

HIV CONSUMER ADVOCACY PROJECT (HCAP) 2022-23 ANNUAL REPORT

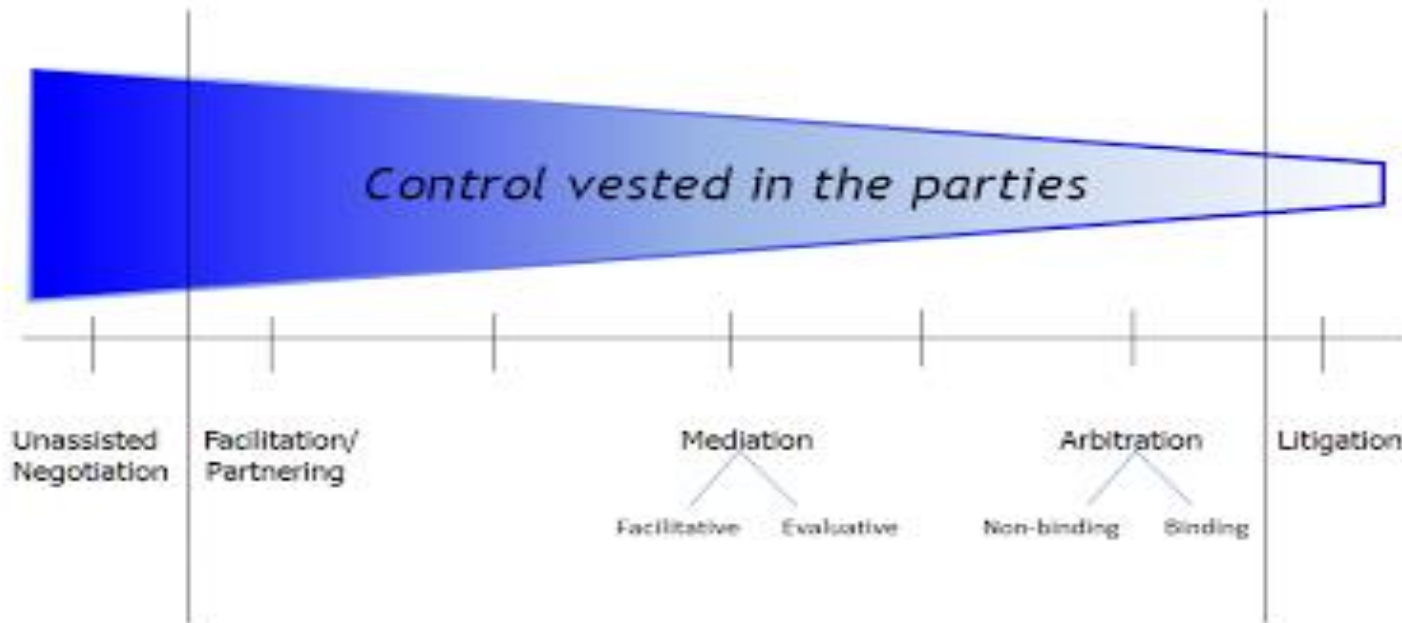
WELCOME!

- **GOALS FOR TODAY**
 - **COUNCIL MEMBERS WILL INCREASE THEIR UNDERSTANDING OF HCAP'S SERVICES**
 - **COUNCIL WILL RECEIVE A SUMMARY OF HCAP'S ANNUAL REPORT FOR 2022-23 CONTRACT CYCLE**
 - **DISCUSS SOME OF THE SUCCESSES AND CHALLENGES THAT CONSUMERS FACE**



ALTERNATIVE DISPUTE RESOLUTION (ADR)

ADR Methods



Stress Level:

T-Cell Count:



WHAT IS HCAP?

- The **HIV Consumer Advocacy Project (HCAP)** exists to provide service to:
 - Consumers of Ryan White funded programs located in the San Francisco EMA.
 - Service Providers funded by the San Francisco Department of Public Health's HIV Health Services.

HCAP is a unique program as the San Francisco EMA is the only one to our knowledge which funds this service.



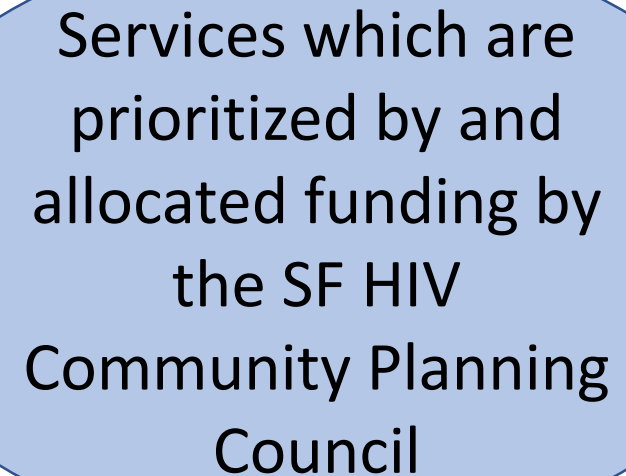
WHO ARE CONSUMERS AND SERVICE PROVIDERS?

- Consumer/Recipient
 - A person living with HIV
 - In the SF EMA (San Francisco, Marin, and San Mateo)
 - Accessing or trying to access Ryan White Care funded programs
 - Accessing or trying to access SF DPH HIV Health Services funded programs
- Service Provider
 - A service provider (such as ALRP) who receives Ryan White Care or DPH funds to provide services to people living with HIV
 - Sister agencies and community partners



WHAT TYPES OF SERVICES ARE WE TALKING ABOUT?

- Primary Care
- Mental Health
- Dental Services
- Food
- Substance Use
- Case Management
- Emergency Financial
- Housing
 - Subsidies or supportive services
- Money Management
- Benefits Counseling
- Legal



Services which are
prioritized by and
allocated funding by
the SF HIV
Community Planning
Council

What are HCAP's **goals**
and **services**?

Keep the client
CONNECTED to the
system of care!



- **Consumers**
 - Advocacy
 - Mediation
 - Grievances
 - Referrals
- **Service Providers**
 - Technical assistance
 - Receiving direct referrals
 - Assist with other issues/barriers affecting the consumer's quality of life



HOW DOES HCAP SUPPORT?

- Working through the Consumer's Issue*
- Is it an Access issue?
 - Perhaps supportable through a RAR, or maybe the policy needs to be reimaged
 - Maybe material will help (like a computer or a phone)
- Is it an Eligibility issue?
 - Maybe the consumer is not eligible but can become eligible
 - Maybe they were misinformed
- Is there conflict?
 - Maybe it can be mediated or otherwise repaired
 - Maybe we need to file a grievance
 - Maybe it's not a good fit and there is an alternative service provider.
- Does the consumer just need information?
- Is there a legal issue that can be supported by Legal Services
- *Most consumers come to HCAP with more than one issue at a time because of the interconnectedness of the system of care. A housing issue at an RCFCI could require support with Primary Medical, Case Management, and Mental Health supports in order to get resolved.



2022-23 ANNUAL REPORT

HIV **C**ONSUMER **A**DVOCACY **P**ROJECT



CONSUMERS SERVED

- 97 unduplicated clients (UDC) with a total of 129 HCAP matters during the 2022-23 contract year
 - Previous years:
 - 105 UDC in 2021-22
 - 96 UDC in 2020-21
- 1 client in San Mateo, 3 clients in Marin, and 93 clients in San Francisco



SELF-REPORTED CONSUMER DATA

- **Age:** 72 over 50 (35 are 51-60, 9 are 61-63, 14 are 63-66, 4 are 67-69, 10 are 70+)
- **Gender:** 81 Male, 7 Female, 5 Transgender, others unknown
- **Race/Ethnicity:** 60 White, 8 Black/African American, 22 Latina/o/x, others unknown
- **Sexual Orientation:** 63 Gay/Lesbian, 12 Heterosexual, 11 Bisexual, others unknown
- **Income:** 66 under \$15,000, 12 between \$15,001 and \$26,000, 15 between \$26,000 and \$50,000, and 0 over \$50,000



SERVICES

- **Top Service Categories:** Housing Services (31), Primary Care (19), and Dental Services (17)
- **Top Issues:** Information and Referral (62), Quality of Care (13), and Problematic Policies or Procedures (10)*

- *HCAP intends to combine some of these categories in future reports.



SERVICES (CONTINUED)

- **Top Services Rendered:** Referrals (43), Care Coordination/Advocacy (51), and Filing a Grievance (13)
- **Top Outcomes:** Services Rendered (82), Grievance Filed (13), Cases Pending (12)



WHAT DOES THIS ALL MEAN?



Based on HCAP cases:

- ❖ Housing services in the supportive housing environment as well as adequate subsidization of PLWHIVA are critical.
- ❖ Majority of consumers continue face unique issues related to aging, consistent with patterns from other presentations, but may require different services depending on their exact age.
- ❖ There was a shift in service categories from previous years (particularly Emergency Financial Services)
- ❖ There was a shift toward using HCAP advocacy to improve Quality of Care over various Service Categories
- ❖ Consumers continue to require referrals to services



SUCCESSES/CHALLENGES



UPDATES FROM LAST YEAR REGARDING THE CHANGES TO RCFCI SYSTEM OF CARE

- 2 main lingering issues
 - A one-year residency policy can result in housing insecurity for clients.
 - Both community and government partners have demonstrated flexibility with HCAP support
 - Increased costs of living in a medically licensed facility (2/3 of income vs. 1/3 of income) adds additional stressors to already low-income consumers.
 - Does incentivize folks to move independently, but also prematurely in some instances
 - Service providers have demonstrated flexibility to provide support
- Laddered approach:
 - HCAP has not yet seen any issues related to moves from RCFCIs to TRCFs or from TRCFs toward independent living; however, government partners report some successes.

CONSUMER SUCCESS!

Permanent Housing, Adequate Subsidy, Appropriate Support obtained through the new MOHCD Housing Plan

- HCAP cooperation with other service providers can help a client self-advocate for their needs to be met
 - Client with mobility issues needed to relocate from a RCFCI following his previous relocation (approximately 18 months ago).
 - Although RCFCIs typically have a 1 year residency policy, HCAP supported in advocating for an extension until a suitable unit could be provided.
 - HCAP advocated for clinical team meetings with the client present to coordinate care and confirm client's needs to avoid feelings of displacement and enhance feelings of agency.
 - Client moved to an ADA accessible unit, obtained a deep, long-term subsidy, and appropriate supportive services (food, transportation, care navigation, mental health support), and also was given an opportunity to talk about modifications – grab bars, bathroom access items, etc... which were then obtained by care team
 - HCAP referred to legal services for support in signing a lease/obtaining modifications – something they had not done in many years



ADDITIONAL SUCCESSES OF THE PROGRAM

- Repeat clients indicate HCAP ability to support on a long-term basis as their circumstances change
 - Allows for the development of a trusting relationship with the advocate
 - Provides space to voice frustrations, fears, and needs in a safe way
 - Allowing HCAP to restate these to service providers
 - Recalibrate client-centered conversations
 - Advocate for clients when they are unable to be dispassionate self-advocates
 - Seek creative alternatives which utilize the network of services and educate clients on the availability of those services
 - A client might be asking for the right thing from the wrong person/agency



CONSUMER CHALLENGES

Housing vs. Help

- Housing and Help are two DIFFERENT needs
 - Without adequate support in its many various forms, consumers will continue to repeat similar issues including repeat evictions and a return to emergency services.
- HCAP's connection to service providers can help to informally resolve issues and avoid litigation, which is likely to have a deleterious effect on consumers' overall health and T-cell count.
 - Grievances filed in 2022-23 resulted in positive outcomes for multiple people living with HIV/AIDS



CONSUMER CHALLENGES

Mental Health & Substance Use Disorders

- A large number of HCAP clients have coexisting mental health issues and substance use disorders
- Behavioral issues can create barriers to services. Certainly providers need to feel safe but then what??
 - Psych-emergency?
 - Jail?
 - Fleeing the EMA to go where?
- We should all be providers of last resort
 - We're charged with hanging in there – though few providers are able to provide the level of support needed



CONSUMER CHALLENGES

Aging with HIV/AIDS

- As the population of people living with HIV/AIDS becomes older, consumers face new challenges:
 - *On-going struggles with isolation*
 - *Finding someone to be an executor of their estate, beneficiaries in their wills, and agents in their powers of attorney and their advance health care directives*
 - *Support animals*
 - *Disconnection from younger community members and service providers.*
 - *Cultural sensitivity*
 - *Trauma informed care*
 - *Additional Health issues either related or unrelated to HIV/AIDS.*
 - *Struggles with managing care and daily living*
 - *complications from earlier therapies, or previous opportunistic infections*
 - *Mental Health Services*
 - *Existing service providers have limited capacity*
 - *Unique mental health issues akin to PTSD*



INTENSIVE CASE MANAGEMENT (ICM)

- The need for ICM services is not necessarily indicated by the number of Issues in the HCAP report. Where it is indicated is in repetition of issues connected with a particular HCAP client.
 - We are talking about our community's most vulnerable individuals.
 - They have sought support everywhere and experienced it nowhere.
 - Difference between supporting a Consumer and the Consumer feeling supported.
- Indicates a need for well-supported professionals, trained in trauma informed care who can nimbly maneuver through the network of care providers and develop longitudinal therapeutic relationships based on an individual's unique needs.
- Acute mental health and/or substance use issues prohibit access to basic services

CONTACT INFO AND OTHER INFORMATION

- <https://sfhivcare.com/>

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