

HIV Consumer Advocacy Project (HCAP) Annual Report 2017-18 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 Health Services 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 service. HCAP is the only program in the United States created to specifically undertake this function. HCAP is currently housed at the AIDS Legal Referral Panel (ALRP).

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

Issues commonly involve quality of care, termination 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.

HCAP is staffed by a full-time, consumer advocate with experience in mediation and advocacy. The HCAP Consumer Advocate is supervised by the Executive Director of the AIDS Legal Referral Panel.

Consumers Served

From March 1, 2017 through February 28, 2018, HCAP served **93** unduplicated consumers (UDC) with a total of **131** HCAP matters (consumers who have more than one HCAP issue in a given year are only counted as "unduplicated" once). HCAP served 77 UDC in 2016-2017, 86 UDC in 2015-16, 73 UDC in 2014-15 and 81 UDC in 2013-14.

There are two notable trends in HCAP consumers served during the 2017-18 contract year. The first is income. HCAP consumers are increasingly extremely low income. As indicated in the data below, 80% of 2017-18 HCAP consumers report their yearly income is under \$15,000. A total of 91% reported income under \$26,000. During the previous contract year, 77% reported income under \$15,000. In the same contract year, 83% reported income under \$26,000. A large number of HCAP consumers rely primarily on Supplemental Security Income and/or Social Security Disability. When income/poverty is combined with other stressors, such as substance use, mental health issues, or housing issues such as homelessness, the end result for the consumer can be devastating. This includes the loss of services such as dental, food, housing, or primary medical support.

The second trend we have seen this year relates to the type of issues that consumers face (see page 5). While there were shifts in all of the types of consumer issues, there are three areas that are of particular concern. The first is termination from services. This issue

includes both suspension from services for a set amount of time and indefinite termination from a service provider's program. This category increased by 7% since the 2016-17 contract year. Termination, and even suspension, from services can cause consumers to have other problems in their day to day lives. This may include increased substance use when they no longer receive services from a substance use related provider, housing problems when they are no longer able to stay in temporary housing while seeking permanent housing, and lack of dental care.

The second and third notable consumer issues are connected. Both the "access" and "information and referral" issue categories saw an increase by 12% from the 2016-17 contract year. HCAP noticed throughout the year that many consumers in this category did not know what services were available, or did not know that some service categories had several service providers that could assist them with their needs. It is important to note that some of these consumers were in need of services for the first time or were being terminated/suspended from a service.

Self-Reported Consumer Data¹

GENDER	2017-18 ²	2016-17	2015-16	2014-15	2013-14
Male	83% (77)	87% (67)	83% (71)	81%	80%
Female	11% (10)	9% (7)	3% (3)	15%	14%
Transgender Female	5% (5)³	4% (3)	12% (10)	4% ⁴	6% (combined)
Other/Decline to State	1% (1)	0%	2% (2)	0%	0%
Transgender Male	0%	0%	0% (0)	0% ⁵	6% (combined)

AGE	2017-18	2016-17	2015-16	2014-15 ⁶	2013-14
0-20	0% (0)	0% (0)	0% (0)	0%	Not Counted
21-30	2% (2)	5% (4)	12% (10)	8%	Not Counted
31-40	14% (13)	12% (9)	12% (10)	15%	9%
41-50	24% (22)	18% (14)	30% (26)	34%	40%
51-60	49% (46)	44% (34)	30% (26)	32%	52%
61+	11% (10)	21% (16)	14% (12)	10%	Not Counted
Unknown/Decline to State	0% (0)	0% (0)	2% (2)	1%	Not Counted

RACE/ETHNICITY	2017-18 ⁷	2016-17	2015-16	2014-15	2013-14
White	59% (47)	51% (39)	45% (39)	56%	37%
Latino/a	23% (21)⁸	23% (18)	14% (12)	18%	19%
African American/Black	20% (16)	18% (14)	26% (22)	19%	30%
Mixed Race	6% (5)⁹	8% (6)	5% (4)	6%	6%

¹ Percentages may not add up to 100 due to rounding.

² The actual number of consumers who reported is noted in parentheses following the percentage.

³ Consumers are asked to self-report the gender they identify as. Some transwomen responded as "female." This response was recorded as the consumer reported.

⁴ Beginning in 2014, HCAP tracked transgender women and transgender men separately.

⁵ Beginning in 2014, HCAP tracked transgender women and transgender men separately.

⁶ In 2014-15, HCAP began utilizing a more detailed breakdown of age ranges, in order to more effectively track trends in HIV and aging.

⁷ Some consumers identified themselves in multiple categories.

⁸ Includes consumers that solely identify as Latino/a and consumers that also identify as another race/ethnicity.

Asian/Pacific Islander	3% (2)	4% (3)	3% (3)	1%	3%
Native American	1% (1)	3% (2)	0% (0)	0%	4%
Native Hawaiian	3% (2)	0% (0)			
Other/Unknown	9% (7)¹⁰	3% (2)	9% (8)	10%	9%

SEXUAL ORIENTATION	2017-18	2016-17	2015-16	2014-15	2013-14
Gay/Lesbian	66% (61)	61% (47)	64% (55)	60%	66%
Heterosexual	17% (16)	16% (12)	10% (9)	23%	21%
Bisexual	8% (7)	10% (8)	16% (14)	10%	7%
Other/Decline to State	3% (3)	8% (6)	9% (8)	7%	5%

ANNUAL INCOME	2017-18	2016-17	2015-16	2014-15¹¹	2013-14
Under \$15,000	80% (74)	77% (59)	78% (67)	82%	97%
\$15,001 - \$26,000	11% (10)	6% (5)	10% (9)	12%	Not counted
\$26,001 - \$30,000	0% (0)	1% (1)	1% (1)	0%	Not counted
\$30,001 - \$45,000	3% (3)	8% (6)	5% (4)	0%	Not counted
\$45,001 - \$50,000	2% (2)	0% (0)	0 (0)	3%	Not counted
Over \$50,000	0% (0)	0% (0)	1% (1)	0%	Not counted
Unknown/Decline to State	4% (4)	8% (6)	5% (4)	3%	Not counted

Service Categories

HCAP consumers sought assistance across the spectrum of service categories, with the majority of cases involving housing, dental, case management, and primary medical care.

Notes on the four most frequently occurring service categories:

- **Housing**

Housing in the Bay Area continues to be the biggest issue for consumers. High rents, program rules, and behavior issues tend to cause consumers to have difficulty with housing. Additionally, habitability issues, neighbor disputes, and evictions contribute to the issues HCAP consumers face in housing. Housing remained at 27% of HCAP cases for the 2017-18 contract year; however, the number of cases increased. Issues related to housing included: 10 cases requesting help in accessing housing (“access” and “information and referral” categories), 5 requests for assistance from housing providers, 1 eligibility issue, 3 terminations of service, 3 allegations that the service provider(s) failed to follow their own policy and procedures, 12 cases with alleged problematic policies and procedures, 12 cases involving quality of care, and 6 cases involving miscommunication between the staff and consumer. One consumer’s case may include issues in more than one service category. Depending on the situation, HCAP might meet with the

⁹ Consumers identifying as “mixed race” reported their identities to be: African American and White (2), Native American and African American (2), Native American and White (1).

¹⁰ Consumers that identify as Latino/a and no other race/ethnicity are not included in the “Other/Unknown” category. Instead, they are only included in the Latino/a category.

¹¹ Beginning in 2014, HCAP reports additional income brackets.

consumer and the housing provider to resolve the conflict, utilize the formal grievance procedure, negotiate with the housing provider, try to refer the consumer to a different housing provider, or refer for formal legal representation.

- **Dental**

Dental cases increased from 12% in the 2016-17 contract year to 18% for this year. Consumers contacted HCAP with a variety of issues regarding dental care. This reporting year, there were 7 cases involving a need for assistance in accessing care/need for information and/or referral, 1 case where a consumer felt there was a lack of cultural sensitivity, 3 cases with miscommunications between staff and consumers, 3 cases involving a problematic policy or process, 9 cases involving quality of care received, 1 case of an agency failing to observe their own policies and procedures, and 10 cases of termination/suspension. One consumer's case may include issues in several service 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 services, and/or provide information on other service providers.

- **Case Management**

Case Management cases increased by 4% from last year. Case Management includes medical case management (10 cases) and non-medical case management (9 cases). Of these cases, there were 2 cases involving quality of care received, 4 requests for assistance by a service provider, 1 confidentiality issue, 4 cases involving a need for assistance in accessing care/need for information and/or referral, 1 case involving problematic policies or procedures, and 4 cases of termination/suspension. One consumer's case may include issues in several service 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, and/or provide information on other service providers.

- **Primary Medical Care**

Primary Medical Care cases dropped by 5% from last year but was still in the top four categories. Primary Medical Care includes consumers' 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 2 requests for assistance from a service provider, 1 case involving a miscommunication between staff and consumer, 14 cases involving quality of care received, 2 cases of termination/suspension, 1 case of misconduct, and 1 case where the agency allegedly failed to observe policies and procedures. One consumer's case may include issues in several service 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, request a different doctor at the service provider, and/or provide information on other service providers.

SERVICE CATEGORY	2017-18 ¹²	2016-17	2015-16	2014-15	2013-14
Benefits Counseling	1% (1)	7% (6)	0% (0)	3%	1%
Case Management	15% (19)	11% (10)	18% (19)	27%	17%
Dental	18% (23)	12% (11)	10% (11)	8%	11%
Emerg. Financial Assist.	9% (12) ¹³	4% (4)	0% (0)	6%	4%
Food	2% (3)	6% (5)	5% (5)	7%	2%
Hospice	1% (1)	1% (1)	2% (2)	0%	1%
Housing	27% (35)	27% (24)	30% (32)	32%	22%
Legal	2% (2)				
Mental Health	3% (4)	0% (0)	3% (3)	11%	7%
Money Management	5% (7)	4% (4)	2% (2)	0%	4%
Other	1% (1)				
Primary Medical	13% (17)	18% (16)	11% (12)	15%	24%
Request for Assistance	Moved ¹⁴	20% (18)	26% (28)	Not counted	Not counted
Residential Substance Use	4% (4)	3% (3)	4% (4)	3%	2%
Psychosocial Support	9% (12)	11% (10)	4% (4)	7%	4%

Consumer Issues

The following chart is an overview of the types of issues that consumers brought to HCAP. Many consumers have more than one issue.

TYPE OF ISSUE	2017-18 ¹⁵	2016-17	2015-16	2014-15	2013-14
Access	22% (29)	10% (9)	4% (4)	15%	11%
Assistance Sought by Provider	12% (16)	20% (18)	26% (28)	7%	4%
Billing	0% (0)	0% (0)	2% (2)	Not counted	Not counted
Confidentiality	1% (1)	0% (0)	4% (4)	6%	2%
Cultural Sensitivity	1% (1)	0% (0)	3% (3)	7%	3%
Eligibility	1% (1)	6% (5)	4% (4)	8%	4%
Failure to Observe Procedures	3% (4)	1% (1)	1% (1)	10%	2%
Information and Referral	14% (18)	2% (2)	2% (2)	Not counted	Not counted
Miscommunication	12% (16)	2% (2)	7% (8)	15%	13%
Non-Engagement with Regard to Grievance/Complaint	0% (0)	2% (2)	4% (4)	8%	2%
Problematic Policy or Procedures	12% (16)	8% (7)	14% (15)	23%	17%
Quality of Care	36% (47)	37% (33)	34% (36)	22%	16%
Termination From Services ¹⁶	18% (23)	11% (10)	16% (17)	12%	6%

¹² Some consumers received assistance in more than one service category.

¹³ In this category, 7 cases were for emergency financial assistance for housing and 5 for non-housing purposes.

¹⁴ Reporting of Request for Assistance has been moved to Consumer Issues as it is a consumer issue and different than the service category of the service provider.

¹⁵ Some consumers have more than one type of issue.

¹⁶ This includes termination and suspension of services. HCAP is working on having this reported as two separate categories in the future.

Services Rendered

The following is an overview of the type of services that were rendered.

SERVICES RENDERED	2017-18 ^{17,18}
Advice: Misc/Other	6% (8)
Advice: Request for a change in policy	5% (7)
Advice: Request for accommodations	7% (9)
Advice: Request for investigation	6% (8)
Advice/Consultation	63% (83)
Filing Grievance ¹⁹	17% (22)
Info: Agency policy and procedures.	48% (63)
Info: Legal rights and duties	14% (18)
Info: Misc/Other	9% (12)
Mediation	3% (4)
Referral: Alternative service providers	6% (8)
Referral: SF Human Rights Commission	1% (1)
Referral for Legal Services	8% (11)
Representation in meeting	7% (9)

Outcomes

The following is an overview of the type of outcomes.

OUTCOMES	2017-18 ^{20,21}
Agency Action Rejected	1% (1)
Agency Action Sustained	5% (6)
Appeal of Initial Outcome	6% (8)
Case Still Pending	13% (17)
Grievance Filed ²²	17% (22)
No Services Rendered	2% (2)
Services Rendered	85% (112)

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

- Consumer contacted HCAP because they felt they were being targeted by a case manager at a residential program. The case manager had said some inappropriate things to Consumer. HCAP was able to advocate on behalf of Consumer to receive a

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

¹⁸ 2017-18 is the first contract year this information is included in the annual report.

¹⁹ This includes appealing a decision to terminate or suspend services. HCAP is working on having this reported as two separate categories in the future.

²⁰ Some cases resulted in more than one outcome.

²¹ 2017-18 is the first contract year this information is included in the annual report.

²² This includes appealing a decision to terminate or suspend services. HCAP is working on having this reported as two separate categories in the future.

new case manager and to be moved to a different building in the program. This allowed Consumer to stay housed and continue to receive services from the Service Provider.

- Consumer in a residential treatment program with temporary housing was being terminated from services and would be left homeless while waiting for permanent housing. Service Provider alleged that Consumer had been aggressive with one of the staff members. Through mediation, both the staff and Consumer were given the opportunity to discuss their side of the issue, and come to an agreement that allowed for Consumer to stay in the residential program until Consumer received the keys to their own apartment – which happened three weeks later. This allowed Consumer to stay housed and avoid homelessness, finish a treatment program (a success for Service Provider as well), and be able to get their own apartment.
- Consumer was having difficulty working with a dentist at one of the dental service providers. Consumer did not feel that they were getting quality care. Consumer also said their dentures were not fitting right, and alleged that the dentist was not doing anything to help them. Finally, the consumer alleged that those receiving services funded by the CARE contract were being treated differently. After a meeting with HCAP and Service Provider, Consumer was assigned a new dentist, had his dentures looked at, and it was explained that only the billing department knows who receives services funded by the CARE contract. Consumer was able to stay in services and receive quality dental treatment, including dentures that fit.
- Consumer contacted HCAP because they believed they were being singled out because they filed a grievance with Service Provider. They believed that the staff was discriminating against them and was also not being responsive to their needs; both led to the grievance. HCAP met with Consumer and representatives of Service Provider. HCAP requested that an internal mediation be done between Consumer and their roommate. HCAP and Consumer asked that consumer be moved to a different location with a new case manager. Service Provider moved Consumer to a new location with a new case manager, and it appears everything is going well for Consumer now. HCAP also offered to do an outreach with Service Provider staff to present information about their consumers' right to file a grievance in an effort to avoid the same situation from occurring in the future.
- Consumer contacted HCAP after a third-party informed Consumer they were told of Consumer's HIV status by a staff member of Service Provider. HCAP assisted Consumer in filing a grievance. HCAP then had a meeting with Consumer and a representative of Service Provider to discuss the investigation by Service Provider. While Service Provider found that there was not a disclosure, there were steps taken to ensure that staff was trained about confidentiality laws and policy. HCAP also offered to try and set up an in-service for Service Provider with someone that could discuss confidentiality in greater detail.

Challenges

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

- **Mental Health & Substance Use**

Mental health and substance use issues continue to be a challenge. A large number of HCAP consumers have mental health issues, substance use issues, or both. Those currently struggling with substance use or those who have prior substance use issues may have barriers to securing services from certain providers, or feel that providers are judgmental because of the consumer’s past. 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. A consumer’s mental health and substance use can also negatively impact the consumer’s housing as it may keep the consumer from being able to follow program rules or qualify for other housing opportunities.

- **Housing & Homelessness**

The ongoing housing crisis in the Bay Area continues to be a challenge for HCAP consumers. While the percentage of housing-related cases is the same as last year, there is still an increase in the number of cases. Consumers who are homeless (whether on the streets or in temporary shelters) have difficulty keeping appointments, following up on their cases, and maintaining good health, because their energy is consumed by efforts to find safe and consistent shelter. Additionally, consumers who are currently housed face an increasing chance they may become homeless due to financial, mental health, addiction, or behavioral issues.

- **Dental Services**

The lack of dental service providers, especially those that can do more complex work, is a challenge for HCAP consumers. In addition, there are a number of service challenges with the dental service providers. Consumers find it difficult to find affordable comprehensive care that extends beyond the limited services offered at the dental schools. Due to the lack of service providers, the termination of services is a scary possibility for HCAP consumers. If services are terminated at one of the providers, the consumer can be left without dental services. This is especially true if the service provider of more complex services terminates services, as the other dental service providers refer all complex cases to one dental provider.

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 also follows up with consumers and providers to ensure that the referral was both appropriate and effective. In 2017-18, HCAP referred consumers to the following agencies:

AIDS Emergency Fund
AIDS Legal Referral Panel
Baker Places
Catholic Charities
Catholic Charities Leland House

Catholic Charities Peter Claver
Community
HealthRight 360
Hospitality House
Independent Living Resource Center

Lutheran Social Services
Maitri Compassionate Care
Native American Health
Openhouse
PLUS Housing Program
Potrero Hill Health Clinic
PRC
Project Open Hand
San Francisco AIDS Foundation
San Francisco Community Health Center
(formerly API Wellness)
San Francisco Housing Development
Corporation

Shanti
Southeast Health Center
The Latino Commission
The Q Foundation
Tom Waddell Urgent Health Clinic
UCSF Alliance Health Project
UCSF Dental Clinic
UCSF Division of Citywide Case
Management Programs
University of the Pacific Dental Clinic
Walden House
Ward 86
Westside Community Services

Technical Assistance to Service Providers

HCAP also provides technical assistance to 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, making it more likely that they will fall out of care.

The following cases are a sample of "Requests for Assistance" made by service providers, and a description of the resolution achieved by HCAP.

- A Service Provider contacted HCAP for two Consumers that took part in a "supportive housing program" for those with HIV and AIDS. The Consumers had utilized the Service Provider to pay for some of the program fees. The Consumers had received an eviction notice, but it was from an Airbnb host and not from the housing program itself. This raised flags, as the program appeared to not be operating in its own units or renting long-term housing for its consumers. The program was also not known by other service providers. The Service Provider requested assistance for the Consumers, and wanted to alert other service providers about the questionable supportive housing program. HCAP made a referral for the Consumers to legal services. HCAP also assisted in gathering the documentation from the Consumers' subsidy provider and financial assistance provider to give to legal. HCAP assisted in alerting other service providers about the questionable program, and it appears that this impacted a very small number of consumers. HCAP worked with the legal service provider to obtain a Rent Board decision in favor of the Consumers. The program reimbursed Consumers based on the decision.
- A social worker contacted HCAP on behalf of a Consumer who had a warrant in another state. The Consumer wanted to move back to the state but was not sure how to take care of the warrant. The Consumer also had some questions about applying for SSI. HCAP was able to provide information for legal services in the other state. HCAP also made a referral for Consumer to seek benefits counseling at one of the local service providers.
- A Service Provider contacted HCAP for a Consumer in need of a housing subsidy to save the Consumer's tenancy. HCAP was able to provide the Consumer and the

Service Provider with information about what was necessary for the Consumer to obtain a subsidy through another provider. HCAP assisted in collecting the documents and sending them to the other Service Provider. HCAP then verified that Consumer met with the housing subsidy Service Provider and was approved for the subsidy.

Outreach to Consumers and Providers

HCAP conducts outreach to both consumers and service providers. During the 2017-18 year, HCAP conducted 20 outreach presentations,²³ to the following organizations:

360 Positive Care Center of UCSF
AIDS Emergency Fund
Catholic Charities (Leland House)
Catholic Charities (Peter Claver Community)
Larkin Street Youth Services
Marin Community Planning Council
PRC
San Francisco AIDS Foundation
San Francisco Community Health Center (formerly API Wellness)
The Latino Commission
University of the Pacific, School of Dentistry
Ward 86/San Francisco General Hospital

HCAP is actively working to schedule outreach opportunities with staff and consumers for the 2018-19 year. This includes outreaches already scheduled at: The Spahr Center, San Mateo County HIV Program Community Board (tentative), the HIV AIDS Providers' Network, and AIDS Legal Referral Panel. HCAP is also available to participate in the Planning Council's Community Outreach and Listening Activities (COLA) outreach presentations, which solicit community feedback from various demographic groups.

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. This year, HCAP sent out 109 satisfaction surveys²⁴ and received 27 completed surveys back,²⁵ a 25% response rate. It is an ongoing challenge to obtain feedback forms from consumers who are struggling with housing issues, poverty, mental health, and/or substance use issues. HCAP is currently in the process of sending consumer satisfaction surveys by mail to the remaining 20 consumers for the 2017-18 contract year (cases opened since January 1, 2018).

²³ Consumer outreaches totaled 8, and Service Provider outreaches totaled 12. The list of agencies includes staff and consumers, and some of the agencies had multiple presentations.

²⁴ A survey is sent out for each HCAP case that is opened. This includes cases for consumers that have received services earlier in the 2017-18 contract year.

²⁵ Not all questions are answered on each form.

<p>Overall Satisfaction</p>	<ul style="list-style-type: none"> • 26 out of 27 respondents (96%) gave HCAP a 4 out of 4 satisfaction rating. • 1 out of 27 respondents (4%) rated HCAP 3 or below (out of 4).
<p>Cultural Sensitivity of Staff</p>	<ul style="list-style-type: none"> • 26 out of 27 (96%) consumers felt that staff was sensitive to their cultural identity and/or sexual orientation. • 1 out of 27 respondents (4%) left this question blank on their survey.
<p>Consumers' Stress/Worry About Their Issue</p>	<ul style="list-style-type: none"> • 26 out of 27 respondents (96%) "felt better" (3 or 4) after contacting HCAP. • 1 out of 27 respondents (4%) left this question blank on their survey.
<p>Comments</p>	<ul style="list-style-type: none"> • <i>"I feel as if we are old friends. As I have worked with you on many various deals and found the same courteous and professional and competence. Good work you guys."</i> • <i>"Very professional, courteous, and caring. Dependable, top notch, worthwhile."</i> • <i>"[HCAP Staff] is amazing!"</i> • <i>"[HCAP Staff] was fantastic – he solved my problems."</i>

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, during the contract year, HCAP was able to produce information regarding service trends throughout the contract to the Community Engagement Committee upon their request. Additionally, communication between HCAP and these bodies facilitates collaboration between HCAP and CCA members, as well as with staff at the Department of Public Health.

HCAP is also reviewed annually by the San Francisco Department of Public Health. For the 2016-2017 contract year (the most current report), HCAP received 99 out of a possible 100 points (99%).