

HIV Consumer Advocacy Project (HCAP) Annual Report 2021-2022 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 or try to access services 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, 2021 through February 28, 2022, HCAP served **105** unduplicated clients (UDC) with **130** 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 10% increase in the number of consumers HCAP has served over the previous year; approximately 18% over the last two years. HCAP served 96 clients in 2020-21, 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 2021-22 contract year, 96% were in San Francisco County. There were 2 HCAP clients served in Marin and 2 HCAP clients served in San Mateo counties this contract year.

Trends in 2021-22

Several notable trends¹ stand out for the 2021-22 contract year:

¹ 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".

A. Housing Services

In general, Housing Services includes HCAP issues which affected Clients' housing issues in all supportive housing environments and services including Skilled Nursing Facilities (SNF), Residential Care Facilities for the Chronically Ill (RCFCI), Transitional Residential Care Facilities (TRCF), Residential Care Facilities for the Elderly (RCFE), and Residential Substance Use Facilities as well Housing Subsidy providers. However, the current changes to the RCFCI model of care are of particular import for purposes of this section during the 2021-22 contract cycle.

The community and our government partners are aware of the need for housing for people living with HIV/AIDS (PLWHIVA). In response to this need and to address a purported "bottleneck" experienced at the RCFCI level of care, the Mayor's Office of Housing and Community Development (MOHCD) worked with a consultant to create a plan under which three facilities were delicensed as RCFCIs and transitioned to a new model designated as TRCFs which do not provide medical services onsite. More details about this transition can be found in the Mayor's HIV Housing Plan; however, the changes affected a significant number of HCAP clients in the 2021-22 contract cycle as the transition happened swiftly while many vulnerable individuals felt under-supported through the process.

HCAP supported with varying results. In each instance, HCAP supported by filing a grievance iterating clients' concerns that the procedures followed did not use a trauma informed approach and did not adequately include clients' external care team as MOHCD had pledged would be done. These resulted in delays to the various relocations and ultimately is contributing to the development of a more compassionate process by which residents can be supported in the transitional housing ladder that MOHCD envisions. Some residents were able to move independently with adequate support and with our advocacy efforts were able to obtain long-term, deep housing subsidies through MOHCD. Other residents were relocated to transitional care facilities. One resident was able to move to a permanent placement in a different supportive housing facility with a HOPWA subsidy.

B. Dental Services

Dental Services continue to be an outstanding need by consumers served by HCAP. Accordingly, concerns about quality of care, dental insurance payment processing, and the availability of alternative service providers continue to be at issue. Recent staffing changes appear to have affected not only the quality of care experienced by consumers but also service providers' capacity to manage Ryan White Care (RWC) patients. Notably, HCAP saw issues with Dental Service providers in all three counties of the EMA during this contract cycle thus it appears to be a ubiquitous need.

C. Age

In response to discussions had at the Community Engagement level, HCAP has begun breaking down age data for PLWHIVA into sub-categories for individuals over 50 years old. It has been noted that although funding for long-term survivors is typically attached to the 50+ category, the needs for individuals at 50, 60 and 70 years old may vary drastically. From a legal perspective, their income

source may change depending not only on their age but also their birthdate. This in turn could affect the status of their insurance (Medical vs. Medicare eligibility). Moreover, the needs for their housing and medical care can change more swiftly as well as unexpectedly. As a result of this breakdown, HCAP has learned that a full 10% of consumers were between 67 and 69, and another 10% 70+ years old, illustrating not only the successes of these long term survivors but also the rising need for services to support the aging population appropriately.

D. Psychosocial Support

A fourth notable trend is the need for psychosocial support by consumers. Psychosocial support may be provided by group meetings, one-on-one peer support, and by companion animals. On occasion, a consumer will present with an issue related to a service provider to whom they are already connected but far more often, HCAP is referring a consumer to a provider as a result of something that is learned during an intake for a different reason. During the 2021-22 contract cycle, the fatigue of the Covid-19 pandemic and the resulting isolation appear to have affected a higher number of consumers than in previous contract cycles. Although there is little data to support the statement at this time, it is this author’s expectation that as the population of PLWHIVA continues to age, the peer group will contract and the need for companionship will grow commensurately. While Ryan White Care funds might not be used for companion animals, it is within the purview of the Department of Public Health (DPH) to acknowledge this need as well as find other sources of funding to support it.

Self-Reported Consumer Data^{2, 3}

GENDER	2021-22	2020-21	2019-20	2018-19	2017-18
Male	89 (85%)	81 (84%)	78 (87%)	79% (72)	83% (77)
Female	12 (11%)	11 (11%)	9 (10%)	13% (12)	11% (10)
Transgender Female	4 (4%)	3 (3%)	2 (2%)	4% (4) ⁴	5% (5)
Other/Decline to State	0 (0%)	1 (1%)	1 (1%)	3% (3) ⁵	1% (1)
Transgender Male	0 (0%)	0 (0%)	0 (0%)	0%	0%

AGE	2021-22	2020-21	2019-20	2018-19	2017-18
0-20	0 (0%)	0 (0%)	0 (0%)	0% (0)	0% (0)
21-30	2 (2%)	2 (2%)	7 (8%)	4% (4)	2% (2)
31-40	8 (8%)	10 (10%)	6 (7%)	12% (11)	14% (13)
41-50	18 (17%)	25 (26%)	15 (17%)	12% (11)	24% (22)
51-60	34 (32%)	32 (33%)	39 (43%)	55% (50)	49% (46)
61-63	8 (8%)	26 (27%)	22 (24%)	16% (15)	11% (10)
63-66	13 (12%)				
67-69	10 (10%)				
70+	10 (10%)				
Unknown/Decline	2 (2%)	1(1%)	1 (1%)	0% (0)	0% (0)

² Percentages may not add up to 100 due to rounding.

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

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

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

RACE/ETHNICITY	2021-22	2020-21	2019-20	2018-19 ⁶	2017-18
White	58 (55%)	54 (56%)	49 (54%)	51% (46)	59% (47)
Latino/a	18 (17%)	17 (18%)	16 (18%)	20% (18) 7	23% (21)
African American/Black	19 (18%)	13 (14%)	15 (17%)	23% (21)	20% (16)
Mixed Race	1 (1%)	4 (4%)	4 (4%)	3% (3)	6% (5)
Asian/Pacific Isl.	1 (1%)	3 (3%)	3 (3%)	5% (5)	3% (2)
Native American	4 (4%)	2 (2%)	0 (0%)	1% (1)	1% (1)
Native Hawaiian	1 (1%)	0 (0%)	0 (0%)	0% (0)	3% (2)
Other/Unknown	3 (3%)	3 (3%)	3 (3%)	16% (15) ⁸	9% (7)

SEXUAL ORIENTATION		2020-21	2019-20	2018-19	2017-18
Gay/Lesbian	66 (63%)	67 (70%)	64 (71%)	66% (60)	66% (61)
Heterosexual	21 (20%)	17 (18%)	16 (18%)	18% (16)	17% (16)
Bisexual	9 (9%)	10 (10%)	7 (8%)	10% (9)	8% (7)
Other/Decline to State	9 (9%)	2 (2%)	3 (3%)	7% (6)	3% (3)

ANNUAL INCOME		2019-20	2019-20	2018-19	2017-18
No Current Income	2 (2%)	9 (9%)	7 (8%)	7% (6) ⁹	
Under \$15,000	69 (66%)	70 (73%)	65 (72%)	76% (69)	80% (74)
\$15,001 - \$26,000	20 (19%)	3 (3%)	5 (6%)	10% (9)	11% (10)
\$26,001 - \$30,000	1 (1%)	1 (1%)	4 (4%)	1% (1)	0% (0)
\$30,001 - \$45,000	5 (5%)	2 (2%)	4 (4%)	3% (3)	3% (3)
\$45,001 - \$50,000	2 (2%)	3 (3%)	1 (1%)	1% (1)	2% (2)
Over \$50,000	1 (1%)	4 (4%)	1 (1%)	1% (1)	0% (0)
Unknown/Decline to State	5 (5%)	4 (4%)	3 (3%)	1% (1)	4% (4)

⁶ Some consumers identified themselves in multiple categories.

⁷ Includes consumers that solely identify as Latino and consumers that also identify as another race/ethnicity.

⁸ 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.

⁹ Beginning in 2018, HCAP started reporting a “No Current Income” category.

Service Categories

SERVICE CATEGORY	2021-22	2020-21	2019-20 ¹⁰	2018-19	2017-18
Benefits Counseling	5 (4%)	7 (5%)	7 (6%)	1% (1)	1% (1)
Case Management	9 (7%)	14 (11%) ¹¹	7 (6%)	15% (20)	15% (19)
Dental	18 (14%)	8 (6%)	6 (5%)	9% (11)	18% (23)
Emerg. Financial Assist.	16 (12%)	21 (16%) ¹²	23 (19%)	11% (14)	9% (12)
Food	4 (3%)	6 (5%)	9 (7%)	4% (5)	2% (3)
Hospice	N/A ¹³	0 (0%)	2 (2%)	0% (0)	1% (1)
Housing Services	25 (19%)	18 (14%)	14 (11%)	22% (28)	27% (35)
Legal	4 (3%)	11 (8%)	1 (1%)	0% (0)	2% (2)
Mental Health	5 (4%)	7 (5%)	9 (7%)	3% (3)	3% (4)
Money Management	4 (3%)	3 (2%)	8 (7%)	9% (12)	5% (7)
Other	2 (2%)	0 (0%)	3 (2%) ¹⁴	0% (0)	1% (1)
Outpatient Substance Use	1 (1%)	1 (1%)	0 (0%)	1% (1)	
Primary Medical	13 (10%)	22 (17%)	21 (17%)	13% (17)	13% (17)
Psychosocial Support	13 (10%)	4 (3%)	12 (10%)	4% (5)	9% (12)
Residential Substance Use	11 (8%)	11 (8%)	8 (7%)	9% (11)	4% (4)

HCAP consumers sought assistance across the spectrum of service categories, with the majority of cases involving Housing Services, Dental Services, Emergency Financial Support, Psychosocial Support Services and Primary Care Services.

Notes on the four most frequently occurring service categories where the fourth and fifth had the same number of issues presented:

- Housing Services**

28% of HCAP consumers' issues involved Housing Services. This is an increase of 6 % points from the previous contract year. Nonetheless, housing in the Bay Area continues to be one of the largest issues for consumers. Unaffordable rents,

¹⁰ Prior to the 2018-19 contract year, some consumers received assistance in more than one service category.

¹¹ In this category, there were 5 cases involving medical case management and 7 involving non-medical case management compared to 8 cases involving medical case management and 6 cases involving non-medical in the prior year

¹² In this category, 11 cases involved housing and 5 non-housing compared to 18 cases involved housing and 5 non-housing assistance in the prior year.

¹³ Author has included cases of this nature into Housing Services category due to recent changes to the SF HIV Housing Plan which does not distinguish RCFCIs from palliative care facilities.

¹⁴ 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.

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, many Housing Services issues tend to be 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: 1 Access; 1 Assistance Requested by Provider; 11 Cultural Sensitivity; 1 Eligibility; 2 Failure to Observe Procedures; 5 Information and Referral; 4 Miscommunication; 1 Misconduct; 14 Problematic Procedures and/or Policy. Note that 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. HCAP, in general, does not support in locating and/or obtaining housing although if an opportunity arises, HCAP will of course support and in this contract cycle, HCAP did seek partnership with our government partners with one notable success discussed below.

- **Dental Services**

14% of HCAP consumers' issues involved Dental Services. This is an increase of 8% points from the previous contract year. Of them, there were 3 Access; 2 Cultural Sensitivity; 1 Eligibility; 3 Information and Referral; 3 Miscommunication; 4 Misconduct; 1 Non-engagement with regard to Complaint; 2 Problematic Policy or Procedure; 4 Quality of Care; and 2 Termination.

- **Emergency Financial Assistance Services**

12 % of HCAP consumers' issues involved Emergency Financial Assistance down from 16% in the previous contract year although it continues to be one of the Service categories with the highest number of matters. HCAP saw a decrease from 7 Non-Housing related matters to 4 Non-Housing related matters and a decrease from 14 Housing related matters to 12 Housing related matters requiring emergency financial assistance. The matters HCAP saw break down as follows:

- Non-housing-related: 2 Eligibility; 2 Information and Referral.
- Housing-related: 1 Assistance Requested by Service Provider; 2 Eligibility; and 10 Information and Referral.

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

- **Psychosocial Support Services**

This year, HCAP saw an increase in the need for psychosocial support services to the tune of 7% (10% this year up from 3% in the previous contract cycle). The matters that HCAP supported in were 1 Access; 1 Assistance Requested by Service Provider; 1 Cultural Sensitivity; 6 Information and Referral; 3 Miscommunication; 1 Non-Engagement with regard to Complaint; 1 Quality of Care; and 1 Termination. In the large majority of cases, HCAP tries to support

consumers who present with other issues but express a need for psychosocial support during their intake.

- **Primary Care Services**

10% of HCAP consumers' issues involved Primary Medical Care in the 2021-22 contract cycle. 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 Access; 1 Assistance Requested by Service Provider; 2 Confidentiality; 1 Cultural Sensitivity; 7 Information and Referral; 3 Miscommunication; 3 Misconduct; 3 Problematic Policy or Procedures; and 1 Suspension. 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 procedures, and/or make a referral to the service provider or alternative service providers.

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	2021-22	2020-21	2019-20	2018-19 ¹⁵	2017-18
Access	11 (8%)	15 (11%)	17(14%)	0% (0)	22% (29)
Assistance Sought by Provider	7 (5%)	6 (5%)	5(4%)	9% (11)	12% (16)
Confidentiality	2 (2%)	1 (1%)	0 (0%)	2% (2)	1% (1)
Cultural Sensitivity	17 (13%)	7 (5%)	3 (2%)	2% (3)	1% (1)
Eligibility	7 (5%)	4 (3%)	5 (4%)	3% (4)	1% (1)
Failure to Observe Procedures	3 (2%)	1 (1%)	5 (4%)	4% (5)	3% (4)
Information and Referral	66 (51%)	85 (64%)	79 (64%)	43% (55)	14% (18)
Miscommunication	18 (14%)	19 (14%)	16 (13%)	17% (22)	12% (16)
Misconduct	11 (8%)	4 (3%)	6 (5%)	10% (13)	
Non-Engagement with Regard to Grievance/Complaint	2 (2%)	11 (8%)	1 (1%)	0% (0)	0% (0)
Problematic Policy or Procedures	27 (21%)	15 (11%)	9 (7%)	19% (24)	12% (16)
Quality of Care	8 (6%)	0 (0%)	1 (1%)	24% (31)	36% (47)
Suspension From Services	3 (2%)	1 (1%)	4 (3%)	4% (5) ¹⁶	Not counted
Termination From Services	6 (5%)	5 (4%)	13 (11%)	13% (17)	18% (23)

¹⁵ Some consumers have more than one type of issue.

¹⁶ Starting in 2018, HCAP tracked suspension of services separately from termination from services.

Services Rendered¹⁷

SERVICES RENDERED		2020-21	2019-20	2018-19
Advice: Misc/Other	17 (13%)	9 (7%)	14 (11%)	5% (6)
Advice: Request for a change in policy	3 (2%)	5 (4%)	5 (4%)	4% (5)
Advice: Request for accommodations	6 (5%)	7 (5%)	2 (2%)	3% (4)
Advice: Request for investigation	2 (2%)	5 (4%)	9 (7%)	11% (14)
Advice/Consultation	130 (100%)	133 (100%)	81 (66%)	81 (58)
Filing Appeal			0 (0%)	5% (7)¹⁸
Filing Grievance	20 (15%)	6 (5%)	9 (7%)	11% (14)
Info: Agency policy and procedures.	11 (8%)	13 (10%)	10 (8%)	68% (87)
Info: Legal rights and duties	5 (4%)	3 (2%)	2 (2%)	16% (20)
Info: Misc/Other	1 (1%)	2 (2%)	3 (2%)	5% (7)
Mediation	10 (8%)	11 (8%)	7 (6%)	2% (2)
Mediation Referrals		1 (1%)	1 (1%)	2% (2)
Referral: Agency Referral	39 (30%)	49 (37%)	52 (42%)	8% (10)¹⁹
Referral: Alternative service providers	2 (2%)	5 (4%)	4 (3%)	16% (21)
Referral: Misc/Other			1 (1%)	2% (2)
Referral: SF Human Rights Commission	0 (0%)	2 (2%)	0 (0%)	1% (1)
Referral for Legal Services	7 (5%)	16 (12%)	2 (0%)	2% (3)
Representation in meeting	25 (19%)	8 (6%)	14 (11%)	5% (7)
No Services Rendered ²⁰			4 (0%)	4% (5)

Outcomes

OUTCOMES	2021-22	2020-21	2019-20 ²¹	2018-19
Agency Action Rejected	2 (2%)	1 (1%)	3 (2%)	7% (9)
Agency Action Sustained	1 (1%)	2 (2%)	4 (3%)	2% (3)
Case Still Pending	22 (17%)	12 (9%)	8 (7%)	10% (13)
Grievance Filed ²²	20 (15%)	2 (2%)	7 (6%)	11% (14)
No Services Rendered ²³	7 (5%)	9 (7%)	8 (7%)	2% (3)
Services Rendered	101 (78%)	113 (85%)	112 (91%)	88% (122)

¹⁷ Some cases required more than one service to be rendered.

¹⁸ 2018-19 is the first contract year this “Services Rendered” category is reported separate from filing a grievance.

¹⁹ 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.

²⁰ As of 2020-21 contract year, these will be noted in Outcomes graph only.

²¹ Some cases resulted in more than one outcome.

²² 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.

²³ No Services Rendered indicates that a client withdrew from services or disengaged from services.

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

1) For a long time HCAP has represented a trans woman of color with a traumatic brain injury (TBI) among other disabilities of a significant nature. She is among our community's most vulnerable members but continues to be well-connected to the system of care.

Despite living in a "supportive housing" building (not within the HIV Health Services Community), the client has felt unstable with her housing. She has had multiple unaddressed habitability issues, privacy issues and even reports being assaulted in the laundry room by another resident without any action being taken against the other resident. For several years we have been advocating for the client to get a room with her own bathroom and although that request has been granted, she has never been higher than number 250 on the waitlist to nowhere for a private bathroom.

After over two years of advocating with our government partners, we were finally able to secure this client a long-term deep subsidy in a building where she can have a private bathroom as well as a number of other quality-of-life improvements. Her rent will decrease and the supportive services that exist at the building appear to be of a much higher quality. She signed her lease this month and HCAP has been able to secure some reasonable accommodations for her various disabilities.

Notably, HCAP was able to secure emergency financial services to support this consumer with moving costs but was unable to effectively navigate the barriers of getting these funds to any private moving company. Nonetheless, this story speaks to the benefit of having a long-term relationship with service providers. Indeed, any success achieved must be attributed equally to her primary care service provider and the medical case management that supports her.

3) The changes to the RCFCI model of care presented a number of acute challenges for some of our community's most vulnerable members. Nonetheless, HCAP did experience a number of successes through the somewhat rocky process. At a baseline, none of HCAP's clients experienced homelessness as a result of their exit from an RCFCI. Better still, several consumers received long-term (life-long) deep subsidies from MOHCD, support for moving costs and security deposits, and some level of supportive services to continue living independently. Other consumers relocated temporarily and will need to relocate eventually but they remain connected to HCAP for support if necessary.

In addition, HCAP's involvement in the process has informed some procedural changes that we believe will help service providers better support consumers moving forward. Moreover, HCAP's involvement assists the community through direct report to the Community Engagement Committee to assess if and how Ryan White Care funds can be used to assist in any such transition. HCAP will continue to assist any consumer of Housing Services affected by the ongoing transition and will continue to advocate with and on behalf of service providers as well as our government partners to benefit PLWHIVA.

Challenges

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

- **Housing Services**

Although the acute transitions have been managed and those cases closed, the challenges faced in the 2021-22 contract cycle within the housing services realm have not been fully resolved. On the Consumers' end the current stated time frame for housing in these facilities is between one and two years. This means that a vulnerable consumer may be required to relocate not once, but twice, in the next 2 years while any permanent placement has yet to be identified.

Furthermore, housing at an RCFCI level of care will cost 60% of their income instead of 30% presenting financial difficulties for the duration of their care. The financial concerns do not end in that many of these residents are reliant on public assistance and therefore have no credit or poor credit – posing challenges for the application process. The cost of moving and obtaining furniture can be prohibitive.

There are health and well-being concerns as well: The process of locating units is a cumbersome and stressful one and many residents are either discouraged and/or disincentivized from participating. One might seek assistance from the network of service providers in these instances; however, when referred to mental health support during such a transition, the system of care is not equipped to support in any meaningful or time-sensitive manner. One primary care service provider has written to HCAP to state: "I have two RCFCI referrals recently submitted for clients who are failing in the community, and I am strongly suspect that both clients will choose to be unsafe in the community rather than pay 60% of their income."

On the service providers' side, it seems that the onsite housing service providers must manage not only the Consumers' various disabilities but also direction from the MOHCD's directives. In response, the service providers have expressed a need for a lengthier transition process for two main reasons: First, that it helps provide a more comprehensive understanding of a resident's needs in that a single meeting could provide a misleading understanding of the resident's baseline; Second, that the application processes for more permanent or other housing can be lengthy and require many resources. It also appears that the need for transition planning at the admission stage of housing in these facilities is a critical one as it helps to avoid re-traumatization of folks who have experienced housing instability. It furthermore helps the facilities plan their resources so that they can accommodate individuals who have a need for their level of care. However, the service providers have stated that they are facing staffing challenges simultaneously. Others are in the process of renovating their facilities. In sum, they face all of the resource challenges which plague the system of care.

Notably, at the time of this report, HCAP is scheduling a meeting regarding the purported time limit on housing in these facilities (1 year for RCFCI and 2 years for TRCF). HCAP is involved in the discussions with MOHCD and is currently

representing clients in the new contract cycle who are being affected by the transitions.

- **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 locate and/or qualify for other housing opportunities. HCAP shares some of the same challenges as other service providers around mental health and substance use disorders.

Although our system of care has effective mental health providers, the capacity for new clients is stretched. Moreover, HCAP has seen several instances where a client qualifies for private health insurance (Kaiser) through MediCal – which may be excellent for their primary care but also disqualifies them for mental health services through the HHS funded programs. If such a provider does not adequately support the consumer with mental health services, the consumer is left without that support entirely.

- **Providers of Last Resort**

HCAP sometimes encounters consumers with a very high level of disability. For example, such a consumer might be suspended from each and every primary care service provider in our network. Such a consumer periodically accesses mental health services, gets suspended from mental health services, and periodically disengages from mental health services. Nonetheless, these consumers require support. They are reliant on public assistance for their income and subsidies for their housing. They need help getting to their medical appointments even on their worst days.

The system of care appears unable at this time to support these most vulnerable individuals. One might be inclined to refer such a consumer to Intensive Case Management (ICM), but HCAP is informed that no service provider of ICM services has onboarded a new client in several years. Other service providers are ill-equipped to support such a consumer of this nature and therefore, the consumer is left unsupported.

It may be wise to have a discussion about how to provide the wrap around care that such a consumer requires such that their needs do not go unaddressed and/or overburden the existing service providers.

Until then, the need exists for each of the service providers to consider themselves providers of last resort. Such a consumer has nowhere else to go except Psychiatric Emergency or Jail.

- **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 continues to track them as Cultural Sensitivity issues, which increased by 8 percentage points from last year.

As noted above, it may be wise to consider additional funding sources for psychosocial support for the aging population in order to spread the needs of the population across the entire network of care in San Francisco.

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 2021-22, HCAP referred consumers to the following agencies:

AIDS Legal Referral Panel	San Francisco AIDS Foundation
Catholic Charities	San Francisco Community Health (SFCHC)
Episcopal Community Services	SFCHC Dental
HealthRIGHT 360	Shanti Project
Human Rights Commission	Tom Waddell Dental Clinic
Lutheran Social Services	UCSF 360 Positive Health
Mission Neighborhood Health Center	UCSF Alliance Health Project
PLUS Housing Program	UCSF Division of Citywide Case Management Programs
PRC	Ward 86
PRC: Emergency Financial Assistance	Westside Community Services
Project Open Hand	
Legal Aid at Work	

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 2021-22 contract year, but supported 7 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 2021-22 contract year, HCAP conducted 12 outreach presentations,²⁴ at the following organizations:

Provider Outreaches	Consumer Outreaches
HIV/AIDS Provider Network (HAPN)	SFAF Elizabeth Taylor 50+ Network
Maitri Compassionate Care	UCSF Breakfast Club
SF AIDS Foundation Black Health staff	SFAF Black Brothers Esteem – Ask the Experts
Lutheran Social Services	Shanti
Conard House	
Shanti	
Castro Mission Health Center	
SF AIDS Foundation	

HCAP continued to encounter many of the system-wide challenges in conducting outreaches and gathering feedback while navigating 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. That being said, provider-targeted outreach more than doubled (9 up from 3) from the previous year and resulted in at least one valuable MOU with our community partners including a standardized referral process for end-of-life planning upon admittance to one of the remaining RCFCI facilities.

Outreach feedback collection has been variously successful. HCAP has yet to develop a reliable system of providing surveys in a manner which yields consistent results. However, in general, feedback that we did receive was overall positive: Of 10 surveys sent out, 6 of them received responses. Although the number of possible respondents is unknown, there were a total of 21 responses to surveys following both categories of outreaches.

On a scale of 1-4 (1 being unsatisfied and 4 being extremely satisfied with the overall presentation), 13 respondents reported a 4; 6 respondents reported a 3; and 2 respondents reported a 2. No respondents reported being unsatisfied. There were no remarkable outliers with regard to the remainder of the questions with the exception that one question: “Was the language of the presentation sensitive to your identity (such as your racial, ethnic or gender identity or sexual orientation)? One respondent reported “No.” However, the response was made anonymously preventing

²⁴ Consumer outreaches totaled 4, and Service Provider outreaches totaled 8. The list of agencies includes staff and consumers, and some of the agencies had multiple presentations or were a combined consumer/staff presentation.

follow up and the other responses on that survey indicated a 3 of 4 points in overall satisfaction with the presentation and the respondent's additional comment (*"Very helpful and thanks for sharing with us."*) was positive.

Selected excerpts from survey responses:

"I appreciated Stephen's slide that visualized consumer power/voice along an axis of litigation, mediation, etc." – Service Provider

"Stephen was thorough and very helpful answering our groups questions after his presentation." – Consumer

"Gracias por los servicios que nos ofreces alas personas vih" – Consumer

"The presenters did a great job; I'm just old so I've been aware of HCAP for a long time." – Service Provider

"Do not eat so many wasabi peas" - Consumer

Last year (2020-21), several respondents commented that presentation slides would have been helpful. HCAP addressed this request with the development of a slide presentation and as at least one respondent had positive feedback and no further comments have been made, this would seem to indicate that the slide presentation was helpful and successful. HCAP will continue to improve presentation methods.

HCAP is actively working to schedule outreach opportunities with staff and consumers for the 2022-23 contract year and already has at least one such meeting scheduled.

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 year²⁵, HCAP received 6 completed surveys back.²⁶ 5 of 6 respondents gave a 4/4 for satisfaction with HCAP services; 1 respondent gave a 3/4 for satisfaction. 5 of 6 said they were feeling much better after contacting HCAP. 5 of 6 said that things were explained in a way that was understandable, and 1 said no. 5 said that HCAP was sensitive to their culture and sexual orientation; 1 said no. When possible, HCAP staff follow up with clients upon receipt of such feedback.

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 provide information regarding the changes to the RCFCI and TRCF residential

²⁵ A survey is sent out for each HCAP case that is opened.

²⁶ Not all questions are answered on each form. Additionally, one consumer may return one survey but have received services in multiple cases.

models as those changes evolved. Moving into the 2022-23 reporting cycle, HCAP will continue to improve reporting tactics as technical methods of tracking improve organizationally.

HCAP is also reviewed annually by the San Francisco Department of Public Health. For the 2020-21 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 2021-22 contract year, HCAP staff attended trainings focused on Mandatory Continuing Legal Education for members of the California State Bar, mediation, trauma awareness, and other topics. HCAP staff attended the following trainings:

MOHCD Housing Plan Info Session

MOHCD Housing Workgroups

MCLE Panel: Understanding HIV and the Law – incorporating HIV and Best Legal Practices

HRSA – End the Epidemic Training – roundtable discussion for ETE barriers in Region 9

Westlaw Training Session

HAN Budget Advocacy Training

Northern California HIV & Aging Conference

MCLE - Virtual Mediations

MCLE – Privacy Law

Advanced Mediation Training

The 30 Minute Mediation

Low Income Tax Training

MCLE – How Mindfulness Can Improve Your Law Practice

DHSH Training on the Emergency Housing Choice Voucher

DPH Training – Harm Reduction

Notary Public 6 hour Training