

Principle	Policy	Model Element	Practice
<ul style="list-style-type: none"> • All child(ren) deserve safe, nurturing and permanent families who can provide an unconditional lasting commitment to them. • 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. • 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 parent and child(ren) in the child welfare system. 	<p>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.</p>	<p>Assessment (screening, in-depth assessment)</p>	<ol style="list-style-type: none"> 1. <u>Current Living Arrangement</u> <ul style="list-style-type: none"> • Child(ren)’s name and date of birth • Where the child(ren) currently reside • Name of foster care agency, if applicable • Name of the case worker • Date of last face-to-face visit • Date of next scheduled visit 2. <u>Legal Status of Child(ren)</u> <p>(i.e., no family court involvement, family court involvement, foster care, kinship, non-kinship custody with relative or friend, formal or informal)</p> <ul style="list-style-type: none"> • Court ordered custody • Child’s Permanency Planning Goal • Prior termination of parental rights • Adoption • Outstanding Orders of Protection 3. <u>Visiting Schedule</u> <ul style="list-style-type: none"> • Are visits currently taking place? If yes: • Current visiting schedule • Are visits court ordered? • Are visits supervised? • Where are visits currently taking place? • Date of next scheduled visit

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			<p>4. <u>Other Agency Involvement</u></p> <ul style="list-style-type: none"> • Parenting classes • Family or individual therapy • Preventive services • Other <p>Describe:</p> <hr/> <p>5. <u>Parent Child(ren) Relationship</u></p> <ul style="list-style-type: none"> • What are parent’s feelings toward continuing relationship and/or reunification? • What are parent’s personal goals for the relationship with child(ren)? • Parent’s perception of child(ren)’s feelings toward parent? • Nature of parent’s relationship with child(ren)’s caregiver? • History of relationship with the child(ren) and reasons for separation.
<ul style="list-style-type: none"> • Collaboration, coordination, and communication among all systems involved with a family’s care are essential to ensure positive outcomes for clients and their child(ren), in accordance with federal confidentiality laws and regulations. • 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. 	<p>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.</p>	<p>Treatment Planning (initial) comprehensive, updates and discharge plan)</p>	<p>“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 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:</p> <ul style="list-style-type: none"> - ACS, and/or the foster care agency, - the child(ren)’s caregiver when appropriate and the child(ren) are not in

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<ul style="list-style-type: none"> • A safe and supportive living environment for the parent affected by substance abuse and his/her family is essential to recovery. • All child(ren) and families deserve to receive services in a timely and coordinated fashion that meet their specific needs and respect their strengths. • In order to protect child(ren), the needs of the parents and other family members affected by substance abuse must also be met. • Visits between the parent and child(ren) are a responsibility, not a privilege. Under appropriate circumstances, visits support the recovery process and the healthy development of the child(ren). • Denial of child visits should not be used as a clinical sanction, punitive measure or behavioral intervention. • Compliance with Family Court Orders directing visits between parents and child(ren) should be regarded as a necessary element of the treatment plan. 			<ul style="list-style-type: none"> - foster care - the parent’s attorney, (i.e., attend the case conferences or obtain a copy of the service plan review) - legal services - other service providers, - other stakeholders as needed <p>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 should include aftercare services specific to supporting the parent’s goal regarding the parent’s relationship with the child(ren).</p> <p>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 non-compliance with treatment.</p>

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<ul style="list-style-type: none"> • Every person and service provider involved with a family’s case must work as partners to ensure positive outcomes for child(ren) and families. • Relapse may occur and may even be part of the process and progress of moving into recovery. • Excerpted from the agreed upon operational Protocol between NYS OASAS and NYC ACS. 	<p>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.</p>	<p>Service coordination, including aftercare services and referral to neighborhood-based continuing care.</p>	<p>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:</p> <ul style="list-style-type: none"> - visits (such as level of supervision and basis thereof) - identification of services that can support the visiting plan - changes in visiting plan to reflect parent’s progress towards permanency goal - communication regarding changes in status of case (see protocol forms) - parent and treatment provider participation at Family Court appearance(s) - parent and treatment provider participation in service plan reviews and case conferencing <p>Communication should also be facilitated with the parent’s attorney concerning the Family Court case.</p>