

HIV Consumer Advocacy Project (HCAP) Annual Report 2019-20 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 care. HCAP is a unique program as it is one of the only programs created specifically to provide these unique 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 termination or suspension of services, barriers to enrollment, miscommunication between consumers and staff and/or volunteers of an agency, and problematic policies or procedures of the service provider.

A full-time Staff Attorney, with experience in mediation and advocacy, staffs the HCAP position. The Executive Director of the AIDS Legal Referral Panel supervises the HCAP Staff Attorney.

Consumers Served

From March 1, 2019 through February 29, 2020, HCAP served **90** unduplicated clients (UDC) with **123** 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 no significant change in the amount of consumers HCAP has served over the previous two years. HCAP served 91 clients in 2018-19, 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 2019-2020 contract year, 89 clients or 99% were in San Francisco County and 1(1%) from Marin County. There were no HCAP clients served in San Mateo County for this contract year.

Trends in 2019-20

Four notable trends¹ stand out for the 2019-20 contract year.

A. Emergency Financial Services

HCAP consumers are increasingly in need of Emergency Financial Services. HCAP saw an increase from 4 Non Housing-related matters and 10 Housing-related matters to 5 Non-Housing related matters and 18 Housing related matters requiring

¹ Note that with so few consumers, even one or two consumers could appear to be a trend.

emergency financial assistance. Of the 23 Total Emergency Financial Service matters, 21 of them involved Information and Referral; 3 Access; and 3 Eligibility.

B. Increased referrals

The third notable trend is the continued increase in referrals HCAP made in the 2019-20 contract year. When possible, HCAP makes a “warm referral.” Referrals that are tracked by HCAP consist of the following:

- 52 first time referrals to a service provider
- 4 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;
- 1 referrals for outside mediation;
- 1 referrals to miscellaneous/other;
- 0 referral to San Francisco Human Rights Commission; and
- 2 referrals for legal services.

C. Age

The third notable trend is the age of HCAP consumers. The majority of consumers (approximately 67% up from 66% in 2018-19) is over 51 years of age. This is consistent with patterns the San Francisco HIV Community Planning Council has heard from other presentations.

D. Psychosocial Support and Mental Health

Both service categories of Psychosocial support and mental health saw sharp increases in matters. Psychosocial support increased from 5 consumers last contract year to 12 in 2019-20; Mental Health increased from 3 consumers last contract year to 9 in 2019-20.

Self-Reported Consumer Data^{2, 3}

GENDER	2019-20	<i>2018-19</i>	2017-18	2016-17	2015-16
Male	78 (87%)	<i>79% (72)</i>	83% (77)	87% (67)	83% (71)
Female	9 (10%)	<i>13% (12)</i>	11% (10)	9% (7)	3% (3)
Transgender Female	2 (2%)	<i>4% (4)⁴</i>	5% (5)	4% (3)	12% (10)
Other/Decline to State	1 (1%)	<i>3% (3)⁵</i>	1% (1)	0%	2% (2)
Transgender Male	0 (0%)	<i>0%</i>	0%	0%	0% (0)

AGE	2019-20	<i>2018-19</i>	2017-18	2016-17	2015-16
0-20	0 (0%)	<i>0% (0)</i>	<i>0% (0)</i>	<i>0% (0)</i>	<i>0% (0)</i>
21-30	7 (8%)	<i>4% (4)</i>	<i>2% (2)</i>	<i>5% (4)</i>	<i>12% (10)</i>
31-40	6 (7%)	<i>12% (11)</i>	<i>14% (13)</i>	<i>12% (9)</i>	<i>12% (10)</i>
41-50	15 (17%)	<i>12% (11)</i>	<i>24% (22)</i>	<i>18% (14)</i>	<i>30% (26)</i>
51-60	39 (43%)	<i>55% (50)</i>	<i>49% (46)</i>	<i>44% (34)</i>	<i>30% (26)</i>
61+	22 (24%)	<i>16% (15)</i>	<i>11% (10)</i>	<i>21% (16)</i>	<i>14% (12)</i>
Unknown/Decline	1 (1%)	<i>0% (0)</i>	<i>0% (0)</i>	<i>0% (0)</i>	<i>2% (2)</i>

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

³ The % consumers is noted in parentheses following the number of respondents as of 2019-20 contract year.

⁴ Consumers are asked to self-report the gender they identify as. Some transwomen responded as “female.” This response was recorded as the consumer reported.

⁵ If the consumer identifies solely as “transgender,” they are included in the “Other/Decline to State” category.

RACE/ETHNICITY	2019-20	2018-19⁶	2017-18	2016-17	2015-16
White	49 (54%)	51% (46)	59% (47)	51% (39)	45% (39)
Latino/a	16 (18%)	20% (18) ⁷	23% (21)	23% (18)	14% (12)
African American/Black	15 (17%)	23% (21)	20% (16)	18% (14)	26% (22)
Mixed Race	4 (4%)	3% (3) ⁸	6% (5)	8% (6)	5% (4)
Asian/Pacific Isl.	3 (3%)	5% (5)	3% (2)	4% (3)	3% (3)
Native American	0 (0%)	1% (1)	1% (1)	3% (2)	0% (0)
Native Hawaiian	0 (0%)	0% (0)	3% (2)	0% (0)	
Other/Unknown	3 (3%)	16% (15) ⁹	9% (7)	3% (2)	9% (8)

SEXUAL ORIENTATION	2019-20	2018-19	2017-18	2016-17	2015-16
Gay/Lesbian	64 (71%)	66% (60)	66% (61)	61% (47)	64% (55)
Heterosexual	16 (18%)	18% (16)	17% (16)	16% (12)	10% (9)
Bisexual	7 (8%)	10% (9)	8% (7)	10% (8)	16% (14)
Other/Decline to State	3 (3%)	7% (6)	3% (3)	8% (6)	9% (8)

ANNUAL INCOME	2019-20	2018-19	2017-18	2016-17	2015-16
No Current Income	7 (8%)	7% (6) ¹⁰			
Under \$15,000	65 (72%)	76% (69)	80% (74)	77% (59)	78% (67)
\$15,001 - \$26,000	5 (6%)	10% (9)	11% (10)	6% (5)	10% (9)
\$26,001 - \$30,000	4 (4%)	1% (1)	0% (0)	1% (1)	1% (1)
\$30,001 - \$45,000	4 (4%)	3% (3)	3% (3)	8% (6)	5% (4)
\$45,001 - \$50,000	1 (1%)	1% (1)	2% (2)	0% (0)	0 (0)
Over \$50,000	1 (1%)	1% (1)	0% (0)	0% (0)	1% (1)
Unknown/Decline to State	3 (3%)	1% (1)	4% (4)	8% (6)	5% (4)

⁶ Some consumers identified themselves in multiple categories.

⁷ Includes consumers that solely identify as Latinx and consumers that also identify as another race/ethnicity.

⁸ Consumers identifying as “mixed race” reported their identities to be: Native American and White (2), and Native American and African American/Black (1).

⁹ Consumers that identify as Latinx and no other race/ethnicity are not included in the “Other/Unknown” category. Instead, they are only included in the Latino/a category.

¹⁰ Beginning in 2018, HCAP started reporting a “No Current Income” category.

Service Categories

SERVICE CATEGORY	2019-20 ¹¹	2018-19	2017-18	2016-17	2015-16
Benefits Counseling	7 (6%)	1% (1)	1% (1)	7% (6)	0% (0)
Case Management	7 (6%) ¹²	15% (20)	15% (19)	11% (10)	18% (19)
Dental	6 (5%)	9% (11)	18% (23)	12% (11)	10% (11)
Emerg. Financial Assist.	23 (19%) ¹³	11% (14)	9% (12)	4% (4)	0% (0)
Food	9 (7%)	4% (5)	2% (3)	6% (5)	5% (5)
Hospice	2 (2%)	0% (0)	1% (1)	1% (1)	2% (2)
Housing	14 (11%)	22% (28)	27% (35)	27% (24)	30% (32)
Legal	1 (1%)	0% (0)	2% (2)		
Mental Health	9 (7%)	3% (3)	3% (4)	0% (0)	3% (3)
Money Management	8 (7%)	9% (12)	5% (7)	4% (4)	2% (2)
Other	3 (2%) ¹⁴	0% (0)	1% (1)		
Outpatient Substance Use	0 (0%)	1% (1)			
Primary Medical	21 (17%)	13% (17)	13% (17)	18% (16)	11% (12)
Psychosocial Support	12 (10%)	4% (5)	9% (12)	11% (10)	4% (4)
Request for Assistance by Service Provider	5 (4%)		Moved ¹⁵	20% (18)	26% (28)
Residential Substance Use	8 (7%)	9% (11)	4% (4)	3% (3)	4% (4)

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

Notes on the four most frequently occurring service categories:

- **Emergency Financial Assistance**

19% of HCAP consumers' issues involved Emergency Financial Assistance up from 11% in the previous contract year. As noted above, HCAP saw an increase from 4 Non-Housing related matters and 10 Housing related matters to 5 Non-Housing related matters and 18 Housing related matters requiring emergency financial assistance. Of the 23 Emergency Financial Assistance matters, 21 of them involved Information and Referral; 3 Access; and 3 Eligibility.

- Non housing-related: 2 Access; 1 Eligibility; and 4 Information and Referral.
- Housing-related: 1 Access; 2 Eligibility; 17 Information and Referral; and 1 Termination.

¹¹ Prior to the 2018-19 contract year, some consumers received assistance in more than one service category.

¹² In this category, there were 3 cases involving medical case management and 4 non-medical compared to 13 medical and 7 non-medical in 2018-19.

¹³ In this category, 18 cases involved housing and 5 non-housing assistance compared to 10 cases for housing and 4 for non-housing purposes in 2018-19.

¹⁴ Other has been used for the removal of access barriers such as assistance obtaining identification. In 2 of the 3 instances, the category was listed in conjunction with other Service Categories.

¹⁵ Reporting of Request for Assistance was moved to Consumer Issues as it is a consumer issue and different from the service category of the service provider.

- **Primary Medical Care**

17% of HCAP consumers' issues involved Primary Medical Care up from 13% in the previous contract year. 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 1 Cultural Sensitivity; 5 Access; 11 Information and Referral; 8 Miscommunication; 1 Misconduct; 4 Problematic Policy or Procedures; 1 Quality of Care; and 1 Termination. 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.

- **Housing**

18% of HCAP consumers' issues involved Housing (7% of which involved residential treatment facilities). This is a decrease from the 31% of matters (9% of which involved residential treatment facilities) in the previous contract year. Nonetheless, housing in the Bay Area continues to be one of the largest issues for consumers. Unaffordable rents, program rules, and behavioral health issues can destabilize consumers' housing and without proper wrap-around services, evictions can threaten a consumers' health. Services related to housing included: 2 Access; 1 Assistance Requested by Provider; 2 Failed negotiations with regard to grievance; 1 Non-engagement with regard to complaint; 4 Failure to Observe Policy or Procedures; 9 Information and Referral; 5 Miscommunication; 2 Problematic Policy or Procedures; and 7 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.

- **Psychosocial Support**

10% of HCAP consumers' issues involved psychosocial support, which is a significant increase from 4% of consumers' issues in the previous contract year. As the population of people living with HIV ages, an increasing need for group events, care navigation, peer support and other psychosocial support is presented. Half (6) of these cases involved Information and Referral; 2 Problematic Policy or Procedures; 3 Suspension; and 2 Termination.

Consumer Issues

The following chart is an overview of the types of issues that consumers brought to HCAP. Some consumers have more than one issue. These issues are based on the consumer and/or outside case management or social worker reports.

TYPE OF ISSUE	2019-20	2018-19 ¹⁶	2017-18	2016-17	2015-16
Access	17 (14%)	0% (0)	22% (29)	10% (9)	4% (4)
Assistance Sought by Provider	5 (4%)	9% (11)	12% (16)	20% (18)	26% (28)
Confidentiality	0 (0%)	2% (2)	1% (1)	0% (0)	4% (4)
Cultural Sensitivity	3 (2%)	2% (3)	1% (1)	0% (0)	3% (3)
Eligibility	5 (4%)	3% (4)	1% (1)	6% (5)	4% (4)
Failure to Observe Procedures	5 (4%)	4% (5)	3% (4)	1% (1)	1% (1)
Information and Referral	79 (64%)	43% (55)	14% (18)	2% (2)	2% (2)
Miscommunication	16 (13%)	17% (22)	12% (16)	2% (2)	7% (8)
Misconduct	6 (5%)	10% (13)			
Non-Engagement with Regard to Grievance/Complaint	1 (1%)	0% (0)	0% (0)	2% (2)	4% (4)
Problematic Policy or Procedures	9 (7%)	19% (24)	12% (16)	8% (7)	14% (15)
Quality of Care	1 (1%)	24% (31)	36% (47)	37% (33)	34% (36)
Suspension From Services	4 (3%)	4% (5) ¹⁷	Not counted	Not counted	Not counted
Termination From Services	13 (11%)	13% (17)	18% (23)	11% (10)	16% (17)

¹⁶ Some consumers have more than one type of issue.

¹⁷ Starting in 2018, HCAP tracked suspension of services separately from termination from services.

Services Rendered¹⁸

SERVICES RENDERED	2019-20	2018-19	2017-18 ¹⁹
Advice: Misc/Other	14 (11%)	5% (6)	6% (8)
Advice: Request for a change in policy	5 (4%)	4% (5)	5% (7)
Advice: Request for accommodations	2 (2%)	3% (4)	7% (9)
Advice: Request for investigation	9 (7%)	11% (14)	6% (8)
Advice/Consultation	81 (66%)	81 (58)	63% (83)
Filing Appeal	0 (0%)	5% (7) ²⁰	
Filing Grievance	9 (7%)	11% (14)	17% (22)
Info: Agency policy and procedures.	10 (8%)	68% (87)	48% (63)
Info: Legal rights and duties	2 (2%)	16% (20)	14% (18)
Info: Misc/Other	3 (2%)	5% (7)	9% (12)
Mediation	7 (6%)	2% (2)	3% (4)
Mediation Referrals	1 (1%)	2% (2)	0% (0)
Referral: Agency Referral	52 (42%)	8% (10) ²¹	
Referral: Alternative service providers	4 (3%)	16% (21)	6% (8)
Referral: Misc/Other	1 (1%)	2% (2)	0% (0)
Referral: SF Human Rights Commission	0 (0%)	1% (1)	1% (1)
Referral for Legal Services	2 (0%)	2% (3)	8% (11)
Representation in meeting	14 (11%)	5% (7)	7% (9)
No Services Rendered ²²	4 (0%)	4% (5)	Not counted

Outcomes

OUTCOMES	2019-20 ²³	2018-19	2017-18
Agency Action Rejected	3 (2%)	7% (9)	1% (1)
Agency Action Sustained	4 (3%)	2% (3)	5% (6)
Appeal of Initial Outcome	0 (0%)	0% (0)	6% (8)
Case Still Pending	8 (7%)	10% (13)	13% (17)
Grievance Filed ²⁴	7 (6%)	11% (14)	17% (22)
No Services Rendered ²⁵	8 (7%)	2% (3)	2% (2)
Services Rendered	112 (91%)	88% (122)	85% (112)

¹⁸ Some cases required more than one service to be rendered.

¹⁹ 2017-18 is the first contract year this information is included in the annual report.

²⁰ 2018-19 is the first contract year this “Services Rendered” category is reported separate from filing a grievance.

²¹ 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.

²² 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.

²³ Some cases resulted in more than one outcome.

²⁴ Until this includes appealing a decision to terminate or suspend services. HCAP is working on having this reported as two separate categories in the future.

²⁵ Includes cases still open for new 2019-20 contract year

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

One consumer had a long standing relationship with a Dental Service provider was terminated from dental services. Although initial attempts at reinstatement were made, it was ultimately decided that this service provider was ill suited for the client. HCAP successfully connected this client to various other service providers in San Francisco and they will now be able to complete the dental work they need using Ryan White Care funds through another network of providers.

Another client was very concerned about their cohabitation environment at a residential treatment facility because of a notice that was given to them by their property manager which seemed to threaten discharge from the program. By the time the client sought assistance, their relationship with their roommates and case manager had become so toxic that it was affecting the client's mental health stability, housing stability and treatment plan. The client enlisted the assistance of HCAP. Through mediation and conflict resolution efforts, the client got on speaking terms with two of their roommates and began regularly attending community events, which support their treatment plan. With the identification of challenges and negotiation of creative resolutions, the residential program adjusted their position to be supportive of a new Treatment Plan of Care which included stable housing for the client.

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.

One HCAP consumer was terminated from services by nearly every service provider and community organization in the city, DPH-funded or not. This was due to behavioral issues tied to their mental health. Despite multiple successes in obtaining the client case management services, alternative service providers, and, in some instances, reinstatement, the client's behavioral challenges combined with the lack of available housing opportunities made it impossible for the client to find stable housing and the client left San Francisco for another EMA.

The above case highlights an important challenge within our system of care which, HCAP has seen in multiple cases.

Harm Reduction pitfalls

Individuals with dual diagnosis don't fit neatly into service provider categories. to seek assistance from. Repeatedly, substance use facilities require mental health concerns be addressed while simultaneously some mental health service providers and physicians will require periods of abstinence before treatment for any disorder is administered. These policies present challenges to a harm reduction approach.

In another instance, an HCAP consumer approached HCAP about advocating for expediting a mobility improving surgery which they were told required an abstinence period. Halfway through the abstinence period, the client began to experience anxiety as their physical condition worsened. As the client became physically unable to perform activities which they knew to be helpful for their sobriety, the dilemma of waiting for the abstinence program became more complicated in that the client could not exercise their own proven replacement techniques. It is in circumstances like this when that particular consumer's relationship with their service provider can sour. HCAP believes it important to begin tracking Harm Reduction issues beginning in the 2020-21 contract year.

• **Housing & Homelessness**

As in previous HCAP reports and other presentations that 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. The lack of available housing units and the bottleneck within the RCFCI system leave few opportunities for consumers looking for stable housing.

Coordinated Entry

The current incarnation of the City's Coordinated Entry System has not provided greater access to people living with HIV. In fact, it seems to have produced confusion for clients and service providers alike.

Without a clear system, we seem to be asking those people who should be prioritized – those who are our most severely disabled - to be the most effective at navigating the path to stable housing during periods of heavy instability.

• **Long-term survivorship**

Consistent with previous HCAP reports as well as other reports heard by the Planning Council, HCAP continues to see the population of people living with HIV age. Many consumers are Long Term Survivors who report feelings of loneliness, isolation, and trauma.²⁶

Trauma Informed Care

One area of improvement that we could see across our continuum of care is trauma informed service. Although this presents particular challenges for service providers who operate on a teaching or volunteer model, HCAP anticipates it will be increasingly important to address trauma awareness issues within the system of care and is currently tracking them separately in the 2019-20 contract year.

²⁶ Recent advocacy efforts resulted in the allocation of \$500,00 in City General Fund money to provide mental health services to Long Term Survivors.

- **Emergency Financial Services**

The availability of emergency funds was hugely successful in avoiding evictions this contract year. HCAP encountered at least two instances (one anecdotal) in which a lack of emergency funds for consumers residing in Marin resulted in housing instability for those clients.

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 2019-20, HCAP referred consumers to the following agencies:

AIDS Legal Referral Panel	Root & Rebound
Catholic Charities	San Francisco AIDS Foundation
Catholic Charities Homelessness and Housing Services	San Francisco Community Health Center
Catholic Charities Leland House	Shanti Project
Coordinated Entry System	Sister Mary Philippa/St. Mary's
Forensic Housing Project	Southeast Health Center
healthRIGHT 360	St. James Infirmary
Lutheran Social Services	Swords to Plowshares
Maitri	The Q Foundation
Mission Neighborhood Health Center	Tom Waddell Urgent Health Clinic
Openhouse	UCSF 360 Positive Health
PLUS Housing Program	UCSF Alliance Health Project
PRC	UCSF Dental Clinic
PRC: Emergency Financial Assistance (formerly AIDS Emergency Fund)	UCSF Division of Citywide Case Management Programs
PRC: Baker Places, Inc.	University of the Pacific Dental Clinic
Project Open Hand	Ward 86
Rafiki Coalition	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 technical support during the 2019-20 contract year.

Outreach to Consumers and Providers

HCAP conducts outreach to both consumers and service providers. During the 2018-19 contract year, HCAP conducted 19 outreach presentations,²⁷ at the following organizations:

UCSF Women's HIV Program
Lutheran Social Services
PRC
St. James Infirmary
Shanti
Strut
Stonewall
Citywide Case Management
Marin Care Council
Mission Neighborhood Clinic
Glide

SF Community Clinic Consortium
COLA (Trans Female)
COLA (Hetero Cis Black Female)
Larkin Street Youth Services
Marin County Community Forum
El Grupo de Apoyo Latino
Elizabeth Taylor Network
El/La

HCAP requests consumers and provider staff complete a survey after an outreach is completed. During this contract year, 93% of consumers who completed the survey rated HCAP's presentation as a 4 or 5 out of 5. During this contract year, 93% 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:

- "Amazing work! So glad to know these services are available."
- "You were relatable, and friendly and I was very clear on the whole idea of knowing that we don't have to figure things out on our own!"
- "Come back - Nice headband"

HCAP is actively working to schedule outreach opportunities with staff and consumers for the 2019-20 year.

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. 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, HCAP sent out 113 satisfaction surveys²⁸ and received 7 completed surveys back,²⁹ a 4.4% response rate. 100% of the consumer surveys returned were positive.

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

²⁷ Consumer outreaches totaled 8, 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.

²⁸ 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.

²⁹ Not all questions are answered on each form. Additionally, one consumer may return one survey but have received services in multiple cases.

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. Moving into the 2019-20 reporting cycle, HCAP has improved reporting tactics and increased tracking areas as noted in this report.

HCAP is also reviewed annually by the San Francisco Department of Public Health. For the 2018-19 contract year (the most current report) HCAP received 90 out of a possible 90 points (100%).

Training and Continuing Education

To better serve the community, HCAP staff attends trainings every contract year. During the 2019-20 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:

ARIES Training

IMANI: Reigniting Black Love and Black Joy @
Rafiki Coalition

Mental Health Association of San Francisco-Peer
Support training

Fog Open Enrollment Bootcamp

California CLE: Ethical Issues in California Pro
Bono Representation

Felton Institute: "WORKING WITH DIFFICULT
PEOPLE: PERSONALITY DISORDERS"

Felton Institute Training: "Double Trouble" Dual
Disorder and Mental Illness

Planning Council Summit

Tools for Conflict Resolution, De-escalation, and
Support- Working With Clients Who Have
Experienced Poverty, Violence, and Other
Traumas

California CLE: Substance Abuse and
Competence Issues in the Legal Profession:
Prevention, Detection and Treatment

Community Engagement Committee Meetings -
monthly

Planning Council - monthly

HAPN Member meetings - monthly

Community Engagement Committee Meetings -
monthly