

Legal Services Needs of Families Affected by HIV/AIDS

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The Family Ties Project addresses the issue of children orphaned by the HIV/AIDS epidemic in the District of Columbia. The Family Ties Project, which is funded primarily by the Abandoned Infants Assistance Program of the U.S. Department of Health and Human Services, is a multi-agency, multi-disciplinary project established in 1996 to help parents and caregivers plan for their children's futures.

The mission of the Family Ties Project is to promote and preserve the well being of children, youth and families affected by HIV/AIDS by working with parents and caregivers to plan for the future care of their children. These objectives are accomplished through the direct collaborative efforts of a multi-disciplinary team of service providers, including case managers, therapists and attorneys. The project also advocates for policy changes to improve the life planning options available to parents and caregivers in Washington, DC.

The Consortium for Child Welfare, a coalition of the city's private child welfare agencies, serves as the lead agency for this city-wide effort which provides direct services to families affected by HIV/AIDS, provides training and education to service providers and caregivers, and promotes policy reform to support parents' choices in life planning. Project subcontractors provide the following specialty services:

- Legal services provided by the University of the District of Columbia David A. Clarke School of Law
- Art therapy, counseling and support groups for adults, adolescents and children who are infected or affected by HIV/AIDS by Pediatric AIDS/HIV Care, Inc.
- Kinship care transitional case management services provided by Sasha Bruce Youthwork, Inc; and
- Foster parent and caregiver training provided by Project CHAMP of Children's National Medical Center.

Working in partnership with established community-based providers, the Family Ties Project offers a comprehensive set of services to families affected by HIV/AIDS to help them through the difficult process of identifying a safe and nurturing family to care for their children when they are no longer able to. The Family Ties Project is based on a permanency planning model which recognizes not only the traditional legal needs of families (e.g., custody, wills, living wills, durable power of attorney), but also the mental health, social support, educational, and care coordination needs. Additionally, project services are delivered and coordinated through a multi-agency and multi-disciplinary team which works to respond to each family's needs and interests.

Further information and materials are available at the Family Ties Project's Web site: www.familytiesproject.org.



Objective

The Family Ties Project, a project of the Consortium for Child Welfare, located in Washington, DC, provides legal services to families to assist them in planning for the future care of their children. The District's public law school—The University of District of Columbia, David A. Clarke School of Law—is a subcontractor to the Family Ties Project. In addition, the project provides mental health and case management services to eligible families. (See side box, left.) During the first 4.5 years of service delivery (January 1997 to June 2001) the Family Ties Project has provided services to 100 families. This poster presents information relating to the delivery of legal services to these families.

Methods

Legal services are provided by a full-time faculty attorney supported by the Family Ties Project, by two additional full-time faculty attorneys, and by students enrolled in the Law School's HIV/AIDS legal clinic who are supervised by faculty. Class size has ranged from 9 to 16 students each semester. The attorneys work as part of a multi-disciplinary team comprised of therapists and case managers. Upon enrollment in the Family Ties Project and referral for legal services, attorneys conduct a legal needs assessment and develop legal case plans (Figure 1). For each family, the permanency planning status of minor children in the family and the status of identified legal goals are tracked on a monthly basis.

Results

While the focus of the Family Ties Project is life planning—planning for the future care of minor children—the project has provided comprehensive legal services to families affected by HIV/AIDS. During the first 4.5 years of service delivery, 90 of the 100 enrolled families have received some type of legal service (ranging from client education and consultation to direct representation). Legal service is the most frequently used specialty service offered by the Family Ties Project.

Custody planning has been addressed for 180 children, and comprises 35% of all identified legal issues. Eighty-five percent (85%) of families receiving legal services have addressed custody-related issues. Other life planning issues (e.g., wills, living wills, power of attorney) comprise 37%;

SSI/SSDI comprises 13%; and Other issues (e.g., housing, consumer issues, domestic violence, discrimination), comprise the remaining 15% (Figure 2).

Medical Consent Authorization (a legal document which allows a parent or legal custodian to designate an adult to consent for medical care for a minor child) was the most frequently addressed life planning issue (51% of families), followed by Last Will and Testament (50%), Living Will/Advanced Directive (34%), and Durable Power of Attorney for Health Care (34%). Nearly one-third (30%) of families had an adult's SSI/SSDI issue addressed, and slightly more than one-third (37%) had a child's SSI issue addressed. A large number of families (30%) also had a consumer issue addressed. Housing (11%) and education-related (6%) issues were also common legal issues (Figure 3).

The most common permanency plan for minor children is transfer of legal custody to a third party (38%). Joint custody is also an option available in Washington, DC (Figure 4). In the continuum of custody planning, nearly one quarter (26%) of affected children have had their legal plan implemented following the "triggering event" (e.g., parental death or illness). For these children, permanency was mostly (66%) secured through the transfer of legal custody to a third party. Plans have been secured for an additional 16% of children, with most others in the contemplative and planning stages (Figures 5 & 6). For non-custody-related legal issues, 58% have been successfully completed, with 18% still active as of 30 June 2001 (Figure 7).

Conclusion

The Family Ties Project has been successful in providing custody planning legal services to families affected by HIV/AIDS, and these issues are often addressed in a broader legal and social context. Once initiating legal services, families have continued to utilize legal services for a wide range of issues. The project's legal practice, while initially established to provide life planning related services, has responded to clients' needs to become similar to traditional poverty law practices. Attorneys have been successful in increasing the stability of families, which may lead to improved health outcomes and child well-being and permanency. The Family Ties Project is an example of a successful multi-agency, multi-disciplinary collaborative model.

Figure 1. Legal Intake/Assessment

Legal Intake/Assessment Check List

Client name: _____
 Form completed by: _____
 Phone/e-mail: _____
 Supervising Attorney: _____
 Date: _____

PART A. Intake

Referral for legal service made by: _____
 Legal need identified by referring case manager: _____
 Date of legal intake: _____
 Legal intake completed by: _____

PART B. Legal Assessment

Based on client interview/notes, check whether client indicates having executed the listed legal documents at time of legal intake. In the comments column, please indicate by whom and where the document was completed, and also indicate who (responsibility) is designated as the DPOA, Medical Consent, etc.

Doc.	Y	N	Comments/Done by
Last Will and Testament			
Living Will			
DPOA Health Care			
DPOA Financial			
Medical Consent Authorization			
SSI/SSDI			
Other			
Other			

PART C. Medical Consent Authorization

If client has not executed Medical Consent Authorization(s) for healthy children, indicate below whether 1) client executed these documents (checked 2) for whom they were executed (child's name), and 3) who was designated.

1. If client has not executed medical consent authorization(s) for her/his child(ren), was this offered to the client? YES NO (state reason not offered)

2. If YES, did the client agree to complete the medical consent authorization(s)?
 YES NO (state reason, if possible)

Child's name	Person designated (relationship)	Comment

PART D. Initial Legal Goals

Based on the client interview and assessment, indicate below the initial legal goals established for the client.

For completed medical consent authorizations and this form to Family Ties Project (2001/06/27/08)

Figure 2. Types of Legal Issues Addressed by Legal Services, January 1997–June 2001

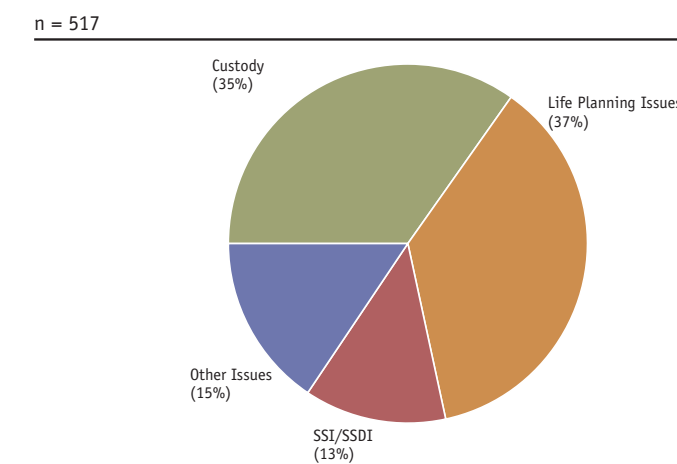


Figure 3. Proportion of Families Receiving Legal Services Who Have Identified Legal Goal and Proportion Who Have Completed Legal Goal

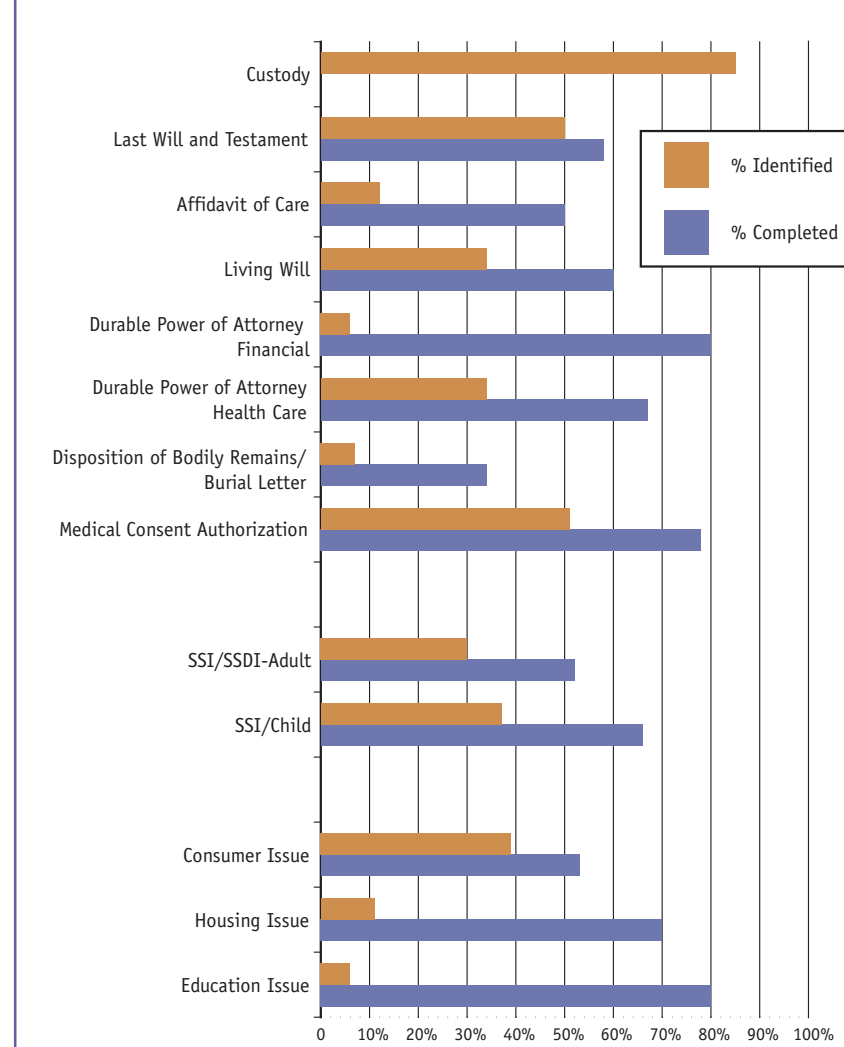


Figure 4. Permanency Plan

Plan as of 30 June 2001
n = 180

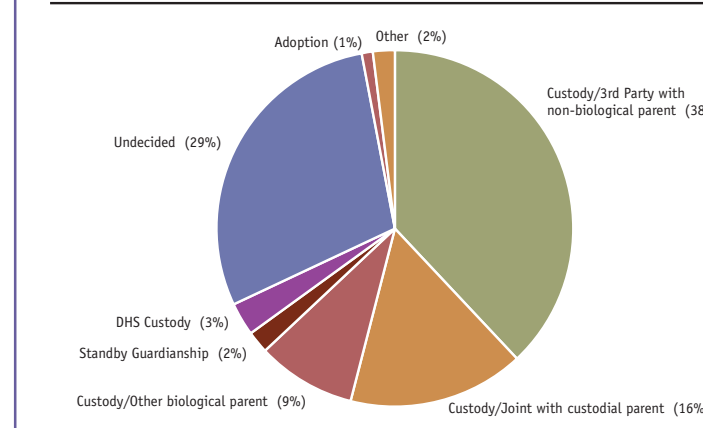


Figure 5. Permanency Plan Status

Status as of 30 June 2001
n = 180

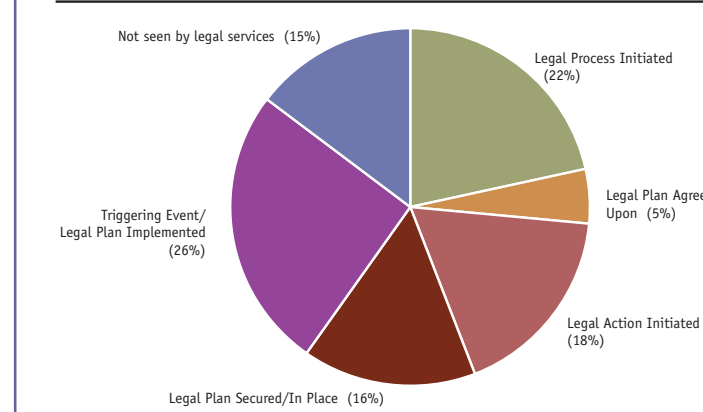


Figure 6. Permanency Plan and Status

Status as of 30 June 2001

Permanency Goal	Adoption	Custody/3rd Party with non-biological parent	Custody/3rd Party with biological parent	Custody/Other biological parent	Standby Guardianship	DHS Custody	Undecided	Other	Total
Count	1	10	2	1	1	6	27	2	48
% of Total	0.6%	5.6%	1.1%	0.6%	0.6%	3.3%	15.0%	1.1%	100.0%
Legal Process Initiated		4	17	5	2		3		31
Legal Plan Agreed Upon									4
Legal Action Initiated									4
Legal Plan Secured/In Place									4
Triggering Event/Legal Plan Implemented									4
Not seen by legal services									4

Figure 7. Status of Non-custody Legal Issues

Status as of 30 June 2001
n = 337

