

TO BE RESCINDED

5139-69-03 **Juvenile sex offender and child-victim offender treatment standards.**

(A) The purpose of this rule is to set forth requirements for the treatment of juvenile sex offenders and child-victim offenders. This rule applies to all programs seeking juvenile sex offender and/or child-victim offender treatment program certification.

(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.
- (2) "Board" means the juvenile sex offender treatment program certification advisory board created in rule 5139-69-01 of the Administrative Code.
- (3) "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 and/or juvenile may also be used to describe a child.
- (4) "Child victim offender" means any person defined in division (D) of section 2950.01 of the Revised Code.
- (5) "Confidentiality waiver" means a document that is part of informed consent that delineates the limitations of confidentiality of treatment services provided to juvenile sex offenders and/or child-victim offenders.
- (6) "Family" means a group of people related by blood or circumstances who may rely upon one another for sustenance, support, security, and or socialization.
- (7) "Juvenile sex offender" means a child who is adjudicated delinquent for committing or has been adjudicated a delinquent child for committing any sexually oriented offense, pursuant to 2950.01 of the Revised Code.
- (8) "MRDD" means mental retardation and developmental disabilities.

- (9) "ODYS" means the Ohio department of youth services.
- (10) "PCSA" means a public children services agency.
- (11) "Program" means an entity that provides treatment services to juvenile sex offenders and/or child-victim offenders in accordance with this rule.
- (12) "Safety plan" means a plan that addresses specific risk factors of an individual youth as well as interagency collaboration and information sharing.
- (13) "SORN classification/hearing" means a hearing completed 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.
- (14) "Transition services" means services provided when a youth moves from one level of care to another, moves from one treatment location to another, and/or moves from one age group to another.
- (15) "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 to reduce the risk of sexual reoffense or other sexually abusive and aggressive behavior
- (16) "Treatment contract" means a document explained to and signed by a juvenile 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.
- (17) "Treatment plan" means a written statement(s) of objectives and goals for an individual established by a treatment team, with specific criteria to evaluate progress. Treatment plans shall identify problem areas to be addressed in treatment, proposed treatment and treatment goals.

(C) Program requirements

- (1) Programs shall have a written description of the theoretical basis for the treatment of juvenile sex offenders and child-victim offenders that encompasses the philosophy and methods of treatment, including the

identification of specific treatment services and individuals qualified to deliver and supervise those services.

- (2) Programs shall have a policy for preventing sexual contact between youth and others. The efficacy of the policy shall be reviewed at least annually and revised as appropriate. Any revision to the policy shall be filed with the board within thirty days of revision.
- (3) Programs shall be appropriately licensed and/or certified.
- (4) Programs shall have policies regarding:
 - (a) Admission and discharge criteria;
 - (b) Confidentiality;
 - (c) Client/resident safety;
 - (d) Prohibited activities, including sexual contact/activity and consequences;
 - (e) Staff ratios;
 - (f) Abuse, neglect and physical intervention by staff;
 - (g) Critical incident reporting and tracking; and,
 - (h) Program evaluation or performance improvement planning.
- (5) Programs shall address the following treatment components:
 - (a) Youth commitment to behavior change;
 - (b) Family involvement and/or reintegration;
 - (c) Correcting cognitive distortions;
 - (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 reoffense;
 - (j) Identifying positive support networks, including parents and families and develop a plan for accessing support;
 - (k) Developing healthy expression of sexuality; and,
 - (l) Relapse prevention.
- (6) Both residential and community-based/outpatient programs shall have written policies and procedures regarding:
- (a) Program's expectations of youth's participation;
 - (b) A handbook 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 complaint process;
 - (c) Processes by which the youth is referred to other services;
 - (d) Collaboration when necessary with other professionals, families and community supports;
 - (e) Development and implementation of treatment contracts;
 - (f) Safety plans;
 - (g) Transitioning and continuity of care from one setting to another;
 - (h) Treatment group size; and,
 - (i) Youth compliance with SORN registration duties.

- (7) 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, documentation of treatment notices, clinical records and the safety plan are reviewed;
 - (b) A primary sex offender treatment case manager is assigned who is qualified 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 MRDD services are assessed and referrals are made to community providers;
 - (d) Assessments shall be completed and findings shall be included in the treatment plan;
 - (e) An education plan is established, transfer of records is complete, testing is up to date, resource assistance is identified;
 - (f) Job 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, youths' duties to register are included in the transition plan; and,
 - (h) If youth is enrolled in the school, the school district has been requested to provide a designated representative for the school-school district to participate as a member of the treatment team.

(D) Clinical records

Clinical records shall, at a minimum, be comprised of:

- (1) Assessment results;
- (2) Signed statement of informed consent;
- (3) Signed confidentiality waiver document;

- (4) Signed treatment contracts;
- (5) Individual treatment plans;
- (6) Relevant medical records;
- (7) Offense history;
- (8) School records if applicable; and,
- (9) Discharge or termination summary at discharge or termination.

(E) Documentation requirements

(1) Assessment

- (a) Assessment tools shall be clinically indicated for assessing the needs of juveniles who are suspected of or have a history of inappropriate sexual behaviors and be administered by qualified service providers acting within their scope of practice.
- (b) The initial comprehensive assessment of a child shall address the following information:
 - (i) Family history and dynamics;
 - (ii) Youth's own abuse/victimization history;
 - (iii) History of living arrangements/living environments;
 - (iv) Social supports system;
 - (v) Criminal history/criminogenic factors;
 - (vi) Educational history/vocational history;
 - (vii) History that places youth at risk (substance abuse, gambling, eating disorder);

- (viii) Behavioral health history and any treatment received;
- (ix) Medical history;
- (x) Mental health status assessment;
- (xi) Aggression history;
 - Sexual behavior/history;
- (xii) Cognitive assessment
- (xiii) Alleged offense/sexually inappropriate behavior/self-report including:
 - (a) Context at the time of the offense;
 - (b) Behavior and dynamics leading up to the offense;
 - (c) Details of what occurred;
 - (d) Details of what happened right after offense;
 - (e) Details of how offense was discovered; and,
 - (f) Motivation for sexually inappropriate behavior.
- (xiv) Risk factors for re-offending or further sexually acting out behavior;
- (xv) External relapse prevention systems including informed supervision;
- (xvi) Amenability to treatment;
- (xvii) SORN information as required in section 2950.03 of the Revised Code;
- (xviii) Prior juvenile court history;

- (xix) Details of the current charges and any other alleged incidents or charges;
 - (xx) Documents describing victim impact;
 - (xxi) Any available information from other sources regarding the child's inappropriate sexual behavior; and,
 - (xxii) Documentation of any child welfare investigations and case records when applicable.
- (c) Assessments used in classification/reclassification hearings must contain the following pursuant to division (D) of section 2152.83 of the Revised Code;
- (i) The nature of the sexually oriented offense or the child-victim oriented offense committed by the youth;
 - (ii) Whether the youth has shown any genuine remorse or compunction for the offense;
 - (iii) The public interest and safety;
 - (iv) The factors set forth in division (K) of section 2950.11 of the Revised Code, provided that references in the factors as set forth in that division to "the offender" shall be construed for purposes of this division to be references to "the delinquent child";
 - (v) The factors set forth in divisions (B) and (C) of section 2929.12 of the Revised Code as those factors apply regarding the delinquent child, the offense, and the victim; and,
 - (vi) The results of any treatment provided to the child and any follow-up professional assessment of the child.
- (d) Assessments shall be updated every six months, prior to any changes in level of care, within thirty days of discharge, or when clinically indicated, whichever is more frequent.
- (e) Assessments shall conform to the current SORN classification reviews as

described in section 2950.03 of the Revised Code.

(2) 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 the party responsible;
 - (iii) Target dates for goal attainment;
 - (iv) Safety plans; and,
 - (v) Criteria for discharge and change in level of care.
- (c) Treatment plans shall be reviewed every ninety days and at each assessment.

(3) Treatment contracts

- (a) Following the development of the treatment plan, the program shall write a treatment contract with the youth. The treatment contract shall be explained in language understood by the juvenile and/or the parent/legal custodian.
- (b) The treatment contract shall identify:
 - (i) Responsibilities of the youth;
 - (ii) Responsibilities of the family and legal custodian and the youth;
 - (iii) Special requirements imposed by the juvenile court, probation, parole, PCSA, and/or ODYS;
 - (iv) Duties to register and consequences for failure to register if

applicable; and,

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

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

(4) Confidentiality documents

(a) Confidentiality documents must:

(i) Specify effective and ending dates;

(ii) Outline any specific limitations on youth and family confidentiality;

(iii) Include an explanation of how consent may be withdrawn without penalty; and,

(iv) Document informed consent of the parent or legal custodian and the youth.

(5) Termination of treatment

(a) As a condition of a planned discharge from a treatment program, the program must 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) 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.

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