Appendix A: EMPOWER Program Standards

What Is an EMPOWER Program?
EMPOWER programs are small, community-oriented programs certified by the New York State Office of Children and Family Services (OCFS) to provide high-quality residential care to youth who are eligible for foster care placement and have experienced or are at-risk of sex trafficking. These programs are grounded in positive youth development and healing-centered engagement; they center youth as the experts in their experiences, needs, and goals.

The name EMPOWER was chosen to reflect the purpose of this program type: to support the self-directed healing and growth of youth in foster care following the complex sexualized traumas they experienced. This name has been selected so we are no longer identifying theseprograms or the youth they serve by some of their most painful experiences.

These programs are intended to be relational, and therefore are limited to a maximum operating capacity of 12 youth. These programs are designed to elevate the wisdom of survivors and other credible messengers to help young people thrive. They are risk tolerant and provide safe spaces for youth of all gender identities with complex sexual trauma histories to learn and grow,while making mistakes along the way. Youth go to school, work in the community, and enjoy free time with friends and peers.

Operating an EMPOWER program requires commitment, compassion, and patience. It requires flexibility, humility, risk tolerance, and a commitment to the health, safety, and well-being of youth, often on the youth's terms. The approach embodies non-judgmental acceptance for an incredibly vulnerable population that is often misunderstood.

The standards articulated in this document reflect OCFS' vision for how EMPOWER programs will function. They were developed with significant input from the field and from young people who have both been trafficked and experienced foster care. The standards articulate what is possible and needed to support youth as they heal and thrive. They are established with the expectation that they may change over time as practice evolves, so that programs can remain responsive to the needs of the youth they serve. In addition to meeting these program standards, EMPOWER programs are also required to comply with all relevant laws, regulationsand policies.

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1. Admission, Intake, and Program Participation Standards

(1) Have criteria by which referrals are admitted/rejected.

(2) Assess each referral to determine whether the youth is eligible for admission in accordance with the policies of OCFS and the program.

(3) Determine if youth will be admitted with a planned placement, emergency placement, and/or respite placements.
- If emergency and/or respite placements are offered by the program, the program must take all possible steps to support the stability of the program environment and all youth residing in the program.

(4) Create all reasonable opportunities for youth to learn about the program before the youth decides if they will participate in the program. Whenever possible a pre-placement tour and interview must be provided; where this is not possible a video call may substitute. The preplacement tour and interview is to allow the youth to interview the program. The program may also ask questions of the youth during this visit.
- Youth cannot be admitted to the program unless they agree to participate in it. Youth should be supported to make their determination based on whether the program model aligns with their needs and goals. If the youth does not agree to participate in the program, the youth cannot be admitted to the program.
- Although all efforts should be made to include youth voice and choice in each placement decision, program standard 1.4 can be waived in scenarios where an emergency placement is required.

(5) Program must not have policies or practices that reject referrals on the basis of a youth's sexual orientation, gender identity, or gender expression.

(6) Continue to assess with the youth and the youth's team whether the placement remains appropriate to support the youth's healing and meet their goals. The appropriateness of placement assessment must be reevaluated at the time of each Family Assessment and Service Plan (FASP).
- "The youth's team" can be the youth's Family and Permanency Team (FPT) as defined in 18 NYCRR 439.3 in cases where the youth already has an FPT. When the youth does not have an FPT the youth's team will include at minimum all appropriate biological family members, relatives, and fictive kin of the youth, and professionals who are a resource to the youth and their family including but not limited to the attorney for the child or the attorney for the parent if applicable, teachers, the youth's medical or mental health provider(s), clergy, and supportive persons as defined by the youth and determined appropriate by the program.
- If the youth's team determines the placement is no longer appropriate or the youth consistently demonstrates their desire to leave, the program must work with the youth to identify what, if anything, could be done to better support the youth. If, after diligent efforts have been made by the program to better support the youth in the placement, the youth continues to determine the placement is no longer an appropriate fit, the program and other members of the youth's team will work with the youth to arrange another more suitable placement.

2. Staffing, Supervision, and Recruitment and Retention Standards

Sufficient Staffing means:

(1) Programs will maintain a high staff-to-youth ratio and ensure that youth have access to a treatment team of highly skilled and experienced professional staff. As noted in Chapters 5 and 6 of the Standards of Payment for *Foster Care of Children Program Manual*, staff include:

a. Social Worker/Caseworker:
- Capacity/caseload - One (1) FTE social worker for every twelve (12) youth

b. Social Worker/Casework Supervisor:
- Capacity/caseload - One (1) FTE supervisor for every four (4) social workers/caseworker

c. Child care Worker:
- Capacity/Caseload - One (1) FTE child care worker for every three (3) youth

d. Child care Worker Supervisor:
- Capacity/caseload - One (1) FTE child care supervisor for every eight (8) child care workers

(2) Programs will schedule direct care staff in a manner that supports consistency in the program and meets the needs of the youth. A minimum of two staff must be on-site at all times.

Sufficient Supervision means:

(1) Provide all direct care and aftercare staff one-on-one supervision on a bi-weekly basis,at minimum. Supervision must address the employee's performance, work tasks, and well-being, at minimum.

(2) Provide group supervision to all interested employees monthly, at minimum. Group supervision must address vicarious trauma, burnout, and transference.

(3) Ensure all supervisors receive one-on-one supervision on a regular and consistent basis from higher-level supervisors or management. Supervision must address the employee's performance, work tasks, and well-being, at minimum.

(4) Supervisors must be present on-site and maintain an active and visible presence in the program milieu. Supervisors may be scheduled as "on-call" for shifts off-site during overnights and during periods when there are typically three youth or less in the program.

(5) Programs cannot schedule supervisors to cover duties or shifts of direct care staff except in emergency situations.

Staff Recruitment and Retention

(1) Provide youth and/or program alumni meaningful opportunities to actively participate in the hiring process for all potential staff that will work within the program space, including administrative support, mental health staff, and aftercare workers.

(2) Maintain a job description for each position that works in the program space, including administrative support, mental health staff, and aftercare workers that includes core duties/responsibilities, minimum qualifications, and compensation (range) for each. Minimum qualifications will consider and value the lived experience of applicants.
- All supervisors of direct care staff must have prior experience working with at-risk adolescents.

(3) Advertise positions at all levels in a manner such that persons with lived experience/ survivors and communities that reflect the population served can reasonablybe expected to see such postings.

(4) Implement a recruitment/retention plan that addresses all levels of staffing and reflectsthe program's commitment to investing in and caring for staff's health and well-being. Such plans must include, at minimum, a description of all benefits/supports related to preventing or supporting staff experiencing burnout and/or vicarious trauma.

3. Therapeutic Model of Service Standards

(1) Implement a therapeutic model of care that is evidence-based or evidence-informed to support adolescents with complex sexual trauma histories. Such models must include a

coherent theory of change and be responsive to emotional, relational, and sexualized trauma in adolescents.

(2) Embed the model of care in all elements of programming from intake through aftercare and support and reinforce the therapeutic interventions provided by clinicians and mentalhealth professionals. The model of care must provide for continuity between clinical individual/group/family therapies and day-to-day support provided in the program milieu.

(3) Ensure all persons who work, consult, or volunteer within the program space are trainedin how to operationalize and implement the program's therapeutic model of care. This is inclusive of all line staff, supervisors, and support staff including but not limited to administrative support, kitchen staff, janitorial personnel, etc.

(4) Be accredited to use the model of care described herein and implement the model ofcare with fidelity.

(5) Embed additional evidence-based or evidence-informed therapeutic supports into the program milieu to enhance and reinforce the therapeutic model of care and clinical services.

Example therapeutic models of care include but are not limited to the following:

- Attachment Regulation and Competencies (ARC)
- Trauma-Affect Regulation: Guide for Education and Therapy (TARGET)
- Trust-Based Relational Intervention (TBRI)
- Other models with prior approval from OCFS

Example therapeutic supports include but are not limited to the following:

- Facility animals
- Trauma-informed yoga/yoga therapy
- Aromatherapy
- Creative arts therapies
- Girl's Circles/Council for Boys and Young Men

4. Supports for Mental, Behavioral and Emotional Health, Well-Being and Healing Standards

(1) Employ appropriately credentialed mental health professionals with experience working with adolescents with trauma histories. They must be fluent and comfortable practicing in the following areas:

- Shame
- Grief and loss
- Complex trauma and PTSD
- Relational healing
- Sexual trauma
- Integrating somatic and other healing and therapeutic modalities into clinical practice.

(2) These mental health professionals will

- maintain a regular on-site presence in the program space for the purpose of supporting and reinforcing continuity of the therapeutic model of care between clinical sessions and day-to-day programming, and providing additional therapeutic supports;
- participate in case conferencing and permanency planning for each youth;
- lead debriefing conversations following significant incidents impacting theprogram; and

- offer group therapy or support sessions for youth in the program.

(3) Mental health professionals will provide each youth individual support sessions or clinical therapy using model(s) appropriate for this population.

(4) Mental health professionals will provide each youth's permanency resource(s)
  - therapeutic support to prepare for a safe and stable transition home, asapplicable. Such supports must include the option of family counseling.
  - If family counseling is declined, or is otherwise not feasible or appropriate,services may be offered to the youth and their permanency resources separately.

Example clinical models to be used in clinical therapies can include but are not limited to the following:
- Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Dialectical Behavioral Therapy (DBT)
- Other models with prior approval from OCFS

5. Supports for Physical and Sexual Health and Well-being Standards

(1) Assess all youth for service and health needs and refer eligible youth appropriately. Youth will be supported to receive health care (of all forms) from the

provider(s) of their choice in the community and/or through the agency's medical team.

(2) Assess for and coordinate delivery of Children and Family Treatment and Support Services (CFTSS) and other clinical and supportive services for each youth as needed.

(3) Provide or arrange for comprehensive sex education and health care for all youth. Such services will incorporate harm reduction coaching as relevant to the youth's needs and interests to support a youth's sexual development and autonomy.

(4) Conduct due diligence to ensure all health care provided or arranged by the program are supporting and affirming of youth's SOGIE.

(5) Ensure that no agency or program staff, volunteer, nor consultant may interfere with a youth's access to a medical treatment or medication when used by the youth in the manner prescribed by a licensed medical professional.

6. Positive Youth Development and Youth Voice Standards

(1) Incorporate Positive Youth Development principles into program design and day-to-day implementation. To do that programs will accomplish the following:
  - Support the physical and psychological safety of youth
  - Reinforce appropriate structure that provides clear limit setting, rules, and
  - expectations
  - Support positive, meaningful relationships between youth, their peers, and supportive adults
  - Create opportunities to belong
  - Reinforce positive social norms
  - Create opportunities for skill-building
  - Support integration of family, school, and community efforts

(2) Implement the reasonable and prudent parenting standard (RPPS) consistent with 15-OCFS-ADM-21 with all youth in their care. Programs will establish clear expectations for all youth while simultaneously allowing for flexibility for each individual dependent on the circumstances.

(3) Have a policy establishing the parameters within which youth will have access to cell phones and social media. Programs may not completely ban cell phones or social media use.
    - In instances where a youth's access or use of a cell phone or social media are limited, the limitations imposed must be consistent with the RPPS.

(4) Provide for youth to participate in a wide array of supportive activities that may includebut is not limited to the following:
    - Substance misuse and prevention supports
    - Commercial sexual exploitation and human trafficking prevention psychoeducation, using an evidence- based or evidence-informedmodel
    - Programming on healthy relationships (peer, adult, romantic, sexual, digital, etc.)
    - Programming on self-image and self-esteem
    - Financial literacy and safety to build a healthy relationship to money
    - Leadership and employment opportunities
    - Mentoring for youth (peer, survivor-leader, credible messenger, etc.)
    - Psychoeducation on safe use of social media and technology
    - Independent living skill coaching, for example how to get along with roommatesor a landlord, how to buy and prepare meals, etc.

    These supportive activities supplement, but do not supplant, the other supportsthat must be provided for all youth in foster care.
    These supportive activities are programmatic interventions and thus cannot be withheld from youth by the program except on a short-term basis when there is acompelling, documented safety concern. In such circumstances other suitable arrangements must be made for youth to receiving the resource/support.
    Such supports may be provided on-site or in the community. When supports are arranged for in the community, the program must identify the resource, link youngpeople to the resource, and provide for transportation to the resource.

(5) Meet the educational and/or vocational needs of youth in the program. Youth will attenda community-based school unless another arrangement is required via their Individualized Educational Plan (IEP).

(6) Support youth in considering a wide variety of post-high school opportunities, including college, community college, vocational careers, military, and employment possibilities. Programs will help youth identify available resources and supports to navigate a career path of their choosing.

(7) Provide sufficient recreational opportunities to provide meaningful, normative opportunities for youth development. Programs will prioritize recreational activities as animportant use of time and resources to support youth development.
    - Professionals at all levels of the program will be encouraged to create and facilitate services, opportunities, supports, and recreation for youth in the program. Programs will allow for dedicated staff time to support development and implementation of these activities.
    - Programs will create meaningful opportunities for youth to identify recreational opportunities.

(8) Maintain a youth manual that articulates, in a manner appropriate and accessible to young people, their rights and responsibilities while in the program.
    - Youth must be provided a copy of the youth manual at intake.
    - Programs must involve youth in the maintenance of the youth manual to the extent practicable.
    - The manual must include a policy or procedure by which youth can report program grievances and how the program will respond to such reports.

7. Behavior Management, De-escalation, Incident and Crisis Management Standards

(1) Utilize a behavior management approach that is relational, incorporates natural consequences, and incentivizes positive decision-making. The approach must have a strong focus on de-escalation and cannot be punitive in design.

(2) Have a policy prohibiting services or supports being withheld from youth in response to behavioral challenges.

(3) Have a policy prohibiting recreation being withheld from youth in response to behavioral challenges for more than one week at a time. Should recreation be withheld, programs must find other ways to keep the youth engaged.

(4) Utilize restorative practices in response to incidents and conflict (between youth andpeers and youth and staff) as appropriate. Restorative practices include
- healing circles,
- youth accountability processes,
- youth courts, and
- other approaches with prior OCFS approval.

(5) Offer a "stress pass" option to youth on an as-needed basis (please refer to guidance from OCFS).

(6) Have a policy outlining how the program will prevent, respond to, and debrief unplanned youth absences (AWOC) that conforms with the requirements of 16-OCFS-ADM-09.

(7) Have a program restraint policy. Such policy may allow for the use of physical intervention only when necessary to prevent serious bodily harm. The policy must prohibit the use of prone restraints and be otherwise compliant with the requirements of 18 NYCRR 441.17.

(8) Have policies addressing the response to suspected or confirmed instances of recruitment within the program. Such policy must include a definition of recruitment.

(9) Debrief staff following each critical incident that occurs at the program, including use of restraints, in order to identify underlying causes so similar incidents can be avoided in the future.

8. Program Discharge Planning and Aftercare Standards

Program Discharge Planning

(1) Begin planning for a youth's discharge with their team from the program during their first week at the program. Programs will engage each youth as active members of the discharge planning process.

(2) Proactively engage a youth's adult supports in the community (which may include permanency resource(s), parents, and kin, including fictive kin) in program discharge planning within the youth's first month in the program. Engagement will be inclusive of supportive persons even if they cannot serve as a permanency resource.

(3) Make every effort to step youth down to a lower level of care when a return home is not feasible.

(4) Engage the youth's team in concurrent planning; while working toward the youth's primary permanency goal (PPG), the youth's team will simultaneously identify and planfor a secondary PPG.

Program Discharge Determinations

(1) Incorporate input the youth's team in all discharge decisions.

(2) Maintain high standards and narrow criteria for discharge resulting from behavioral challenges. Such criteria will anticipate and tolerate higher levels of risk than non-specialized programs.

Programs may discharge youth for the following reasons:

- Youth is on trial discharge with a permanency resource.
- Youth is stepping down to a lower level of care.
- After the youth's team determined the placement is no longer appropriate and diligent efforts were made to better support the youth in the placement, the youth's team determined another placement would be more appropriate and arranged for the youth to transition to a more suitable placement.
- The youth's placement order terminates.
- Youth is placed in another institutional setting (hospital, rehabilitation center, jail, etc.).
- Youth is 18 years or older and signs themselves out of foster care.
- After exhausting all efforts to step the youth down to a lower level of care, theyouth ages out of foster care.
- After exhausting all interventions and strategies, the program determines that the youth continues to present significant threat of severe injury or death to one or more residents or staff.

Programs cannot discharge youth solely because the youth

- causes property damage,
- AWOC's frequently, and/or
- does not comply with program rules

unless after exhausting all interventions and strategies the program determines that the youth continues to present significant threat of severe injury or death to one or more residents or staff.

Programs may discharge youth who have been away for 14 consecutive nights; however, programs must allow youth to return to the program when each of the followingconditions are met:

- The youth requests to return to the program.
- The youth is in foster care or eligible to re-enter foster care,
- Bed space is available.
- No court order prevents such a return.

Programs are intended to offer a stable source of support that develops a mindset of growth and change. Youth cannot be denied return to a program based on past behavior within that program, except in cases where the youth was previously discharged because they posed a significant threat of severe injury or death to one or more residents or staff.

Aftercare

(1) Programs will provide aftercare to youth and their permanency resources, as applicable, following the youth's discharge from the program. Aftercare supports are required per 18 NYCRR 441.4; requirements specific to EMPOWER programs will be further defined in policy.

(2) Programs are encouraged to employ peer navigators or credible messengers to provide aftercare support to youth and/or their permanency resources. All staff supporting aftercare services will be incorporated in the program staffing plan.

9. Physical Plant and Security Standards

(1) Meet all physical plant standards articulated in applicable regulations

(2) Proactively engage with neighbors, first responders, and other community partners.

Programs may enhance the security of the youth, staff, and/or neighboring community by making non-institutional changes to the facility's physical plant. Examples include but are notlimited to the following:

- Hedges for privacy
- Cameras
- Alarmed windows/doors
- Window restrictors
- Fencing or shrubbery that obscures sightlines between the street and home (but not sightlines of the grounds from inside the facility)
- Motion-activated lighting outside
- Installation of cameras or other monitoring systems in common areas

10. Organizational Capacity Standards

Program Benchmarks

Programs must collect and report data on specific benchmarks as required by OCFS.

Continuous Quality Improvement Strategy

Programs must implement a Continuous Quality Improvement (CQI) practice to consistently examine and evaluate program outcomes. Such practice must include a CQI team that includes, at minimum, executive, mental health, and direct care staff.

CQI teams will be tasked with examining program data in the following areas to identify promising and ineffective areas of programming and practice:

- Frequency and severity of significant incidents
- Correlation between significant incidents and staffing patterns or other programmatic features
- Discharges
- Program benchmarks as described above

CQI teams must incorporate meaningful opportunities for youth and/or alumni to participate inthe CQI process and provide the supports necessary to make such participation successful. Youth participation should include a stipend as practicable.

Executive Management

Executive management representing the program's operating agency must maintain a visible presence at the program on a monthly basis, at minimum. Such visits will be conducted on days and at times when youth can reasonably be expected to be present.