 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/youth's motovation to change;

(b) Youth accepting responsibility for his or her sexually abusive behavior;

(c) Family involvement and/or reintegration;

(d) Cognitive distortions regarding sexuality;

(e) Appropriate expression of feelings, attitudes and beliefs;

(f) Developing positive peer relationships and supports;

(g) Developing appropriate social skills;

(h) Reducing and controlling deviant sexual arousal including, but not limited to, emotion/impulse management;

(i) Victim impact/empathy;

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

(k) Developing effective strategies to reduce the risk of future criminal sexual behavior (risk management/relapse prevention);

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

(m) Identifying positive community supports;

(n) Developing healthy expression of sexuality, sexual interests, sexual drive;

(o) Developing a positive/stable self-image; and,

(p) Trauma and/or personal maltreatment history.

(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 at least 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.

(F) Transition

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

(a) All offense details, police reports, victim statements, initial and ongoing assessments, and 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.

(G) Clinical records/documentation

(1) Clinical records shall, at a minimum, be comprised of:

(a) Assessment results;

(b) Progress notes;

(c) Signed statement of informed consent which includes a confidentiality waiver;

(d) Signed treatment contracts;

(e) Individual treatment plans;

(f) Relevant medical records;

(g) Offense history;

(h) School records if applicable;

(i) Recommendations for community referral(s); and,

(j) Discharge or termination summary at discharge or termination form treatment program.

(2) If youth refuses to sign the treatment contract, the program shall notify the treatment team and they shall decide on the appropriate action.

(3) Release of information documents shall comply with the national standards outlined in the Code of Federal Regulations.

(4) Termination of treatment

(a) As a condition of planned, successful discharge from a treatment program, the program must document and inform the youth, custodian, guardian and/or supervisory agency, 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) As a condition of an unplanned discharge from a treatment program, the program must document

that a youth has 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) As a condition of a youth who as aged out of the treatment program, reached maximum medical benefit or was discharged before program completion, it shall be documented in the youth's record whether his or her discharge from treatment was planned, unplanned, successful or unsuccessful.

(d) In circumstances under which the youth was actively participating in the treatment program but aged out or reached the maximum medical benefit, the youth shall be referred to appropriate services in which treatment can be continued.