

HIV Consumer Advocacy Project (HCAP) Annual Report 2018-19 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 a unique program as it is one of the only programs 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 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 quality of care, 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 consumer advocate with experience in mediation and advocacy staffs HCAP. The Executive Director of the AIDS Legal Referral Panel supervises the HCAP Consumer Advocate.

Consumers Served

From March 1, 2018 through February 28, 2019, HCAP served **91** unduplicated clients (UDC) with **128** HCAP matters. Clients who have more than one HCAP issue in a given contract year are only counted as "unduplicated" once. HCAP served 93 clients in 2017-2018, 77 clients in 2016-2017, 86 clients in 2015-16, and 73 clients in 2014-15. Of those served in the 2018-2019 contract year, 90 (99%) consumers were in San Francisco County, zero in San Mateo County, and one (1%) in Marin County. Of the total cases, 127 were in San Francisco County, zero in San Mateo County, and one in Marin County.¹

Four notable trends² stand out for the 2018-19 contract year. The first is income. HCAP consumers are increasingly extremely low income. As indicated in the data below, 83% of HCAP consumers reported they had no income at the time of intake or income under

¹ According to the 2017 HIV Epidemiology Annual Report, 15,952 people were living in with HIV/AIDS in San Francisco. According to the San Mateo County STD/HIV-AIDS Surveillance Report 2017, approx. 1,704 people were living with HIV/AIDS. According to the 2017 County of Marin Fact Sheet: HIV/AIDS in Marin County, 648 people with HIV/AIDS resided in Marin County at the end of 2016.

² Note that with so few consumers, even one or two consumers can change a trend.

\$15,000^{3,4}. A total of 93% reported income under \$26,000. During the 2017-18 contract year, 80% reported income under \$15,000. In the same contract year, 91% 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 disorder, 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 this year relates to the service categories in which consumers are seeking assistance. Not every client that comes to HCAP is a consumer that is having difficulty with a service provider; some are also consumers seeking referrals or seeking assistance in finding service providers in certain service areas. There was a slight drop in both the number of consumers and the number of cases. There was a shift in numbers of cases in a few service categories: 12 fewer Dental cases; seven fewer Housing cases; seven fewer Psychosocial Support cases; seven more Residential Substance Use cases; and five more Money Management cases. The specific consumer issues are broken down below. Each consumer issue is based on what the consumer and/or any community social worker/case manager reports. There may be more than one consumer issue per case:

- Dental: 2 Eligibility; 3 Information and Referral; 1 Miscommunication; 2 Problematic Policy or Procedures; 4 Quality of Care; and 4 Termination.
- Housing: 1 Assistance Requested by Provider; 2 Cultural Sensitivity; 1 Eligibility; 4 Failure to Observe Policy or Procedures; 8 Information and Referral; 3 Miscommunication; 9 Problematic Policy or Procedures; 5 Quality of Care; and 5 Termination.
- Money Management: 4 Assistance Requested by Provider; 4 Information and Referral; 3 Miscommunication; 5 Misconduct; 2 Problematic Policy or Procedures; 4 Quality of Care; 1 Suspension; and 1 Termination.
- Residential Substance Use: 1 Assistance Requested by Provider; 1 Confidentiality; 1 Failure to Observe Policy or Procedures; 3 Information and Referral; 2 Miscommunication; 1 Misconduct; 4 Problematic Policy or Procedures; 4 Quality of Care; and 5 Termination.
- Psychosocial Support: 1 Confidentiality; 3 Information and Referral; 1 Problematic Policy or Procedures; and 1 Termination.

The third notable trend is the age of HCAP consumers. The majority of consumers continues to be over 51 years of age (65 consumers). This is consistent with patterns the San Francisco HIV Community Planning Council has heard from other presentations.

The fourth notable trend is the increase in referrals HCAP made in the 2018-19 contract year. When possible, HCAP makes a “warm referral.” All of the “Referral: Agency Referral” services rendered were warm referrals. Referrals that are tracked by HCAP consist of the following:

- 10 first time referrals to the service provider where the consumer had first sought assistance;

³ 7% of HCAP consumers reported they had no income at the time of intake. 76% report their yearly income is under \$15,000.

⁴ 2018 Federal Poverty Level is \$12,140 for a family of one, \$16,460 for a family of two.

- 21 referrals to alternative service providers either if the first referral did not work or if the consumer needed to change service providers for any reason;
- 2 referrals for outside mediation;
- 2 referrals to miscellaneous/other;
- 1 referral to San Francisco Human Rights Commission; and
- 3 referrals for legal services.

Self-Reported Consumer Data^{5,6}

GENDER	2018-19	2017-18	2016-17	2015-16	2014-15
Male	79% (72)	83% (77)	87% (67)	83% (71)	81%
Female	13% (12)	11% (10)	9% (7)	3% (3)	15%
Transgender Female	4% (4)⁷	5% (5)	4% (3)	12% (10)	4% ⁸
Other/Decline to State	3% (3)⁹	1% (1)	0%	2% (2)	0%
Transgender Male	0%	0%	0%	0% (0)	0%

AGE	2018-19	2017-18	2016-17	2015-16	2014-15 ¹⁰
0-20	0% (0)	0% (0)	0% (0)	0% (0)	0%
21-30	4% (4)	2% (2)	5% (4)	12% (10)	8%
31-40	12% (11)	14% (13)	12% (9)	12% (10)	15%
41-50	12% (11)	24% (22)	18% (14)	30% (26)	34%
51-60	55% (50)	49% (46)	44% (34)	30% (26)	32%
61+	16% (15)	11% (10)	21% (16)	14% (12)	10%
Unknown/Decline to State	0% (0)	0% (0)	0% (0)	2% (2)	1%

RACE/ETHNICITY	2018-19 ¹¹	2017-18	2016-17	2015-16	2014-15
White	51% (46)	59% (47)	51% (39)	45% (39)	56%
Latino/a	20% (18)¹²	23% (21)	23% (18)	14% (12)	18%
African American/Black	23% (21)	20% (16)	18% (14)	26% (22)	19%
Mixed Race	3% (3)¹³	6% (5)	8% (6)	5% (4)	6%
Asian/Pacific Islander	5% (5)	3% (2)	4% (3)	3% (3)	1%
Native American	1% (1)	1% (1)	3% (2)	0% (0)	0%
Native Hawaiian	0% (0)	3% (2)	0% (0)		
Other/Unknown	16% (15)¹⁴	9% (7)	3% (2)	9% (8)	10%

⁵ Percentages may not add up to 100 due to rounding.

⁶ The actual number of consumers who reported is noted in parentheses following the percentage.

⁷ Consumers are asked to self-report the gender they identify as. Some transwomen responded as “female.” This response was recorded as the consumer reported.

⁸ Beginning in 2014, HCAP tracked transgender women and transgender men separately.

⁹ If the consumer identifies solely as “transgender,” they are included in the “Other/Decline to State” category.

¹⁰ In 2014-15, HCAP began utilizing a more detailed breakdown of age ranges, in order to more effectively track trends in HIV and aging.

¹¹ Some consumers identified themselves in multiple categories.

¹² Includes consumers that solely identify as Latino/a and consumers that also identify as another race/ethnicity.

¹³ Consumers identifying as “mixed race” reported their identities to be: Native American and White (2), and Native American and African American/Black (1).

¹⁴ 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.

SEXUAL ORIENTATION	2018-19	2017-18	2016-17	2015-16	2014-15
Gay/Lesbian	66% (60)	66% (61)	61% (47)	64% (55)	60%
Heterosexual	18% (16)	17% (16)	16% (12)	10% (9)	23%
Bisexual	10% (9)	8% (7)	10% (8)	16% (14)	10%
Other/Decline to State	7% (6)	3% (3)	8% (6)	9% (8)	7%

ANNUAL INCOME	2018-19	2017-18	2016-17	2015-16	2014-15 ¹⁵
No Current Income	7% (6)¹⁶				
Under \$15,000	76% (69)	80% (74)	77% (59)	78% (67)	82%
\$15,001 - \$26,000	10% (9)	11% (10)	6% (5)	10% (9)	12%
\$26,001 - \$30,000	1% (1)	0% (0)	1% (1)	1% (1)	0%
\$30,001 - \$45,000	3% (3)	3% (3)	8% (6)	5% (4)	0%
\$45,001 - \$50,000	1% (1)	2% (2)	0% (0)	0 (0)	3%
Over \$50,000	1% (1)	0% (0)	0% (0)	1% (1)	0%
Unknown/Decline to State	1% (1)	4% (4)	8% (6)	5% (4)	3%

Service Categories

HCAP consumers sought assistance across the spectrum of service categories, with the majority of cases involving Housing, Case Management, Primary Medical Care, and Emergency Financial Assistance.

SERVICE CATEGORY	2018-19 ¹⁷	2017-18	2016-17	2015-16	2014-15
Benefits Counseling	1% (1)	1% (1)	7% (6)	0% (0)	3%
Case Management	15% (20)¹⁸	15% (19)	11% (10)	18% (19)	27%
Dental	9% (11)	18% (23)	12% (11)	10% (11)	8%
Emerg. Financial Assist.	11% (14)¹⁹	9% (12)	4% (4)	0% (0)	6%
Food	4% (5)	2% (3)	6% (5)	5% (5)	7%
Hospice	0% (0)	1% (1)	1% (1)	2% (2)	0%
Housing	22% (28)	27% (35)	27% (24)	30% (32)	32%
Legal	0% (0)	2% (2)			
Mental Health	3% (3)	3% (4)	0% (0)	3% (3)	11%
Money Management	9% (12)	5% (7)	4% (4)	2% (2)	0%
Other	0% (0)	1% (1)			
Outpatient Substance Use	1% (1)				
Primary Medical	13% (17)	13% (17)	18% (16)	11% (12)	15%
Psychosocial Support	4% (5)	9% (12)	11% (10)	4% (4)	7%
Request for Assistance		Moved ²⁰	20% (18)	26% (28)	Not counted
Residential Substance Use	9% (11)	4% (4)	3% (3)	4% (4)	3%

¹⁵ Beginning in 2014, HCAP started reporting additional income brackets.

¹⁶ Beginning in 2018, HCAP started reporting a “No Current Income” category.

¹⁷ Prior to the 2018-19 contract year, some consumers received assistance in more than one service category.

¹⁸ In this category, 13 cases were medical case management and 7 were non-medical case management.

¹⁹ In this category, 10 cases were for emergency financial assistance for housing and 4 for non-housing purposes.

²⁰ Reporting of Request for Assistance has been moved to Consumer Issues as it is a consumer issue and different from the service category of the service provider.

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 can cause consumers to have difficulty with housing. Additionally, habitability issues, neighbor disputes, and evictions contribute to the issues HCAP consumers face in housing. Housing issues accounted for 22% of HCAP cases for the 2018-19 contract year – a decline in cases from last year in this service category. As noted on page 2, services related to housing included: 1 Assistance Requested by Provider; 2 Cultural Sensitivity; 1 Eligibility; 4 Failure to Observe Policy or Procedures; 8 Information and Referral; 3 Miscommunication; 9 Problematic Policy or Procedures; 5 Quality of Care; and 5 Termination. One consumer's case may include issues in more than one service category. Depending on the situation, HCAP might meet with the consumer and the housing provider to resolve the conflict, utilize the formal grievance procedure, negotiate with the housing provider, appeal a decision to terminate or suspend services, try to refer the consumer to a different housing provider, or refer for formal legal representation. HCAP may also provide information about the service provider's policies and procedures, and/or make a referral to the service provider. One consumer's case may include issues in several issue categories.

- **Case Management**

Case Management cases increased by one from last year, but still accounted for 15% of HCAP cases. Case Management includes Medical Case Management (13 cases) and Non-Medical Case Management (7 cases). Below is a breakdown of each subcategory. One consumer's case may include issues in several issue categories. Depending on the case, HCAP might meet with the consumer and the service provider to attempt to resolve the conflict, utilize the formal grievance procedure, appeal a decision to terminate or suspend services, provide information about the service provider's policies and procedures, and/or make a referral to the service provider or alternative service providers.

- Medical Case Management: 3 Assistance Requested by Provider; 9 Information and Referral; 4 Miscommunication; 1 Problematic Policy or Procedures; 1 Quality of Care; and 1 Suspension.
- Non-Medical Case Management: 4 Information and Referral; 1 Miscommunication; 1 Misconduct; 1 Problematic Policy or Procedures; 1 Quality of Care; and 2 Suspension.

- **Primary Medical Care**

Primary Medical Care cases remained at 13% of cases. Primary Medical Care includes a consumer's primary care provider or ambulatory/outpatient medical care as many consumers utilize the community clinics as their primary medical provider. Of these cases, there were 6 Information and Referral; 7 Miscommunication; 3 Misconduct; 4 Problematic Policy or Procedure; and 6 Quality of Care. One consumer's case may include issues in

several issue categories. Depending on the case, HCAP might meet with the consumer and the service provider to attempt to resolve the conflict, utilize the formal grievance procedure, appeal a decision to terminate or suspend services, provide information about the service provider’s policies and procedures, and/or make a referral to the service provider or alternative service providers.

- **Emergency Financial Assistance**

The number of HCAP cases involving Emergency Financial Assistance increased this year by 2%. Emergency Financial Assistance includes Non-Housing (4 cases) and Housing (10 cases) needs. Below is a breakdown of each subcategory. One consumer’s case may include issues in several issue categories. Depending on the case, HCAP might meet with the consumer and the service provider to attempt to resolve the conflict, utilize the formal grievance procedure, appeal a decision to terminate or suspend services, and/or provide information about other service providers.

- Non-housing related: 1 Eligibility; and 3 Information and Referral.
- Housing related: 1 Assistance Requested by Provider; 9 Information and Referral; and 1 Termination.

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. These issues are based on the consumer and/or outside case management or social worker reports.

TYPE OF ISSUE	2018-19 ²¹	2017-18	2016-17	2015-16	2014-15
Access	0% (0) ²²	22% (29)	10% (9)	4% (4)	15%
Assistance Sought by Provider	9% (11)	12% (16)	20% (18)	26% (28)	7%
Billing	0% (0)	0% (0)	0% (0)	2% (2)	<i>Not counted</i>
Confidentiality	2% (2)	1% (1)	0% (0)	4% (4)	6%
Cultural Sensitivity	2% (3)	1% (1)	0% (0)	3% (3)	7%
Eligibility	3% (4)	1% (1)	6% (5)	4% (4)	8%
Failure to Observe Procedures	4% (5)	3% (4)	1% (1)	1% (1)	10%
Information and Referral	43% (55)	14% (18)	2% (2)	2% (2)	<i>Not counted</i>
Miscommunication	17% (22)	12% (16)	2% (2)	7% (8)	15%
Misconduct	10% (13)				
Non-Engagement with Regard to Grievance/Complaint	0% (0)	0% (0)	2% (2)	4% (4)	8%
Problematic Policy or Procedures	19% (24)	12% (16)	8% (7)	14% (15)	23%
Quality of Care	24% (31)	36% (47)	37% (33)	34% (36)	22%

²¹ Some consumers have more than one type of issue.

²² During the 2017-18 contract year, this category was used in conjunction with “Information and Referral” as assistance in accessing services. For the 2018-19 year, HCAP corrected this and the category returned to its intended purpose: accessibility issues such as lack of wheelchair access ramp. For 2017-18 and 2018-19, there were zero cases of building accessibility issues.

Suspension From Services	4% (5)²³	<i>Not counted</i>	<i>Not counted</i>	<i>Not counted</i>	<i>Not counted</i>
Termination From Services	13% (17)	<i>18% (23)</i>	<i>11% (10)</i>	<i>16% (17)</i>	<i>12%</i>

Services Rendered²⁴

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

SERVICES RENDERED	2018-19	2017-18²⁵
Advice: Misc/Other	5% (6)	<i>6% (8)</i>
Advice: Request for a change in policy	4% (5)	<i>5% (7)</i>
Advice: Request for accommodations	3% (4)	<i>7% (9)</i>
Advice: Request for investigation	11% (14)	<i>6% (8)</i>
Advice/Consultation	45% (58)	<i>63% (83)</i>
Filing Appeal	5% (7)²⁶	
Filing Grievance	11% (14)	<i>17% (22)</i>
Info: Agency policy and procedures.	68% (87)	<i>48% (63)</i>
Info: Legal rights and duties	16% (20)	<i>14% (18)</i>
Info: Misc/Other	5% (7)	<i>9% (12)</i>
Mediation	2% (2)	<i>3% (4)</i>
Mediation Referrals	2% (2)	<i>0% (0)</i>
Referral: Agency Referral	8% (10)²⁷	
Referral: Alternative service providers	16% (21)	<i>6% (8)</i>
Referral: Misc/Other	2% (2)	<i>0% (0)</i>
Referral: SF Human Rights Commission	1% (1)	<i>1% (1)</i>
Referral for Legal Services	2% (3)	<i>8% (11)</i>
Representation in meeting	5% (7)	<i>7% (9)</i>
No Services Rendered ²⁸	4% (5)	<i>Not counted</i>

Outcomes

The following is an overview of the type of outcomes.

OUTCOMES	2018-19²⁹	2017-18³⁰
Agency Action Rejected	7% (9)	<i>1% (1)</i>
Agency Action Sustained	2% (3)	<i>5% (6)</i>

²³ Starting in 2018, HCAP tracked suspension of services separately from termination from services.
²⁴ Some cases required more than one service to be rendered.
²⁵ 2017-18 is the first contract year this information is included in the annual report.
²⁶ 2018-19 is the first contract year this “Services Rendered” category is reported separate from filing a grievance.
²⁷ 2018-19 is the first contract year there is a “Services Rendered” category to capture a referral to the service provider where the consumer first sought assistance.
²⁸ No services rendered either because the case is still pending and opened near the end of the contract year, or because the consumer withdrew from services before any services could be provided.
²⁹ Some cases resulted in more than one outcome.
³⁰ 2017-18 is the first contract year this information is included in the annual report.

Appeal of Initial Outcome	0% (0)	<i>6% (8)</i>
Case Still Pending	10% (13)	<i>13% (17)</i>
Grievance Filed ³¹	11% (14)	<i>17% (22)</i>
No Services Rendered	2% (3)	<i>2% (2)</i>
Services Rendered	88% (122)	<i>85% (112)</i>

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

- Consumer received a notice that a housing provider was discharging Consumer within a short amount of time from the program, effectively terminating services and leaving Consumer homeless. The discharge was due to alleged visitor policy violations and other alleged rule violations. Service Provider also alleged Consumer was not respectful or cooperative with the service provider staff, which caused a hardship on the staff. Based on an appeal HCAP sent Service Provider, there was an agreement to delay the discharge from the program until after HCAP, Consumer, their case manager, and staff at Service Provider could meet about the allegations. During the meeting, HCAP and Consumer addressed each of the allegations in the discharge notice. HCAP made an argument that Service Provider and Consumer had both put so much effort into Consumer's success and discharging Consumer would negate that success. HCAP also tried to acknowledge the feeling of Service Provider's staff, but also impart the gravity of Service Provider discharging Consumer, including the impact on Consumer's health. HCAP suggested Consumer be allowed to stay in the program with a behavioral agreement. Management at Service Provider told HCAP they would have a decision on the appeal within the next day. After the meeting, HCAP, Consumer, and Consumer's case manager met to devise a backup plan as we felt Service Provider would not withdraw the discharge notice. However, by the end of the same day, Service Provider's management sent an email notifying us they revoked the discharge notice on the condition Consumer sign a behavioral agreement. Consumer agreed to sign the behavioral agreement.
- Consumer received a discharge notice from a residential substance use provider. Service Provider alleged Consumer had violated substance use rules in addition to other rule violations. The Service Provider alleged Consumer had violated the rules of a behavioral contract the staff had drafted. HCAP reached out to Service Provider management, and after they investigated, Service Provider notified HCAP they would not discharge Consumer and there was an internal issue with the notice and behavioral contract. While this was happening, Consumer and the specific program director scheduled a meeting. HCAP attended the meeting along with Consumer and Consumer's community case manager. During the meeting, Consumer and Service Provider agreed Consumer would take a drug test during the meeting since there were allegations by Consumer that Service Provider's staff had falsified prior drug test results. Under the agreement, if the test indicated substance use there would be a blood test done that same day. The test came back with no indication of current substance use, and there was an agreement that Consumer's case manager would work with Consumer to get future drug tests done at a different provider. During the

³¹ This includes appealing a decision to terminate or suspend services. HCAP is working on having this reported as two separate categories in the future.

meeting, Consumer notified the attendees that the staff at Service Provider disclosed their HIV status to consumers in Service Provider's other program. After the meeting, HCAP requested Consumer be moved to a different house within the program, as there appeared to be a conflict between Consumer and staff at the current location that could not be overcome. Service Provider granted this request. HCAP also reached out to the privacy officer at Service Provider and requested an investigation into the disclosure. Service Provider completed an investigation into the disclosure and provided HCAP with the results of their investigation, which then shared it with Consumer.

- Consumer went to Service Provider to receive dental implants. Service Provider had referred Consumer to another organization to have Consumer's teeth removed and the implants done. Sometime after the referral, something transpired which caused the implants to not be completed. During HCAP's investigation into the case, Service Provider provided HCAP with a copy of the original referral information and offered to work with Consumer to get dentures, as implants were no longer an option due to bone deterioration. Consumer informed HCAP they no longer wanted to work with Service Provider. HCAP attempted to refer Consumer to another service provider, but discovered that Consumer owed that provider money from a past appointment and the new service provider would not waive the debt. At the same time, HCAP reached out to a dental provider not receiving Care funding or DPH funding, but which would accept Denti-Cal/Medi-Cal. HCAP discovered Consumer owed them money on a past bill as well. HCAP was able to get the bill waived from this provider and Consumer is now in services with them to get dentures.
- Consumer's property management held their rent check for twenty days before cashing it. Consumer believed the property management had cashed the check. Halfway through the month, Consumer used what they thought was their remaining balance to purchase medications and other necessities. This caused Consumer's account to be overdrawn when the rent check was cashed. Consumer needed assistance with paying their next months' rent due to overdraft fees. HCAP made a warm referral to Service Provider. In doing so, HCAP helped Consumer gather the necessary documents and complete the intake questionnaire. Service Provider made a check available within two days. HCAP picked up the check and sent it to Consumer's property management. HCAP will also be working with Consumer to submit proof of the NSF fees to the property management, who indicated by email that they would reimburse Consumer for the fees.
- Consumer reported there was an incident at a food service provider where a volunteer alleged Consumer took more food than was allowed. Consumer was able to show that they had not taken more than was allowed; however, there was not an apology for the accusation. Consumer also felt that Service Provider had not taken the complaint seriously, and did not complete a full investigation into the incident. Service Provider believed the volunteer in question was a seasonal volunteer and asked Consumer to point out the volunteer to the consumer service staff the next time Consumer saw the volunteer. Frustrated by the response, Consumer sought assistance from HCAP. HCAP assisted Consumer in filing a grievance. HCAP hosted a mediation with Consumer and Service Provider. During the mediation, Service Provider said there were two different incidents at the same time involving different

consumers. This caused confusion with Service Provider, which, in turn, led to the response Consumer received. Service Provider explained the volunteer was actually a one-time volunteer from an outside organization. This information meant that the volunteer would not be back at Service Provider, and Consumer was relieved they would not see the person again. Consumer also informed Service Provider that had there been an apology that day, Consumer would have not brought this issue to anyone. Service Provider apologized to Consumer for their experience both in person and later through a letter. Finally, Service Provider acknowledged the need for more thorough training of volunteers, including those that are one-time volunteers.

Challenges

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

- **Mental Health & Substance Use Disorder**

As in previous reports, mental health and substance use disorder issues continue to be a challenge. A large number of HCAP consumers have mental health issues, a substance use disorder, or both. Those currently struggling with substance use disorder or those who have a substance use disorder history may have barriers to securing services from some providers. Mental health can also create a barrier for the consumer seeking access to services as the consumer's interactions with a service provider may be negatively impacted; this could potentially create a situation where the consumer is terminated or suspended from services. A consumer's mental health and substance use disorder can also negatively affect the consumer's housing as it may keep the consumer from being able to follow program rules or qualify for other housing opportunities. HCAP shares some of the same challenges as other service providers around mental health & substance use disorder.

HCAP consumers may meet with HCAP and then hours later forget that we met or what the topic and outcome of the meeting was. For example, one consumer has left a meeting and then hours later called and left a voicemail disparaging HCAP's services. This has occurred after HCAP secured them a new bed, assisted in completing a renewal for a housing subsidy, and facilitated a conversation with the consumer's doctor about a future treatment plan. Then a week later, the consumer will drop in and seek services again – often times for the same issues as before.

Another HCAP consumer has burned through services with almost every service provider community organization, both those that do and do not that do not receive Ryan White or San Francisco Department of Public Health HIV Services funding. This is due to behavioral issues tied to mental health. HCAP continues to work through issues with the consumer to try to keep them in services with their last remaining providers while also navigating consumer's explosive behaviors and inappropriate comments. The consumer directs these comments at staff of his providers, but consumer has also subjected HCAP to these same comments. This consumer sends numerous, very long emails, which are sometimes offensive. Additionally, the impulse to send these types of emails to the service providers HCAP is currently assisting the consumer with has led to additional barriers in services, that HCAP then has to navigate with the consumer.

A third HCAP consumer leaves numerous voicemails containing statements with very little basis in reality. These calls are generally made when the consumer has engaged in substance use. Due to behaviors that may have been caused by substance use disorder and mental health, this consumer was suspended from services by a service provider. Since then, the consumer has continued to spiral and, at times, their housing has been in danger. The behaviors also make it difficult for other service providers to engage the consumer in services, though most service providers have not given up and take this consumer's behaviors in stride.

A fourth HCAP consumer has made threats towards his health care and mental health care providers. The consumer has also made what appears to be threats towards other providers; however, instead of threats, they are the consumer using "I feel" statements that he has worked on. This hard work by the consumer has replaced a past of explosive behavior. However, when the consumer is engaged in substance use or in a manic episode, the explosive behavior comes back and has not only impacted his ability to access services, but also has threatened his housing.

- **Housing & Homelessness**

As in previous HCAP reports and other presentations the San Francisco HIV Community Planning Council has heard, the ongoing housing crisis in the Bay Area continues to be a challenge for HCAP consumers. This year, the number of housing cases were seven fewer than last year (5% less). However, 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, currently housed consumers face an increasing chance they may become homeless due to financial, mental health, substance use disorder, or behavioral issues. Finally, temporarily housed consumers or those in transitional housing programs become increasingly apprehensive about their future housing. While there has been a commitment from some transitional housing providers to not leave consumers homeless, the stress and anxiety of a consumer knowing they are in transitional housing is still at high levels. This stress and anxiety can cause consumers to engage in negative behaviors and may affect their mental health. This behavior could lead to a realization of their fears of losing their housing, and could lead to termination or suspension from other much-needed services.

- **Aging with HIV/AIDS**

As the population of people living with HIV/AIDS becomes older, consumers face numerous new challenges. Consumers struggle to find people to list as executors or beneficiaries in their wills, agents in their powers of attorney, and agents in their advance health care directives. Consumers struggle with isolation, and feel social support groups have started catering to a younger client base, and the support groups are increasingly including those without HIV/AIDS. Aging consumers have expressed their frustration and fear that the younger generation does not always know or appreciate the struggles of those who have lived with HIV for years, including staff at service providers. Consumers have expressed frustration because long-time service providers are changing their names, merging, or receiving funding that requires them to work with additional consumers (i.e., people living with mental illness, seniors, and/or other disabilities). Consumers have also expressed the feeling of being "erased" or

forgotten due to the changing of government names and merging of government agencies with other divisions. Aging consumers have expressed survivor’s remorse and often times just want to tell their story of survival and the story of friends and loved ones they have lost. Some report frustration that they are not given this opportunity, as the staff at service providers are becoming increasingly busy. When these issues are brought up by consumers, HCAP tries to engage the consumer to collaboratively work on finding support groups or agencies that may best suit the consumer’s needs.

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 2018-19, HCAP referred consumers to the following agencies:

- | | |
|---|--|
| AIDS Legal Referral Panel | PRC |
| Catholic Charities | PRC: AIDS Emergency Fund |
| Catholic Charities Homelessness and Housing Services | PRC: Baker Places, Inc. |
| Catholic Charities Leland House | Project Open Hand |
| Catholic Charities Peter Claver Community | San Francisco AIDS Foundation |
| Coordinated Entry System (Dept. of Homelessness and Supportive Housing) | San Francisco Community Health Center |
| Forensic Housing Project | San Francisco Human Rights Commission |
| healthRIGHT 360 | Shanti Project |
| healthRIGHT 360 Dental | Sister Mary Philippa/St. Mary’s |
| Interfaith Winter Shelter Program | Southeast Health Center |
| Lutheran Social Services | The Q Foundation |
| Mission Neighborhood Health Center | Tom Waddell Urgent Health Clinic |
| Mission Neighborhood Resource Center | Urban Services YMCA |
| Openhouse | UCSF 360 Positive Health |
| PLUS Housing Program | UCSF Alliance Health Project |
| Potrero Hill Health Clinic | UCSF Dental Clinic |
| | UCSF Division of Citywide Case Management Programs |
| | University of the Pacific Dental Clinic |
| | Ward 86 |

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.

The following cases are a sample of technical assistance cases, and a description of the resolution achieved by HCAP.

- Near the end of the 2017-18 contract year, a Consumer requested HCAP look into a Service Provider's policy of not allowing consumers to sit on its board of directors. HCAP consulted with other providers about their policies and ascertained that many providers allow and encourage consumers to join their board of directors. Service Provider and HCAP, along with ALRP's Director, had conversations about the importance of consumers serving on boards, which gives consumers a much needed voice. Service Provider reported there was a long-standing policy due to a previous experience where a conflict arose related to a consumer serving on their board. During the 2018-19 contract year, HCAP participated in a mediation, had meetings with Service Provider, got Service Provider in touch with other providers, assisted Service Provider with drafting applications for a Client Advisory Board, and held a town hall style meeting. Through HCAP's assistance and Service Provider's hard work, Service Provider created a Client Advisory Board. Additionally, Service Provider has reversed their decision and now allows consumers to sit on their board of directors.
- A case manager from Service Provider reached out to HCAP for assistance with a consumer. The case manager had been working with a housing provider to get Consumer transferred to another property due to threats made towards Consumer by other residents and their guests, Consumer's overall health and safety, and habitability issues. The case manager was also attempting to get the housing provider staff to take a supportive stance for Consumer when issues arose. Consumer and their case manager alleged – due to several instances – that the provider's staff was not assisting Consumer because of Consumer's race. The case manager and Consumer had requested mediation and requested HCAP attend. The housing provider brought in a mediator for the session. Post-mediation, Consumer still did not feel safe or supported by housing provider's staff. Previously, Consumer's case manager tried several times to get Consumer placed on the emergency transfer list and had not received any response from the agency in charge of the list. HCAP then reached out to the Mayor's Office of Housing and Community Development on behalf of Consumer. Through advocacy from both the case manager and HCAP, we were eventually able to get a response. We also ensured Consumer's placement on the list backdated to the date of the original emergency transfer request made by the case manager. While Consumer remains on the emergency transfer list, their case manager and HCAP continue to send incident reports to the appropriate agency in hopes of speeding up the transfer when/if a unit becomes available at a different location.

Outreach to Consumers and Providers

HCAP conducts outreach to both consumers and service providers. During the 2018-19 contract year, HCAP conducted 17 outreach presentations,³² at the following organizations:

³² Consumer outreaches totaled six, and Service Provider outreaches totaled 11. The list of agencies includes staff and consumers, and some of the agencies had multiple presentations or were a combined consumer/staff presentation.

AIDS Legal Referral Panel
Catholic Charities: Leland House
Derek Silva Community (Catholic Charities)
El/La Para TransLatinas
HIV/AIDS Provider Network (HAPN)
Larkin Street Youth Services
Marin Care Council
Project Open Hand
San Mateo County HIV Program Community Board
The Spahr Center
UCSF Women's HIV Program
Westside Community Services

HCAP requests consumers and provider staff complete a survey after an outreach is completed. During this contract year, 91% of consumers who completed the survey rated HCAP's presentation as a 4 or 5 out of 5. During this contract year, 100% of service provider staff that completed the survey rated HCAP's presentation as "very good" or "excellent". Some of the comments from the surveys included:

- "Very personable guy, very informative and helpful, and kind to us. Great presentation. Learned a lot."
- "I'm enthusiastic about the potential collaboration."
- "I enjoyed our lively and honest discussion."
- "Really interested and so glad to learn you exist! I will be calling you!"

HCAP is actively working to schedule outreach opportunities with staff and consumers for the 2019-20 year. This includes outreaches already scheduled at: The Shanti Project, and UCSF Women's HIV Program.

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 92 satisfaction surveys³³ and received 11 completed surveys back,³⁴ a 12% response rate. After sending the consumer survey forms, there is a follow up phone call made encouraging the consumer to fill out and return the form. 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. HCAP is currently in the process of sending consumer satisfaction surveys by mail to the remaining 36 consumers for the 2018-19 contract year (cases opened and/or closed since January 1, 2019).

³³ A survey is sent out for each HCAP case that is opened. This includes cases for consumers that have received services earlier in the 2018-19 contract year.

³⁴ Not all questions are answered on each form. Additionally, one consumer may return one survey but have received services in multiple cases.

Overall Satisfaction	<ul style="list-style-type: none"> • 10 out of 11 respondents (91%) gave HCAP a 3 or 4 out of 4 satisfaction rating. • 1 out of 11 respondents (9%) rated HCAP 2 or below (out of 4).
Cultural Sensitivity of Staff	<ul style="list-style-type: none"> • 10 out of 11 (91%) consumers felt that staff was sensitive to their cultural identity and/or sexual orientation. • 1 out of 11 respondents (9%) left this question blank on their survey.
Consumers' Stress/Worry About Their Issue	<ul style="list-style-type: none"> • 8 out of 11 respondents (73%) "felt better" (3 or 4) after contacting HCAP. • 2 out of 11 respondents (18%) selected 2 or below out of 4. • 1 out of 11 respondents (9%) left this question blank on their survey.
Comments	<ul style="list-style-type: none"> • <i>"I am grateful and will continue with needing your representation forward on."</i> • <i>"I cannot think of legally serving the HIV community any better. Impressive."</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, throughout the contract year, HCAP was able to produce information regarding service trends 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 2017-2018 contract year (the most current report), HCAP received 96 out of a possible 100 points (96%).

Training and Continuing Education

To better serve the community, HCAP staff attends trainings every contract year. During the 2018-19 contract year, HCAP staff attended trainings focused on active listening, mediation of consumer grievances, harm reduction philosophy and practice, mental health issues, and other topics. HCAP staff attended the following trainings:

PRC: Health Care Basics
 Public Interest Boot Camp
 Trans & LGBQ Inclusion Provider Training
 SF HIV Frontline Organizing Group (FOG):
 U = U

De-escalation & Conflict Resolution Workshop
 Ethics of Electronic Information 2018
 Representing the Pro Bono Client: Administrative Hearings 2018
 SO/GI 101: Practicing Cultural Humility,

Collecting Information about Sexual
Orientation and Gender Identity
Dept. of Public Health: Burnout
Prevention 2 – Specialized Focus
Conflict Coaching (2 day training)
HIVE: Toward Health Equality:
Understanding the Role of Structural
Racism
Intermediate Conflict Coaching

Harm Reduction Coalition: Harm
Reduction Training
Minority Stress and Trauma-Informed
Approach
Client Control: Tips and Tricks for
Managing Challenging Client Behavior
SF HIV Frontline Organizing Group (FOG):
HIV and Aging