

## **HIV Consumer Advocacy Project (HCAP) Annual Report 2020-2021 Contract Year**

---

The **HIV Consumer Advocacy Project (HCAP)** assists people living with HIV/AIDS who experience difficulty accessing services from Ryan White-funded programs located in San Francisco, San Mateo and Marin Counties, as well as from agencies funded by the San Francisco Department of Public Health's HIV Health Services. HCAP was created by the HIV Community Planning Council in order to provide consumers an advocate who can help them navigate services, mediate disputes between consumers and providers, provide appropriate referrals to consumers, and assist service providers by removing barriers to care. HCAP is a unique program as it is one of the only programs created specifically to provide these unique services. HCAP is located at the AIDS Legal Referral Panel (ALRP).

To be eligible for HCAP's services, a consumer must (1) be diagnosed with HIV/AIDS; (2) live in San Francisco, San Mateo, or Marin County; and (3) face a dispute with any agency in San Francisco, San Mateo, or Marin County that receives federal Ryan White-funding or San Francisco Department of Public Health HIV Health's Services funding.

Issues commonly involve termination or suspension of services, barriers to enrollment, miscommunication between consumers and staff and/or volunteers of an agency, and problematic policies or procedures of the service provider.

A full-time Staff Attorney, with experience in mediation and advocacy, staffs the HCAP position. The Executive Director of the AIDS Legal Referral Panel supervises the HCAP Staff Attorney.

### **Consumers Served**

From March 1, 2020 through February 28, 2021, HCAP served **96** unduplicated clients (UDC) with **133** HCAP matters. Clients (hereinafter referred to as either "clients" or "consumers") who have more than one HCAP issue in a given contract year are only counted as "unduplicated" once. There was an approximate 7% increase in the number of consumers HCAP has served over the previous two years. HCAP served 90 clients in 2019-2020, 91 clients in 2018-19, 93 clients in 2017-2018, 77 clients in 2016-2017, 86 clients in 2015-16, and 73 clients in 2014-15. Of those served in the 2020-21 contract year, 100% of the clients were in San Francisco County. There were no HCAP clients served in either Marin or San Mateo Counties for this contract year.

#### Trends in 2020-21

Three notable trends<sup>1</sup> stand out for the 2020-21 contract year:

#### **A. Housing Services/Case Management Services**

For purposes of this section, Housing Services includes HCAP issues which affected Client's housing issues in all supportive housing environments including Skilled

---

<sup>1</sup> Note that with a sample size of so few unduplicated clients and matters, even one or two consumers could shift percentages significantly and could appear to be a "trend".

Nursing Facilities, RCFICs, RCFEs, and Residential Substance Use Facilities. HCAP saw an increase of 4 percentage points across the board for issues related to Housing from the 2019-20 contract year. This trend is also evident in the increase of Case Management issues which yielded nearly double the number of issues, up 11% from 6%. Given the Shelter In Place requirements enacted by the City due to COVID-19, this increase is not surprising, as all of HCAP’s clients were required to spend more time at home, with some cohabitating.

**B. Legal Referrals**

A third notable trend for the 2021 contract year is a 7% increase in Legal Services matters. All of these matters were referrals to Legal Services agencies. Again, this increase is not surprising given the insecurities surrounding rent, employment, and housing.

**C. Age**

The third notable trend is the age of HCAP consumers. The majority of consumers (60%) is over 51 years of age. At the same time, there were also increases in the 31-40 and 41-50 age groups (a 3% and 9% increase respectively).

**Self-Reported Consumer Data<sup>2, 3</sup>**

<b>GENDER</b>	<b>2020-21</b>	2019-20	2018-19	2017-18	2016-17
Male	<b>81 (84%)</b>	78 (87%)	79% (72)	83% (77)	87% (67)
Female	<b>11 (11%)</b>	9 (10%)	13% (12)	11% (10)	9% (7)
Transgender Female	<b>3 (3%)</b>	2 (2%)	4% (4) <sup>4</sup>	5% (5)	4% (3)
Other/Decline to State	<b>1 (1%)</b>	1 (1%)	3% (3) <sup>5</sup>	1% (1)	0%
Transgender Male	<b>0 (0%)</b>	0 (0%)	0%	0%	0%

<b>AGE</b>	<b>2020-21</b>	2019-20	2018-19	2017-18	2016-17
0-20	<b>0 (0%)</b>	0 (0%)	0% (0)	0% (0)	0% (0)
21-30	<b>2 (2%)</b>	7 (8%)	4% (4)	2% (2)	5% (4)
31-40	<b>10 (10%)</b>	6 (7%)	12% (11)	14% (13)	12% (9)
41-50	<b>25 (26%)</b>	15 (17%)	12% (11)	24% (22)	18% (14)
51-60	<b>32 (33%)</b>	39 (43%)	55% (50)	49% (46)	44% (34)
61+	<b>26 (27%)</b>	22 (24%)	16% (15)	11% (10)	21% (16)
Unknown/Decline	<b>1(1%)</b>	1 (1%)	0% (0)	0% (0)	0% (0)

<sup>2</sup> Percentages may not add up to 100 due to rounding.

<sup>3</sup> The % consumers is noted in parentheses following the number of respondents as of 2019-20 contract year.

<sup>4</sup> Consumers are asked to self-report the gender they identify as. Some transwomen responded as “female.” This response was recorded as the consumer reported.

<sup>5</sup> If the consumer identifies solely as “transgender,” they are included in the “Other/Decline to State” category.

<b>RACE/ETHNICITY</b>	<b>2020-21</b>	2019-20	2018-19 <sup>6</sup>	<b>2017-18</b>	<b>2016-17</b>
White	<b>54 (56%)</b>	49 (54%)	51% (46)	59% (47)	51% (39)
Latino/a	<b>17 (18%)</b>	16 (18%)	20% (18) <sup>7</sup>	23% (21)	23% (18)
African American/Black	<b>13 (14)%</b>	15 (17%)	23% (21)	20% (16)	18% (14)
Mixed Race	<b>4 (4%)</b>	4 (4%)	3% (3) <sup>8</sup>	6% (5)	8% (6)
Asian/Pacific Isl.	<b>3 (3%)</b>	3 (3%)	5% (5)	3% (2)	4% (3)
Native American	<b>2 (2%)</b>	0 (0%)	1% (1)	1% (1)	3% (2)
Native Hawaiian	<b>0 (0%)</b>	0 (0%)	0% (0)	3% (2)	0% (0)
Other/Unknown	<b>3 (3%)</b>	3 (3%)	16% (15) <sup>9</sup>	9% (7)	3% (2)

<b>SEXUAL ORIENTATION</b>	<b>2020-21</b>	2019-20	2018-19	<b>2017-18</b>	<b>2016-17</b>
Gay/Lesbian	<b>67 (70%)</b>	64 (71%)	66% (60)	66% (61)	61% (47)
Heterosexual	<b>17 (18%)</b>	16 (18%)	18% (16)	17% (16)	16% (12)
Bisexual	<b>10 (10%)</b>	7 (8%)	10% (9)	8% (7)	10% (8)
Other/Decline to State	<b>2 (2%)</b>	3 (3%)	7% (6)	3% (3)	8% (6)

<b>ANNUAL INCOME</b>	<b>2019-20</b>	2019-20	2018-19	<b>2017-18</b>	<b>2016-17</b>
No Current Income	<b>9 (9%)</b>	7 (8%)	7% (6) <sup>10</sup>		
Under \$15,000	<b>70 (73%)</b>	65 (72%)	76% (69)	80% (74)	77% (59)
\$15,001 - \$26,000	<b>3 (3%)</b>	5 (6%)	10% (9)	11% (10)	6% (5)
\$26,001 - \$30,000	<b>1 (1%)</b>	4 (4%)	1% (1)	0% (0)	1% (1)
\$30,001 - \$45,000	<b>2 (2%)</b>	4 (4%)	3% (3)	3% (3)	8% (6)
\$45,001 - \$50,000	<b>3 (3%)</b>	1 (1%)	1% (1)	2% (2)	0% (0)
Over \$50,000	<b>4 (4%)</b>	1 (1%)	1% (1)	0% (0)	0% (0)
Unknown/Decline to State	<b>4 (4%)</b>	3 (3%)	1% (1)	4% (4)	8% (6)

<sup>6</sup> Some consumers identified themselves in multiple categories.

<sup>7</sup> Includes consumers that solely identify as Latinx and consumers that also identify as another race/ethnicity.

<sup>8</sup> Consumers identifying as “mixed race” reported their identities to be: Native American and White (2), and Native American and African American/Black (1).

<sup>9</sup> Consumers that identify as Latinx and no other race/ethnicity are not included in the “Other/Unknown” category. Instead, they are only included in the Latino/a category.

<sup>10</sup> Beginning in 2018, HCAP started reporting a “No Current Income” category.

## Service Categories

SERVICE CATEGORY	2020-21	2019-20 <sup>11</sup>	2018-19	2017-18	2016-17
Benefits Counseling	7 (5%)	7 (6%)	1% (1)	1% (1)	7% (6)
Case Management	14 (11%) <sup>12</sup>	7 (6%)	15% (20)	15% (19)	11% (10)
Dental	8 (6%)	6 (5%)	9% (11)	18% (23)	12% (11)
Emerg. Financial Assist.	21 (16%)	23 (19%) <sup>13</sup>	11% (14)	9% (12)	4% (4)
Food	6 (5%)	9 (7%)	4% (5)	2% (3)	6% (5)
Hospice	0 (0%)	2 (2%)	0% (0)	1% (1)	1% (1)
Housing	18 (14%)	14 (11%)	22% (28)	27% (35)	27% (24)
Legal	11 (8%)	1 (1%)	0% (0)	2% (2)	
Mental Health	7 (5%)	9 (7%)	3% (3)	3% (4)	0% (0)
Money Management	3 (2%)	8 (7%)	9% (12)	5% (7)	4% (4)
Other	0 (0%)	3 (2%) <sup>14</sup>	0% (0)	1% (1)	
Outpatient Substance Use	1 (1%)	0 (0%)	1% (1)		
Primary Medical	22 (17%)	21 (17%)	13% (17)	13% (17)	18% (16)
Psychosocial Support	4 (3%)	12 (10%)	4% (5)	9% (12)	11% (10)
Request for Assistance by Service Provider	6 (5%)	5(4%)		Moved <sup>15</sup>	20% (18)
Residential Substance Use	11 (8%)	8 (7%)	9% (11)	4% (4)	3% (3)

HCAP consumers sought assistance across the spectrum of service categories, with the majority of cases involving Emergency Financial Assistance, Primary Medical, Housing Services, and Case Management.

*Notes on the four most frequently occurring service categories:*

- **Primary Medical Care**

17% of HCAP consumers' issues involved Primary Medical Care as in the previous contract year. Primary Medical Care includes a consumer's primary care provider or ambulatory/outpatient medical care as many consumers utilize the community clinics as their primary medical provider. Of these cases, there were 4 involving Cultural Sensitivity; 5 Access; 17 Information and Referral; 6 Miscommunication; 2 Misconduct; 8 Problematic Policy or Procedures; and 2 Termination; 4 Non-engagement with regard to a complaint; 1 Failure to observe procedures; 1 Confidentiality; 2 Assistance Requested by Service Provider. One consumer's case may include issues in several issue categories. Depending on the case, HCAP might meet with the consumer and the service provider to attempt to resolve the conflict, utilize the formal grievance procedure, appeal a decision to terminate or suspend services, provide information about the service provider's policies and

<sup>11</sup> Prior to the 2018-19 contract year, some consumers received assistance in more than one service category.

<sup>12</sup> In this category, there were 8 cases involving medical case management and 6 cases involving non-medical compared to 3 cases involving medical case management and 4 non-medical in 2019-20

<sup>13</sup> In this category, 18 cases involved housing and 5 non-housing assistance compared to 10 cases for housing and 4 for non-housing purposes in 2018-19.

<sup>14</sup> Other has been used for the removal of access barriers such as assistance obtaining identification. In 2 of the 3 instances, the category was listed in conjunction with other Service Categories.

<sup>15</sup> Reporting of Request for Assistance was moved to Consumer Issues as it is a consumer issue and different from the service category of the service provider.

procedures, and/or make a referral to the service provider or alternative service providers.

- **Emergency Financial Assistance**

16% of HCAP consumers' issues involved Emergency Financial Assistance down from 19% in the previous contract year although it continues to be one of the Service categories with the highest number of matters. HCAP saw an increase from 4 Non-Housing related matters to 7 Non-Housing related matters and a decrease from 18 Housing related matters to 14 Housing related matters requiring emergency financial assistance. Of the 21 Emergency Financial Assistance matters, 21 of them involved Information and Referral; 1 Access.

- Non housing-related: 7 Information and Referral.
- Housing-related: 1 Access; 21 Information and Referral

In most cases, HCAP is referring consumers to Emergency Financial Services and/or removing barriers while supporting through any application processes.

- **Housing**

22% of HCAP consumers' issues involved Housing (36% of those involved residential treatment facilities which is 8% of total HCAP issues). This is an increase of 4 % points from the previous contract year. Nonetheless, housing in the Bay Area continues to be one of the largest issues for consumers. Unaffordable rents, program rules, and behavioral health issues can destabilize consumers' housing and without proper wrap-around services and evictions can threaten a consumers' health. In HCAP terminology, Housing Services issues tend to mirror Case Management-like issues since many of the matters relate to consumers' onsite Service Providers in their supportive housing environments. Problems related to consumers' housing included: 8 Access; 2 Assistance Requested by Provider; 5 Non-engagement with regard to complaint; 2 Termination; 16 Information and Referral; 6 Miscommunication; 1 Misconduct; 10 Problematic Policy or Procedure; and 2 Cultural Sensitivity. One consumer's case may include issues in more than one service category. Depending on the situation, HCAP might meet with the consumer and the housing provider to resolve the conflict, utilize the formal grievance procedure, negotiate with the housing provider, appeal a decision to terminate or suspend services, try to refer the consumer to a different housing provider, or refer for formal legal representation. HCAP may also provide information about the service provider's policies and procedures, and/or make a referral to the service provider.

- **Case Management**

11% of HCAP consumers' issues involved Case Management (6 non-medical case management and 8 involved medical case management).

- Medical: 7 Information and Referral; 1 Miscommunication; 1 Access; 1 Assistance Requested by Service Provider
- Non-medical: 3 Information and Referral; 1 Miscommunication; 2 Access; 3 Problematic Policy or Procedure; 1 Failed Negotiation w/regard to a grievance; 1 Misconduct; and 1 Non-engagement w/regard to a complaint.

Depending on a consumer's issue, HCAP might meet with the consumer and the service provider to resolve any conflict, utilize the formal grievance procedure, negotiate or advocate with the service provider, coordinate care with the service provider or try to refer the consumer to a different provider. HCAP may also provide information about the service provider's policies and procedures, and/or make a referral to the service provider.

### Consumer Issues

The following chart is an overview of the types of issues that consumers brought to HCAP. Some consumers have more than one issue. These issues are based on the consumer and/or outside case management or social worker reports.

TYPE OF ISSUE	2020-21	2019-20	2018-19 <sup>16</sup>	2017-18	2016-17
Access	<b>15 (11%)</b>	17(14%)	0% (0)	22% (29)	10% (9)
Assistance Sought by Provider	<b>6 (5%)</b>	5(4%)	9% (11)	12% (16)	20% (18)
Confidentiality	<b>1 (1%)</b>	0 (0%)	2% (2)	1% (1)	0% (0)
Cultural Sensitivity	<b>7 (5%)</b>	3 (2%)	2% (3)	1% (1)	0% (0)
Eligibility	<b>4 (3%)</b>	5 (4%)	3% (4)	1% (1)	6% (5)
Failure to Observe Procedures	<b>1 (1%)</b>	5 (4%)	4% (5)	3% (4)	1% (1)
Information and Referral	<b>85 (64%)</b>	79 (64%)	43% (55)	14% (18)	2%(2)
Miscommunication	<b>19 (14%)</b>	16 (13%)	17% (22)	12% (16)	2% (2)
Misconduct	<b>4 (3%)</b>	6 (5%)	10% (13)		
Non-Engagement with Regard to Grievance/Complaint	<b>11 (8%)</b>	1 (1%)	0% (0)	0% (0)	2% (2)
Problematic Policy or Procedures	<b>15 (11%)</b>	9 (7%)	19% (24)	12% (16)	8% (7)
Quality of Care	<b>0 (0%)</b>	1 (1%)	24% (31)	36% (47)	37% (33)
Suspension From Services	<b>1 (1%)</b>	4 (3%)	4% (5) <sup>17</sup>	<i>Not counted</i>	<i>Not counted</i>
Termination From Services	<b>5 (4%)</b>	13 (11%)	13% (17)	18% (23)	11% (10)

<sup>16</sup> Some consumers have more than one type of issue.

<sup>17</sup> Starting in 2018, HCAP tracked suspension of services separately from termination from services.

## Services Rendered<sup>18</sup>

SERVICES RENDERED	2020-21	2019-20	2018-19
Advice: Misc/Other	9 (7%)	14 (11%)	5% (6)
Advice: Request for a change in policy	5 (4%)	5 (4%)	4% (5)
Advice: Request for accommodations	7 (5%)	2 (2%)	3% (4)
Advice: Request for investigation	5 (4%)	9 (7%)	11% (14)
Advice/Consultation	133 (100%)	81 (66%)	81 (58)
Filing Appeal		0 (0%)	5% (7) <sup>19</sup>
Filing Grievance	6 (5%)	9 (7%)	11% (14)
Info: Agency policy and procedures.	13 (10%)	10 (8%)	68% (87)
Info: Legal rights and duties	3 (2%)	2 (2%)	16% (20)
Info: Misc/Other	2 (2%)	3 (2%)	5% (7)
Mediation	11 (8%)	7 (6%)	2% (2)
Mediation Referrals	1 (1%)	1 (1%)	2% (2)
Referral: Agency Referral	49 (37%)	52 (42%)	8% (10) <sup>20</sup>
Referral: Alternative service providers	5 (4%)	4 (3%)	16% (21)
Referral: Misc/Other		1 (1%)	2% (2)
Referral: SF Human Rights Commission	2 (2%)	0 (0%)	1% (1)
Referral for Legal Services	16 (12%)	2 (0%)	2% (3)
Representation in meeting	8 (6%)	14 (11%)	5% (7)
No Services Rendered <sup>21</sup>		4 (0%)	4% (5)

## Outcomes

OUTCOMES	2020-21	2019-20 <sup>22</sup>	2018-19
Agency Action Rejected	1 (1%)	3 (2%)	7% (9)
Agency Action Sustained	2 (2%)	4 (3%)	2% (3)
Appeal of Initial Outcome	0 (0%)	0 (0%)	0% (0)
Case Still Pending	12 (9%)	8 (7%)	10% (13)
Grievance Filed <sup>23</sup>	2 (2%)	7 (6%)	11% (14)
No Services Rendered <sup>24</sup>	9 (7%)	8 (7%)	2% (3)
Services Rendered	113 (85%)	112 (91%)	88% (122)

<sup>18</sup> Some cases required more than one service to be rendered.

<sup>19</sup> 2018-19 is the first contract year this “Services Rendered” category is reported separate from filing a grievance.

<sup>20</sup> 2018-19 is the first contract year there is a “Services Rendered” category to capture a referral to the service provider where the consumer first sought assistance.

<sup>21</sup> No services rendered either because the case is still pending and opened near the end of the contract year, or because the consumer withdrew from services before any services could be provided.

<sup>22</sup> Some cases resulted in more than one outcome.

<sup>23</sup> Until this includes appealing a decision to terminate or suspend services. HCAP is working on having this reported as two separate categories in the future.

<sup>24</sup> Includes cases still open for new 2019-20 contract year.

The following summaries are examples of outcomes achieved for HCAP consumers this contract year:

1) In one building, a facility entirely occupied by PLWHIV, the management company made a change to their practice of accepting packages for tenants stating it was a COVID related safety precaution. In every instance, the tenants of that building must receive their HIV medications but in one of these instances, HCAP's client additionally required medications for in-home cancer treatments that were being delivered every two days prior to his treatments. The fear of missing these packages caused him unmanageable (and entirely unnecessary) stress above and beyond the stress that he was experiencing around his illnesses.

HCAP successfully submitted Requests for Reasonable Accommodations for this client and further advocated with our government and community partners in order to affect broader change within the building and hopefully supportive housing system of care. This resulted in a DPH authored guidance requesting that buildings like these not require Reasonable Accommodation Requests in every instance to hold clients' medications.

2) HCAP supported a client through a mental health episode that occurred the Wednesday before Thanksgiving and they requested support in getting connected to mental health services in the HIV system of care. Knowing the eligibility and intake procedure, HCAP advised the client to call one of our partner organizations to support the client. Following HCAP's advice, the client called but was told that they were ineligible based on their income which was below 500% of FPL. The organization was incredibly responsive to my advocacy and we were able to clarify that the client is indeed eligible for their services. Now the client is connected to Mental Health Services and although they are on a long waitlist, the process to get the client additional care is underway.

3) HCAP supported a client in a Residential Substance Use facility. Although the connection to care through these organizations is critical, clients face a number of hurdles in appropriately accessing the services. For example, these clients are often cohabitating with other individuals who are also living with HIV, managing against substance use disorder, and often mental illness. In addition, the clients' success is tethered to their personal relationship with their case manager which is, in turn, tethered to a client's housing and other support. (Case managers are often assigned a particular house or floor of these facilities). Consequently, if a client is ill-fitted with either their roommate or their case manager, they can find themselves in retraumatizing and triggering interpersonal relationships that could potentially affect their housing. One obvious solution would be to transfer clients to a more appropriate unit/Case Manager. Unfortunately, transfers to accommodate these interpersonal dynamics are limited by staffing and availability of open beds.

This particular client was not "tenured". However, after a year of conflict resolution sessions, advocacy, and negotiation, we were finally able to effectuate a transfer of this client to a different unit (abating further roommate conflict) and a correspondingly different Case Manager so that the client can begin to develop a more therapeutic relationship with his care team. That client has made great strides towards sobriety, employment, and independence since the transfer, and also communicated that their work with HCAP through the transition was critical to their success.



## Challenges

Although each consumer brings with them a unique set of qualities and challenges, there are a number of recurring themes among HCAP cases.

- **Mental Health & Substance Use Disorder**

As in previous reports, mental health and substance use disorder issues continue to be a challenge. A large number of HCAP consumers have mental health issues, a substance use disorder, or both. Those currently struggling with substance use disorder or those who have a substance use disorder history may have barriers to securing services from some providers. Mental health can also create a barrier for the consumer seeking access to services as the consumer's interactions with a service provider may be negatively impacted; this could potentially create a situation where the consumer is terminated or suspended from services but most often presents as miscommunication or a feeling of being unsupported by a service provider. A consumer's mental health and substance use disorder can also negatively affect the consumer's housing as it may keep the consumer from being able to follow program rules or qualify for other housing opportunities. HCAP shares some of the same challenges as other service providers around mental health and substance use disorders.

The Shelter In Place Order in San Francisco and the corresponding emotions such as uncertainty, fear, and stress were omnipresent during the 2020-21 Contract Year. Many consumers reverted to behavioral patterns which sometimes prevented them from appropriately accessing services. In particular, these presented issues in their housing environments.

- **Housing Services**

Clients repeatedly report fears surrounding housing instability even when they are stably housed. Those clients who have experienced housing insecurity before are particularly fearful. When a consumer lives in a supportive housing environment where there are Housing Service providers on site, HCAP can often mediate issues before the consumer's housing is jeopardized by any behavioral issues. However, HCAP is limited in its abilities to work directly with building managers.

In one instance, HCAP supported a client who communicated with their Housing Services provider that they were feeling unsafe and mentioned that they intended to leave their unit as a result. The Housing Services provider communicated that to the building manager on site, who then issued a notice to the client indicating that they received that communication as an intention to vacate their unit and that they expected the consumer to be moving by the end of the month. Naturally, this had a deleterious effect on the consumer's mental health.

HCAP continues to advocate against language which appears to weaponize a consumer's housing against them in all instances including Residential Substance Use facilities and other supportive housing environments. HCAP has found that entering the "notice phase" (providing a notice of a lease violation) is tantamount to an eviction in its effect on some consumers' mental health. HCAP also continues to advocate for

appropriate safeguards to be placed between Housing Service providers and property management to avoid retraumatization of this sort.

- **Long-term survivorship**

Consistent with previous HCAP reports as well as other reports heard by the Planning Council, HCAP continues to see the population of people living with HIV age. Many consumers are Long Term Survivors who report feelings of loneliness, isolation, and trauma.

Trauma Informed Care

One area of improvement that we could continue to see across our continuum of care is trauma informed service. Within the HCAP program, these issues tend to present themselves as cultural sensitivity issues. For example, consumers feel like they “have worked so hard to stay alive for all these years and now this!” Although this presents particular challenges for service providers who operate on a teaching or volunteer model, HCAP anticipates it will be increasingly important to address trauma awareness issues within the system of care and is currently tracking them separately in the 2020-21 contract year as Cultural Sensitivity issues, which increased three percentage point from last year.

**Referrals**

In addition to providing direct services to consumers, HCAP provides consumers with referrals to other agencies/organizations that may provide additional assistance. Whenever possible, HCAP strives to make a “warm referral” – that is, connecting the consumer directly with the service provider. HCAP makes every effort to follow up with consumers and providers to ensure that the referral was both appropriate and effective. In 2020-21, HCAP referred consumers to the following agencies:

- |   |   |
|---|---|
| AIDS Legal Referral Panel   | San Francisco AIDS Foundation                         |
| Catholic Charities  | San Francisco Community Health Center                 |
| CPMC  | Shanti Project  |
| HealthRIGHT 360   | Swords to Plowshares                                  |
| Human Rights Commission   | The Q Foundation                                      |
| Lutheran Social Services  | Tom Waddell Urgent Health Clinic                      |
| Mission Neighborhood Health Center                                    | Tom Waddell Dental Clinic                             |
| PLUS Housing Program  | UCSF 360 Positive Health                              |
| PRC   | UCSF Alliance Health Project                          |
| PRC: Emergency Financial Assistance<br>(formerly AIDS Emergency Fund) | UCSF Division of Citywide Case<br>Management Programs |
| Project Open Hand   | Ward 86   |
| Root & Rebound  | Westside Community Services                           |

**Technical Assistance to Service Providers**

HCAP also provides technical assistance to service providers and receives direct referrals from service providers. HCAP works in conjunction with these service providers and/or

directly with consumers to resolve issues that are affecting the consumer's quality of life. The hope is that HCAP's assistance will make it more likely that consumers will stay in care or engage in care. HCAP also provides technical assistance by reviewing grievance procedures and other documents/procedures that may affect consumers. HCAP received no requests from Service Providers for technical support during the 2019-20 contract year, but supported 6 clients in coordination of care efforts at Service Providers' requests.

### **Outreach to Consumers and Providers**

HCAP conducts outreach to both consumers and service providers. During the 2020-21 contract year, HCAP conducted 6 outreach presentations,<sup>25</sup> at the following organizations:

San Francisco AIDS Foundation  
San Francisco Dept. Public Health (Ward 86)  
Lutheran Social Services

Elizabeth Taylor Network  
Shanti  
UCSF 360 Golden Group

HCAP encountered many of the system wide challenges in conducting outreaches and gathering feedback while transitioning to a largely remote work environment and providing vital services concurrently. In addition to presentations being virtual, HCAP encountered a number of technological barriers to receiving relevant feedback in any communicable form such as surveys.

Overall, feedback that we did receive was positive; however, several respondents commented that presentation slides would have been helpful.

HCAP is actively working to schedule outreach opportunities with staff and consumers for the 2021-22 contract year. To remedy the above issues, HCAP has partnered with an outside vendor to support on gathering outreach surveys electronically and HCAP is taking steps to provide tangible material such as slides for future presentations.

### **Program Evaluation**

HCAP distributes consumer satisfaction surveys by mail to consumers at the end of each quarter. Each survey includes a pre-paid SASE for return. It is an ongoing challenge to obtain feedback forms from consumers who are struggling with housing issues, poverty, mental health, and/or substance use disorder. This year<sup>26</sup>, HCAP received 7 completed

---

<sup>25</sup> Consumer outreaches totaled 3, and Service Provider outreaches totaled 3. The list of agencies includes staff and consumers, and some of the agencies had multiple presentations or were a combined consumer/staff presentation.

<sup>26</sup> A survey is sent out for each HCAP case that is opened.

surveys back,<sup>27</sup> a 4.4% response rate. All 7 gave a 4/4 for satisfaction with HCAP services; 5 said they were feeling much better after contacting HCAP. 5 said that things were explained in a way that was understandable, 1 did not answer that question, and one said no. 6 said that HCAP was sensitive to their culture and sexual orientation; 1 said no.

HCAP provides monthly reports to the staff of the Department of Public Health's HIV Health Services, and presents a monthly report at the HIV Health Community Services Planning Council's Community Engagement Committee meetings. A goal of these reports is to maintain awareness regarding challenges faced by consumers and ways in which services may be improved. For example, throughout the contract year, HCAP was able to produce information regarding service trends to the Community Engagement Committee upon their request. Moving into the 2021-22 reporting cycle, HCAP continues to improve reporting tactics and is increasing tracking areas as noted in this report.

HCAP is also reviewed annually by the San Francisco Department of Public Health. For the 2019-2020 contract year (the most current report) HCAP received 4 out of a possible 4 points.

### **Training and Continuing Education**

To better serve the community, HCAP staff attends trainings every contract year. During the 2019-20 contract year, HCAP staff attended trainings focused on active listening, mediation, trauma awareness, and other topics. HCAP staff attended the following trainings:

Rising Up – SURVIVE Project (Community Boards Mediation)

DPH – Motivational Interviewing

Community Boards Meet up

---

<sup>27</sup> Not all questions are answered on each form. Additionally, one consumer may return one survey but have received services in multiple cases.

