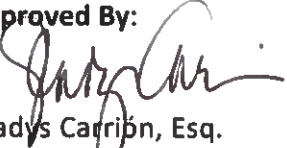


**Permanency Planning with Incarcerated Parents**

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	<a href="#">restrictive level of supervision needed during visits</a> <ul style="list-style-type: none"> <li>• Guidance #2007/02 Revised Casework Contacts for Families with Children in Foster Care (revised 3/30/10)</li> <li>• Policy &amp; Procedure #2016/08 Permanency Planning with Parents in Residential Substance Use Disorder Treatment Programs</li> </ul>	
<b>RELATED FORMS:</b> Attachment A – OCFS Document: You Don’t Have to Stop Being a Parent While You are Incarcerated Attachment B – Re-Entry & Support Services for Women, Men and Their Families (Resource Guide) Attachment C – Authorization for Release and Sharing of Confidential Chemical Dependency OASAS Patient/ACS Client Information		
<b>SUMMARY:</b> The purpose of this document is to clarify responsibilities for the Administration for Children’s Services (ACS) and foster care provider agency (provider agency) staff regarding casework contacts and permanency planning with incarcerated parents. Some of these responsibilities are based on amendments to the Social Services Law (SSL), effective June 15, 2010, which provide additional considerations to the requirement that social services districts file a petition to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months. In any case involving an incarcerated parent (including a parent detained with respect to immigration), the case planner must inform the parent of his or her legal rights and permanency planning obligations, and provide information about services available in the community. The provider agency does not need to file a termination of parental rights (TPR) petition when the parent’s incarceration was a significant factor in the child’s remaining in foster care for 15 of the most recent 22 months, provided that the parent maintains a meaningful role in the child’s life and the agency has not documented a reason that it would otherwise be appropriate to file a petition to terminate parental rights. Under any of these or certain other circumstances, when a child has been in foster care for 15 of the most recent 22 months, an exception to filing a TPR petition may apply.		

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## I. Introduction

- A. Parent-child visiting can be critical to a child's well-being when a parent is incarcerated.<sup>1</sup> Note: For purposes of this policy, the term "incarceration" includes detention with respect to immigration. Visiting can substantially strengthen ties between the parent and child and lessen the negative impact of separation on the child, which can manifest in poor school performance, increased delinquency, and disruption of development. Maintaining contact during incarceration has also been correlated with reduced recidivism rates by the parent and reduced trauma to the child.<sup>2</sup> The most important form of parent-child contact is the face-to-face visit, which can be supplemented by teleconference and videoconference, when needed and as available.
- B. The foster care case planner must coordinate with facility staff to arrange regular parent-child visits where the parent is being housed. Foster care provider agencies (provider agencies) should encourage children and parents to communicate with each other through other means as well, such as writing letters and sending pictures. Provider agencies should also encourage the celebration of family members' accomplishments and milestones, including birthdays, educational achievements, cultural events, and religious holidays.

### C. State and Federal Regulations

Title IV-E of the Social Security Act as amended by the Adoption and Safe Families Act (ASFA) requires agencies to file a termination of parental rights (TPR) petition when a child has been in foster care for 15 of the last 22 months, unless certain circumstances exist, based on a case by case determination.<sup>3</sup> One such circumstance is when the parent or parents are incarcerated, or the prior incarceration of a parent or parents is a significant factor in why the child has been in foster care for 15 out of the last 22 months, provided that the parent maintains a meaningful role in the child's life and

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<sup>1</sup> The term "incarceration" includes a parent's placement in a New York City Department of Correction (DOC) facility, a New York State Department of Corrections and Community Supervision (DOCCS) facility, a New York State Office of Children and Family Services (OCFS) facility, an ACS Division of Youth and Family Justice detention or juvenile justice placement facility, or another type of facility such as a county jail, federal prison, or immigration detention facility.

<sup>2</sup> See *Child Protection Best Practices Bulletin: Innovative Strategies to Achieve Safety, Permanency, and Well-Being*, available through the following link: <http://childlaw.unm.edu/assets/docs/best-practices/Well-Being-Checklist-2011.pdf>

<sup>3</sup> See SSL § 384-b (3)(l)(i).

the agency has not documented a reason why it would otherwise be appropriate to file a petition.<sup>4</sup>

D. When a parent is incarcerated, the case planner is responsible for the following tasks:

1. Locating the parent;
2. Notifying the parent of his or her legal rights and permanency planning responsibilities, as well as services available in the community;
3. Communicating with the parent and staff at the facility;
4. Permanency planning for the child;
5. Arranging child safety and permanency planning conferences;
6. Notifying the Family Court Legal Services (FCLS) attorney of the parent's location so that FCLS can inform the Court, and the Court can facilitate the parent's court appearance;
7. Determining whether or not to file a petition to terminate parental rights; and
8. Arranging for child and parent visits.

## **II. Locating Incarcerated Parents**

### **A. Incarcerated Parents in New York, New Jersey, Connecticut, and Pennsylvania**

1. When a CPS, case planner, or caseworker (collectively hereafter "case planner") learns that a foster child has a parent who is incarcerated, the case planner must obtain the following information:
  - a. Parent's full name and date of birth;
  - b. Any known aliases or alternate name spellings, if available;
  - c. New York State Identification Number (NYSID),<sup>5</sup> if available;
    - i. Sample NYSID: 02757171Q (8 numbers, 1 letter)
  - d. Book and case number, if available; and
  - e. Department Identification Number (DIN).<sup>6</sup>
    - i. Sample DIN: 99 g 1234 (2 numbers, 1 letter, 4 numbers)

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<sup>4</sup> See SSL § 384-b (3) (l)(i).

<sup>5</sup> A NYSID number is a unique identifier assigned to an individual by the New York State Division of Criminal Justice Services (DCJS).

<sup>6</sup> A DIN is a unique identifier assigned by the New York State Department of Corrections and Community Services (DOCCS) to all newly committed inmates at Reception.

2. After gathering the above information, the case planner should use it for reference when calling the numbers listed below, as appropriate, to locate the incarcerated parent:

Incarcerated Parent (Inmate) Locator Contacts

- a. New York City Department of Correction (DOC): (718) 546-0700  
or <http://services.doc.nycnet/inmatetracking/pages/common/find.jsf>
- b. New York and Surrounding Area State Facilities:<sup>7</sup>
  - i. New York: (518) 457-5000
  - ii. New Jersey: (609) 292-4036
  - iii. Connecticut: (860) 692-7480
  - iv. Pennsylvania: (717) 728-2573
- c. The New York State Department of Corrections and Community Supervision (DOCCS):  
The DOCCS Inmate Population Information Search is available at: <http://nysdoccslookup.doccs.ny.gov/>.  
The DOCCS Facility Listing is available at: <http://www.doccs.ny.gov/faclist.html>.  
  
For additional information on how to navigate DOCCS, see *Connectivity Between Children and Their Incarcerated Parents: How to Navigate the New York State Department of Correctional Services*.<sup>8</sup>
- d. For minor parents placed at New York State Office of Children and Family Services (OCFS) facilities, the case planner can call the OCFS Intake Unit at (718) 401-2661 or (718) 401-2664 for assistance. If the case planner has difficulty locating a minor parent in OCFS custody, he or she can also contact the ACS Confirm Unit at 1-877-KID-CHEK (1-877-543-2345).
- e. For minor parents in ACS Division of Youth and Family Justice (DYFJ) detention or juvenile justice placement facilities, the case planner can contact the Confirm Unit (see phone number above) for information about a minor parent's location.

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<sup>7</sup> These numbers are for central offices only. If the case planner is trying to locate a parent at a specific state prison, he or she should contact that institution directly.

<sup>8</sup> [Connectivity Between Children and their Incarcerated Parents](#)

3. If a case planner has difficulty locating an incarcerated parent, he or she may contact the ACS Diligent Search Unit by emailing [acsdsu@acs.nyc.gov](mailto:acsdsu@acs.nyc.gov) or the ACS Children of Incarcerated Parents Program (CHIPP) by calling (212) 341-4883.

**B. Parents in County Jails, Federal Prisons, or Immigration Detention Facilities**

If a parent is incarcerated, detained, or placed in a facility other than a New York City DOC facility, a New York State DOCCS facility, a New York State OCFS facility, or an ACS DYFJ detention or juvenile justice placement facility, the case planner must initiate contact directly with the facility.<sup>9</sup> Such facilities include county jails, federal prisons, and immigration detention facilities. For assistance in locating the parent, the case planner must search the following websites:

1. For parents who may be in other county jails:  
[http://www.theinmatelocator.com/New\\_York\\_Inmates\\_Search.html](http://www.theinmatelocator.com/New_York_Inmates_Search.html)
2. For parents who may be in federal prison:  
Federal Bureau of Prisons inmate  
lookup <http://www.bop.gov/iloc2/LocateInmate.jsp>  
Federal Correctional Facilities: (202) 307-3198
3. For parents who may be in an immigration detention center:  
US Immigration and Customs Enforcement inmate  
lookup <https://locator.ice.gov/odls/homePage.do> or [www.ice.gov/detention-facilities](http://www.ice.gov/detention-facilities)

**III. Requirements for Notifying Parents of Their Rights, Responsibilities, and Services**

- A. As soon as the case planner has located the incarcerated parent,<sup>10</sup> he or she must do the following:
  1. Preferably during a casework contact, give the parent the OCFS document, *You Don't Have to Stop Being a Parent While You are Incarcerated* (Attachment A), which outlines parents' legal rights and obligations.

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<sup>9</sup> See section II. A. 2. b. above.

<sup>10</sup> "Parent" shall include an incarcerated parent (male or female) unless otherwise qualified - See more in SSL § 384-b (2) (b). If there is doubt regarding the legal status of a parent, the case planner should consult the FCLS attorney.

2. If the parent is detained in a U.S. Immigration and Customs Enforcement (ICE) facility, give the parent ICE documents which outline the legal rights of parents. These documents<sup>11</sup> are the *Parental Interests Directive Fact Sheet*, *Applying the ICE Parental Interests Directive to Child Welfare Cases*, and *Detained or Deported: What About My Children? Full Toolkit*, which can be obtained from the following links:  
[Parental Interests Directive Fact Sheet](#)  
[Applying the ICE Parental Interests Directive to Child Welfare Cases](#)  
[Detained or Deported: What About My Children?](#)
3. Preferably during a casework contact, give the parent the booklet, *Out of Sight, Not Out of Mind: Important Information for Incarcerated Parents Whose Children Are in Foster Care*. To request a copy of the booklet, call CHIPP at (212) 341-4883.
4. Provide the parent with a list of social or rehabilitative services, such as family visiting services, to aid in the development of a meaningful relationship between the parent and child. When possible, the list should include information about transitional and family support services located in the parent's home community. For a listing of local social and rehabilitative services, refer to the resources guide, *Re-Entry & Support Services for Women, Men and Their Families* (Attachment B). The case planner must assist the parent with referrals to appropriate services.
5. Provide the phone number of the CHIPP collect call number, (212) 341-3322, and the Parents' and Children's Rights Helpline of the ACS Office of Advocacy, (212) 619-1309. Explain that parents may use these numbers to communicate important information to ACS or the provider agency about their whereabouts, their children, or their cases.
6. Encourage the parent to take advantage of any relevant rehabilitative services provided at the facility where they are incarcerated and ask the parent to sign a release of information form that permits facility staff to share information about the parent with the provider agency. An adult's incarceration and the location are public information, but any programmatic information such as substance use treatment or mental health treatment is confidential and requires a release of information form signed by the parent (Attachment C), *Authorization for Release and Sharing of Confidential Chemical Dependency OASAS Patient/ACS Client Information*).

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<sup>11</sup> If there is a language barrier, language access services will be provided to the parent.



7. Advise the parent to clearly mark “LEGAL MAIL” in capital letters on the envelope of any outgoing correspondence to the provider agency and his or her attorney.
8. If the case planner is sending written materials to the incarcerated parent by mail, he or she should mark the envelope “LEGAL MAIL,” and include his or her name, the name of his or her supervisor, the name and address of the provider agency, and the contact numbers for CHIPP collect calls (212-341-3322) and the Parents’ and Children’s Helpline (212-619-1309).
9. Notify the FCLS attorney and the Court, as appropriate, of the parent's incarcerated status.

B. Additional Responsibilities of the Case Planner

The case planner also has the following responsibilities:

1. Consult the parent in the development of the service plan, unless such person is unavailable or unwilling to participate, or such participation is harmful to the child.<sup>12</sup>
2. Promptly notify the parent if:
  - a. The foster care case is transferred to a new case planner, and provide the new case planner’s contact information;
  - b. The child is moved from one placement to another; and
  - c. The child is admitted to or discharged from a hospital.
3. Keep the parent informed about the child’s health and development, overall behavior, and progress in school.
4. Provide the parent with copies of the child’s medical<sup>13</sup> and educational reports.
5. Consult the parent about consent<sup>14</sup> for the child’s medical care (unless parental rights have been terminated or surrendered).

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<sup>12</sup> See SSL § 409-e (2).

<sup>13</sup> For exceptions to disclosure of medical information and information on confidentiality of minor’s health care information, see ACS Policy and Procedure #2014/09 *Sexual and Reproductive Health Care for Youth in Foster Care*. If there are questions regarding confidentiality of health care information, the case planner should contact the FCLS attorney. See link below.

[Sexual and Reproductive Health Care for Youth in Foster Care](#)

## IV. Communication<sup>15</sup>

### A. Case Planners' Communication with Parents Through Correctional Counselors

1. A parent's ability to communicate with the case planner is very limited during a period of incarceration. The case planner must establish communication with the parent by contacting the parent's correctional counselor as soon as the parent is located.
  - a. In New York State DOCCS facilities, correctional counselors are known as "offender rehabilitation coordinators." The case planner can obtain the contact information for offender rehabilitation coordinators via the DOCCS Facility Listing database [see section II. A. 2. c. above] or by contacting the deputy superintendent of programs at all DOCCS facilities by dialing the main number at any of the facilities, followed by extension 4000.
  - b. For parents located on Rikers Island, the case planner can contact the CHIPP Rikers Island coordinator at (212) 341-4883.
2. For parents located at an upstate facility, the case planner can contact:
  - a. CHIPP's Upstate Female Facilities Coordinator at 212-442-5041; and
  - b. CHIPP's Upstate Male Facilities Coordinator at 212-341-9669.

### B. Parents' Communication with Their Children

When parents are incarcerated far away from where their children live, telephone calls may be the primary means of communication between them. In State correctional facilities, parents can make collect calls at a rate much higher than that paid by the general public, and this difference may cause an expense to the foster parent beyond the foster care rate. Foster care agencies may reimburse foster

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<sup>14</sup> See ACS Policy and Procedure #2014/08 *Medical Consents for Children in Foster Care* for limitations. If there are questions regarding confidentiality of health care information, the case planner should contact the FCLS attorney.

<sup>15</sup> Case planners should contact CHIPP for assistance with contacting correctional facilities, including those outside of New York and the surrounding states.

parents for the cost of these calls.<sup>16</sup> The cost incurred by the foster care agencies may be reimbursed at ACS' discretion as a Special Payment.

C. Case Planners' Communication with Parents by Mail

New York State DOCCS now recognizes correspondence from districts and agencies as "legal mail," and their staff will document the parent's receipt of mail from the district or agency as such. The case planner must contact the deputy superintendent of the correctional facility if there are any communication difficulties with the parent's offender rehabilitation coordinator. Case planners must advise incarcerated parents to clearly write "LEGAL MAIL" in capital letters on the envelope of their outgoing correspondence to the agency and their attorney. All correspondence to incarcerated parents must include the parent's Department Identification Number (DIN) on the return address label. Every mailing must include a clearly identifiable return address.

D. Case Planners' Communication with Minor Parents

1. **If the minor parent is detained with the ACS Division of Youth and Family Justice (DYFJ)**, he or she will be assigned a case manager. If the minor parent has been placed at an ACS contracted juvenile justice placement facility (i.e., in non-secure placement or limited secure placement), he or she will be assigned an ACS placement and permanency specialist (PPS), as well as a case planner from the placement provider agency.
2. **If the minor parent is detained with OCFS**, the process for assisting minor parents in OCFS custody is similar to assisting incarcerated parents. However, instead of working with a correctional counselor, the case planner must work with an assistant director and youth counselor. Case planners can locate and contact the appropriate facilities and directors through the following link: <http://www.ocfs.state.ny.us/main/rehab/regionalListing1.asp>.
  - a. The facility director will identify the youth counselor 1 (YC1) who has the minor parent on his or her caseload.
  - b. The case planner must, with the assistance of the YC1, follow all guidelines as outlined within this policy.

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<sup>16</sup> See 18 NYCRR § 427.3(c)(2)(v)(e), which states that agencies can be reimbursed for "extraordinary telephone costs" between a parent and child.

## V. Visiting,<sup>17</sup> Permanency Planning, and Minimum Casework Contact Requirements<sup>18</sup>

### A. Permanency Planning

ACS must make reasonable efforts to finalize a child's permanency plan. The permanency plan must reflect the special circumstances and needs of the child and the family.<sup>19</sup> Unless the Court has made a determination that reasonable efforts to reunify are no longer required, the case planner must make reunification efforts with an incarcerated parent in the same manner he or she would with a parent who is not incarcerated.<sup>20</sup>

### B. Parent-Child Visiting Requirements

1. The case planner must make suitable arrangements for a parent to have visits with the child at the correctional facility, unless such visiting is not permitted by the facility/program or would pose a risk to the child's physical or emotional safety.<sup>21</sup>
2. If the case planner determines that visiting would pose such a risk, the case planner must immediately contact the FCLS attorney to discuss seeking a modification of the visiting order and document the reason the child is not having visits in CONNECTIONS (CNNX).
3. Unless otherwise ordered by the Court, the case planner must arrange **a minimum of bi-weekly face-to-face visits** between the child and incarcerated parent if the parent is located in New York, New Jersey, Connecticut, or Pennsylvania.
  - a. Additional contacts beyond the required bi-weekly face-to-face parent-child visit may be conducted by telephone or videoconference to the extent allowed by the facility and taking into account the schedules of the child and foster parent.

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<sup>17</sup> See ACS Policy and Procedure #2013/02 *Determining the Least Restrictive Level of Supervision Needed During Visits for Families with Children in Foster Care*.

<sup>18</sup> See ACS Guidance #2007/02 *Revised Casework Contacts for Families with Children in Foster Care*.

<sup>19</sup> See SSL §409-e (2).

<sup>20</sup> Case planners should contact CHIPP at 212-341-4883 for assistance with contacting correctional facilities, including those outside of New York and the surrounding states.

<sup>21</sup> This standard applies in Article 10 cases pursuant to Family Court Act § 1030.

- b. For parents incarcerated outside of New York, New Jersey, Connecticut, and Pennsylvania, face-to-face parent-child visits must be considered on a case-by-case basis<sup>22</sup> unless they are court-ordered, in which case they must occur.
  - c. In most instances, however, parent-child contacts for incarcerated parents outside of New York, New Jersey, Connecticut, and Pennsylvania must be conducted by telephone or videoconference, if available.
- 4. Parents retain visiting rights until their rights are terminated or a court has suspended visits. A goal change does not eliminate the case planner's obligation to arrange parent-child visits. Unless otherwise ordered by the Court, visits between a child and incarcerated parent must continue even after the permanency planning goal has changed from reunification (to adoption or to placement with a relative, for example).
- 5. The case planner should encourage children to bring pictures, report cards, artwork, etc. to share with parents during visits.
- 6. The case planner must coordinate visits between children and incarcerated parents. The case planner should not call the correctional facility directly to set up visits. Instead, the case planner should use the services of CHIPP for assistance in facilitating parent-child visits. Note: CHIPP can also assist in navigating the criminal justice system, and supporting children, parents, and foster parents during a parent's incarceration.
- 7. To arrange visits at Riker's Island, case planners should contact CHIPP's Riker's Island Coordinator at 212-341-4883.
- 8. CHIPP offers a child-sensitive weekly visiting program – alternating weeks between mothers and fathers – on Tuesdays at Riker's Island.
  - a. CHIPP also provides visits to Bedford Hills/Taconic Correctional Facilities on the first and third Thursdays of each month, as well as a visit to Albion Correctional Facility on the last Friday of each month.
  - b. Visits can also be requested to upstate male facilities, federal facilities, and immigration facilities, and are arranged monthly according to these facilities'

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<sup>22</sup> See 18 NYCRR § 427.3(c)(2)(v)(b) and (d), which states that agencies can be reimbursed for "exceptional transportation" costs related to family visits (defined as above 50 miles).

visitation hours. More frequent visits may be arranged if specified by court order.

9. Incarcerated parents can call the CHIPP collect call line at (212) 341-3322 between the hours of 8:30 AM and 5:00 PM on Mondays, Wednesdays, Thursdays, and Fridays to inquire about visits with their children. In addition, parents can call the Parents' and Children's Rights Helpline of the ACS Office of Advocacy at (212) 619-1309. Staff from CHIPP and the Office of Advocacy must notify the case planner and the FCLS attorney of any communications with the parent.
10. If the child is placed pursuant to a Voluntary Placement Agreement, PINS docket, destitute child petition, or juvenile delinquency docket, the case planner is obligated to make suitable arrangements with the correctional facility and other appropriate persons for an incarcerated parent to visit the child within the correctional facility, if such visiting is in the best interest of the child.<sup>23</sup>

C. Permanency Planning with Parents Serving Long-Term Sentences

In the event that a parent is serving a long-term sentence and is thus unable to be the child's discharge resource, the case planner must explore alternative permanency goals. Even so, parent-child visits that support the ongoing relationship between the parent and child may continue to be an important part of the service plan to support the child's overall well-being. The case planner must explore options in these cases including family members or other identified persons assuming legal custody or guardianship, subsidized kinship guardianship (KinGAP),<sup>24</sup> voluntary or conditional surrender of parental rights, and open adoption.<sup>25</sup>

D. Casework Contacts

1. The case planner must confirm a parent's location and document the information, and efforts to obtain that information in CNNX.
2. To the extent permitted by the facility's rules and regulations, the case planner must conduct the minimum face-to-face casework contacts with incarcerated parents.<sup>26</sup> Such casework contacts are not required when a parent is incarcerated

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<sup>23</sup> See SSL § 384-b(7)(f)(5).

<sup>24</sup> See ACS Policy and Procedure *Kinship Guardianship Assistance Program (KinGAP) Business Process*.

<sup>25</sup> See Policy and Procedure #2013/03 *Permanency Planning*.

<sup>26</sup> See 18 NYCRR 441.2; see ACS foster care quality assurance standards, which can be found via the following link: [DocuShare/Foster Care Quality Assurance Standards](#).

or detained outside of New York, New Jersey, Connecticut, and Pennsylvania. However, other forms of casework contact, such as teleconferencing or videoconferencing, if available, are still required for permanency planning. The case planner must document efforts to arrange such contacts. The case planner must also document efforts to obtain information from the parent regarding family functioning, the identification of other relatives in the event that placement of the child becomes necessary, and to support family connections.

## **VI. Arranging Child Safety and Permanency Planning Conferences**

- A. The case planner must, whenever possible, provide an incarcerated parent with advance written notification of the date and time of any Child Safety Conference (CSC), initial family service plan meeting or Permanency Planning Conference, and Family Team Conference (FTC). The case planner must make every attempt to include the parent in the meetings via teleconference or videoconference. The parent may be able to provide information at the CSC, including information about relatives who could serve as permanency resources for the child, as well as promoting the child's well-being. A parent's participation in FTCs is important to facilitate permanency planning and to promote the well-being of the child. As in other cases, the case planner must mail the parent a copy of the service plan within 10 days of its completion.
- B. Case planners can contact CHIPP for assistance with facilitating parent-child visits so that parents can have face-to-face participation in planning conferences. If in-person participation is unable to be arranged, CHIPP staff can also help arrange phone contact, teleconferencing, and videoconferencing with parents, another route to support parents' involvement in developing or updating a permanency plan with regard to the FTC or Service Plan Review.

## **VII. Parents' Appearance in Court**

- A. Incarcerated parents should be present at all Family Court dates when possible;<sup>27</sup> however, their presence is dependent on whether the Family Court issues an Order to Produce, as well as whether the correctional facility receives this order in a timely manner and can provide transportation to court.<sup>28</sup>

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<sup>27</sup> When incarcerated parents are away from the facility for court appearances, they risk falling behind in programs or losing their place on waiting lists for program entry.

<sup>28</sup> On some occasions, the Court will arrange for incarcerated parents to make appearances via videoconference or teleconference.

- B. To increase the likelihood that a parent will attend the next court date, the case planner must notify the court and FCLS attorney of a parent's incarceration with as much advance notice as possible and keep them updated about any change in the parent's whereabouts. The FCLS attorney may request that the court issue an order to be sent to the correctional facility's inmate records department and not directly to the parent. The case planner must provide the FCLS attorney and the court with all known aliases of the parent, as well as the parent's DIN if known; these items must be noted in the order.
- C. The FCLS attorney must request that any Family Court orders pertaining to visiting or to decisions requiring the participation of DOCCS be issued as "short orders" (i.e., separate, brief orders that do not address any other issues and thus easily command attention) to maximize the likelihood of compliance by facility staff. DOCCS only recognizes and accepts official court orders. Note: Court Action Summaries are internal documents which should never be shared with outside parties.

#### **VIII. Determining Whether to File a Petition to Terminate Parental Rights**

- A. Decisions about whether to file a TPR petition must be based on a case-by-case assessment and determination of what is in the child's best interests. The need for timely permanency, the parent's cooperation and positive change in accord with the service plan, the child's safety if discharged to either the respondent parent or non-respondent parent, the child's well-being, and the desire to prevent children from remaining in foster care on a long-term basis are always critical factors that must be considered in conjunction with federal and state statutory guidelines for filing a TPR petition.
- B. The Adoption and Safe Families Act of 1997 (ASFA) was passed in order to expedite permanency for children in foster care. Title IV-E of the Social Security Act, as amended by ASFA, requires provider agencies to file a TPR petition when a child has been in foster care 15 of the last 22 months, unless there is a compelling or other legally specified reason for not filing such a petition. New York State enacted comparable ASFA legislation: Chapter 145 of the Laws of 2000.<sup>29</sup>

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<sup>29</sup> For more information about compelling and other specified reasons not to file a TPR, refer to SSL § 384-b (3)(l)(i), 18 NYCRR § 431.9(e)(2), 98-OCFS-INF-3, and ACS Policy and Procedure #2013/03 *Permanency Planning*. See also 11-OCFS-ADM-7 *Incarcerated Parents and Parents in Residential Substance Abuse Treatment with Children in Foster Care: Termination of Parental Rights and Other Issues*, 6/15/11.



C. Exceptions to the Requirement to File a Termination of Parental Rights Petition<sup>30</sup>

1. An exception to the requirement to file a TPR petition may apply when:<sup>31</sup> a parent is incarcerated or detained in an immigration detention facility; or a parent's past incarceration was a significant factor in the child's remaining in care for 15 of the most recent 22 months; and
2. The parent maintains a meaningful role in the child's life; and the provider agency has not documented a reason why it would otherwise be appropriate to file a petition to terminate parental rights.

D. Gathering Evidence of a "Meaningful Role"

1. The case planner must assess whether a parent maintains a meaningful role in the child's life by gathering information from individuals and agencies in a reasonable position to help make this assessment including, but not limited to, the authorized agency, the child's attorney, the parent, the child,<sup>32</sup> the foster parent or other individuals of importance in the child's life, and the parent's attorney or other individuals providing services to the parent, including correctional, mental health, and substance use treatment program personnel.<sup>33</sup> Note: The court may make an order directing the authorized agency to undertake further steps to aid in completing its assessment.
2. A case planner may consider the following when making an assessment of whether a parent maintains a meaningful role:

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<sup>30</sup> Chapter 113 of the Laws of 2010, which was signed into law on June 15, 2010, amended Social Services Law § 384-b by adding considerations to the requirement that social services districts file petitions to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months. Chapter 113 was enacted in order to deal with the specific issue of foster children with parents who are currently incarcerated and foster children whose parents were previously incarcerated or placed in residential substance abuse treatment and the past term of incarceration or participation in treatment was a significant factor in the child's remaining in foster care for 15 of the most recent 22 months.

<sup>31</sup> This is the case unless other exceptions apply, such as when the child is being cared for by a relative or relatives; the agency has documented in the most recent case plan a compelling reason for determining that the filing of a petition would not be in the best interests of the child; or the agency has not provided to the parent such services as it deems necessary for the safe return of the child to the parent, unless such services are not legally required. See Policy and Procedure 2013/03 *Permanency Planning*.

<sup>32</sup> The case planner must consult with the child, when such consultation is developmentally appropriate, regarding the quality of the child's relationship with the parent.

<sup>33</sup> See SSL § 384-b (3)(l)(v).

- a. A parent's expressions or acts demonstrating concern for the child, such as letters, telephone calls, visits, participation in planning, and other forms of communication with the child; communication with provider agency staff; and participation in all required activities to the extent possible given the parent's incarceration;
  - b. Efforts by the parent to communicate and work with the agency, attorney for the child, foster parent, the court, and the parent's attorney or other individuals providing services to the parent, including correctional, mental health and substance abuse treatment program personnel for the purpose of complying with the service plan and repairing, maintaining, or building the parent-child relationship;
  - c. A positive response by the parent to the authorized agency's diligent efforts;
  - d. Whether the continued involvement of the parent in the child's life is in the child's best interest; and
  - e. The quality of the parent's interaction and relationship with the child as observed and documented.<sup>34</sup>
3. In order to help determine whether a parent's incarceration would justify a decision not to file a TPR petition, the case planner is encouraged to consider factors which may include the following:
- a. Whether the parent was the child's primary caregiver prior to the child's placement;
  - b. The parent's role in the child's life prior to incarceration;
  - c. The parent's current role in the child's life, and the quality of the parent-child interaction and relationship;
  - d. The age of the child at the time of his or her placement;
  - e. The duration of the parent's incarceration;
  - f. The length of time the child has been in care;

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<sup>34</sup> See 11-OCFS-ADM-7 *Incarcerated Parents and Parents in Residential Substance Abuse Treatment with Children in Foster Care: Termination of Parental Rights and Other Issues*, 6/15/11.

- g. The child's primary attachment;
- h. Any special needs or vulnerabilities of the child;
- i. Whether older children support a TPR;
- j. Whether the parent has addressed safety concerns, if any exist; and
- k. An assessment of the reason for the parent's incarceration and whether the reason affects the care of the child (e.g., a crime committed against the child or another child).<sup>35</sup>

E. Barriers to Maintaining a Meaningful Role

1. The case planner must be mindful of the barriers impeding the ability of incarcerated parents to maintain a meaningful role in their children's lives. These barriers may include the conflict between Family Court appearances and the programming requirements of the facility. The case planner must also be aware of the limitations incarcerated parents often face in interacting with their children during visits including, but not limited to:
  - a. A lack of finances to send letters or call the child regularly;
  - b. Not having the foster parent's permission to call the home or call collect;<sup>36</sup> and
  - c. An irregular visiting schedule, through no fault of the parent, which may affect the quality of the parent's interaction with the child.
2. The case planner must make attempts to alleviate these barriers and document such efforts in CNNX.

**IX. Documentation**

- A. The case planner must document in CNNX progress notes all efforts to locate and engage incarcerated parents when investigating a report and developing a child's service and permanency plans. Specifically, the case planner must document the assessment of parent-child interaction and best interests determinations in the Family

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<sup>35</sup> See 11-OCFS-ADM-7 *Incarcerated Parents and Parents in Residential Substance Abuse Treatment with Children in Foster Care: Termination of Parental Rights and Other Issues*, 6/15/11.

<sup>36</sup> The case planner should work with both the foster parent and parent to build a relationship that allows for planned phone contact between the parent and child in the foster home.

Assessment and Service Plan (FASP). The case planner must document all efforts to achieve the child's permanency goal including, but not limited to, the following:

1. Actions taken to locate the parent after learning of the parent's incarceration;
2. Providing the parent with the OCFS parents' rights document, a listing of local social and rehabilitative services, and a release of information form as soon as the case planner has located the parent;
3. Providing the parent with contact information for the case planner, supervisor, provider agency, CHIPP, and the Parents' and Children's Helpline;
4. Explaining the reason that the child has entered foster care, if not already known;
5. Identifying relatives the parent would like the agency to explore to care for the child during the parent's incarceration;
6. Coordinating with the facility to determine what services are offered in the facility that may be appropriate for the parent and providing service referrals to the parent in the community upon release. Services may include housing assistance, substance use treatment, and parenting classes, as applicable;
7. Notifying and inviting the parent to participate in permanency planning conferences in person or via teleconference or videoconference;
8. Arranging for the parent to participate in the development of a child visiting plan;
9. Providing the parent with a copy of the service plan within 10 days of the FTC;
10. Notifying the parent of court dates;
11. Notifying the parent when a new case planner is assigned, along with the new case planner's contact information;
12. Notifying the parent when the child has moved from one placement to another;
13. Notifying the parent when the child has been admitted to or discharged from a hospital;
14. Updating the parent on the child's health and development, overall behavior, and progress in school, and cultural and religious activities when applicable;

15. Providing the parent with copies of medical (for exceptions see footnote #12) and educational reports;
16. Consulting the parent about consent for the child's medical care (unless parental rights have been terminated or surrendered).<sup>37</sup>

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<sup>37</sup> See Policy and Procedure #2014/08 *Medical Consent Children in Foster Care*. The case planner should contact FCLS with any questions regarding confidentiality of health care information.



## You don't have to stop being a parent while you are incarcerated.

### You have the *right* to:

**Help find an appropriate person, such as a friend or relative, to care for your child.** If this person needs financial or other assistance, he/she can apply for a "child only" temporary assistance grant or to become certified or approved as a foster parent for your child. If you are unable to make such an arrangement, your child will be placed with a foster parent or in another setting, such as a group home.

**Be informed about the foster care agency responsible for your child's care,** the name of your child's caseworker, and how to contact the caseworker and his/her supervisor. You should be notified in a timely manner if your child's caseworker changes.

**Know how to reach your family caseworker,** if that person is different from your child's caseworker.

**Participate in permanency planning for your child** (see reverse side).

**Take advantage of services** to help you address the issues that led to your child's placement in foster care (parenting classes, substance abuse treatment, etc.).

**Participate in meetings about your Family Service Plan** (see reverse side).

**Get information about family visiting** and other services that can help you build a meaningful relationship with your child while you are incarcerated and after your release.

**Visit with your child** unless the court orders otherwise. Ask about video / teleconferencing if in-person visits are not possible. If you are not having regular visits with your child or you are dissatisfied with your visits, contact your child's caseworker, his/her supervisor, or your attorney.

**Be kept up to date on your child's health and development** and his/her progress in school.

**Be assigned an attorney** to represent you in your child's Family Court case, if you are financially eligible. Speak with your attorney if you have any issues with the foster care agency or the court. Your attorney is your advocate and should keep you informed about your case.

**Attend Family Court proceedings.** If you know of an upcoming court date, talk to your attorney, caseworker, and corrections counselor about making arrangements for you to attend court.

### What is termination of parental rights?

Termination of parental rights (TPR) ends the legal relationship between a parent and child and frees the child to be adopted.

A petition to terminate parental rights can be filed for a number of reasons described in New York State Social Services Law 384-b. For example, when a child has been in foster care for six months or more and the parent has had no significant contact with the child, the foster care agency, or the social services agency, the agency can file a TPR for abandonment.

If a child is in foster care for 12 consecutive months or 15 of the most recent 22 months and the parent has failed either to maintain contact with the child or to plan for the child's future, the agency can file a TPR for permanent neglect if it has made diligent efforts to work with the parent. The agency does not have to make these efforts if the parent moves and fails to provide new contact information to the agency.

The law allows the agency to decide **not** to file a TPR for a number of reasons: if the child is living with a relative foster parent, if there is a compelling reason why TPR is not in the child's best interests, or if the parent is incarcerated or in a residential substance abuse treatment program and has maintained a meaningful role in the child's life. These decisions are made on a case-by-case basis, with a focus on the best interests of the child.

You can help keep your parental rights by:

- Arranging for an appropriate friend or relative to care for your child while you are incarcerated.

- Staying in touch with your child, your child's caseworker, and your attorney.
- Attending planning meetings and court proceedings.
- Visiting with your child as often as possible.

## **If your child is in foster care, you have the responsibility to:**

**Make regular contact with your child.** Although this can be difficult while you are incarcerated, you are expected to make efforts to communicate with your child unless there is a court order prohibiting such contact. Even if that is the case, you should stay in contact with the agency caseworker. You must be able to show your caseworker and the judge that you have made every effort to stay in contact with your child and/or the foster care agency caseworker. It is a good idea to:

- Keep all the papers you receive about your case.
- Keep a list of all scheduled visits with your child (even if they didn't happen).
- Document all the phone calls you make to the caseworker, your child, and your child's caregiver (even if you left a message or no one answered the phone).
- Make a copy of every letter, birthday card, or other mail you send your child.

**Show that you are planning for your child's future.** Find someone to care for your child while you are away.

**Stay in touch with your child's caseworker, your family caseworker, and your attorney.** Notify the foster care agency if you are released, you are transferred to another facility, or your address changes. If you haven't had contact with the foster care agency or your child for six months, it can be considered abandonment of your child and a petition could be filed to terminate your parental rights.

**Complete any programs your Family Service Plan requires.** Work with the foster care agency to finish the goals stated in your Family Service Plan (see box below).

**Participate in Family Court proceedings.** Contact your attorney if you have questions or concerns and arrange to talk before every court date. Make sure your attorney has copies of any documents relevant to your service plan or to the case. If you can't go to court for an important reason (such as seeing the parole board), notify your attorney, your caseworker, and the judge.

## **What is a Family Service Plan?**

The Family Service Plan outlines your child's permanency goal and the services required to achieve that goal. The plan should include steps you are expected to take to achieve that goal.

- Your plan should take into account the special challenges facing you and your family due to your incarceration.
- You have a right to participate in regular Service Plan Reviews (SPRs). SPRs begin 60 to 90 days after the child is placed in foster care and are held every six months thereafter. If you can't be there in person, you can participate via phone or videoconference, if available. This can be arranged through your corrections counselor and foster care agency caseworker.
- You should receive two weeks' notice when SPRs are scheduled and you should get a copy of the Family Service Plan within 30 days after the SPR.



## **What is permanency planning?**

In general, foster care is a temporary arrangement — permanency is a primary goal for every child in foster care. Possible permanency goals for a child include:

- Return to parent(s).
- Referral for legal guardianship with a relative. This may include participation in the Kinship Guardianship Assistance Program.
- Permanent placement with a fit and willing relative or other suitable person.
- Surrender of parental rights or termination of parental rights and placement for adoption.
- Another permanent, planned living arrangement with a significant connection to an adult. This goal may be appropriate for an older child who is ready to live independently.

Attachment B  
NYC Administration for Children's Services  
Children of Incarcerated Parents Program (CHIPP)  
Re-Entry & Support Services for  
Women, Men and their Families  
Resource Guide

**ADVOCACY**

**Coalition for Women Prisoners**

**Women in Prison Project, Correctional Association of New York**

2090 Adam Clayton Powell Boulevard

New York, New York 10027

(212) 254-5700 x333

[www.correctionalassociation.org](http://www.correctionalassociation.org)

- A statewide alliance of individuals and organizations dedicated to making the criminal justice system more responsive to the needs and rights of women and their families that is coordinated by the Women in Prison Project at the Correctional Association of New York; the Coalition hosts monthly general meetings and has three committees which also meet monthly: the Incarcerated Mothers Committee; the Conditions on the Inside/Reentry Committee; and the Violence Against Women Committee

**NYC Administration for Children's Services**

**Office of Advocacy (Parents & Children's Rights Ombudsman)**

150 William Street, Ground Floor

New York, NY 10038

Tel: (212) 676-9421

Tel: (212) 619-1309 (collect call line for incarcerated parents regarding case issues only)

- Clarification of child-welfare policies; locating children in ACS custody or case workers; incarcerated parent concerns; payment problems; visits (unscheduled; cancelled; type of supervision); conflict with case planner/caseworker; discharge planning issues; services needed; sibling reunification

**Tina Reynolds / Russelle Miller Hill**

**Women on the Rise Telling HerStory**

809 Westchester Avenue

Bronx, New York 10455

Tel: (917) 626-8186 (WORTH)

[rustishouse@hotmail.com](mailto:rustishouse@hotmail.com)

[www.worthontherise-worth.org](http://www.worthontherise-worth.org)

- *Brandon's House* partners with *Women on the Rise Telling Her Story* to provide referrals and escort services to women who are returning home from incarceration, especially women living with HIV or AIDS. *WORTH* is a group by and for formerly and currently incarcerated women that engages in policy, advocacy and provides mutual aid, support, leadership development for its members.



**Sister Elaine Roulet**

**Our Journey**

P.O. Box 134

New York, New York 11695

(718) 945-1038 (Sister Elaine's number)

[elainemcsj@aol.com](mailto:elainemcsj@aol.com)

- Peer-focused support program for incarcerated and formerly incarcerated women; monthly support meetings and biannual retreat; contact Sister Elaine or Sister Tesa (see Hour Children) for meeting location.

**Andrea B. Williams, Program Director**

**ReConnect**

**Women in Prison Project, Correctional Association of New York**

2090 Adam Clayton Powell Boulevard, 2<sup>nd</sup> floor

New York, New York 10027

(212) 254-5700 x338 (tel)

(212) 473-2807 (fax)

[awilliams@correctionalassociation.org](mailto:awilliams@correctionalassociation.org)

[www.correctionalassociation.org](http://www.correctionalassociation.org)

- ReConnect is a 12-week leadership training program for formerly incarcerated women who want to join with others in the fight to change the criminal justice system; the training program has cycles in the Fall and Spring; must be an adult woman who is returning home from incarceration; may also be in an alternative to incarceration program; metro cards and food offered during the training cycles, and a certificate and small stipend given upon completion; an application and interview is required for participation.

**HIV/AIDS SERVICES**

**Socrates Caba, Coordinator**

**Bronx HIV CARE Network**

3058 Bainbridge Avenue

Bronx, New York 10467

Tel: (718) 231-3296 x25 (work)

[scaba@montefiore.org](mailto:scaba@montefiore.org)

[www.hvcare.org/links.html](http://www.hvcare.org/links.html)

- Partnership of Bronx consumers, service providers, and community members working together to ensure available, accessible, and appropriate services for people with HIV/AIDS and their families.

**Rita Felton**

**Brooklyn Plaza Medical Center**

650 Fulton Street

Brooklyn, New York 11217

Tel: (718) 596-9800 x249

[rfelton@brooklynplaza.org](mailto:rfelton@brooklynplaza.org)

[www.brooklynplaza.org](http://www.brooklynplaza.org)

- Full-range health care and supportive services in Fort Greene and North Central Brooklyn, including WIC (Women, Infant, Children), PCAP (Perinatal Care Assistance Program), CHIP (Child Health Insurance Plan) and Family Plus (for adults 19-64).

**Mary Johnson, Coordinator**

**Coming Home Program**

St. Luke's Hospital

[mjohnson@chpnet.org](mailto:mjohnson@chpnet.org)

Tel: (212) 523-6941

*For appointments for Primary Health Care contact or go to:*

Morningside Clinic at St. Luke's Hospital

390 W.114<sup>th</sup> Street, 3<sup>rd</sup> floor (at Morningside Dr.)

New York, NY 10025

Tel: (212) 523-6500

or

Samuels Clinic at Roosevelt Hospital

1000 10<sup>th</sup> Avenue (at 58<sup>th</sup> Street)

New York, NY 10019

Tel: (212) 523-6500

- Client-sensitive, hospital-based health care specifically for women and men with history of incarceration to one-stop medical services, from gynecological to cancer care to support groups and yoga classes; access services via referrals or walk-in.

**Sylvia Estrada, Director of Day Program**

**Stephen Crowe, Program Coordinator**

**Harlem United**

179 East 116<sup>th</sup> Street

New York, New York 10029

Tel: (212) 987-3707

[www.harlemunited.org](http://www.harlemunited.org)

- Community-based AIDS services center; provides services to both individuals living with HIV/AIDS and HIV-negative, homeless individuals; services include HIV prevention, housing, health care (including primary care and behavioral health), dental, case management, food/nutrition programs, HIV testing/education/training; they also engage in HIV/AIDS policy advocacy.

**Tammy Dickerson, Case Manager**

**Nereida Colon, Case Manager**

**Iris House (Harlem location)**

2348 Adam Clayton Powell Boulevard

New York, New York 10030

Tel: (646) 548-0100

(646) 548-0200 (fax)

[www.irishouse.org](http://www.irishouse.org)

or

**Iris House (East side location)**

2271 Second Avenue  
New York, New York 10029  
Tel: (212) 423-9049  
(212) 423-9193 (fax)

- Comprehensive service program for women, families and communities infected/affected by HIV/AIDS; includes health/wellness, case management, treatment/prevention education, food/nutrition, housing, support groups and advocacy.

**Leandro Rodriguez, Director of Programs****Latino Commission on AIDS**

24 West 25<sup>th</sup> Street  
New York, New York 10010  
Tel: (212) 675-3288  
(212) 675-3466 (fax)  
[www.latinoaids.org](http://www.latinoaids.org)

- Non-profit organization that fights HIV/AIDS in the Latino community; programs that would benefit women returning home from incarceration include: *WILLOW* (Women Involved in Life Learning From Other Women), a social-skills building and educational intervention for adult women living with HIV consisting of 4 four-hour sessions delivered by two trained adult female facilitators, one of whom is a woman living with HIV; *Poder Latino*, a Spanish language education and support group for Latinos with HIV/AIDS, their family members and friends; and linkage to care services through their HIV testing program, including assistance in negotiating with medical providers and two escorted visits to a medical provider. Interested women should contact Ms. Barrios who will assist them with appropriate referrals.

**Corey White****MTFA/FACES**

317 Lenox Avenue, 10<sup>th</sup> floor  
New York, New York 10027  
(212) 283-9180 (administration and education)  
(212) 864-4046 (client services)

- Harlem-based, client-centered AIDS services program; includes education, outreach, advocacy, supportive housing and direct services; mother's program provides housing for HIV positive women with children; also has congregate housing with support groups; scatter site housing located in Manhattan, Central and East Harlem, the Fordham area, the Bronx and Washington Heights; H.I.R.E. program (Health Improvement for Reentry) works with women from Bayview and Beacon and men from Otisville and Queensboro; prefers to start to work with women 2-3 months prior to release.

**HOUSING****Fortune Society**

29-76 Northern Boulevard  
Long Island City, NY 11101  
Tel: (212) 691-7554  
(347) 510-3451 (fax)

- Accepts males/females released from prison. Client appears in person. Overall capacity: 18-20 emergency beds/40 permanent. Also makes referrals to other housing facilities if beds are unavailable.

**Chekesha Brown, Case Management Supervisor**

**Heritage Health and Housing**

416 West 127<sup>th</sup> Street  
New York, NY 10027  
Tel: (212) 866-2600  
(212) 864-5044 (fax)

- Provides housing to single adults (male/female) who have a diagnosis of mental illness (although they may have dual chemical dependency issues and/or AIDS) and are eligible for public assistance. Adult must provide a current HRA application, a most recent physical, and a psycho-social documenting his/her diagnosis. Five hundred bed capacity.

**Sister Tesa Fitzgerald, Director**

**Hour Children**

36-11 12<sup>th</sup> Street  
Long Island City, NY 11106  
Tel: (718) 433-4724  
[tfitzgerald@hourchildren.org](mailto:tfitzgerald@hourchildren.org)  
[www.hourchildren.org](http://www.hourchildren.org)

- Multi-faceted, family-oriented housing and supportive services for women returning home from prison; communal housing for mothers coming from nursery programs or who are pregnant, as well as mothers reuniting with their children; has capacity for 45 families with small children; not big enough to take large families; also has licensed day care facility, workforce program and clothing/thrift shop.

**Housing Plus Solutions**

**(Administrative Office)**

3 West 29<sup>th</sup> Street, Suite 805  
New York, NY 10001  
Tel: (212) 213-0221  
(212) 213-0225 (fax)

**Michelle Banks, Tenant Services Coordinator**

**Housing Plus Solutions**

284 Sumpter Street  
Brooklyn, NY 11233  
Tel: (718) 647-3252  
[www.housingplussolutions.org](http://www.housingplussolutions.org)

- Safe, affordable, tenant-managed, subsidized housing with supportive services for women and families who are in recovery from substance abuse and who may have criminal justice histories; must be in a transitional services program and employed; has extensive referral base; long wait list for permanent family housing; more single rooms for women without children; also has an independent living program where supportive services are optional; starting a peer mentoring program and a children's summer camp

**Sister Pat Mahoney**  
**Providence House, Inc.**

703 Lexington Avenue  
Brooklyn, NY 11221  
Tel: (718) 455-0197  
(718) 455-0692 (fax)  
[info@providencehouse.org](mailto:info@providencehouse.org)

- Provides housing services to women and families – have five transitional residences in Brooklyn and Queens, as well as one in Westchester. Provides other supportive services such as employment counseling, after care and family health care.

**Carmen de Jesus, Program Manager**  
**The Bridge/Ayana House**

168 East 107<sup>th</sup> Street  
New York, NY 10029  
Tel: (212) 423-5732/33  
[cdejesus@thebridgeny.org](mailto:cdejesus@thebridgeny.org)  
[www.thebridgeny.org](http://www.thebridgeny.org)

- Permanent, supportive housing for women; treatment, vocational, and housing services for people with mental illness, substance use disorders, HIV/AIDS, homelessness issue; runs a pre-release program at Taconic Correctional Facility; women must have a completed HRA 2010 packet. Note: only accepts referrals from Bedford Hills Correctional Facility and Taconic Correctional Facility (i.e. prison social worker) Client must have “homeless status.”

**Clarabel Perez, Director**  
**Thomas Phillips, Shelter Director**  
**Women’s Prison Association**  
**Huntington House**

347 E. 10<sup>th</sup> Street  
New York, NY 10009  
Tel: (646) 292-7719 / 7717  
[cperez@wpaonline.org](mailto:cperez@wpaonline.org)

Accepts only single women who have children in foster care and are seeking to be reunited with their families. Also has housing for mothers who establish their children can be returned to them. They must be eligible to enter the shelter system and must be referred by the prison discharge worker and/or agency caseworker. They will interview the parent to determine eligibility. WPA also provides family and re-entry supportive services.

**LEGAL**

**Legal Action Center**  
225 Varick Street, 4<sup>th</sup> floor  
New York, New York [10014  
(212) 243-1313 (tel)  
(212) 675-0286 (fax)  
[www.lac.org](http://www.lac.org)

- Non-profit law firm that provides legal services for people with AIDS, criminal records and/or addiction histories, including employment discrimination issues, women's HIV advocacy and protection of electronic health records; main areas of focus are discrimination and confidentiality (civil cases only) and policy advocacy; can help people get copies of and correct their rap sheet; also conducts training for service providers.

**Melanie Hart, Director**

**Marilyn Nieves, Social Service Coordinator**

**L.I.F.T. (Legal Information for Families Today)**

350 Broadway

Suite 501

New York, NY 10013

Tel: (646) 613-9633

(646) 613-9632 (fax)

[mhart@liftonline.org](mailto:mhart@liftonline.org)

[mnieves@liftonline.org](mailto:mnieves@liftonline.org)

[www.liftonline.org](http://www.liftonline.org)

- Free legal information legal information, community education, and compassionate guidance for individuals involved with family court; accepts letters and calls from incarcerated individuals via their toll-free hotline and email hotline (English and Spanish); know-your-rights materials available in seven languages and accessible online; L.I.F.T program associates are also located at the family courts and will do presentations a service programs.

## **MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT**

**Krista King, LCSW, Director**

**Project Path to Recovery (PPR)**

344 West 36<sup>th</sup> Street

New York, New York 10018

Tel: (212) 560-6723

[www.pgcmh.org](http://www.pgcmh.org)

- Women-only outpatient substance abuse mental health program, including substance abuse counseling, individual and group psychotherapy (including anger management and "Seeking Safety"), psychiatric services (including medication maintenance and support, case management, housing support and referral, peer-to-peer support, parole mandate support and escorting; serves mostly women from Bedford Hills Correctional Facility, Taconic Correctional Facility and Bayview Correctional Facility; also hosts a monthly women and trauma training for service providers; the program is free to clients—no insurance is required to receive services.

**Wayne E. Clark, CASAC**

**Director Out-reach Services**

**Narcofreedom Inc.**

250 Grand Councourse

Bronx, N.Y. 10451

Tel: (718) 402-5259

(646) 316-3265 (cell)

[wayne.clark@narcofreedom.com](mailto:wayne.clark@narcofreedom.com)

[www.narcofreedom.com](http://www.narcofreedom.com)

- Network of drug treatment-based health-related services, including HIV care, methadone maintenance, outpatient programs, mothers program and scattered site housing; subcontracts with other agencies to serve people with criminal justice who do not have substance abuse issues; starting new liaison parole processing center program to coordinate parole with substance abuse treatment services; serves all five boroughs—women's housing is in Queens, Brooklyn and the Bronx.

## **CHILDREN'S RIGHTS / PARENTAL RIGHTS**

**Paula Y. Fendall, Program Director**

**Children of Incarcerated Parents Program (CHIPP)**

2 Washington Street, 20<sup>th</sup> Floor

New York, NY 10004

Tel: (212) 487- 8630

(212) 487-4531 (fax)

**Collect Call Line for Incarcerated Parents:** (212) 487-9698 (for visiting issues only)

[paula.fendall@dfa.state.ny.us](mailto:paula.fendall@dfa.state.ny.us)

[www.nyc.gov/asc](http://www.nyc.gov/asc)

- An agency program within the NYC Administration for Children's Services; provides services, support, and assistance to incarcerated parents and adolescents with children in foster care to help them maintain contact with children and plan for permanency; has know-your-rights booklet for incarcerated parents entitled *Out of Sight, NOT Out of Mind*; flies children and families to Albion Correctional Facility every 3<sup>rd</sup> or 4<sup>th</sup> Friday every month for visits with their mothers; also can help formerly incarcerated women with children in foster care; gives quarterly presentations to women at Rikers Island regarding their rights and responsibilities who have children in foster care.

**Tanya Krupat, Program Director**

**NY Initiative for Children of Incarcerated Parents**

**The Osborne Association**

175 Remsen Street, 8<sup>th</sup> Floor

Brooklyn, NY 11201

Tel: 637-6595

(718) 237-0686 (fax)

[NYInitiative@osbornenyc.org](mailto:NYInitiative@osbornenyc.org)

- brings together diverse professionals and perspectives to raise public awareness; makes recommendations to reform policies and practices that affect children of incarcerated parents; develops, expands and advocates on behalf of effective programs; supports children as they seek to maintain relationships with the most important people in their lives; collects and disseminates information regarding developments relevant to children and families affected by incarceration.

## **TRANSITIONAL SERVICES / ALTERNATIVES TO INCARCERATION**

**Diana Ortiz, Job Developer**

**Exodus Transitional Services**

227 Third Avenue (between 123<sup>rd</sup> and 124<sup>th</sup> Streets)

New York, New York 10035

Tel: (917) 492-0990

[dortiz@etcny.org](mailto:dortiz@etcny.org)

[www.etcny.org](http://www.etcny.org)

- Peer-led service program that provides employment readiness training, job placement, computer training, life coaching, substance abuse services, anger management, and mentoring of children of incarcerated parents.

**Luis Garrastequi, Senior Admissions Coordinator**

**Fortune Society**

29-76 Northern Boulevard

Long Island City, NY 11101

Tel: (347) 510-3636

(347) 510-3451 (fax)

[lgarrastequi@fortunesociety.org](mailto:lgarrastequi@fortunesociety.org)

[www.fortunesociety.org](http://www.fortunesociety.org)

- Culturally-appropriate services that include substance abuse treatment, counseling, career development, education, housing, recreation and lifetime aftercare; serves all five boroughs; housing and comprehensive health services for people with HIV; single-stop entitlements program; walk-ins except for court-mandate ATI and outpatient programs; can connect with women pre-release.

**Monica Morales, Intake Coordinator**

**Osborne Association**

809 Westchester Avenue

Bronx, New York 10455

Tel: (718) 707-2658

[mmorales@osborneny.org](mailto:mmorales@osborneny.org)

[www.osborneassociation.org](http://www.osborneassociation.org)

- Transitional services/outpatient programs; utilizes linkages to connect clients with housing, child care, HIV/AIDS prevention services and child care vouchers; also provides outpatient drug treatment; housing assistance for person with HIV/AIDS; and a family visiting program; GED training for 18 - up; at risk services; serves all five boroughs

**Lisa Alexander, Program Director**

**Stay 'N Out**

**Serendipity II**

944 Bedford Avenue (between DeKalb and Willoughby)

Brooklyn, New York 11205

Tel: (718) 802-0572

[laalexander@staynout.org](mailto:laalexander@staynout.org)

[www.staynout.org/serendipity.php](http://www.staynout.org/serendipity.php)

- Community-based residential program and alternative to incarceration for women in the criminal justice system with substance abuse issues; has 9-12 month women's residential treatment program for women with substance abuse and co-occurring disorders; takes referrals from correctional facilities, detox and rehab centers; outpatient treatment for substance abuse and mental health; HIV testing and health care; coordinates child-parent visits for those with ACS cases; serves all five boroughs.

*\*\*\* This resource guide has been updated and revised as of 11/4/11. The guide is from a networking meeting with the Pathstone Program (Albion Correctional Facility) which was held at the Correctional Association of New York on August 2, 2010.*





## Attachment C

### AUTHORIZATION FOR RELEASE AND SHARING OF CONFIDENTIAL CHEMICAL DEPENDENCY OASAS PATIENT/ACS CLIENT INFORMATION

I (print OASAS patient's/ACS client's name) \_\_\_\_\_, understand that information pertaining to my attendance and progress in treatment is confidential and protected by Federal Law and Regulation, [see 42 U.S.C. § 290dd-3, §290ee-3 and 42 C.F.R. Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records") and cannot be shared (see Attached OASAS Patient's/ACS Client's Right to Confidentiality Notice) without my written consent unless otherwise provided for in the regulations. Accordingly, I, the undersigned, give permission for:

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(Treatment Program)

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(Name and Address of Program/Facility/Organization)

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(City, State, Zip Code, Telephone#)

to consult and collaborate with the case planner, case manager, and their supervisor of the Administration for Children's Services (called "ACS") and the foster care worker and their supervisor or preventive agency worker and their supervisor who are providing services to me or to my children and share the following type of information:

- the type of chemical dependence, frequency of use, and duration of use;
- information concerning the intake disposition/enrollment;
- my plans for treatment (e.g. short and long term goals and planned services);
- my progress and degree of participation in any treatment program or component thereof, including related services/activities, dates and results of urinalysis and other AOD/toxicology related tests;
- termination or completion of my treatment.

I also give permission for ACS and/or the foster care and/or preventive agency providing services to me or my children to share the above cited information ONLY to family court, my attorney, the ACS attorney assigned to me or my child's case, my child(ren)'s law guardian(s) and a Court Appointed Special Advocate (CASA) representative.

Sharing of the above-cited information is required for assessment, referral, treatment planning, and discharge planning so that ACS and Family Court can make informed legal decisions in the best interests of my children. My consent for the release of such information is limited to this purpose.

I understand that sharing of this information may affect the status and permanency plan of my children and may result in modifying my service plan, the terms of Court orders and/or mandates, and/or the terms of my participation in a treatment program.

I understand that at any time I can change my mind and cancel my consent in writing to share information about my attendance and progress in treatment except to the extent that the program(s), named above, has taken action in reliance on it. I further understand that if I cancel my consent, the listed parties may no

longer be able to monitor my participation in treatment and that this may affect the return of my child(ren) from foster care or removal of my child(ren).

If not previously cancelled, this consent will remain in effect until:

- the supervision of my case with ACS, foster care agency and/or preventive care agency is complete, or
- 60 days after discharge from chemical dependency treatment including aftercare services, but in no event longer than 18 months after signing.

I understand that whomever I have authorized to see this information must treat it as confidential and may share it with another party ONLY in accordance with this release.

INFORMATION ABOUT MY TREATMENT AND PROGRESS IS CONFIDENTIAL AND IS PROTECTED BY FEDERAL LAW. THEREFORE, IT IS ONLY AVAILABLE TO THOSE (PROGRAMS AND PERSONS) I HAVE AUTHORIZED IN THIS DOCUMENT OR AS OTHERWISE AUTHORIZED BY LAW.

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(Signature of OASAS Patient/ACS Client)

(Date)

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(Print OASAS Patient's/ACS Client's Name)

**IMPORTANT NOTICE**  
**OASAS PATIENT'S/ACS CLIENT'S RIGHT TO CONFIDENTIALITY**

The confidentiality of chemical dependency patient records maintained by programs is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a OASAS patient/ACS client attends the program, or share any information identifying a OASAS patient/ACS client as an alcohol or drug abuser unless:

1. The OASAS patient/ACS client consents in writing;
2. The sharing of information is allowed by a court order; or
3. The sharing of information is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; or
4. The OASAS patient/ACS client commits or threatens to commit a crime either at the program or against any person who works at the program.

At any time, the OASAS patient/ACS client has the right to cancel his/her consent except to the extent that the program(s), named in the consent, have taken action in reliance on it. However, if the OASAS patient/ACS client cancels his/her consent, this action may affect the return of his/her child(ren) from foster care or removal of his/her child(ren).

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I have been informed of my right to confidentiality.

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Signature of OASAS Patient/ACS Client

Date

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Print OASAS Patient's/ACS Client's Name

**THIS NOTICE DESCRIBES HOW MEDICAL AND CHEMICAL DEPENDENCE (CD) RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **General Information**

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. ' 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. ' 290dd-2, 42 C.F.R. Part 2. Under these laws, (CD Provider Name) may not say to a person outside (CD Provider Name) that you attend the program, nor may (CD Provider Name) disclose any information identifying you as an chemical abuser, or disclose any other protected information except as permitted by federal law.

(CD Provider Name) must obtain your written consent before it can disclose information about you for payment purposes. For example, (CD Provider Name) must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before (CD Provider Name) can share information for treatment purposes or for health care operations. However, federal law permits (CD Provider Name) to disclose information *without* your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audit or evaluations;
3. To report a crime committed on (CD Provider Name) premises or against (CD Provider Name) personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect
6. As allowed by a court order

For example, (CD Provider Name) can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

Before (CD Provider Name) can use or disclose any information about your health in a manner in which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be cancelled by you in writing.

### **Your Rights**

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. (CD Provider Name) is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. (CD Provider Name) will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by (CD Provider Name), except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in (CD Provider Name) records, and to request and receive an accounting of disclosures of your health related information made by (CD Provider Name) during the six years prior to your request. You also have the right to receive a paper copy of this notice.

**(CD Provider Name) Duties**

(CD Provider Name) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. (CD Provider Name) is required by law to abide by the terms of this notice. (CD Provider Name) reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. *[Insert description of how the covered entity will provide individuals with a revised notice.]*

**Complaints and Reporting Violations**

You may complain to (CD Provider Name) and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. *[Insert description of how a complaint is filed with the covered entity.]* You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

**Contact**

For further information, contact *[insert name or title and telephone number of person or office to contact for further information.]*

**Effective Date**

*[Insert date on which notice became effective; cannot be earlier than date on which notice was printed or published.]*

**Acknowledgement**

I hereby acknowledge that I received a copy of this notice.

Dated \_\_\_\_\_  
(Signature of OASAS patient/ACS client)