

## **HIV Consumer Advocacy Project (HCAP) Annual Report 2025 – 2026 Contract Year**

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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 problematic policies or procedures of the service provider, and coordination of care for our most vulnerable community members.

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, 2025 through February 28, 2026, HCAP served **101** unduplicated clients (UDC) with **128** 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 1% increase (1 UDC) in the number of unduplicated consumers HCAP served over the previous year, and the number of matters decreased from 129 to 128. Of those served in the 2025-26 contract year, 97% were in San Francisco County. There was 1 HCAP client served in Marin and 3 HCAP clients served in San Mateo counties this contract year. The number of clients with more than one issue per contract year decreased slightly from 23 clients in 2024-2025 to 18. In addition, 23 clients (23%) in the 2025–2026 contract cycle were returning clients who had been served in a prior cycle. Of these, 12 clients (52%) returned with new matters only, 8 clients (35%) had continued matters from the previous cycle, and 3 clients (13%) had both a new matter and a continued matter. The majority of clients (77%) were new to services in the 2025–2026 contract cycle.

## Trends in 2025-26

Several notable trends<sup>1</sup> stand out for the 2025-2026 contract year:

### **A. Income**

In 2025–26, the proportion of clients reporting no current income increased significantly to 20%, up from 5% in 2024–25. At the same time, the share of clients reporting annual incomes under \$15,000 decreased from 56% to 47%, and those reporting incomes between \$15,001 and \$26,000 declined from 25% to 14%. This shift suggests that a larger portion of clients served this year may be experiencing more severe financial instability, with more individuals reporting no income rather than low income.

### **B. Age**

The age distribution of clients shifted somewhat in 2025–26. The proportion of clients ages 31–40 increased from 19% to 27%, and those ages 21–30 increased from 1% to 5%, indicating somewhat greater engagement from younger adults. At the same time, the share of clients ages 61–63 decreased from 15% to 7%, and those 70 and older declined from 16% to 9%, suggesting a modest shift away from the oldest age groups. Clients ages 51–60 remained the largest age group served, accounting for 32% of respondents.

### **C. Race**

In 2025–26, the racial and ethnic composition of clients shifted somewhat compared to the prior year. The proportion of respondents identifying as White decreased from 54% to 45%, while the share identifying as Latino/a increased from 19% to 23%. This change may reflect evolving outreach, demographic trends within the service area, or broader community needs affecting different populations.

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

<b>GENDER</b>	<b>2025-26</b>	<b>2024-25</b>	<b>2023-24</b>	<b>2022-23</b>
Male	79 (78%)	77 (77%)	73 (77%)	81 (84%)
Female	13 (13%)	13 (13%)	12 (13%)	7 (7%)
Transgender Female	2 (2%)	4 (4%)	6 (6%)	4 (4%)
Non-Binary/Other	7 (7%)	5 (5%)	4 (4%)	3 (3%)
Transgender Male	0	1 (1%)	0	1 (1%)

<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”.

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

<sup>3</sup> Percentages appear next to the actual count in parentheses.

<b>AGE<sup>4</sup></b>	<b>2025-26</b>	<b>2024-25</b>	<b>2023-24</b>	<b>2022-23</b>
0-20	0	0	0	0
21-30	5 (5%)	1 (1%)	5 (5%)	3 (3%)
31-40	27 (27%)	19 (19%)	17 (18%)	8 (8%)
41-50	14 (14%)	11 (11%)	9 (9%)	14 (14%)
51-60	32 (32%)	33 (33%)	28 (29%)	35 (36%)
61-63	7 (7%)	15 (15%)	8 (8%)	9 (9%)
64-66	3 (3%)	3 (3%)	7 (7%)	14 (14%)
67-69	4 (4%)	7 (7%)	5 (5%)	4 (4%)
70+	9 (9%)	16 (16%)	16 (17%)	10 (10%)

<b>RACE/ETHNICITY<sup>5</sup></b>	<b>2025-26</b>	<b>2024-25</b>	<b>2023-24</b>	<b>2022-23</b>
White	45 (45%)	54 (54%)	46 (48%)	60 (62%)
Latino/a <sup>6</sup>	23 (23%)	19 (19%)	16 (17%)	22 (23%)
African American/Black	15 (15%)	15 (15%)	20 (21%)	8 (8%)
Asian/Pacific Isl.	3 (3%)	8 (8%)	3 (3%)	1 (1%)
Native American	1 (1%)	2 (2%)	2 (2%)	1 (1%)
Native Hawaiian	0	0	0	2 (2%)
Other/Unknown	20 (20%)	18 (18%)	22 (23%)	18 <sup>7</sup> (19%)

<b>SEXUAL ORIENTATION</b>	<b>2025-26</b>	<b>2024-25</b>	<b>2023-24</b>	<b>2022-23</b>
Gay/Lesbian	67 (67%)	61 (61%)	62 (65%)	63 (65%)
Heterosexual	13 (13%)	15 (15%)	14 (15%)	12 (12%)
Bisexual	6 (6%)	11 (11%)	7 (7%)	11 (11%)
Other/Decline to State	15 (15%)	13 (13%)	12 (13%)	12 (12%)

<b>ANNUAL INCOME</b>	<b>2025-26</b>	<b>2024-25</b>	<b>2023-24</b>	<b>2022-23</b>
No Current Income	20 (20%)	5 (5%)	9 (9%)	7 (7%)
Under \$15,000	47 (47%)	56 (56%)	55 (58%)	59 (61%)
\$15,001 - \$26,000	14 (14%)	25 (25%)	14 (15%)	12 (12%)
\$26,001 - \$30,000	3 (3%)	2 (2%)	3 (3%)	4 (4%)
\$30,001 - \$45,000	9 (9%)	7 (7%)	6 (6%)	6 (6%)
\$45,001 - \$50,000	3 (3%)	0	4 (4%)	5 (5%)
Over \$50,000	1 (1%)	6 (6%)	0	0
Unknown/Decline to State	4 (4%)	1 (1%)	4 (4%)	5 (5%)

<sup>4</sup> 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.

<sup>5</sup> Some clients identify as biracial or multiracial which may result in one client being counted in multiple categories of this graph

<sup>6</sup> Includes self-reported cultural identity.

	2025-26	2024-25	2023-24
Number of clients with >1 issue per contract cycle	18 (17%)	23 (23%)	16 (17%)

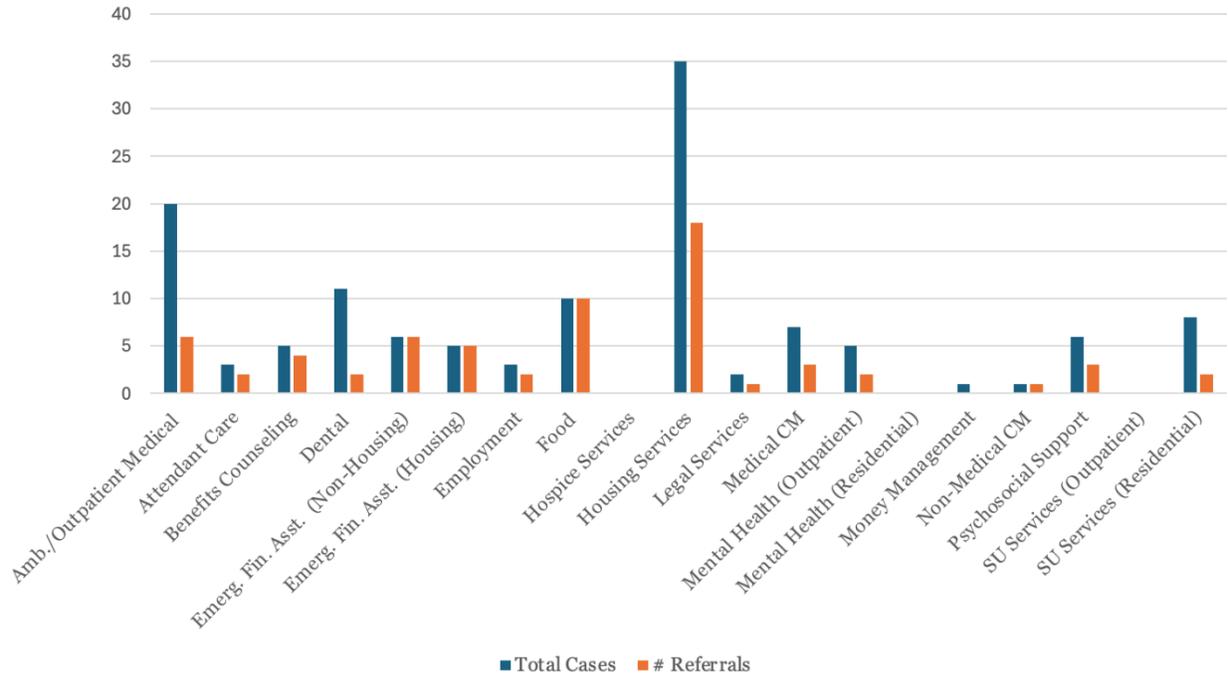
	2025-26	2024-25	2023-24
New Client	78 (77%)	75 (75%)	N/A (Base calculation)
Former Client: Old Matter Only	8 (8%)	5 (5%)	N/A (Base calculation)
Former Client: New Matter Only	12 (12%)	15 (15%)	N/A (Base calculation)
Former Client: New Matter and Old Matter	3 (3%)	5 (5%)	N/A (Base calculation)

**Service Categories**

SERVICE CATEGORY	2025-26	2024-25	2023-24	2022-23
Ambulatory/Outpatient Medical	20 (16%)	13 (13%)	16 (14%)	19 (15%)
Benefits Counseling	5 (4%)	12 (12%)	12 (10%)	8 (6%)
Case Management	8 (6%)	8 (8%)	11 (9%)	6 (5%)
Employment	3 (2%)	3 (3%)	3 (3%)	0 (0%)
Dental	11 (9%)	8 (8%)	6 (5%)	17 (13%)
Emerg. Financial Assist.	11 (9%)	16 (16%)	8 (7%)	6 (5%)
Food	10 (8%)	9 (9%)	3 (3%)	6 (5%)
Hospice	0	1 (1%)	1 (1%)	1 (1%)
Housing Services	35 (27%)	22 (22%)	29 (25%)	31 (24%)
Legal	2 (2%)	11 (11%)	11 (9%)	6 (5%)
Mental Health	5 (4%)	10 (10%)	3 (3%)	6 (5%)
Money Management	1 (1%)	1 (1%)	3 (3%)	6 (5%)
Other	3 (2%)	0	1 (1%)	1 (1%)
Outpatient Substance Use	0	1 (1%)	2 (2%)	0
Psychosocial Support	6 (5%)	11 (11%)	5 (4%)	8 (6%)
Residential Substance Use	8 (6%)	5 (5%)	3 (3%)	6 (5%)

HCAP consumers sought assistance across the spectrum of service categories, with the majority of cases involving Housing Services and Ambulatory/Outpatient Medical Services, collectively comprising 43% of total cases. Housing services increased from 22% in 2024–25 to 27% in 2025–26, while ambulatory/outpatient medical services rose slightly from 13% to 16%. At the same time, several categories declined compared to the prior year, including benefits counseling (12% to 4%), legal services (11% to 2%), mental health services (10% to 4%), and psychosocial support (11% to 5%). Emergency financial assistance also decreased from 16% to 9%, while residential substance use services increased slightly from 5% to 6%. 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).

## Issues by Service Category



SERVICE CATEGORY	Total Cases	# Referrals
Amb./Outpatient Medical	20	6
Attendant Care	3	2
Benefits Counseling	5	4
Dental	11	2
Emerg. Fin. Asst. (Non-Housing)	6	6
Emerg. Fin. Asst. (Housing)	5	5
Employment	3	2
Food	10	10
Hospice Services	0	0
Housing Services	35	18
Legal Services	2	1
Medical CM	7	3
Mental Health (Outpatient)	5	2
Mental Health (Residential)	0	0
Money Management	1	0
Non-Medical CM	1	1
Psychosocial Support	6	3
SU Services (Outpatient)	0	0
SU Services (Residential)	8	2
<b>TOTAL</b>	<b>128</b>	<b>67<sup>8</sup></b>

<sup>8</sup> 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.

## 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. Charts may not add up to 100% due to some cases having multiple issues.

Consumer issues in 2025–26 were most frequently related to Information and Referral, which accounted for 52% of cases, a slight increase from 50% in 2024–25. Access-related concerns also increased from 9% to 13%, while Quality of Care issues rose from 8% to 11%. Some categories declined compared to the previous year, including Assistance Sought by Provider (4% to 2%), Eligibility (5% to 3%), and Misconduct (3% to 2%). Reports of miscommunication remained consistent at 5%. Overall, the distribution of issue types remained relatively stable, with Information and Referral continuing to represent most consumer concerns. The top 3 issues accounted for 76% of collective concerns.

TYPE OF ISSUE	2025-26	2024-25	2023-24	2022-23
Access	17 (13%)	12 (9%)	9 (8%)	5 (4%)
Assistance Sought by Provider	2 (2%)	5 (4%)	8 (7%)	4 (3%)
Confidentiality	0	1 (1%)	1 (1%)	4 (3%)
Cultural Sensitivity	1 (1%)	2 (2%)	3 (3%)	3 (2%)
Eligibility	4 (3%)	6 (5%)	6 (5%)	4 (3%)
Failure to Observe Procedures	0	0	3 (3%)	2 (2%)
Information and Referral	67 (52%)	65 (50%)	48 (41%)	62 (48%)
Language Competency	0	0	1 (1%)	1 (1%)
Miscommunication	6 (5%)	6 (5%)	7 (6%)	3 (2%)
Misconduct	2 (2%)	4 (3%)	0	2 (2%)
Non-Engagement with Regard to Grievance/Complaint	1 (1%)	3 (2%)	1 (1%)	3 (2%)
Problematic Policy or Procedures	7 (5%)	6 (5%)	6 (5%)	10 (8%)
Quality of Care	14 (11%)	10 (8%)	13 (11%)	13 (10%)
Suspension From Services	1 (1%)	3 (2%)	4 (3%)	2 (2%)
Termination From Services	8 (6%)	5 (4%)	5 (4%)	5 (4%)

## Services Rendered<sup>9</sup>

In this contract year, referrals continued to represent the largest share of services provided, accounting for 48% of cases, a slight decrease from 50% in 2024–25. Consultation-only services increased notably from 8% to 15%, indicating that more cases were resolved through guidance and information rather than formal intervention. At the same time, advocacy services in the form of requesting reasonable accommodations or other formal methods declined from 15% to 10%, mediation decreased from 5% to 3%,

<sup>9</sup> Some cases required more than one service to be rendered.

and grievances filed dropped slightly from 12% to 10%. Care coordination and other services remained stable at 14%.

While cases are categorized based on their final outcome, many involve substantial investigation, communication with providers, and advocacy before that outcome is reached. For example, cases ultimately recorded as referrals often require extensive efforts to clarify eligibility, address service barriers, and negotiate with providers before alternative care options can be identified. Overall, these trends suggest a modest shift toward consultation and referral-based support while maintaining a broad range of service interventions.

SERVICES PROVIDED	2025-26	2024-25	2023-24	2022-23
Grievance Filed	11 (9%)	15 (12%)	8 (7%)	13 (10%)
Mediation	5 (4%)	7 (5%)	14 (12%)	9 (7%)
Referral	62 (48%)	65 (50%)	47 (40%)	43 (33%)
Advocacy	12 (9%)	19 (15%)	21 (18%)	23 (18%)
Consultation Only	19 (15%)	10 (8%)	18 (15%)	13 (10%)
Care Coordination/Other	19 (15%)	18 (14%)	22 (19%)	28 (22%)

### Outcomes

OUTCOMES	2025-26	2024-25	2023-24	2022-23
Agency Action Rejected <sup>10</sup>	5 (4%)	6 (5%)	2 (2%)	1 (1%)
Agency Action Sustained	4 (3%)	2 (2%)	1 (1%)	2 (2%)
Case Still Pending	2 (2%)	4 (3%)	13 (11%)	12 (9%)
No Services Rendered <sup>11</sup>	4 (3%)	3 (2%)	7 (6%)	2 (2%)
Services Rendered	122 (95%)	114 (88%)	98 (83%)	82 (64%) <sup>12</sup>

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

- 1) A client sought assistance after completing an 8-day alcohol detox program at a Residential Substance Use facility. He reported several problems upon his discharge from the facility. For example, he needed documentation confirming completion of detox for an upcoming court appearance, but encountered barriers to obtaining that documentation. He also reported concerns about medications not being returned at discharge and felt that he had been insufficiently supported in transitioning to a longer-term 90-day residential treatment program, which he was interested in pursuing. The lack of documentation and uncertainty about his

<sup>10</sup> The Agency Action Rejected category contains the outcomes where agency actions were rejected or accommodations were granted.

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

<sup>12</sup> 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.

treatment transition created significant stress, particularly given his pending court date and ongoing efforts to maintain sobriety.

HCAP drafted and submitted a formal grievance addressing the client's concerns about the missing completion letter, medication issues, and lack of support for entry into residential treatment. Following the grievance, the program provided a verification letter confirming the client's successful completion of detox, which was urgently needed for court. HCAP also communicated with program compliance staff to obtain clarification about the client's medications and eligibility for the 90-day residential program and relayed this information to the client. As a result, the client received the documentation needed for court and was informed that he remained eligible to return for intake and potential placement in the 90-day residential treatment program.

- 2) A client with complex medical and behavioral health needs, contacted HCAP reporting that he had been denied medical care for several years and feared he would die from untreated HIV/AIDS. He described numerous barriers to care, including confusion regarding his Medicare and Medi-Cal coverage, lack of a primary care provider, and repeated breakdowns in relationships with HIV clinics and service providers. The client reported that providers were refusing treatment or conspiring against him while exhibiting volatile behavior that continually resulted in conflicts with providers and interruptions in services.

HCAP investigated the client's insurance status, confirmed his active Medicare and Medi-Cal coverage, and contacted multiple providers to clarify his eligibility for services and obtain medical records. HCAP coordinated with clinics confirming continuing eligibility and then accompanied the client to a low barrier access clinic where he was successfully registered and connected to psychiatric services and HIV care. The client initially began engaging with treatment, including psychiatric medication and HIV-related lab work; however, ongoing disruptive behavior led the clinic's safety committee to suspend him from services temporarily. HCAP continued to advocate for the client and provided referrals to alternative providers, but the client ultimately disengaged from services. This client's engagement illustrates a complex case involving two terminations and a referral outcome where the first suspension was overturned and that Agency Action was Denied and the other was an Agency Action sustained because HCAP was unable to overturn the second agency's termination of services.

- 3) A client contacted HCAP seeking help with accessing Dental Services. He previously attempted to receive services but learned he had been terminated from services due to a history of missed appointments, severe dental anxiety, and disruptive behavior during prior visits, including yelling at staff and physically pushing providers away during treatment. His dental needs were significant and became more urgent after he sustained an injury to his face.

HCAP contacted the Dental Services Provider to clarify the barriers to the client returning for care and learned that reinstatement might be possible if he obtained medication support from a primary care physician to manage his anxiety during appointments. HCAP worked with the Client and his physician to obtain a prescription for a sedative, and HCAP coordinated with the clinic to facilitate his reengagement with Dental Services. The client was ultimately reconnected with care, successfully attended a dental appointment, and completed x-rays, marking an Agency Action Denied.

- 4) A client sought assistance after experiencing significant barriers accessing dental care while suffering from a painful dental abscess. The client reported being turned away or unable to receive adequate treatment at multiple locations, including emergency departments and dental clinics. When the client attempted to receive services at a dental clinic, staff requested recent lab work, including viral load information, which contributed to an escalating conflict. During the encounter, the client became extremely distressed and engaged in disruptive behavior that resulted in security involvement and the client being escorted off the premises. Following the incident, the clinic terminated the client from receiving services.

HCAP obtained a release of information and contacted the clinic to investigate the circumstances surrounding the client's termination and explore whether reinstatement to the clinic was possible. HCAP communicated with clinic leadership, gathered information about the incident, and advocated for reconsideration of the decision. The client was also advised about the medical reasons providers sometimes request lab information prior to treatment. In addition, staff supported the client in drafting an apology letter to the clinic in hopes of repairing the relationship and opening the possibility of future care. The client was also provided with information about alternative low-barrier dental services and guidance regarding ongoing insurance grievance processes with Medi-Cal and Blue Cross.

After review, the dental clinic declined to reinstate the client at that time due to the severity of the incident and concerns for staff safety, though they indicated the situation could potentially be revisited in the future. HCAP encouraged the client to pursue other care options and provided guidance about Ryan White dental coverage. Although the Agency Action was sustained, HCAP's advocacy and coordination with Anthem ensured that the client was able to obtain needed dental care through alternative providers.

## 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.

- **Housing Services**

HCAP has, as in previous years, documented a gap in services available for individuals who may live too independently for a Skilled Nursing Facility (SNF) level of care but may require more support than what a Residential Care Facility for the Chronically Ill (RCFCI) or independent living is able to provide. HCAP has seen at least two illustrative cases during this contract cycle.

In one case, a client who is a resident of an RCFCI received a recent diagnosis of moderate dementia with a likely progressive effect. The client who is ambulatory and relatively independent struggles with Activities of Daily Living (ADLs) such as bathing, cleaning their unit, and toileting. HCAP is informed that it is unlikely that the client would qualify for a SNF level of care with their current medical needs and the RCFCI is indicating that the client may need more support than what they can provide. HCAP continues to advocate on behalf of this client who may be open to an appropriate placement but it is unclear what that placement might be.

In a comparative case, a SNF is moving toward discharge of a client who has only one working limb and is wheelchair bound. This client, while relatively independent, cannot manage her own ADLs in a way that others can. She reports that she often doesn't drink or eat throughout the day so that she does not need the support of on-site CNAs to go to the bathroom and that when there is an issue with her electric wheelchair (as is often the case) she is effectively bed-bound. Nonetheless, ADLs are not the qualifying factor for eligibility for a SNF level of care even though there is likely no level of IHSS support that could help her meet her round-the-clock needs. HCAP will continue to advocate on her behalf despite a lack of clarity around what an appropriate placement will look like.

In these cases, and without an ability to clearly compartmentalize these client's unique needs, HCAP's goal is to ensure that a client should not be terminated from services without the mitigation of transition trauma which should include a permanent placement with adequate supports in place, and an ongoing subsidy. As the community of PLWHIVA continues to age and their health issues become more complex, the system of care will need to be prepared to support them living safely either in communal environments or with services that can meet their in-home-health needs.

- **Specialty Care Providers**

A client was receiving dermal filler injections through a Medicare-covered program that treats facial lipodystrophy associated with HIV. After a dermatologist administered an injection in 2024 that the client believes caused facial disfigurement, the provider terminated care and refused to continue treatment or correct the issue. The client's primary concern was not pursuing litigation but finding another dermatologist who would provide the same treatment and bill Medicare under the specialized coverage program. However, he had difficulty locating a provider willing to perform the procedure while accepting Medicare.

Although the client was not eligible for Benefits Counseling services due to residency outside the program's service area, HCAP provided brief assistance. Specifically, HCAP conducted outreach to medical and community networks to identify a dermatologist who could provide the treatment and bill Medicare, including contacting case manager listservs, community health organizations, and potential providers. HCAP also researched Medicare billing rules for the procedure and consulted with healthcare contacts about whether providers accepting Medicare must submit claims for covered services. When no viable provider accepting Medicare was identified, we advised the client on next steps, including filing a grievance with Medicare regarding the original provider and the lack of available providers under the program. We also provided information about small claims resources and offered to review any grievance submission the client prepares.

Recently, HCAP has been informed of a similar barrier with another Medicare provider and will continue to advocate for effective access to care for Medicare eligible patients.

- **Housing Subsidies and Case Management**

A Transitional Aged Youth (TAY) contacted ALRP because they believed they had been improperly terminated from a subsidy program through their Housing Service Provider and had lost their housing subsidy. They reported dissatisfaction with their case management and believed the subsidy ended in a way that could have been avoided but the client was already in eviction proceedings. The client did not have copies of the agreements he had signed with the program and was unsure what services or benefits he remained eligible to receive.

HCAP gathered documents from the client, communicated with Service Provider's program staff, and coordinated with Legal Services eviction team to better understand the status of the client's housing case and the terms of the subsidy program. Through conversations with the housing provider, HCAP learned that the program had already paid over the subsidy's limits and that the client had declined an offer of permanent supportive housing. HCAP also explored whether any grievance process or reengagement options were available and advised the client that his primary remaining option would be to attempt reassessment for eligibility for other services. The Service Provider agreed to support in that reassessment.

Several challenges presented themselves during this case which HCAP has since learned may be affecting other community members. In particular, the program requires engagement with case management but the extent of the case management is unclear. In this instance, the client had worked with several different case managers over a relatively short period of time, creating gaps in the case history and making it harder to reconstruct what options had been offered to them. Communication was also inconsistent at times, including missed appointments reported by both parties and delays in sharing information. With additional case management support, this client may have been more successful in the program but having already benefited beyond the commitment there was little HCAP could do to obtain a remedy for the client or reinstate the subsidy. Legal Services stepped in to support with great success.

## 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 2025-26 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 (PCAHI)
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
Housing and Economic Rights Advocates (HERA)	San Francisco AIDS Foundation
Human Rights Commission	San Francisco Community Health Center (SFCHC)
Identity Theft Resource Center	Shanti Project
Lutheran Social Services	South VanNess Behavioral Health
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	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 that type of technical support during the 2025-26 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 2025-26 contract year, HCAP conducted 16 outreach presentations,<sup>13</sup> at the following organizations:

<b>Provider Outreaches</b>	<b>Consumer Outreaches</b>
Maitri	Huckleberry Youth Programs
Shanti HIV Services	Healing and Uniting Every Sista (HUES)
Larkin Street Youth Services	UCSF Breakfast Club
PRC – Mediation training	Shanti - Thursday group I
San Francisco Community Health Center	Shanti - Thursday group II
Marin County AHF	National Working Positive Coalition/The Reunion Project
San Francisco Affordable Housing	
Openhouse SF - 95 Laguna	
HIV/AIDS Provider Network	
University of the Pacific	

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 requested following each outreach. Feedback was overall positive: Of 52 surveys collected, and on a scale of 1-4 (1 being poor and 4 being excellent for the overall presentation), 37 respondents rated our presentation Excellent, 14 respondents rated the presentation Very Good, and 1 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 2026-27 contract year.

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<sup>13</sup> Consumer outreaches totaled 6, and Service Provider outreaches totaled 10. The list of agencies includes staff and consumers, and some of the agencies had multiple presentations or were a combined consumer/staff presentation.

## Program Evaluation

HCAP distributes consumer satisfaction surveys by mail and email 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 year<sup>14</sup>, HCAP received 10 completed surveys back, up 500% from the 2 we got back last year.<sup>15</sup> We can attribute this in part to ALRP's upgraded procedure of including email responses in obtaining client feedback.

The median satisfaction rating with ALRP was a 4 out of 4, with a minimum satisfaction of 3 out of 4. 100% of respondents stated that they felt safe and welcome with us. Many respondents were repeat clients who indicated a sustained satisfaction with the outcomes achieved by working with both HCAP and ALRP.

Only 1 respondent said that they did not come out with a better understanding of their issue and indicated *"The Jury is 'Still OUT'"*. 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 the client returned for additional services from HCAP and ALRP.

Other respondents shared:

*"Hi, I want to say the young man Stephen that I worked with was pretty awesome. He listened very carefully and explained things to me in a way that I could understand. He exhibited what I referred to as the 3 Ps very well: personable, professional, and patience.*

*I definitely would refer ALRP to my friends and acquaintances, Of course those who qualify. 🙏 I thank you for the peace of mind I have in regards to this issue."*

*"I would like to acknowledge Stephen Spano. He explained his role and the entire process with me and diligently followed up with questions I had. He also followed up on everything we discussed, including regaining access to [Dental Services]."*

*"I have been calling on ALRP for many years for various reasons. I am always treated with respect and made to feel welcome. I totally trust ALRP to handle any kind of legal problem that might come my way. You guys are truly wonderful and I appreciate you immensely."*

*"I've accessed services a few times over the past decade, and each situation has been unique, but the outcomes have consistently been better because of your organization's involvement."*

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

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<sup>14</sup> A survey is sent out for each HCAP case that is opened.

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

which services may be improved. For example, throughout the contract year, HCAP was able to provide information regarding the barriers in obtaining emergency financial assistance for some consumers; share the two to three-year wait time for obtaining subsidized housing; and provide updates on budget advocacy collaborations with the Department of Disability and Aging Services for long-term survivors.

HCAP is also reviewed annually by the San Francisco Department of Public Health. For the 2024-2025 contract year (the most current report) HCAP received 100/100 for a total of 100%. This amounts to performance commendable/exceeding standards in all four category ratings of Program Performance, Program Deliverables, Program Compliance, and Client Satisfaction.

## **Training, Activities, and Continuing Education**

To better serve the community, HCAP staff attends trainings every contract year. During the 2025-26 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:

- Mandatory Continuing Legal Education (MCLE) Training – California State Bar requirements, including legal ethics, recognition and elimination of bias (including implicit bias), competence issues (including prevention and detection), technology in the practice of law, and civility in the legal profession.
- San Francisco Department of Public Health (DPH) Program Training – HIV Consumer Advocacy Project (HCAP) programmatic updates and contract compliance processes associated with the AIDS Legal Referral Panel contract change request.
- Practising Law Institute (PLI) MCLE Trainings, including:
  - PLI's California MCLE Marathon 2025: Current Developments in Legal Ethics – Competence Issues – Elimination of Bias
  - Negotiation Skills Essentials 2026
  - Civility in the Legal Profession
  - Best Practices in Equitable Legal Supervision 2025 – Supervising Across Privilege in Both Directions
  - Best Practices in Equitable Legal Supervision 2025 – Equity in Supervision Basics
  - AI in Legal Services: Emerging Tools, Real-World Impact, and Responsible Implementation
  - Outsourcing 2025: Getting the Deal Done – Mock Negotiation of an Outsourcing Deal for an AI System
  - How Lawyers Can Build Resilience Without Burning Out
  - The Convergence of Artificial Intelligence and Intellectual Property in California and Beyond 2025
- AIDS Legal Referral Panel (ALRP) MCLE Trainings, including:
  - How to Fill Out the I-589 Application for Asylum
  - Trauma-Informed Lawyering and the Asylum Declaration
  - An Introduction to SSI Benefits Eligibility
  - An Overview of Bankruptcy Practice
  - Civil Harassment Restraining Orders
- State Bar of California Mandatory Fee Arbitrator Training (MCLE).
- UC Berkeley School of Law Training – *Supervising Interns in the Age of AI*.
- National Notary Association – State required renewal training and exam – passed and awaiting renewal commission.