

HIV Consumer Advocacy Project (HCAP) Annual Report 2024-25 Contract Year

The **HIV Consumer Advocacy Project (HCAP)** assists people living with HIV/AIDS (PLWHIVA) 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 created specifically to provide these 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, 2024 through February 28, 2025, HCAP served **100** unduplicated clients (UDC) with **129** 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 a 5% increase (5 UDC) in the number of unduplicated consumers HCAP served over the previous year, and the number of matters also increased from 118 to 129, a 9% increase. Of those served in the 2024-25 contract year, 96% were in San Francisco County. There were 2 HCAP clients served in Marin and 1 HCAP client served in San Mateo counties this contract year.

Trends in 2024-25

Several notable trends¹ stand out for the 2024-2025 contract year:

A. Food

One of the sharpest trends notable in this year's contract cycle was the number of Food related intakes. This year nine clients reported issues relating to food

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".

insecurity (triple the number of cases in the previous contract year). This as with other metrics throughout the report indicate a continuing and in some instances an increased struggle for consumers to get their basic needs met.

B. Emergency Financial Assistance

The number of cases involving Emergency Financial Assistance Services doubled this contract year (16 compared to 8). Readers should know, though, that a referral does not necessarily indicate that a client received financial assistance. While HCAP makes efforts to have clients return if they encounter barriers following a referral, not all clients who need advocacy services will ask for them. In addition, some consumers referred to emergency financial assistance providers may have already utilized their maximum allowance for that contract year, requiring that HCAP or other service providers support in locating funding from other resources. Current economic and legal climates do not indicate a reduction in need for these services. As noted in last year's report, Legal Services use community partners in nearly every case to defend against eviction and help maintain consumers' current housing, and ALRP recently received data indicating that more evictions were filed in February 2025 than in any month in the previous twelve years – a need that current providers in this category cannot possibly meet at current funding levels.

C. Psychosocial support

A third notable trend based on HCAP cases this year was an increase in the number of psychosocial support cases. As the community ages, both physical and emotional isolation seem to increase. 5 of the reportable cases involving psychosocial support were referrals to providers for that service. 3 of the cases involved filing a grievance and the others, importantly, were referrals *from* a psychosocial support provider in an effort to obtain advocacy from HCAP. Thus, psychosocial support providers play an important role, not only in combatting isolation, but also in advocating for a client's needs when they are not being met.

D. Age

In response to discussions at the Community Engagement level, HCAP began breaking down age data for PLWHIVA into sub-categories for individuals over 50 years old since the needs for individuals at 50, 60 and 70 years old may vary drastically and spectrally. This contract year, the number of clients who were between 61 and 63 at the time of their intake nearly doubled (15 compared to 8). This is relevant because that particular age range is either at or approaching retirement age and may result in changes to one's suite of entitlements or other benefits in the upcoming contract cycle.

Self-Reported Consumer Data^{2, 3}

GENDER	2024-25⁴	2023-24	2022-23
Male	77	73 (77%)	81 (84%)
Female	13	12 (13%)	7 (7%)
Transgender Female	4	6 (6%)	4 (4%)
Non-Binary/Other	5	4 (4%)	3 (3%)
Transgender Male	1	0	1 (1%)

AGE⁵	2024-25	2023-24	2022-23
0-20	0	0	0
21-30	1	5 (5%)	3 (3%)
31-40	19	17 (18%)	8 (8%)
41-50	11	9 (9%)	14 (14%)
51-60	33	28 (29%)	35 (36%)
61-63	15	8 (8%)	9 (9%)
64-66	3	7 (7%)	14 (14%)
67-69	7	5 (5%)	4 (4%)
70+	16	16 (17%)	10 (10%)

RACE/ETHNICITY⁶	2024-25	2023-24	2022-23
White	54	46 (48%)	60 (62%)
Latino/a ⁷	19	16 (17%)	22 (23%)
African American/Black	15	20 (21%)	8 (8%)
Asian/Pacific Isl.	8	3 (3%)	1 (1%)
Native American	2	2 (2%)	1 (1%)
Native Hawaiian	0	0	2 (2%)
Other/Unknown	18	22 (23%)	18 ⁸ (19%)

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

³ Percentages appear next to the actual count in parentheses.

⁴ UDC equaling 100 this contract cycle makes it duplicative to include percentages and have therefore been omitted for this report.

⁵ Age is calculated at intake. Some clients come to HCAP more than once in a contract year on either end of their birthday, which may result in one client being counted in two different age categories of this graph.

⁶ Some clients identify as biracial or multiracial which may result in one client being counted in multiple categories of this graph

⁷ Includes self-reported cultural identity.

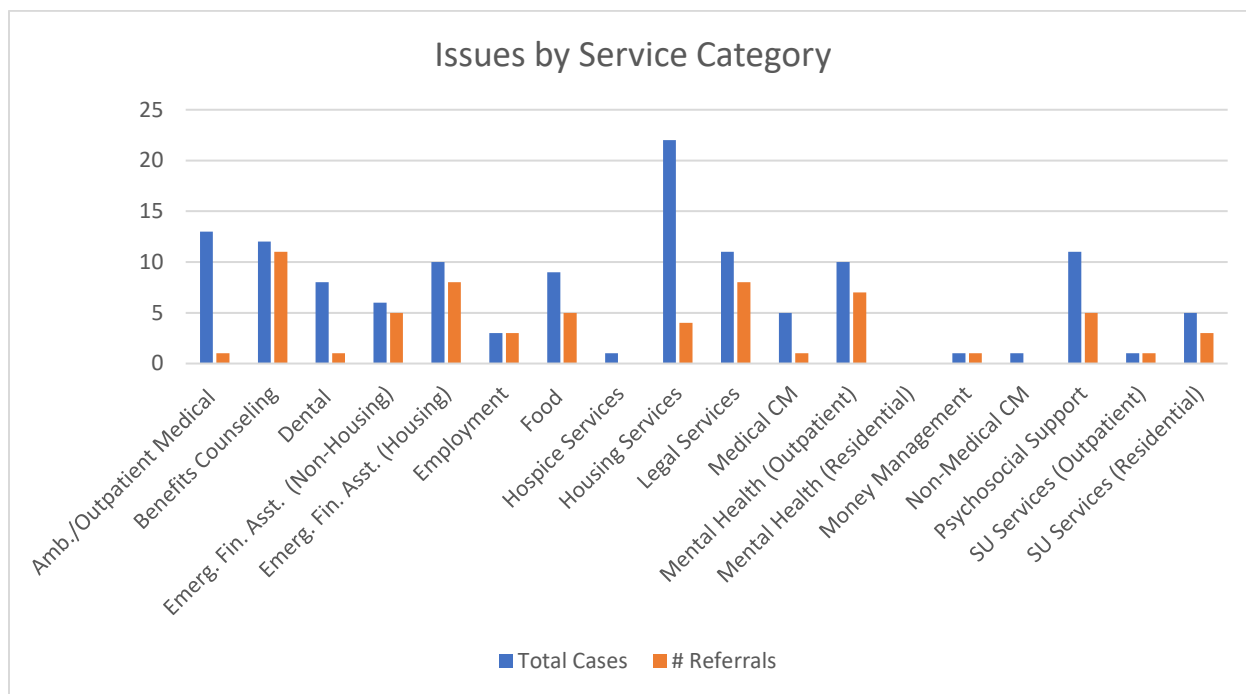
SEXUAL ORIENTATION	2024-25	2023-24	2022-23
Gay/Lesbian	61	62 (65%)	63 (65%)
Heterosexual	15	14 (15%)	12 (12%)
Bisexual	11	7 (7%)	11 (11%)
Other/Decline to State	13	12 (13%)	12 (12%)

ANNUAL INCOME	2024-25	2023-24	2022-23
No Current Income	5	9 (9%)	7 (7%)
Under \$15,000	56	55 (58%)	59 (61%)
\$15,001 - \$26,000	25	14 (15%)	12 (12%)
\$26,001 - \$30,000	2	3 (3%)	4 (4%)
\$30,001 - \$45,000	7	6 (6%)	6 (6%)
\$45,001 - \$50,000	0	4 (4%)	5 (5%)
Over \$50,000	6	0	0
Unknown/Decline to State	1	4 (4%)	5 (5%)

Service Categories

SERVICE CATEGORY	2024-25	2023-24	2022-23
Ambulatory/Outpatient Medical	13	16 (14%)	19 (15%)
Benefits Counseling	12	12 (10%)	8 (6%)
Case Management	8	11 (9%)	6 (5%)
Employment	3	3 (3%)	0 (0%)
Dental	8	6 (5%)	17 (13%)
Emerg. Financial Assist.	16	8 (7%)	6 (5%)
Food	9	3 (3%)	6 (5%)
Hospice	1	1 (1%)	1 (1%)
Housing Services	22	29 (25%)	31 (24%)
Legal	11	11 (9%)	6 (5%)
Mental Health	10	3 (3%)	6 (5%)
Money Management	1	3 (3%)	6 (5%)
Other	0	1 (1%)	1 (1%)
Outpatient Substance Use	1	2 (2%)	0
Psychosocial Support	11	5 (4%)	8 (6%)
Residential Substance Use	5	3 (3%)	6 (5%)

HCAP consumers sought assistance across the spectrum of service categories, with the majority of cases involving Housing Services, Ambulatory/Outpatient Medical Services, and Benefits Counseling Services. However, readers should note that the number of cases in a service category can be measured against the number of referrals in the same category. (See the following graphs).



SERVICE CATEGORY	Total Cases	# Referrals
Amb./Outpatient Medical	13	1
Benefits Counseling	12	11
Dental	8	1
Emerg. Fin. Asst. (Non-Housing)	6	5
Emerg. Fin. Asst. (Housing)	10	8
Employment	3	3
Food	9	5
Hospice Services	1	0
Housing Services	22	4
Legal Services	11	8
Medical CM	5	1
Mental Health (Outpatient)	10	7
Mental Health (Residential)	0	0
Money Management	1	1
Non-Medical CM	1	0
Psychosocial Support	11	5
SU Services (Outpatient)	1	1
SU Services (Residential)	5	3
TOTAL	129	64⁹

⁹ Referrals are sometimes made to government oversight organizations or organizations outside of the HHS system of care which may result in a discrepancy between this number of referrals in this graph and others in the report.

- **Housing Services**

22% of HCAP consumers' issues involved Housing Services in 2024-25 which is fairly consistent with the previous contract cycle's 25%. In HCAP terminology, many Housing Services issues tend to be Case Management-like issues or Housing Subsidy issues since many of the matters relate to consumers' onsite Service Providers in their supportive housing environments, or their subsidy. Depending on the situation, HCAP might meet with the consumer and the housing provider to resolve a conflict, request an accommodation, 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. One provider in this contract cycle began providing housing navigation for people living with HIV and experiencing homelessness to which HCAP was able to refer several clients.

- **Ambulatory/Outpatient Medical Services**

13% of HCAP consumers' issues involved Ambulatory/Outpatient Medical Services in 2024-25, a 1% decrease from last year. These services include a consumer's primary care provider or ambulatory/outpatient medical care, as many consumers utilize the community clinics as their primary medical provider. Consumers also utilized HCAP in some instances for issues relating to specialty care where their primary care provider's support is involved. Depending on the case, HCAP might meet with the consumer and the service provider to attempt to resolve a conflict, request documents or medical records, 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.

- **Benefits Counseling Services**

12% of HCAP consumers' issues involved Benefits Counseling Services, which is no change from the previous year. Depending on the case, HCAP might meet with the consumer and the service provider to attempt to resolve a conflict, utilize the formal grievance procedure, appeal a decision to terminate or suspend services, provide information about a provider's policies and procedures, support in communication, and/or make a referral to alternative service providers. In this contract cycle, 11 of 12 Benefits Counseling cases were referrals to a service provider for Benefits Counseling, which is the same as last year, indicating a consistent need for those services.

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	2024-25	2023-24	2022-23
Access	12 (9%)	9 (8%)	5 (4%)
Assistance Sought by Provider	5 (4%)	8 (7%)	4 (3%)
Confidentiality	1 (1%)	1 (1%)	4 (3%)
Cultural Sensitivity	2 (2%)	3 (3%)	3 (2%)
Eligibility	6 (5%)	6 (5%)	4 (3%)
Failure to Observe Procedures	0	3 (3%)	2 (2%)
Information and Referral	65 (50%)	48 (41%)	62 (48%)
Language Competency	0	1 (1%)	1 (1%)
Miscommunication	6 (5%)	7 (6%)	3 (2%)
Misconduct	4 (3%)	0	2 (2%)
Non-Engagement with Regard to Grievance/Complaint	3 (2%)	1 (1%)	3 (2%)
Problematic Policy or Procedures	6 (5%)	6 (5%)	10 (8%)
Quality of Care	10 (8%)	13 (11%)	13 (10%)
Suspension From Services	3 (2%)	4 (3%)	2 (2%)
Termination From Services	5 (4%)	5 (4%)	5 (4%)

Services Rendered¹⁰

SERVICES PROVIDED	2024-25	2023-24	2022-23
Grievance Filed	15 (12%)	8 (7%)	13 (10%)
Mediation	7 (5%)	14 (12%)	9 (7%)
Referral	65 (50%)	47 (40%)	43 (33%)
Advocacy	19 (15%)	21 (18%)	23 (18%)
Consultation Only	10 (8%)	18 (15%)	13 (10%)
Care Coordination/Other	18 (14%)	22 (19%)	28 (22%)

¹⁰ Some cases required more than one service to be rendered.

Outcomes

OUTCOMES	2024-25	2023-24	2022-23
Agency Action Rejected	6 (5%)	2 (2%)	1 (1%)
Agency Action Sustained	2 (2%)	1 (1%)	2 (2%)
Case Still Pending	4 (3%)	13 (11%)	12 (9%)
No Services Rendered ¹¹	3 (2%)	7 (6%)	2 (2%)
Services Rendered	114 (88%)	98 (83%)	82 (64%) ¹²

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

- 1) A client received notice that they would be terminated from services by their Dental Service Provider because they missed too many appointments. The client discussed, with HCAP, the reasons for the missed appointments and also shared that some of these appointments were set for times that their provider knew or should have known that the client was unavailable. It also became clear that the method of communication (texting) in this instance was fostering miscommunication. HCAP requested a review of the communications and client record.

After review, the Dental Provider agreed that readmitting the client was preferable in this case. Moreover, the provider has begun to reevaluate the methods of communication used between patients and individual providers. In this instance, the client's case is counted as Agency Action Rejected, since the agency overturned their initial termination of services.

- 2) HCAP was referred a client by their psychosocial support provider because they were being terminated from services by their Hospice Service Provider. This client, who has a substance use disorder and mobility constraints, admitted to multiple violations of the rules against substance use in the facility and the client was to be discharged to their own home which was neither sanitary nor navigable with a wheelchair. Although the facility does operate using a harm reduction model, the state licensing facility makes no accommodations for such violations

¹¹ No Services Rendered indicates that a client withdrew from services or disengaged from services prior to any resolution.

¹² Services rendered excludes cases which are not yet closed at the end of the contract cycle and also duplicates the other outcomes in some instances.

and the facility's license (as well as the health and safety of other residents) was at risk.

The facility shared that the violations threatened their state licensure even though SF DPH policies might not support termination of services. There being no room to negotiate a "stay agreement", HCAP supported in a case conference to confirm that the client would have adequate support including immediate support from APS and IHSS. HCAP attended an exit meeting with the client and service provider and successfully advocated for an additional weekend of residency so that appropriate supports could be put in place. HCAP also advocated for a potential return to the facility if it became medically necessary for Client, an option to which Service Provider remained open. The client was eventually successfully relocated home where appropriate supports are currently in place.

The Service Provider in this case was notably supportive through the process, doing their best to accommodate each of the client's disabilities and mitigate transition trauma. The Service Provider also offered for the client to continue accessing non-residency services including food, mental health, and psychosocial support services. In this instance, the client's case is counted as Agency Action Sustained because the agency upheld their initial termination of services.

Challenges

Although each consumer brings with them a unique set of qualities and challenges, there were some HCAP cases which highlight unmet needs to support our community's most vulnerable members. These cases are chosen to highlight these needs.

- **Emergency Financial Assistance**

A client who was applying for a need-based, ongoing energy subsidy program (not an HHS program) received notice that the program was no longer accepting applicants or providing assistance because federal funding to for the program had ceased. This client, who had not utilized Ryan White funded Emergency Assistance in many years, was referred to receive support to pay for their utility bills. The assistance provided, while effective and critical, is less than that of the subsidy for which they were applying. The assistance will also require administrative effort instead of being applied monthly – a requirement which could create barriers for our most vulnerable clients, or if this client becomes sick and unable to gather documents when necessary.

HCAP anticipates an increased need for community-based financial assistance due to federal funding cuts. As services for vulnerable community members continue to be threatened, it is likely that consumers will turn to the HIV safety net to meet their basic needs.

- **Long Acting Injectables**

As noted in previous reports to the planning council, the employment of Long Acting Injectables (LAI) provides a powerful modality to support viral suppression among a wide range of consumers. HCAP had one case involving LAI that is illustrative of both a successful implementation as well as potential challenges to implementation. This consumer stated that the LAI was advertised as being dosed every other month (6 times/year); however, their provider was requiring them to get injections each month due to their policies around LAI.

While the service provider indicated that the two-month dose was eventually possible, they stated that this consumer had an inconsistent history of attending appointments and getting the necessary lab work completed making this consumer a noncandidate for bimonthly injections.

The consumer had a competing account, however. They shared that in their jurisdiction, there were two labs – one which did blood work but no urine testing; and another that did urine testing but no blood work. Both labs were inconveniently located and required drive-time during business hours which conflicted with the consumer's work schedule. The client also reported significant side effects following their injections – including intense soreness at the injection site of one of the injections which lasted two weeks.

Thus, from the client's point of view (only some of which was known to the service provider) the client had two weeks within which to schedule three appointments any one of which, if missed, would not only delay their treatment, but could also be documented by the provider and possibly mischaracterized as poor adherence.

In this instance, the client felt that the inconvenience of the system of care was being weaponized against them and requested HCAP support because they felt unable to effectively self-advocate. HCAP's involvement led to a frank discussion between the consumer and provider about the barriers the client was facing and subsequent successful migration to a two-month dose of LAI.

HCAP maintains that while LAI poses significant opportunity to support PLWHIV in new ways, the system of care must be mindful of existing barriers and careful not to create new ones during implementation of this powerful tool.

- **Intensive Case Management**

ALRP regularly serves individuals who have faced multiple evictions or who have been suspended or terminated by various service providers. These terminations of critical services can result from repeated failures to pay rent, behavioral issues related to mental illness or substance use, or cognitive challenges that create barriers to effective communication and adherence to program requirements. While Legal Services, Money Management Services, Substance Use Services, and Mental Health Services are available to support on these issues, access to these services continues to elude our most vulnerable clients.

As noted in previous reports to this council, Intensive Case Management Services could be utilized for consumers who need one-to-one support to overcome these

barriers, but these services are not readily available or easily referred. Intensive Case Management can be provided in small doses for some individuals by existing service providers, but HCAP has found that most providers do not have the capacity to provide long-term support such that a therapeutic relationship can be developed with a client who is on a non-linear journey to better overall health outcomes.

HCAP is hopeful that the developing partnership between DPH and the Department of Disability and Aging Services will provide new avenues for individuals requiring this additional support.

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 2024-25 HCAP referred consumers to the following agencies:

AIDS Legal Referral Panel	PRC/Baker Places
Bay Area Community Health	PRC: Emergency Financial Assistance
Catholic Charities	PRC: Employment Development
City Clinic	Primary Care at Home (PCHAH)
Community Living Campaign	Project Open Hand
Department of Disability and Aging Services (DAS)	Legal Aid Society of San Mateo
Electronic Frontier Foundation	Legal Aid at Work
Eviction Defense Collaborative	Legal Assistance to the Elderly
HealthRight 360	Marin County Aging Division
Human Rights Commission	San Francisco AIDS Foundation
Identity Theft Resource Center	San Francisco Community Health Center (SFCHC)
Lutheran Social Services	Shanti Project
Maria X Martinez Clinic	UCSF 360 Positive Health
Mission Economic Development Center	UCSF Alliance Health Project
Mission Neighborhood Health Center	Ward 86 - POP UP
Native American Health Center	

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 that type of technical support during the 2024-25 contract year, but supported many 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 2024-25 contract year, HCAP conducted 16 outreach presentations,¹³ at the following organizations:

Provider Outreaches	Consumer Outreaches
HAPN Monthly meeting	Curry Senior Center – Lunch Bunch I
Lutheran Social Services	Curry Senior Center – Lunch Bunch II
Huckleberry Youth Programs	SF AIDS Foundation – HAN Leadership Committee
Marin Community Clinic	Maitri Residents
FOG Mentorship Cohort	UCSF Breakfast Club
Lyon Martin Clinic	PRC – Know Your Rights
Westside Community Services	Shanti - Thursday group
PRC – Mediation training	
Openhouse Case Management	

HCAP has taken advantage of post-pandemic migration to virtual trainings in addition to in-person trainings in order to meet contract requirements. This contract cycle HCAP conducted sixteen outreaches to both Service Providers and Consumer groups within the HHS network. Additional outreaches are conducted for non-HHS providers who serve populations who may be eligible for HCAP services.

Outreach feedback data is collected and HCAP collected nearly twice as many feedback surveys this contract cycle than in the previous contract year (70 surveys compared to 35 surveys in 2023-24). Feedback was overall positive: Of 70 surveys collected, and on a scale of 1-4 (1 being poor and 4 being excellent for the overall presentation), 50 respondents rated our presentation Excellent, 17 respondents rated the presentation Very Good, and 3 Respondent rated the presentation Satisfactory. No respondents rated the presentation poor. There were no remarkable outliers with regard to the remainder of the questions.

HCAP is actively working to schedule outreach opportunities with staff and consumers for the 2025-26 contract year.

Program Evaluation

HCAP distributes consumer satisfaction surveys by mail to consumers at the end of each quarter. Each survey includes a pre-paid self-addressed, stamped envelope 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 year¹⁴, HCAP received 2 completed surveys back.¹⁵ 1 respondent gave a 4/4 for satisfaction with

¹³ Consumer outreaches totaled 6, and Service Provider outreaches totaled 9. The list of agencies includes staff and consumers, and some of the agencies had multiple presentations or were a combined consumer/staff presentation.

¹⁴ A survey is sent out for each HCAP case that is opened.

¹⁵ Not all questions are answered on each form. Additionally, one consumer may return one survey but have received services in multiple cases.

HCAP services stating “these was second time I was helped with legal assistance . they very professional and respectful. thank you ,I am gretful ,I was very stressed out about issue , and was helped”; 1 respondent gave a 3/4 for satisfaction. Both respondents responded that they felt safe and welcomed. Both responded that they had a better understanding of their legal issue after their services. Both responded that they felt more confident about their legal issue after services. When possible, HCAP staff follow up with clients upon receipt of any dissatisfied feedback and attempt to resolve any dissatisfaction which was not necessary this contract cycle.

As of the beginning of the 2025 calendar year, ALRP has upgraded their procedures for obtaining client feedback data to include email responses. We are hopeful this will provide further opportunities for consumers to provide feedback as well as opportunities to improve service delivery.

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 challenges in obtaining emergency financial assistance for many consumers.

HCAP is also reviewed annually by the San Francisco Department of Public Health. For the 2023-24 contract year (the most current report) HCAP received 4 out of a possible 5 points for an overall score of 95%.

Training, Activities, and Continuing Education

To better serve the community, HCAP staff attends trainings every contract year. During the 2024-25 contract year, HCAP staff either attended or provided trainings focused on Mandatory Continuing Legal Education for members of the California State Bar, mediation, harm reduction, and other topics. HCAP staff attended the following trainings:

- CHLI Mentorship Program Mentor
- Community Boards Mediation Training (provided a 2.5 hour MCLE training)
- DPH Trainings: Latin Communities, ATD, Compliance/Privacy
- FOG Workforce Appreciation Gathering
- HIV Advocacy Network – Day of Action and various budget advocacy meetings
- Justice in Aging Training – Breaking Barriers to Personal Care (an IHSS analysis)
- National Center on Law and Elder Rights – Overpayment Update Webinar
- NLGBTQ+ Bar Association Conference – Lavender Law (various MCLE trainings)
- PAETC Training “Hello Kinky” Harm Reduction Services training
- Sexual Harassment Training