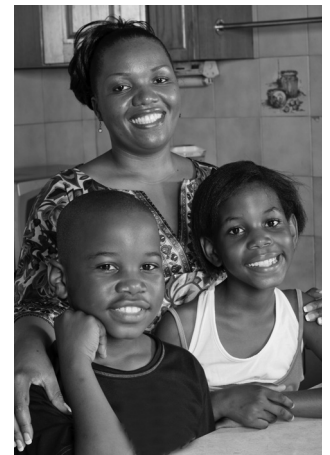


TABLE OF CONTENTS

PERMANENCY PLANNING SERVICES

Executive Summary	1
Service Introduction	4
Service/Organizational Licensure Category	5
Definitions and Descriptions	6
How Service Relates to HIV	6
Service Components	7
Outreach	8
Intake	9
Service Provision	10
Referral and Linkage	11
Client Follow-Up	11
Program Records	12
Case Closure	12
Staffing Requirements and Qualifications	13
Units of Service	15
References	15
Acronyms	16



PERMANENCY PLANNING SERVICES

EXECUTIVE SUMMARY

SERVICE INTRODUCTION

Permanency planning helps mitigate the impact of restrictive economic conditions by stabilizing families through planning for the placement and care of minor children after parents/guardians are no longer able to care for them because of disability or death. Permanency planning includes the provision of legal counsel and assistance by Master's degree-level social workers and mental health professionals regarding the preparation of custody options for legal dependents or minor children of people living with HIV/AIDS including: guardianship, joint custody, joint guardianship and adoption.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Legal staff and supervised students providing permanency planning services will do so in accordance with procedures formulated and adopted by the American Bar Association and the State Bar of California and consistent with laws and regulations governing the provision of permanency planning services as they currently exist or shall exist at any future time. Staff and volunteer attorneys will be licensed in the State of California and members in good standing of the State Bar of California. Law students, law school graduates and other legal professionals will be supervised by a qualified licensed attorney. Law students who make court appearances must have a current certification from the State Bar of California.

Master's degree-level social workers, mental health staff and supervised student and interns providing permanency planning services will comply with relevant practice standards and ethical codes of their respective disciplines. Staff will be supervised by a Master's degree-level (at minimum) social worker, marriage and family therapist or psychologist.

SERVICE CONSIDERATIONS

General Considerations: Permanency planning services will respect the inherent dignity of each person living with HIV they serve. All HIV permanency planning services will be culturally and linguistically appropriate to the target population.

Outreach: Programs providing permanency planning services will promote and conduct outreach and education to potential clients and HIV service providers regarding the availability of permanency planning services for people living with HIV.

Intake: Client intake is required for all patients who request or are referred to permanency planning services. The intake process determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. Intake for permanency planning services will include an evaluation of the client's need for permanency planning services and ability to access alternate permanency planning services.

Service Provision: Permanency planning services staff will work with the client to determine the course of action for each of the client’s permanency planning issues. Services are individualized and tailored to the needs expressed by the client. Programs will prepare custody options for legal dependents including guardianship, joint custody, joint guardianship or adoption of dependent children of people living with HIV and will conduct appropriate action on behalf of clients to meet their permanency planning needs. Such action includes providing relevant legal advice and counseling, referrals to other providers/programs, referrals to pro bono attorneys and representing clients in court and administrative proceedings where appropriate.

Referral and Linkage: Programs providing permanency planning services will provide referrals and information about available resources and services to clients. When appropriate, referrals should be linked, demonstrating that staff have taken the necessary steps to follow up to determine if clients have accessed the services to which they have been referred.

Client Follow-Up: Programs shall strive to retain clients in permanency planning services, until services are completed or the case is closed based. A broken appointment policy and procedure to ensure continuity of service and retention of patients is required.

Program Records: Programs will document all permanency planning services provided to clients in sufficient detail to ensure quality services to clients and permit evaluation of services.

Case Closure: Permanency planning services programs will develop criteria and procedures for case closure. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure.



Services include legal counsel and assistance.

STAFFING REQUIREMENTS AND QUALIFICATIONS

Legal Staff: Permanency planning services staff and attorneys will have the skills and ability to specialize in the areas of most critical need to people living with HIV. Licensed volunteer attorneys, law students, law school graduates and other legal professionals (all under the supervision of a qualified staff attorney) may be used to expand program capacity. All permanency planning services staff and volunteers will complete an agency-based orientation before providing services. Any volunteers with significant client contact should be screened for appropriateness by the agency.

Master’s Degree-Level Social Work and Mental Health Staff: Permanency planning services Master’s degree-level social work and mental health staff, students and interns will have the skills and ability to specialize in the areas of most critical need to people living with HIV. Interns, associates and students in master’s level social work or mental health programs (all under the supervision of a qualified social work or mental health professional staff person) may be used to expand program capacity. All permanency planning Master’s degree-level social work and mental health staff, students and interns will complete an agency-based orientation before providing services.

STANDARDS OF CARE

Los Angeles County Commission on

HIV



PERMANENCY PLANNING SERVICES

SERVICE INTRODUCTION

Permanency planning helps mitigate the impact of restrictive economic conditions by stabilizing families through planning for the placement and care of minor children after parents/guardians are no longer able to care for them because of disability or death.

Permanency planning includes the provision of legal counsel and assistance by Master's degree-level social workers and mental health professionals regarding the preparation of custody options for legal dependents or minor children of people living with HIV/AIDS including:

- ◆ Guardianship
- ◆ Joint custody
- ◆ Joint guardianship
- ◆ Adoption

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

Recurring themes in this standard include:

- ◆ HIV permanency planning services will respect the dignity and self-determination of clients.
- ◆ Outreach, assessment and retention efforts are necessary components of providing appropriate permanency services to people living with HIV.
- ◆ HIV permanency planning service programs must refer and link clients to additional permanency planning services and other necessary HIV-related services when appropriate.
- ◆ Whenever possible, affected children should be part of the active permanency planning process.
- ◆ HIV permanency planning services are envisioned as collaboration between Master's degree-level social workers, mental health professionals and attorneys.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Program and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision

and to guarantee clients consistent care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including:

- ◆ *HIV/AIDS Permanency Planning Services Contract Exhibit*, Office of AIDS Programs and Policy
- ◆ *Standards for Providers of Civil Legal Services to the Poor*, American Bar Association, 2002
- ◆ *The Source – Newsletter of the National Abandoned Infants Assistance Resource Center*, 2000
- ◆ Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were Baltimore, 2004; Chicago, 2004; and Las Vegas

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

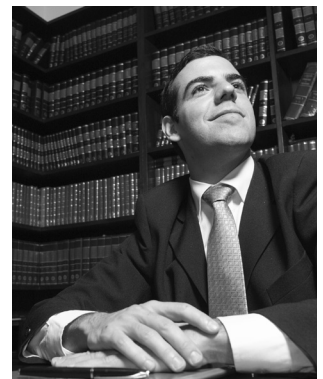
Legal staff and supervised students providing permanency planning services will do so in accordance with procedures formulated and adopted by the American Bar Association and the State Bar of California and consistent with laws and regulations governing the provision of permanency planning services as they currently exist or shall exist at any future time.

Staff and volunteer attorneys will be licensed in the state of California and members in good standing of the State Bar of California. Law students, law school graduates and other legal professionals will be supervised by a qualified licensed attorney. Law students who make court appearances must have a current certification from the State Bar of California (see http://www.calsb.org/state/calbar/calbar_generic.jsp?cid=10169&id=1347).

Master's degree-level social workers, mental health staff and supervised student and interns providing permanency planning services will comply with relevant practice standards and ethical codes of their respective disciplines. Staff will be supervised by a Master's degree-level (at minimum) social worker, marriage and family therapist or psychologist.

MASTER'S DEGREE-LEVEL SOCIAL WORKERS AND LICENSED MENTAL HEALTH PRACTITIONERS:

- ◆ Licensed Clinical Social Workers (LCSW) and Masters of Social Work (MSW) – regulated by The Board of Behavioral Science Examiners (<http://www.bbs.ca.gov>). Ethical Code available through National Association of Social Workers (<http://www.naswdc.org/PRAC/standards/standards.htm>)
- ◆ Marriage and Family Therapists (MFT) – regulated by The Board of Behavioral Science Examiners (<http://www.bbs.ca.gov>). Ethical Code available through California Association of Marriage and Family Therapists (<http://www.camft.org/about/ethics.html>)
- ◆ Psychologists – regulated by the Board of Psychology (<http://www.dca.ca.gov/psych>). Ethical Code available through American Psychological Association (<http://www.apa.org/ethics>)



*Services
may be
provided
for an
individual
or family.*

UNLICENSED PRACTITIONERS:

- ◆ MFT interns; psychological assistants and interns, post-Doctoral fellows and trainees; and social work associates
- ◆ MFT trainees and social work interns

DEFINITIONS AND DESCRIPTIONS

Intake is a process that determines a person's eligibility for HIV permanency planning services.

Outreach promotes the availability of and access to HIV permanency planning services to potential clients and service providers.

Permanency planning provides families with options for planning how minor children will be taken care of in the event that a parent dies from AIDS.

HOW SERVICE RELATES TO HIV

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

A 1996 needs assessment for the Priorities and Planning Committee of the Los Angeles County Commission on HIV estimated that more than half of the people living with HIV in the County are in need of legal assistance at a rate of 15,000 to 20,000 times per year (Lee and Schulman, 1996). In its 2003 strategic plan, which surveyed people living with HIV regarding their need for services, Shelter Partnership, Inc. reported that 36.6% of individuals surveyed expressed a need for legal services, ranking these services in the top 20 service needs and fifth in unmet demand for services (Shelter Partnership, 2003).

Many clients seen in Ryan White-funded programs face multiple psychosocial challenges in addition to HIV: poverty, substance abuse, unstable housing and barriers in accessing health care and other supportive services. The legal needs of these clients are similar to those traditionally addressed in poverty law practices, including advocacy for public entitlement programs; landlord/tenant law; family law; and consumer law, particularly for debt relief. Clients also need estate planning documents and assistance in planning for the care of minor children (Rivera, 1989).

The legal needs of women living with HIV mirror those noted above, including wills, durable powers of attorney for health care, and, most particularly, guardianship arrangements for their children (Sarmiento, 1994; Bunting, Bevier & Baker, 1999; Distablile, 1999). With over 80,000 AIDS orphans (children whose mothers have died from HIV) in the United States, it is critical that the legal needs surrounding care and custody of children are addressed proactively in permanency planning and custodial care planning (Lazzarini, et al., 1995).

Michaels and Levin (1992) estimated that approximately half of the parents who die from AIDS-related illness do so without a permanency plan. For parents, permanency planning

joins confronting the reality of one's own death with the anticipated loss of seeing a child grow and develop (Dranimin & Hudis, 2000). Without a legal permanency plan, a child who may be orphaned could be at risk of abandonment or foster care (Coon, 2000). While parents may have given thought to what would happen if they were unable to care for their children, many do not know how to go about making a legal plan and most lack the legal and supportive resources to required to do so (LSC & Associates, 1998).

SERVICE COMPONENTS

Permanency planning services will respect the inherent dignity of each person living with HIV they serve. Permanency planning services are designed to help mitigate the impact of restrictive economic conditions by stabilizing families through planning for the placement and care of minor children after parents/guardians are no longer able to care for them because of disability or death.

Permanency planning services may be provided for an individual or family where the responsible adult is expected to become incapacitated or pre-decease a dependent (usually a minor child) due to HIV. Services will be provided in accordance with procedures formulated and adopted by the American Bar Association and the California Bar Association and consistent with local laws and regulations. Providers are directed to the American Bar Association's Standards for Providers of Civil Legal Services to the Poor, 2002 <http://www.abanet.org/legalservices/downloads/sclaid/civilstandards.pdf> for a comprehensive set of services standards on which to model their practice.

Permanency planning services provided by Master's degree-level social workers and mental health professionals will comply with relevant practice standards and ethical codes of their respective disciplines. Providers are directed to the National Association of Social Workers' Standards for Palliative and End of Life Care, available at <http://www.naswdc.org/practice/bereavement/standards/standards0504New.pdf> for a guide to service standards on which to model their practice.

Permanency planning services programs will comply with all applicable federal, State, County and local laws and regulations governing the provision of permanency planning services

The Source – The Newsletter of the National Abandoned Infants Assistance Resource Center, 2000, Volume 10(2) provides clear guidance both for permanency planning issues and parental disclosure, valuable to providers and clients alike (http://aia.berkeley.edu/media/pdf/source_vol10_no2.pdf). Under ideal circumstances, parents who are exploring custodial plans for their children should have the support of an attorney, a mental health professional and a benefits specialist—all whom are trained in family therapy, custody law and HIV disease (Taylor-Brown, et al., 1998). Permanency planning staff will provide linked referrals to such “outside” professionals. Whenever possible, the children themselves should be part of the active planning process (Acuff, et al., 1999).

Permanency planning services include psychosocial assistance provided by Master's degree-level social workers and mental health professionals, and the provision of legal counsel regarding the preparation of custody options for legal dependents of dependent children of people living with HIV/AIDS including:

- ◆ Guardianship
- ◆ Joint custody

- ◆ Joint guardianship
- ◆ Adoption.

Permanency planning services will be offered to medically indigent (uninsured or unable to get insurance) people living in Los Angeles County. All permanency planning services will be culturally and linguistically appropriate to the target population. (See Program Requirements and Guidelines in the Standards of Care Introduction.)

STANDARD	MEASURE
Permanency planning services will respect inherent dignity of clients.	Program review to confirm.
Legal services will comply with American Bar Association and the California Bar Association procedures and consistent with local laws and regulations. Programs will comply with all applicable federal, State, County, and local laws and regulations governing the provision of permanency planning services.	Program review to confirm.
Permanency planning services provided by Master’s degree-level social workers and mental health professionals will comply with relevant practice standards and ethical codes of their respective disciplines.	Program review to confirm.
Permanency planning services staff will provide linked referrals to mental health and benefits specialist with experience in permanency planning issues.	Documentation of linked referral on file in client chart.

OUTREACH

Programs providing permanency planning services will promote and conduct outreach and education to potential clients and HIV service providers regarding the availability of permanency planning services for people living with HIV. Promotion will include facilitating access to permanency planning services throughout the eight Service Planning Areas (SPAs) of Los Angeles County through ongoing collaboration and work with HIV primary health care and support service providers.

Additionally, permanency planning services programs will develop and outreach plan that demonstrates collaboration with HIV medical outpatient providers and other HIV service providers within each of the eight SPAs of Los Angeles County.

The outreach plan will include (at minimum):

- ◆ A written strategy for the provision of permanency planning services that link with HIV medical outpatient services and other HIV support services
- ◆ An assessment of other available resources and services
- ◆ A timeline for implanting services
- ◆ Memoranda of Understanding (MOUs) to demonstrate formalized linkages
- ◆ An evaluation plan

STANDARD	MEASURE
Permanency planning services providers will promote services and conduct outreach.	Outreach plan on file at provider agency. Site visit to monitor activities.

STANDARD	MEASURE
Permanency planning services will develop an outreach plan to include (at minimum): <ul style="list-style-type: none"> • Strategy for providing services that link with HIV medical and support services • Assessment of resources and services • Timeline • MOUs • Evaluation plan 	Outreach plan on file at provider agency.
Permanency planning services programs will collaborate with primary health care and supportive service providers.	MOUs on file at the provider agency.

INTAKE

Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. Programs will assess individuals in crisis to determine what other interventions are appropriate, either within the agency, or by immediate referral.

In the intake process and throughout permanency planning services, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released).

As part of the intake process, the client file will include the following information (at minimum):

- ◆ Written documentation of HIV status
- ◆ Proof of Los Angeles County residency
- ◆ Verification of financial eligibility for services
- ◆ Date of intake
- ◆ Client name, home address, mailing address and telephone number
- ◆ Emergency and/or next of kin contact name, home address and telephone number

Required Forms: Permanency planning services programs must develop the following forms in accordance with State and local guidelines.

Completed forms are required for each client:

- ◆ Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released).
- ◆ Limits of Confidentiality (confidentiality policy)
- ◆ Consent to Receive Services
- ◆ Client Rights and Responsibilities
- ◆ Client Grievance Procedures

In addition to eligibility screening, intake for permanency planning services will include (at minimum) an evaluation of the client’s need for permanency planning services and ability to access alternate permanency planning services.

STANDARD	MEASURE
Intake process will begin during first contact with client.	<ul style="list-style-type: none"> • Intake tool in client file to include (at minimum): • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
Confidentiality policy and Release of Information is discussed and completed except where services are provided by an attorney.	Confidentiality form signed and dated by client on file as appropriate.
Release of Information is discussed and completed as appropriate and to the extent necessary.	Release of Information signed and dated by client on file and updated annually.
Consent for Services is completed except where services are provided by an attorney.	Signed and dated Consent in client file as appropriate.
Client is informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
Permanency planning services programs will evaluate (at minimum) the client's: <ul style="list-style-type: none"> • Need for permanency planning services • Ability to access alternate permanency planning services 	Assessment maintained in client file and signed and dated by permanency planning services staff completing assessment.

SERVICE PROVISION

Permanency planning services staff, with the active participation of the client will determine the course of action for each of the client's permanency planning issues. Services are individualized and tailored to the needs expressed by the client. Client participation is maximized by being kept informed and working together with staff to determine the objective of the client, to make decisions regarding the case and to achieve the goals in a timely fashion.

Permanency planning services programs will prepare custody options for legal dependents, including guardianship, joint custody, joint guardianship or adoption of dependent children of people living with HIV and will conduct appropriate action on behalf of clients to meet their permanency planning needs. Such action includes providing relevant legal advice and counseling, referrals to other providers/programs, referrals to pro bono attorneys and representing clients in court and administrative proceedings where appropriate. Documentation of these efforts shall be maintained in the client record.

Permanency planning services providers will inform clients fully about the nature of service offered, including their rights to engage in the generation and review of any permanency planning goals and/or strategies, confidentiality and their ability to terminate services at any time.

If a client is homebound or hospitalized, a permanency planning services staff member or volunteer will respond within 24 hours (when possible) and will visit the client at bedside. Work on hospitalized or bedridden clients' cases may begin prior to the completion of intake when indicated.

Permanency planning services providers will develop a process for disclosing medically relevant information about the child/children to the proposed caregiver.

STANDARD	MEASURE
Permanency planning services programs will prepare custody options for legal dependents including guardianship, joint custody, joint guardianship or adoption of dependent children of people living with HIV.	Agency program policy and procedures to detail. Program review to confirm to confirm existence of policies and procedures.
Permanency planning services providers will develop a process for disclosing medically relevant information about the child/children to the proposed caregiver.	Details of disclosure process on file at provider agency.
Permanency planning services provision will be documented.	Client record to contain documentation of services.

REFERRAL AND LINKAGE

Programs providing permanency planning services will provide referrals and information about available resources and services to clients. The DHSP’s service utilization data management systems will be used to facilitate, connect and access referrals and services to and from other providers. This data management system will also be used to track and document referrals to and from organizations. When appropriate, referrals should be linked, demonstrating that staff have taken the necessary steps to follow up to determine if clients have accessed the services to which they have been referred. Documentation of referrals and linkages will be made in the client record.

STANDARD	MEASURE
Programs will provide referrals and information about available resources, employing DHSP’s service utilization data management system.	Referral list on file at provider agency. Program review to confirm use of data management system.
When appropriate, staff will link referrals.	Documentation of referrals and linkages in client record.

CLIENT FOLLOW-UP

Permanency planning services programs shall strive to retain clients in permanency planning services, until services are completed or the case is closed based on the criteria in the Case Closure section of this standard of care. To ensure continuity of service and retention of patients, programs will be required to establish a broken appointment policy. Follow-up can include telephone calls, written correspondence and/or direct contact and strives to maintain a patient’s participation in care. Such efforts shall be documented in the progress notes within the patient record. Attorneys are exempted from follow-up activities.

STANDARD	MEASURE
Permanency planning services programs shall develop a broken appointment policy to ensure continuity of service and retention of patients. (Attorneys are exempted from follow-up activities.)	Written policy on file at provider agency.
Permanency planning services programs shall provide regular follow-up procedures to encourage and help maintain a patient in permanency planning services.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: <ul style="list-style-type: none"> • Telephone calls • Written correspondence • Direct contact

PROGRAM RECORDS

Permanency planning services programs will document all permanency planning services provided to clients in sufficient detail to ensure quality services to clients and permit evaluation of services.

Each client record will include (at minimum):

- ◆ Written documentation of HIV diagnosis
- ◆ Proof of Los Angeles County residency
- ◆ Verification of financial eligibility for services
- ◆ Client demographics
- ◆ Intake and assessment information
- ◆ Referrals provided and interventions made on behalf of the client and the results of these referrals and interventions
- ◆ Documentation of all permanency planning services provided to the client and the results of these services

STANDARD	MEASURE
Permanency planning services programs will document permanency planning services provided to clients.	Client record to include the following (at minimum): <ul style="list-style-type: none"> • Documentation of HIV diagnosis • Proof of residency • Verification of financial eligibility • Client demographics • Intake and assessment information • Referrals, interventions and results • Documentation of all permanency planning services and results

CASE CLOSURE

Permanency planning services programs will develop criteria and procedures for case closure. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure. Cases will be closed when the client’s permanency planning issue has been resolved.

Cases may also be closed when the client:

- ◆ Has his or her permanency planning issue resolved
- ◆ Relocates out of the service area
- ◆ Has had no direct program contact in the past six months
- ◆ Is ineligible for the service
- ◆ No longer needs the service
- ◆ Discontinues the service
- ◆ Is incarcerated long term
- ◆ Uses the service improperly or has not complied with the client services agreement
- ◆ Has died

STANDARD	MEASURE
Permanency planning services programs will develop case closure criteria and procedures	Case closure criteria and procedures on file at provider agency. Cases may be closed when the client's permanency planning issue has been resolved, or when the client: <ul style="list-style-type: none"> • Has his or her permanency planning issue resolved • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died
Permanency planning services programs will attempt to notify clients about case closure.	Client chart will include attempts at notification and reason for case closure.

STAFFING REQUIREMENTS AND QUALIFICATIONS

LEGAL STAFF

Permanency planning services staff and attorneys will have the skills and ability to specialize in the areas of most critical need to people living with HIV. Staff, attorneys and volunteers will be trained and remain knowledgeable of relevant permanency planning, legal and non-legal HIV/AIDS issues. Staff attorneys, licensed by the state of California and members in good standing with the State Bar of California, will coordinate, supervise and/or provide all legal services. Licensed volunteer attorneys, law students, law school graduates and other legal professionals (all under the supervision of a qualified staff attorney) may be used to expand program capacity. All permanency planning services staff and volunteers will complete an agency-based orientation before providing services. Any volunteers with significant client contact should be screened for appropriateness by the agency.

All permanency planning services attorneys and volunteer attorneys will practice according to the American Bar Association's Model Rules for Professional Conduct (http://www.abanet.org/cpr/mrpc/mrpc_home.html) and the State Bar of California's Rules of Professional Conduct (http://www.calbar.ca.gov/state/calbar/calbar_extend.jsp?cid=10158).

STANDARD	MEASURE
Permanency planning services staff and attorneys will have relevant skills and abilities	Resumes on file at provider agency to confirm.
Permanency planning services staff and volunteer attorneys will be licensed by the state of California and members in good standing of the California Bar Association	Resumes on file at provider agency to confirm.
Permanency planning services staff attorneys will coordinate, supervise and/or provide all services.	Policy and procedures manual and chart review to confirm.

STANDARD	MEASURE
Permanency planning services volunteers must be supervised by a qualified staff attorney and may include: <ul style="list-style-type: none"> • Licensed volunteer attorneys • Law students • Law school graduates • Other legal professionals 	Documentation of supervision on file at provider agency
All permanency planning services and staff must complete an agency orientation before providing services.	Documentation of orientation maintained in employee or volunteer files.

MASTER’S DEGREE-LEVEL SOCIAL WORK AND MENTAL HEALTH STAFF

Permanency planning services Master’s degree-level social work and mental health staff, students and interns will have the skills and ability to specialize in the areas of most critical need to people living with HIV. Master’s degree-level social work and mental health staff, students and interns will be trained and remain knowledgeable of relevant permanency planning, legal and non-legal HIV/AIDS issues. Master’s degree-level social work and mental health staff that have at least two years of post-Master’s-related experience will coordinate, supervise and/or provide all psychosocial services related to permanency planning services. Interns, associates and students in Master’s degree -level social work or mental health programs (all under the supervision of a qualified social work or mental health professional staff person) may be used to expand program capacity. All permanency planning Master’s degree-level social work and mental health staff, students and interns will complete an agency-based orientation before providing services.

Permanency planning services social work and mental health staff, students and interns will practice according to their respective ethical codes:

- ◆ Social workers
<http://www.naswdc.org/PRAC/standards/standards.htm>
- ◆ MFTs
<http://www.camft.org/about/ethicsi.html>
- ◆ Psychologists
<http://www.apa.org/ethics>

STANDARD	MEASURE
Permanency planning services Master’s degree -level social work and mental health staff, students and interns will have relevant skills and abilities.	Resumes on file at provider agency to confirm.
Master’s degree-level social work and mental health staff, students and interns will practice according to their respective ethical codes.	Program monitoring to confirm.
Master’s degree-level social work and mental health staff with at least two years of post-Master’s-related experience will coordinate, supervise and/or provide all services.	Policy and procedures manual and chart review to confirm. Staff resume on file at provider agency to confirm experience.
Students and interns must be supervised by a qualified social work or mental health staff member.	Documentation of supervision on file at provider agency.
All permanency planning services Master’s degree-level social work and mental health staff, students and interns must complete an agency orientation before providing services.	Documentation of orientation maintained in employee or volunteer files.

UNITS OF SERVICE

Unit of service: Units of service defined as reimbursement for HIV permanency planning services are based on services provided to eligible clients.

- ◆ **Preparation of custody options for legal dependents:** calculated in number of hours provided

Number of clients: Client numbers are documented using the figures for unduplicated clients within a given contract period.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
DHSP	Division of HIV and STD Programs
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
LCSW	Licensed Clinical Social Worker
MFT	Marriage and Family Therapist
MOUs	Memoranda of Understanding
MSW	Masters of Social Work
SPA	Service Planning Area
STD	Sexually Transmitted Disease