

**OHIO COMPREHENSIVE ASSESSMENT PROTOCOL
Certification Review**



**FOR:
PROGRAMS SEEKING CERTIFICATION TO PROVIDE
JUVENILE SEX OFFENDER TREATMENT**

INSTRUCTIONS

Programs seeking certification to provide Juvenile Sex Offender Treatment services must complete this Ohio Comprehensive Assessment Protocol.

For the purposes of completing this Certification Review, “program” means an entity that provides treatment services to juvenile sex offenders and/or child-victim offenders.

Please complete the sections that apply to the services provided by this program.

Program Name: _____

This program provides the following services: **(CHECK ALL THAT APPLY)**

Assessment

Treatment

Transition

COMPREHENSIVE ASSESSMENT PROTOCOL

Certification Review

ASSESSMENT

YES NO

1. Do policies or procedures require that an initial comprehensive assessment be conducted for each juvenile sex offender upon entry, or shortly after entry, into the facility/program?
2. Do policies or procedures require that an initial comprehensive assessment be administered by a qualified service provider acting within his/her scope of practice?

Does the initial comprehensive assessment address the following information?

3. Family history and dynamics?
4. Youth's own abuse/victimization history?
5. History of living arrangements/living environments?
6. Social support system?
7. Criminal history/criminogenic factors?
8. Educational history/vocational history?
9. History that places youth at risk (substance abuse, gambling, eating disorder)?
10. Behavioral health history and any treatment received?
11. Medical history?
12. Mental status assessment?
13. Aggression history?
14. Sexual behavior history?
15. Cognitive assessment?
16. Personality/mental health assessment?
17. Alleged offense/sexually inappropriate behavior/self-report including context at time of offense, behavior and dynamics leading up to the

offense, details of what occurred, details of what happened right after the offense, details of how offense was discovered, motivation for sexually inappropriate behavior.

- 18. ____ ____ Risk factors for re-offending or further sexually acting-out?
 - 19. ____ ____ External relapse prevention systems including informed supervision?
 - 20. ____ ____ Amenability to treatment?
 - 21. ____ ____ SORN required information as required in ORC 2950.90?
 - 22. ____ ____ Prior juvenile court history?
 - 23. ____ ____ Details of the current charges and any other incidents or charges?
 - 24. ____ ____ Documents describing victim impact?
 - 25. ____ ____ Any available information from other sources regarding the youth's inappropriate sexual behavior?
 - 26. ____ ____ Documentation of any child welfare investigations and case records as applicable?
 - 27. ____ ____ Do policies or procedures require that assessments be updated every six months, prior to changes in level of care, within 30 days of discharge, and more frequently when clinically indicated?
 - 28. ____ ____ Do policies or procedures provide specific guidance for assessments to conform to SORN classification reviews and/or SORN reclassification hearings/reviews as in ORC 2950.90?
- Do assessments to be used in classification/reclassification hearings contain the following pursuant to ORC 2152.83 (D)?
- 29. ____ ____ The nature of the sexually oriented offense or the child-victim oriented offense committed by the youth?
 - 30. ____ ____ Whether the youth has shown any genuine remorse or compunction for the offense?
 - 31. ____ ____ Public interest and safety?
 - 32. ____ ____ Any available information from other sources regarding the youth's inappropriate sexual behavior?
 - 33. ____ ____ The factors set forth in division (K) of ORC 2950.11

YES NO

34. ____ ____ The factors set forth in division (B) and (C) of ORC 2929.12
35. ____ ____ The results of any treatment provided to the child and any follow-up professional assessment of the child.

TREATMENT

36. ____ ____ Does the programs have a written description of the theoretical basis for treatment that includes the philosophy and methods of treatment and identifies individuals qualified to deliver and/or supervise treatment services?

Does the treatment program include the following components?

37. ____ ____ Youth commitment to behavior change?
38. ____ ____ Family involvement and/or reintegration?
39. ____ ____ Correcting cognitive distortions?
40. ____ ____ Appropriate expression of feelings?
41. ____ ____ Developing positive relationships?
42. ____ ____ Reduce and control deviant sexual arousal?
43. ____ ____ Victim empathy?
44. ____ ____ Develop insight into the factors that trigger sexually abusive behavior?
45. ____ ____ Develop effective strategies to reduce the risk of re-offending?
46. ____ ____ Identify positive support networks, including parents and families, and develop a plan for accessing support?
47. ____ ____ Develop healthy expressions of sexuality?
48. ____ ____ Relapse prevention?
49. ____ ____ Does the program have policies or procedures related to youth compliance with SORN registration duties?
50. ____ ____ Does the program have policies or procedures regarding admission and discharge criteria and the program's expectations of youth's participation?

YES NO

51. ____ ____ Does the program have a handbook for each youth with information on the program, the rules as they apply to youth receiving services, and the complaint process?
52. ____ ____ Does the program have policies or procedures regarding the process by which the youth is referred to other services?
53. ____ ____ Does the program have policies or procedures regarding periodic reassessment of youth offenders?
54. ____ ____ Does the program have policies or procedures regarding collaboration, when necessary, with other professionals, families, and community supports?
55. ____ ____ Does the program have policies or procedures regarding confidentiality?
56. ____ ____ Does the program have policies or procedures regarding the development and implementation of treatment contracts?
57. ____ ____ Does the program have policies or procedures regarding community safety plans?
58. ____ ____ Does the program have policies or procedures regarding the transition and continuity of care from one setting to another?
59. ____ ____ Does the program have policies or procedures regarding group therapy size?
60. ____ ____ Does the program have policies or procedures regarding program evaluation or performance improvement planning?
61. ____ ____ Does the program develop individualized treatment plans based on a comprehensive assessment and with participation from the youth, family, and victim where appropriate?
62. ____ ____ Are treatment plans reviewed every 90 days and at each assessment?

Do treatment plans include the following?

63. ____ ____ Specific measurable treatment goals?
64. ____ ____ Specific action steps that identify the party responsible?
65. ____ ____ Target dates for goal attainment?
66. ____ ____ Safety plans?

YES NO

67. ____ ____ Criteria for discharge and change in level of care?

Do clinical records, at a minimum, include the following?

68. ____ ____ Assessment results?

69. ____ ____ Signed statement of informed consent?

70. ____ ____ Signed confidentiality waiver documentation?

71. ____ ____ Signed treatment contracts?

72. ____ ____ Individual treatment plan?

73. ____ ____ Relevant medical records?

74. ____ ____ Offense history?

75. ____ ____ School records if applicable?

76. ____ ____ Discharge or termination summary at discharge or termination?

Do confidentiality documents include the following?

77. ____ ____ Specify effective and ending dates?

78. ____ ____ Outline any specific limitations on youth and family confidentiality?

79. ____ ____ Include an explanation of how consent may be withdrawn without penalty?

80. ____ ____ Document informed consent of the parent or legal guardian and the juvenile?

81. ____ ____ Do programs follow the assessment by writing a treatment contract for the youth that is written and explained in a way understood by the youth and his/her parent/legal custodian?

Does the treatment contract include the following?

82. ____ ____ Responsibilities of the youth?

83. ____ ____ Responsibilities of the family or legal custodian?

YES NO

84. ____ ____ Special requirements imposed by the juvenile court, probation, parole, PCSA, and/or DYS?
85. ____ ____ Duties to register and consequences for failure to register if applicable?
86. ____ ____ Consequences for failure to comply with the treatment plan?
87. ____ ____ 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?
88. ____ ____ Upon a planned 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?
89. ____ ____ Upon an unplanned discharge from a treatment program, does the program 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?
90. ____ ____ Does the program have a policy and procedure in place that is reviewed annually for preventing sexual contact between youth and others?
91. ____ ____ Is the program appropriately licensed and/or certified?
- Does the program have policies regarding the following?
92. ____ ____ Admission and discharge criteria?
93. ____ ____ Client safety?
94. ____ ____ Safety plan?
95. ____ ____ Prohibited activities including sexual contact/activity?
96. ____ ____ Staff ratios?
97. ____ ____ Composition of treatment team?
98. ____ ____ Abuse, neglect, and physical intervention by staff?
99. ____ ____ Critical incident reporting and tracking?

- | | YES | NO | |
|------|-----|-----|---|
| 100. | ___ | ___ | Staff ratios? |
| 101. | ___ | ___ | Does the program create a safety plan for each youth? |

TRANSITION

Does the program have policies or procedures that document the following for youth transition services?

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|------|-----|-----|---|
| 102. | ___ | ___ | All offense details, police reports, victim statements, initial and ongoing assessments, documentation of treatment notes, clinical records, and the community safety plan? |
| 103. | ___ | ___ | Assignment of a sex offender case manager qualified to coordinate services, manage transition/pre-release planning, and monitor youth compliance with the transition plan? |
| 104. | ___ | ___ | Youth are assessed and referrals are made to community providers for ongoing medical, mental health, substance abuse, and MR/DD services? |
| 105. | ___ | ___ | Assessments are completed and findings are included in the treatment compliance plan? |
| 106. | ___ | ___ | An education plan is developed, record transfer is complete, testing is current, and resource assistance is identified? |
| 107. | ___ | ___ | Job 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? |
| 108. | ___ | ___ | If youth is unable to return to the family or live independently, living arrangements with transitional services are arranged for less restrictive setting, and a provider is identified to continue supervision counseling and aftercare support services? |
| 109. | ___ | ___ | Any other needs specific to the youth are identified and arranged? |
| 110. | ___ | ___ | When applicable, youth's duties to register are included in the transition plan? |

Appendix A – Assessment Instruments

Assessments may include a variety of tools and instruments to identify the strengths, risks, and deficits in the recommended domains. Treatment recommendations should not be based solely on the evaluation measure but as part of a comprehensive approach. A multitude of assessment instruments and tools are available. It is the responsibility of the assessor to make sure that any instruments used are valid and reliable for the individual being assessed and are from the list that follows. These assessment tools should not be modified.

Assessment instruments are categorized based on their intent and purpose.

Assessments of sex offender risk and needs

- Child and Adolescent Needs and Strengths – Sexually Development (CANS-SD)
- Juvenile Sex Offender Assessment Protocol (J-SOAP-II)
- Estimate of Risk of Adolescent Sexual Offense Recidivism – ERASOR
- Risk Assessment/Interviewing Protocol for Adolescent Sex Offenders (RAIP)

Assessments of general delinquency risk and needs

- Youth Level of Service/Case Management Inventory (YLS/CMI)
- SAVRY—Structured Assessment of Violence Risk in Youth—Randy Borum, Patrick Bartel and Adelle Forth. And the updated version of “The Youth Level of Service/Case Management Inventory” -- Robert D. Hoge & D.A. Andrews
- Psychopathy Checklist – Youth Version (PCL-YV)
- Psychopathy Checklist Screening Version (PCL-SV)
- Massachusetts Youth Screening Instrument, Second Version (MAYSI-2)

Assessments of sexually attitudes, interests and adjustment

- Adolescent Cognitions Scale (Hunter, Becker, Kapland & Goodwin, 1991)
- MOLEST and RAPE scales (Bumby, 1996)
- Adolescent Sexually Interest Card Sort (Becker & Kaplan, 1988)
- Multiphasic Sex Inventory – Juvenile Version (Nichols & Molinder, 2001)
- Wilson Sex Fantasy Questionnaire (Wilson, 1998)
- AASI-2 – Abel Assessment for Sexual Interest / Gene Abel, M.D.
- Juvenile Sex Offender Self-Report, from Adolescent Sexual Offender Assessment Packet/ Allison Stickrod Gray, M.S., N.C.C. and Randy Wallace, B.A.

Assessments of mental health and cognitive functioning

- WAIS-III
- WRAT-III
- Kaufman IQ Test
- Wechsler memory Scale
- WISC-IV
- MMPI-A

- MACI
- Beck Depression Inventory
- Woodcock-Johnson Series
- Achenbach System of Empirically Based Assessment
- BASC: Behavior Assessment Scale for Children

Assessments of Drug and alcohol use:

- SASSI
- JASAE

Assessments of Stability of functioning:

Family

- FES: Family Environment Scale
- DAS: Dyadic Adjustment Scale

Social Skills

- HIT: How I Think