## POLICIES AND PRINCIPLES

## OVERVIEW

In 1999, New York State adopted its version of the federal Adoption and Safe Families Act (ASFA). The Act created dramatic changes in child welfare law and practice by creating time frames for reunification which move children more quickly toward either reunification with their parents or adoption. ASFA requires states to terminate the parental rights of parents whose children have been in foster care for fifteen out of the most recent twenty-two months unless there are compelling reasons not to seek termination.

For parents who are in chemical dependence treatment, especially those who are in residential treatment programs, this time frame can have a serious impact on the parent's relationship with his or her child. Termination of parental rights is a proceeding to end the legal relationship between the parent and child, and forecloses the possibility of family reunification. In order to avoid termination of parental rights, parents in recovery must demonstrate that, in addition to addressing the causes of their child's placement in foster care, they are able to build or maintain a meaningful connection to their children while engaged in chemical dependence treatment.

According to the law and ACS' policies, there must be a visiting plan for every family involved in the foster care system. Family visiting plans are generally developed by the agency responsible for planning but must also be ratified by the Family Court and are often set forth in court orders. A parent's ability to maintain regular and meaningful visits is one of the most important factors looked at by the Family Court, foster care agencies and law guardians in determining whether children should be returned to their parents. The foster care system will base its evaluation of a parent's compliance largely on the parent's ability to maintain regular and meaningful visiting with their children.

When a parent does not visit for weeks at a time, misses visits, or cancels at the last minute, he or she is jeopardizing his or her future relationship with their children, increasing the chances that their parental rights will be terminated. Parents with chemical dependence problems may have already experienced problems complying with visiting plans by the time they begin treatment. Engagement in treatment can and should have a stabilizing impact on a parent's relationship with the foster care agency and their children as well.

Traditionally, residential chemical dependence programs have not taken the ramifications of ASFA into account when developing treatment plans for parents in recovery. Restrictive practices during orientation, sanctions, and other practices that limit a parent's ability to comply with the visiting plan are having unintended harmful consequences on the legal rights

of parents and consequently on their commitment to ongoing treatment. However, ASFA has created a dramatic need to re-examine traditional treatment practices as they relate to a parent's relationship to his or her children.

Partly in response to ASFA's expedited time frames, OASAS and New York City's Administration for Children's Services (ACS) issued the Operational Protocol for Client Referral and Communication between Child Welfare Staff and Alcohol and Other Drug Treatment Providers. Designed to promote collaboration between the agencies, the Protocol addresses procedures for release of information, assessment for appropriate treatment, and treatment planning for families affected by both systems. ACS issued its Best Practice Guidelines for Family Visiting Arrangements which emphasize the importance of frequent and meaningful visiting between parents and children involved in the foster care system. Despite implementation of the Protocol and issuance of the Visiting Guidelines, problems persist in maintaining connections between children and parents during treatment.

OASAS recognizes the importance of maintaining strong family connections to support long-term recovery, to promote healthy development in children, and help break the intergenerational cycle of addiction. OASAS believes that there is a need for a clear set of principles and policies pertaining to family visiting during treatment.

The chart and recommendations in Parts II and III are suggested to ensure that parent/child relationships become an integral part of a parent's treatment plan.

**PART II. Chart**

The following chart outlines principles, policies and practices recommended to ensure that parent's child welfare issues are integrated within the treatment plan

| Principle | Policy | Model Element | Practice |
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| • All child(ren) deserve safe, nurturing and permanent families who can provide an unconditional lasting commitment to them.<br><br>• When it is the desire of the parent, it is important to keep parents and their child(ren) affected by chemical dependence closely connected throughout treatment to enhance and preserve their relationship, support the parent's recovery process, and assure the child(ren)'s healthy development<br><br>• Treatment providers should ensure that the parent(s) treatment plan has a concrete goal that addresses visiting to facilitate a long-term relationship between the | In order to provide effective treatment, the status of the parent's relationship to his/her child(ren) must be assessed and addressed as part of the screening, assessment, treatment planning, and service delivery process. | Assessment (screening, indepth assessment) | **<u>Current Living Arrangement</u>**<br><br>• Child(ren)'s name and date of birth<br>• Where the child(ren) currently reside<br>• Name of foster care agency, if applicable<br>• Name of the case worker<br>• Date of last face-to-face visit<br>• Date of next scheduled visit<br><br>**<u>Legal Status of Child(ren)</u>**<br>(i.e., no family court involvement, family court involvement, foster care, kinship, nonkinship custody with relative or friend, formal or informal)<br><br>• Court ordered custody<br>• Child's Permanency Planning Goal<br>• Prior termination of parental rights<br>• Adoption<br>• Outstanding Orders of Protection |

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| parent and child(ren) in the child welfare system. | | | **<u>Visiting Schedule</u>**<br>• Are visits currently taking place? If yes:<br>• Current visiting schedule<br>• Are visits court ordered?<br>• Are visits supervised?<br>• Where are visits currently taking place?<br>• Date of next scheduled visit<br><br>**<u>Other Agency Involvement</u>**<br>• Parenting classes<br>• Family or individual therapy<br>• Preventive services<br>• Other<br>Describe:<br><br>**<u>Parent Child(ren) Relationship</u>**<br>• What are parent's feelings toward continuing relationship and/or reunification?<br>• What are parent's personal goals for the relationship with child(ren)?<br>• Parent's perception of child(ren)'s feelings toward parent?<br>• Nature of parent's relationship with child(ren)'s caregiver?<br>• History of relationship with the child(ren) and reasons for separation. |
| • Collaboration, coordination, and communication among all systems involved with a family's care are essential to ensure positive outcomes for | In order to provide effective treatment, the status of the parent's relationship to | Treatment Planning (initial) comprehensive, updates and discharge plan) | "Family Centered" treatment plan should include measurable goals (i.e., parent will attend 8 out of 8 child(ren)'s visits during this quarter) and objectives related to the child |

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| clients and their child(ren), in accordance with federal confidentiality laws and regulations.<br><br>• All parents affected by substance abuse deserve a fair and timely opportunity to receive needed services that will assist them in providing themselves and their child(ren) with safe nurturing and permanent home.<br>• A safe and supportive living environment for the parent affected by substance abuse and his/her family is essential to recovery.<br><br>• All child(ren) and families deserve to receive services in a timely and coordinated fashion that meet their specific needs and respect their strengths.<br><br>• In order to protect child(ren), the needs of the parents and other family members affected by substance abuse must also be met.<br><br>• Visits between the parent and child(ren) are a responsibility, not a privilege. Under | his/her child(ren) must be assessed and addressed as part of the screening, assessment, treatment planning, and service delivery process. | | welfare issues identified in the assessment. Those goals and objectives should be included in the initial and comprehensive treatment plan as well as updates. In accordance with federal confidentiality laws, the plan should include establishing contact, making referrals, and coordinating services with:<br><br>• ACS, and/or the foster care agency,<br>• the child(ren)'s caregiver when appropriate and the child(ren) are not in foster care<br>• the parent's attorney, (i.e., attend the case conferences or obtain a copy of the service plan review)<br>• legal services - other service providers,<br>• other stakeholders as needed<br><br>The goals and objectives relevant to the relationship and reunification with each child(ren) should be assessed at minimum during each treatment plan update to ensure the plan still reflects the choice of the parent. The progress notes should reflect the parent's movement towards each goal identified in the treatment plan. Discharge planning |

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| appropriate circumstances, visits support the recovery process and the healthy development of the child(ren).<br><br>• Denial of child visits should not be used as a clinical sanction, punitive measure or behavioral intervention.<br><br>• Compliance with Family Court Orders directing visits between parents and child(ren) should be regarded as a necessary element of the treatment plan. | | | should include aftercare services specific to supporting the parent's goal regarding the parent's relationship with the child(ren).<br><br>Visiting schedules should be integrated into the treatment plan, and visits should be given the same priority as medical visits and criminal justice supervision. Denial of visits should not be used as a sanction for relapse or incidents of noncompliance with treatment. |
| • Every person and service provider involved with a family's case must work as partners to ensure positive outcomes for child(ren) and families.<br><br>• Relapse may occur and may even be part of the process and progress of moving into recovery.<br><br>• Excerpted from the agreed upon operational Protocol between NYS OASAS and NYC ACS. | In order to provide effective treatment the status of the parent's relationship to his/her child(ren) must be assessed and addressed as part of the screening, assessment, treatment planning, and service delivery process. | Service coordination, including aftercare services and referral to neighborhood-based continuing care. | In accordance with the "Operational Protocol" agreed upon between the NYS Office of Alcoholism and Substance Abuse Services and the NYC Administration for Children's Services, and pursuant to federal confidentiality regulations, providers should coordinate with ACS and the foster care agency to ensure that the following take place:<br><br>• visits (such as level of supervision and basis thereof)<br>• identification of services that can support the visiting plan |

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| | | | • changes in visiting plan to reflect parent's progress towards permanency goal<br>• communication regarding changes in status of case (see protocol forms) - parent and treatment provider participation at Family Court appearance(s)<br>• - parent and treatment provider participation in service plan reviews and case conferencing Communication should also be facilitated with the parent's attorney concerning the Family Court case. |

**PART III. Recommendations**

The following recommendation of practices assist chemical dependence programs in providing child welfare friendly services, and achieving successful outcomes for families.

1) Initial program intakes should always request information about a parent's child(ren), including where the child(ren) are living and the nature of the parent's relationship with the child(ren), and an assessment should be made as to how the parent's relationship with his or her child(ren) should be integrated into treatment.

2) The issues surrounding a parent's relationship to his or her child(ren) should always be integrated into treatment plans. Programs should take account of the positive role that parent visiting and parent relationships can have on the recovery process at all phases of treatment and recovery.

3) There should never be an automatic bar to visiting with child(ren) during the initial phase of treatment and recovery. Visits at the initial stages should be determined on a case-by-case basis taking into account the effect on the child(ren). In cases where the child(ren) is in foster care, programs must understand that parents have a legal obligation to visit with their child(ren) in foster care, and the frequency of visits should be discussed with the designated child welfare worker at ACS or the foster care agency. Where there are Family Court orders specifying visiting schedules, programs should follow those orders.

4) Program staff should assist parents, where possible, in obtaining more visits with their child(ren), less restrictive visits with their child(ren), and more contact with their child(ren). Where possible, they should attempt to have visits on site at the program. Treatment providers should be familiar with ACS' Visiting Guidelines and ensure that the visiting plan is consistent with the Guidelines.

5) Programs should ensure that parents have a regular schedule for visiting with their child(ren), whether or not the child(ren) are in foster care, and make all efforts necessary to ensure that the visits take place in accordance with this schedule and that the parent's treatment plan accommodates the schedule.

6) Child visits should be treated like other mandatory appointments, such as medical and court appointments. This should apply to both court-ordered and non-court-ordered visits. A parent's visits with his or her child(ren) is a responsibility that the parent should meet. Parent visits with child(ren) should never be conditioned upon compliance with program rules. Lack of program compliance should result in consequences, but the consequence should not be to suspend or limit visits between the parent and child(ren).

7) Program Directors should ensure that policies and procedures focusing on parent-child visiting are developed and implemented. Directors need to make policies around visiting which are communicated to all staff. Visiting directives must be communicated down to weekend and night line staff.

8) Program staff should be aware of how visits are going and any issues that arise during visits that can or should be addressed in treatment, either because they are affecting the parent's recovery process, or the parent's ability to maintain his or her relationship with the child(ren). Program staff should be prepared to speak with the child(ren) about chemical dependence and recovery where clinically indicated.

9) Program staff should receive ongoing training on how the Family Court and child welfare systems operate, as well as on clinical issues concerning parent-child relationships and child development. These issues are integrally connected with effective substance abuse treatment. Training in the area of child welfare must be implemented as part of ongoing chemical dependence training.

10) Treatment plans and child welfare service plans should be coordinated. Where possible, program staff should be prepared to attend service plan reviews and family team conferences at the request of the parent. At a minimum, program staff should help prepare parents for their case conferences and give them the information that they need for the conference, including written documentation of their participation in the program. Providers may want to suggest having alternating case conferences at the treatment program and at the foster care agency. Providers should ask for a case conference when issues of concern arise.

11) Youth with parents in treatment need Children of Substance Abusers services including training around addiction and relapse.

12) If there are conflicting legal mandates, there should be an early alert to all systems involved in the case.

13) In the event of a parent-child visit in the community, where the client would be exposed to alcohol or other drug use, the visit should be rescheduled, and the rescheduled visit should be coordinated between the AOD provider and the child welfare agency