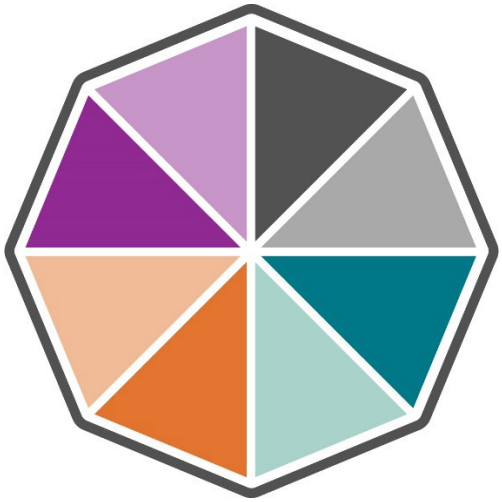
Clinical Quality Management Plan 2024 – 2027

Updated 2025



California Department of Public Health, Office of AIDS

Health Resources and Services Administration

Ryan White HIV/AIDS Program Part B

Clinical Quality Management Program

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Introduction

The California Department of Public Health (CDPH), Office of AIDS (OA), Ryan White HIV/AIDS Program (RWHAP) Part B, Clinical Quality Management (CQM) program coordinates activities aimed at improving care, health outcomes, and patient satisfaction for Californians served by the RWHAP Part B grant.

CQM activities focus on programs and services funded by RWHAP Part B. RWHAP Part B funded CDPH/OA programs include:

- AIDS Drug Assistance Program (ADAP)
- HIV Care Program (HCP)

AIDS Drug Assistance Program

ADAP helps ensure that people living with HIV and AIDS in California, who are uninsured or under-insured, have access to medication to treat HIV.

ADAP contractors also contribute to the CQM program activities as directed by OA. ADAP contractors include:

(1) over 200 enrollment sites who enroll eligible clients into ADAP.

(2) a pharmacy benefits manager who provides pharmacy benefits management services for ADAP clients;

and

(3) an insurance and medical benefits manager who remits health insurance premium payments and medical out-of-pocket payments for eligible clients.

HIV Care Program

HCP is funded by the Health Resources and Services Administration's (HRSA) RWHAP HIV/AIDS Program (Part B). HCP is part of a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are low income and who may be uninsured or underinsured. HCP seeks to improve the quality, availability, and organization of HIV health care and support services in California.

HCP subrecipients who provide RWHAP Part B services participate in the CQM program. Sub-recipients include 39 HCP-funded agencies that are critical to the success of the CQM program. HCP sub-recipients are local health jurisdictions or community-based organizations contracted to provide a range of HIV core medical and supportive services. There are three categories of HCP subrecipients:

(1) sub-recipients who do not provide direct services but contract with service providers.

(2) sub-recipients who provide direct services and do not contract with service providers; and

(3) sub-recipients who provide direct services and contract with service providers. See Appendix A for a list of RWHAP Part B Subrecipients.

RWHAP legislation mandates the establishment of a CQM program to "assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent U.S. Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services."

OA's CQM plan is a living document that describes all aspects of the CQM program including goals, infrastructure, performance measures, quality improvement (QI) activities, and evaluation of the CQM program. Annual reviews and revisions will be conducted based on findings from QI activities or new HRSA, CDPH, or OA policies.

A comprehensive Clinical Quality Management (CQM) program comprises three primary components: Infrastructure, Performance Measures, and Quality Improvement:

- *Infrastructure*: forms the foundational framework, encompassing the individuals and systems necessary to sustain and ensure the success of the CQM program. It includes various stakeholders and participants, including but not limited to the CQM program core group, workgroups, leadership, and people living with HIV.
- *Performance Measures*: involve the systematic process of collecting, analyzing, and reporting data related to the quality-of-service delivery, patient care, health outcomes, and satisfaction. This data-driven approach helps in identifying areas for improvement and tracking progress over time.
- *Quality Improvement*: focuses on the continuous efforts to enhance healthcare services and outcomes through targeted projects and interventions. It involves implementing changes based on performance data and feedback, fostering a culture of continuous improvement, and ensuring that best practices are consistently applied across the organization.

OA's CQM plan is a living document that describes all aspects of the CQM program including goals, infrastructure, performance measures, quality improvement (QI) activities, and evaluation of the CQM program. OA's CQM plan will be reviewed annually and revised based upon findings from QI activities and any new HRSA, CDPH, or OA policies.

Vision

We envision a California where HIV services are continuously improved and provided equitably to end the HIV epidemic and to foster support for communities affected by HIV, Hepatitis C Virus (HCV), and sexually transmitted infections (STIs) in California.

Mission

The OA RWHAP Part B CQM program works to continuously improve patient care, health outcomes, and satisfaction among Californians with HIV by conducting QI activities, providing CQM capacity building for key stakeholders, and enhancing internal OA policies and practices.

Values

Health Equity: We prioritize achieving the full health potential of all Californians living with HIV, regardless of socially determined circumstances.

Innovation: We value innovation in improving the health of individuals living with HIV, supporting novel approaches and proactive responses in advancing HIV treatment and care.

Partnership: We value the experience-driven recommendations of people who use RWHAP services, the guidance of our federal funders, and the programmatic expertise of local partners.

Empowerment: We prioritize person-centered solutions that empower people living with HIV, CQM partners, stakeholders, and the community.

Accountability: We are committed to transparency, providing timely feedback, showing improvements over time, and regularly assessing our advancement towards goals, commitments, and responsibilities.

2023 – 2027

In 2023, the CQM program was revitalized with the onboarding of a new CQM Specialist, focusing on establishing a strong program infrastructure to support the future growth and success of the program.

During the 2024 – 2025 program year (4/1/24 – 3/31/25), the CQM program established several foundational components necessary for a successful Clinical Quality Management Program. These components include the establishment of a four-year program plan, publishing several standard operating procedure documents, launching a quality improvement resource hub, and establishing processes for conducting annual program evaluations.

From 2025 to 2027 the CDPH Office of AIDS CQM program will continue to expand a comprehensive CQM program that not only meets HRSA PCN 15-02 requirements for program infrastructure, performance measures, and quality improvement, but also develops innovative and client-centered quality improvement projects to sustainably enhance client satisfaction, care, and treatment.

CQM Program Goals

Annual Goals

The CQM program has annual goals to sustain activities throughout each project year (04/01 – 03/31).

1. Collect and report ADAP and HCP Performance Measures.
    a. ADAP and HCP data are analyzed to assess performance measures and reported quarterly, as recommended in PCN 15-02.
2. Provide technical support to subrecipients.
    a. CQM Program will provide technical QI support to any RWHAP subrecipients conducting QI activities and projects, as well as to ADAP enrollment contractors requiring programmatic and operational assistance to enhance service delivery and support effective program implementation.
3. Conduct at least 1 QI project
    a. The CQM program will conduct at least one quality improvement project during the project year, aimed at improving health outcomes and processes related to ADAP/HCP services.
4. Evaluate the CQM program.
    a. A program evaluation is conducted at the end of each project year to evaluate program activities and projects conducted during that year. For more information regarding the CQM program evaluation, please refer to Program Evaluation.

2024 – 2025: Enhancing QI Infrastructure and Activities

- Re-establish CQM program partnerships with HCP subrecipients and ADAP contractors.
- Develop QI training tools/resources for OA Staff
- Conduct at least one QI project
- Convene CQM 2024 - 2025 Workgroup (CDPH, Office of AIDS)

2024 – 2025 CQM Program Key Outcomes and Accomplishments

Throughout the 2024 – 2025 program year, the CQM program had key accomplishments that helped the program advanced in its goal of enhancing internal QI infrastructure. These accomplishments include:

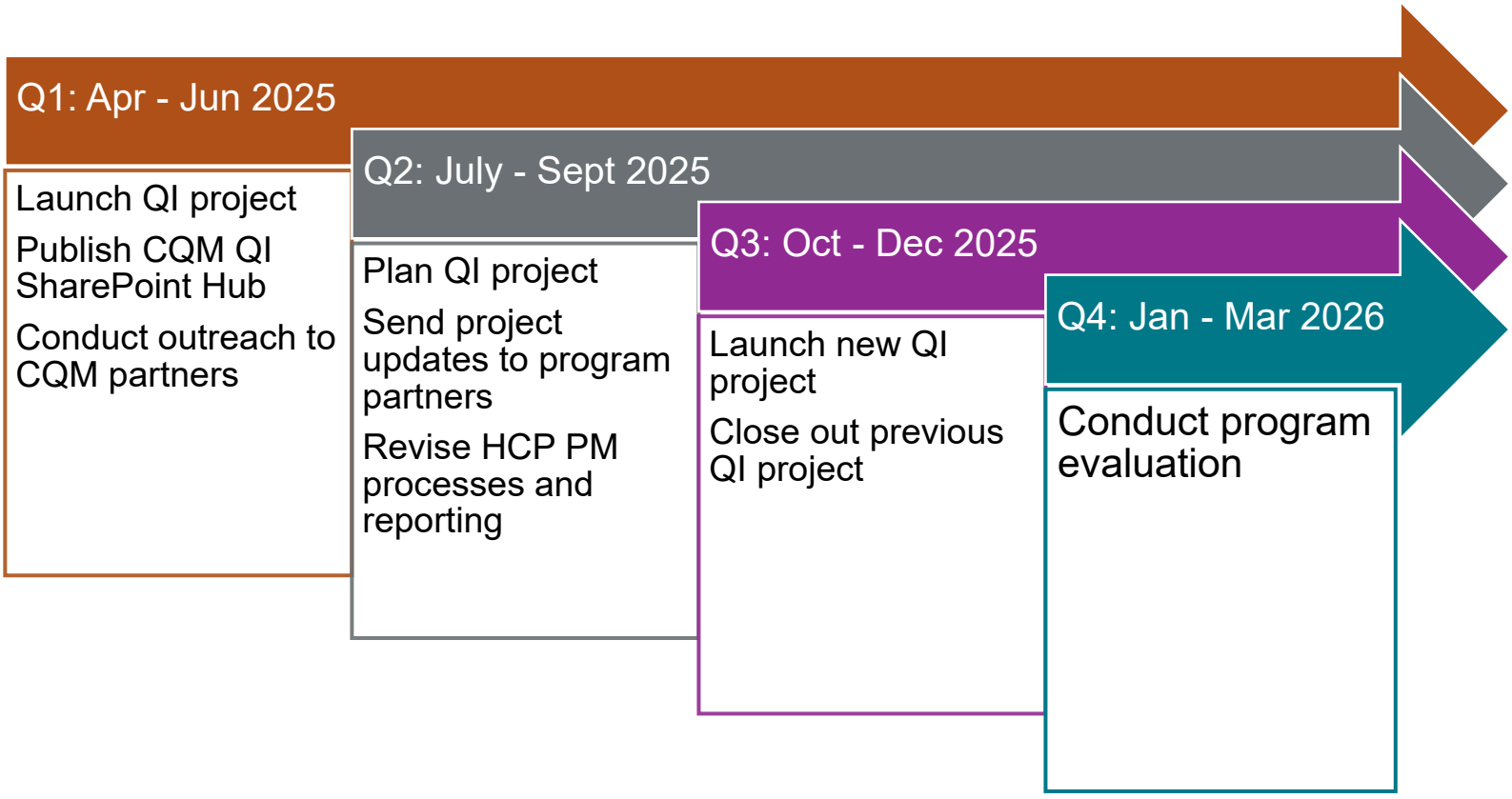
- Launched the PWH Mpox Vaccine Incentives Pilot program and developed a foundation for incentive-based programs.
- Published a 4-year program plan.
- Established processes for collecting and reporting ADAP CQM Performance Measurements.
- Conducted meetings with program partners.
- Conducted a program evaluation.
- Planned for future QI projects.
- Created a central CQM and QI hub SharePoint.

2025 – 2026: Cultivating Stakeholder/Consumer Relationships via QI Activities

The 2025 – 2026 project year will be dedicated to cultivating stakeholder and program partner relationships through quality improvement activities. These relationships include partnerships with other OA branches, STD Control Branch, local health jurisdictions, and ADAP/HCP contractors and subrecipients. Primary program goals for this year include:

- Report program updates to program partners (e.g. OA/STD- CB Monthly Partner Meeting, OA Voice,
- Establish CQM SharePoint resource hub for program partners
- Launch 1 QI project
- Re-evaluate HCP performance measures and redefine how performance measures are identified and collected upon launch of HIV Care Connect (HCC)

2025 – 2026 CQM Program Goals Timeline



2026 – 2027: Introducing the Comprehensive Clinical Quality Management (CQM) Program

i. Convene 2026 - 2027 CQM workgroup (CDPH/OA, external stakeholders/consumers)
ii. Conduct at least 3 QI projects (internal and external)
iii. Draft up new 4-year program plan

Infrastructure

CQM infrastructure is an essential component of a comprehensive CQM program, as it provides the essential foundation for a successful Clinical Quality Management program. Leadership plays a critical role by providing guidance and endorsing CQM program activities, ensuring that they align with overarching goals and priorities. The Office of AIDS staff offer technical support in various areas of HIV healthcare and evaluation, enhancing the program's effectiveness and capacity. Consumer work groups contribute valuable insight and guidance from an advocacy perspective, ensuring that the voices of the community are heard and considered. People living with HIV have an important role, as their input helps guide CQM activities and emphasizes the need for patient-centered practices and policies. This collaborative approach ensures that the CQM program is fully comprehensive, inclusive, and responsive to the needs of those it serves.

Leadership

The following OA leaders (herein referred to as CQM management sponsors) guide, endorse, support, and champion the CQM program:

- OA Chief
- OA Medical Officer
- ADAP & Care Evaluation and Informatics (ACEI) Branch Chief
- ADAP Branch Chief
- Care Branch Chief

The engagement of OA leadership underscores our commitment to fostering a culture of quality and continuous improvement within the Office of AIDS, ADAP, and RWHAP.

CQM Core Team

The CQM Core Team will be led by the CQM Specialist and is tasked with developing and implementing CQM work plan activities. These activities include program implementation, monitoring subrecipients, data collection and analysis, evaluation, and capacity building.

The Core Team will include representatives from the OA ACEI, ADAP, and Care branches, with additional member inclusion tailored to meet specific program needs.

Stakeholders

People Living with HIV (PLWH)

With a goal of improving care, health outcomes, and satisfaction for Californians served by the RWHAP Part B grant, it is critically important that people served by RWHAP have a voice in determining and guiding CQM activities. PLWH provide significant insight that will facilitate planning and activities that reflect their needs. To achieve the CQM program goals, the CQM program will develop plans to meaningfully engage with PLWH who utilize RWHAP services in the following activities:

- Discuss Future Quality Improvement and CQM Program Activities
  - By involving PLWH in discussions about upcoming initiatives, the program can ensure that the activities are relevant and prioritized according to the community's most pressing needs. This dialogue fosters a sense of ownership and empowerment among PLWH, leading to more effective and sustainable quality improvement efforts.
- Develop Strategies to Facilitate the Improvement of Patient-Centered Care
  - Engaging PLWH in strategy development helps create care models that are truly patient-centered. Their feedback can highlight specific areas where care can be more responsive and tailored to individual needs, ensuring that services are not only clinically effective but also compassionate and respectful of patients lived experiences.

This approach to engagement will ensure that the CQM program remains grounded in the actual needs and preferences of those it serves, thereby enhancing the overall quality and effectiveness of HIV care provided through the RWHAP.

OA Internal Stakeholders

OA internal stakeholders, including HIV Care Program (HCP) and ADAP branch staff, play a crucial role in the success of coordinated CQM activities. As the CQM program incorporates QI activities across OA, these stakeholders have the opportunity to provide valuable feedback on CQM initiatives and contribute their expert knowledge and skills to quality improvement (QI) projects. Their involvement ensures that the CQM program is informed by a diverse range of perspectives and expertise, facilitating more effective and comprehensive quality improvement efforts.

California Planning Group (CPG)

The California Planning Group (CPG) CPG is OA's statewide planning and advisory group for HIV care and prevention activities. CPG is currently composed of members nominated by each of the RWHAP Part A Planning Councils and HIV Planning Groups in California, along with at-large members. CPG membership includes people who have self-identified as living with HIV, people who receive RWHAP (including ADAP) services, and RWHAP service providers. The CQM program will continue to solicit CPG members' input on CQM activities.

Performance Measures

Performance measurement is the process of collecting, analyzing, and reporting data regarding quality-of-service delivery, patient care, health outcomes, and satisfaction. The CQM program selected performance measures that most accurately assess the services funded by the RWHAP Part B grant and reflect California HIV epidemiologic findings and identified needs of PLWH.

Based on HRSA's Policy Clarification Notice 15-02 (updated November 2018), the CQM program identified and developed performance measures for service categories that meet HRSA's formula threshold.

Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category	Minimum number of performance measures
>=50%	2
>15% to <50%	1
<=15%	0

Some CQM performance measures align with the HRSA/HAB core performance measures, while others are developed to reflect the unique service delivery and data collection processes specific to California RWHAP Part B program.

The following data sources are used to collect and report data for CQM program performance measurement:

- HIV Care Connect (HCC)
- ADAP Enrollment System (AES)
- Enhanced HIV/AIDS Reporting System (eHARS)

Descriptions of these systems are available online at OA HIV Data Systems (https://www.cdph.ca.gov/programs/cid/doa/pages/oa_hiv_data_systems.aspx).

ADAP performance measures are reported according to the RWHAP funding year, April 1st – March 31st, and HCP performance measures are reported according to the calendar year, January 1st – December 31st.

Quarterly reports summarizing the results of program performance measures are issued to both external and internal stakeholders at the end of each quarter, ensuring continuous transparency and reporting of CQM program performance measures. Quarterly reports are available at the CQM/QI SharePoint Hub, with access limited to program partners

The ADAP and HCP performance measures will be stratified by race, age, sexual orientation, and gender identity (SOGI), insurance status, and additional risk categories to assess disparities in specific populations, when possible, based upon population sizes.

Table 1: ADAP Performance Measures

Performance Measure	Definition	Data Source	2024 – 2025 Results	2025 – 2026 Goals
Viral Load Suppression[2]	Percent of enrolled ADAP clients[4] who have a viral load of <200 copies/ml at the end of the reporting period	eHARS	95%	95%
Comprehensive Healthcare Coverage[3]	Percent of enrolled ADAP clients[4] with comprehensive insurance coverage at the end of the reporting period	AES	76%	85%

1. 2024 – 2025 target determined by Ending the HIV Epidemic initiatives, HRSA guidance.

2. Viral load suppression is determined based on the most recent eHARS data available for ADAP clients who matched eHARS during the reporting period of interest.

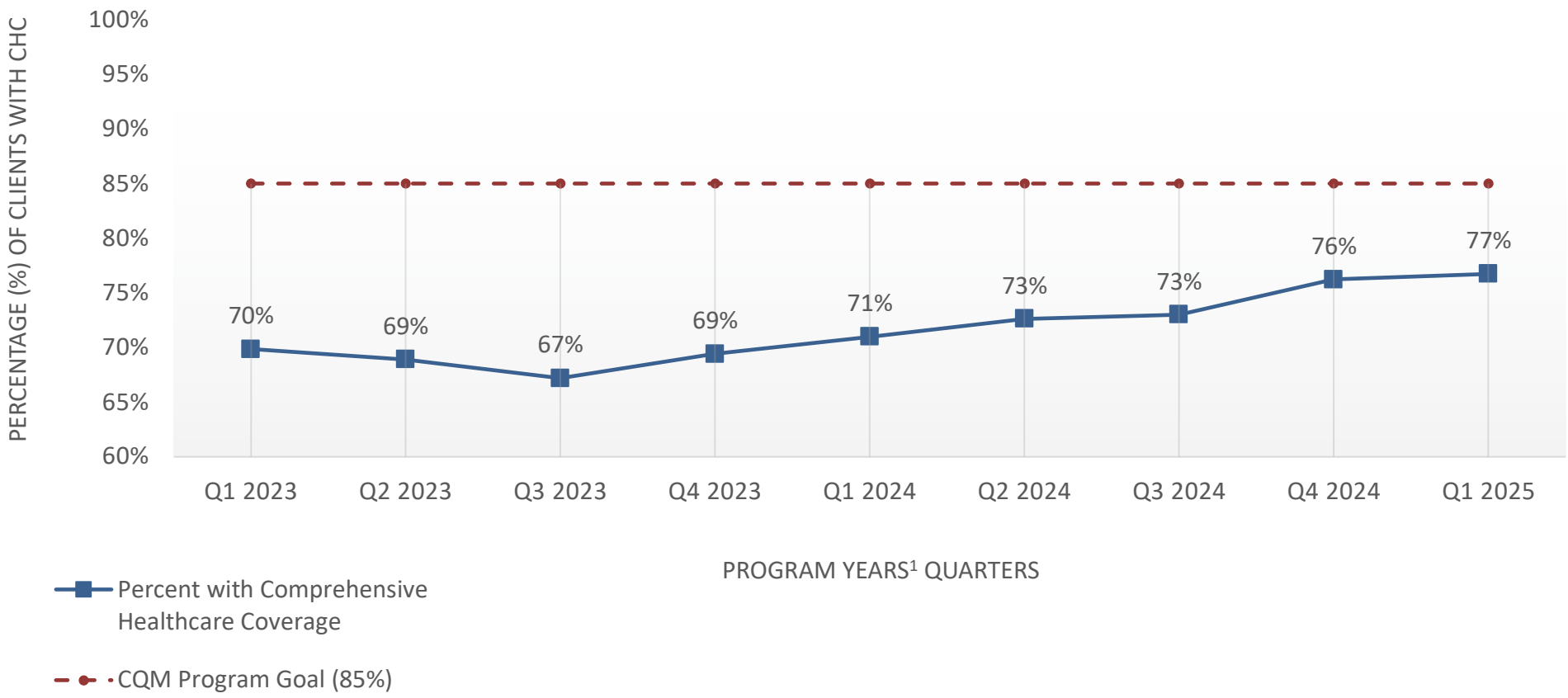
3. Comprehensive insurance coverage, or coverage that is compliant with the Affordable Care Act, includes both public and private insurance coverage (Medicare, Medi-Cal Share of Costs, and private insurance).

4. Enrolled ADAP clients are defined as clients that were enrolled in ADAP for at least one day during the reporting period.

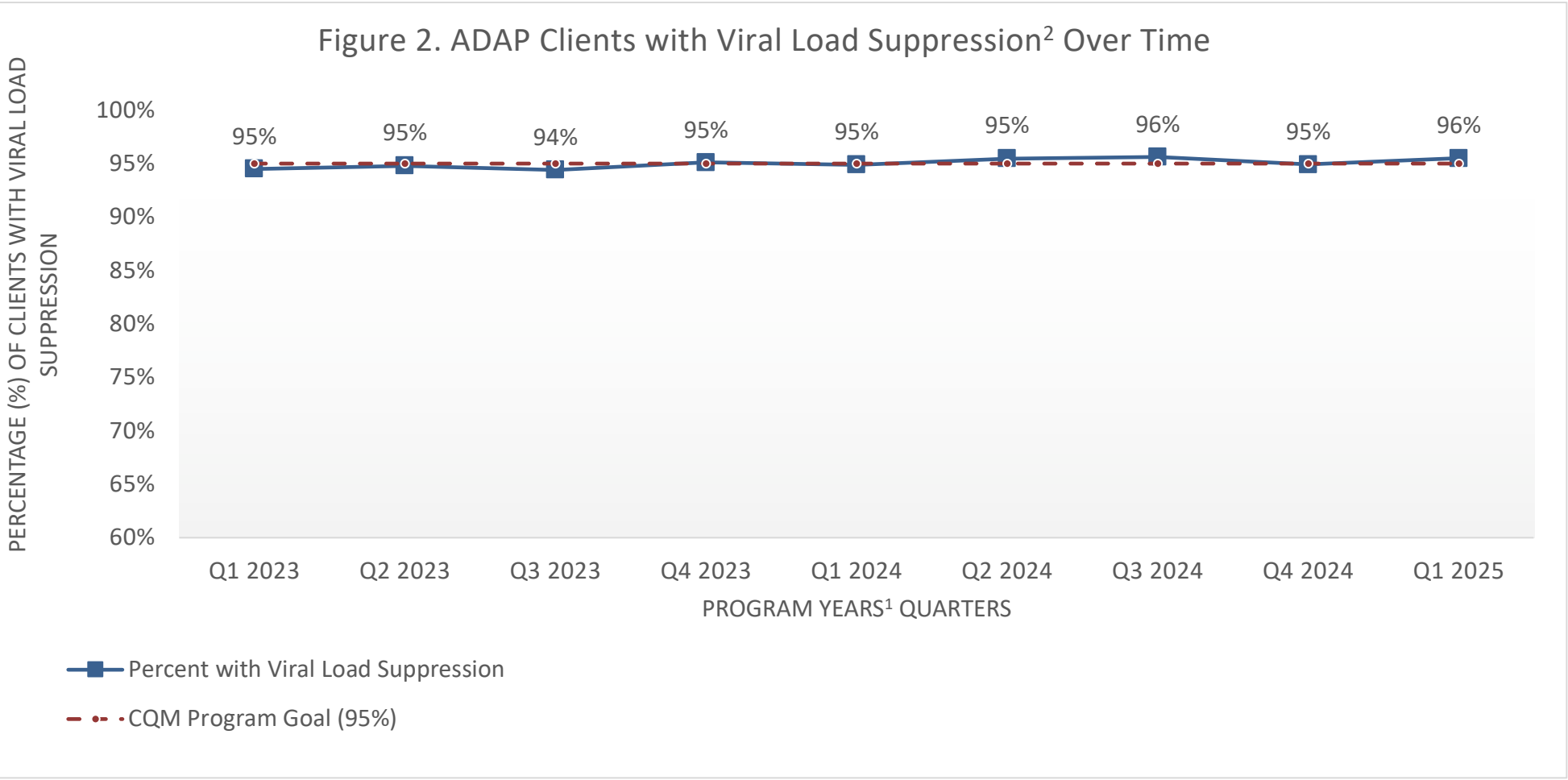
5. As of FY 2022, ADAP Performance Measures are reported according to the RWHAP funding year (04/01/25 – 03/31/26)

6. ADAP performance measures are subject to annual reviews

Figure 1. ADAP Clients with Comprehensive Health Care Coverage[2] Over Time



1. Program year is from 03/31 - 04/01
2. Comprehensive insurance coverage, or coverage that is compliant with the Affordable Care Act, includes both public and private insurance coverage (Medicare, Medi-Cal Share of Costs, and private insurance)



1. Program year is from 03/31 - 04/01
2. Viral load suppression is determined based on the most recent eHARS data available for ADAP clients who matched eHARS during the reporting period of interest.

Table 2: HCP Performance Measures

Service Category	Performance Measure	Definition	Data Source	2024 – 2025 Results	2025 – 2026 Goals
Outpatient/ Ambulatory Health Services (OAHS)	Viral Load Suppression	Percent of HCP clients who received OAHS and were virally suppressed at their last viral load test[2] during the reporting period	HCC and eHARS	90%	95%
Medical Case Management (MCM) Services	Engagement in Care - MCM	Percent of HCP clients who received MCM and had at least one medical visit or one viral load test[2] during the reporting period	HCC and eHARS	96%	95%
Non-Medical Case Management (NMCM) Services	Comprehensive Healthcare Coverage	Percent of HCP clients who NMCM and have comprehensive healthcare coverage[3] at the end of reporting period	HCC	86%	85%
Food Bank/ Home Delivered Meals (FBHDM)	Engagement in Care - FBHDM	Percent of HCP clients who received FBHDM and had at least one medical visit, or one medical case management visit, or one viral load test[2] during the reporting period	HCC and eHARS	93%	90%

1. Viral load result is based on the most recent data available in ARIES and/or eHARS data available for clients who matched with eHARS during the reporting period of interest.
2. Clients are deemed to have comprehensive healthcare coverage if they report having insurance in the following categories: Covered CA/ACA, Medicare, Medi-Cal/Medicaid, Tricare, Veteran's Care, or Private insurance.
3. HCP Performance Measures are reported according to the program year (04/01 to 03/31).
4. HCP Performance Measures to be re-evaluated upon launch of HIV Care Connect (HCC)

Quality Improvement (QI)

QI Projects Background

Quality improvement (QI) entails the development and implementation of activities to make changes to the program in response to available quantitative and qualitative data. QI project activities should be prospectively documented, and projects must use an established QI methodology.

Selecting a QI Project

Selection of QI projects are guided and determined by performance measures, HIV AIDS Bureau (HAB) Measures Guidance, EHE/Ending the Syndemic Goals, Office of AIDS/CDPH goals, health trends, client and stakeholder feedback, and the HIV National Strategy. Moreover, the CQM Core Team and Committee will select QI projects aimed at strengthening OA infrastructure through improving OA policies and procedures and enhancing CQM /QI activities and standards.

Methodology

OA's CQM Core Team will implement and document QI activities using the Model for Improvement methodology developed by Associates in Process Improvement and endorsed by the Institute for Healthcare Improvement. This methodology was chosen as it allows for implementation of change while building knowledge sequentially with multiple Plan-Do-Study-Act cycles for each idea. The implementation of additional quality improvement methodologies will depend on the nature of the QI project. See Appendix B for the Model for Improvement QI Roadmap.

2025 – 2026 Proposed Quality Improvement/Special Projects

ADAP Client Satisfaction Survey

The ADAP Client Satisfaction Survey project aims to improve the processes for surveying ADAP clients to better assess their satisfaction with, and gain their input on, ADAP services and support. This initiative is focused on obtaining valuable feedback from clients to inform improvements and ensure high-quality service delivery. A key objective of this project is to develop a sampling strategy that would both improve response rate and help to ensure that respondents are representative of the ADAP client population. By refining the survey methodology, enhancing outreach efforts, and engaging clients more effectively, the project seeks to gather comprehensive and actionable insights that will drive continuous quality improvement in ADAP services.

ADAP Re-enrollment Assessment

In partnership with Prime Therapeutics, the CQM program is investigating a quality improvement project for the 2025 project year to examine lapses in ADAP enrollment and coverage denials. This project aims to identify key barriers to the re-enrollment process by gathering insights from enrollment workers, pharmacies, and patients. These findings will inform strategies to ensure continuity of coverage for ADAP clients and to enhance efficiency and patient satisfaction with the re-enrollment process.

HCC System Launch & Training

The HCC (HIV Care Connect) System Launch & Training QI project aims to evaluate and enhance the training and onboarding processes associated with the launch of the new HCC data system. This initiative focuses on assessing the effectiveness of current training methods, identifying areas for improvement, and implementing strategies to ensure seamless onboarding experience for all users.

Capacity Building

The CQM program aims to cultivate a collaborative environment among subrecipients, facilitating the sharing of program successes and lessons learned for mutual benefit. The program also aims to establish robust procedures for documentation to ensure comprehensive QI activity tracking.

CQM/QI SharePoint Hub

The CQM program has launched a SharePoint Hub designed to serve as a central resource for quality improvement and program materials accessible to CQM program partners. This hub provides key resources, including data and performance measure reports/resources, past and current CQM plans, quality improvement and project management tools, and the latest on CQM program updates.

Access to this resource is limited to CQM program partners. To request access, please follow the directions using the link below.

https://cdph.sharepoint.com/sites/OOA/Clinical_Quality_Management_Hub/SitePages/Clinical-Quality-Management-(CQM)-QI-Hub.aspx

Evaluation of CQM Program

HRSA's PCN 15-02 states that, a comprehensive Clinical Quality Management (CQM) program involves an annual evaluation component to critically assesses the program's efforts toward achieving program goals and quality improvement (QI) activities. This evaluation is essential for ensuring the program remains aligned with its objectives and its practices can be sustained over time. By systematically reviewing the progress and outcomes of QI projects, the evaluation identifies strengths, areas for improvement, and best practices.

The annual CQM program evaluation also offers an invaluable opportunity for pause and reflection. It allows the program to take a step back and consider the effectiveness of recent strategies and interventions. This reflective process is crucial for continuous learning and adaptation, ensuring that the program evolves in response to new challenges and insights.

The CQM program evaluation will involve both internal and external stakeholders to allow for feedback from the entirety of the program infrastructure and offers a well-rounded point-of-view of the CQM program and associated activities.

Through this comprehensive evaluation, the CQM program can maintain its focus on delivering high-quality care and support, ultimately enhancing the health outcomes and satisfaction of people living with HIV in California.

Updates to the CQM Plan:

The CQM Plan undergoes periodic updates on both an annual and quadrennial basis to ensure it remains current and effective. Annual revisions focus on adjustments related to policy, staffing, and guidelines within the Office of AIDS (OA) and the California Department of Public Health (CDPH). These updates are informed by the results of annual program evaluations, which guide necessary modifications to improve the CQM Plan and program.

In contrast, quadrennial revisions, occurring at the end of each funding cycle, typically involve more substantial changes. These revisions incorporate significant modifications, such as changes in HRSA and/or RWHAP policies and guidelines, and updates to OA and CDPH policies and standards. This comprehensive review ensures the CQM Plan remains aligned with federal, state, and local regulations and best practices.

The CQM Specialist is responsible for drafting the initial revisions, incorporating feedback, and making necessary edits. The draft is then circulated among CQM committee members and identified stakeholders for their input. After gathering and integrating this input, the CQM Specialist finalizes the CQM Plan. The updated plan is then submitted for approval to the steering committee and the OA Division Chief. This collaborative and structured update process ensures that the CQM Plan is thorough, responsive, and reflective of the needs and insights of all stakeholders involved.

CQM Resources

- HRSA CQM Consultants
- HRSA RWHAP Center for Quality Improvement and Innovation (https://targethiv.org/ta/cqii)
- Guidance Documents listed below:
  - Title XXVI of the Public Health Service Act (Section 2618(b)(3)(E)) (https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/about-program/legislation-title-xxvi.pdf)
  - The HRSA, HAB Policy Clarification Notice 15-02 (https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf)
  - Target HIV Clinical Quality Management (https://targethiv.org/library/topics/clinical-quality-management)
  - Department of Health and Human Services HIV/AIDS Medical Practice Guidelines (https://clinicalinfo.hiv.gov/en/guidelines)
  - HIV/AIDS Bureau Part B Monitoring Standards (Part B specific, Universal Monitoring Standards, and Frequently Asked Questions) (https://hab.hrsa.gov/manageyourgrant/granteebasics.html)
  - HIV/AIDS Bureau ADAP Manual (https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/dshap-adap-manual-june-2025-final.pdf)
  - Ending the HIV Epidemic: A Plan for America (http://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/)
  - Ryan White HIV/AIDS Program Part B Manual (https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/rwhapp-part-b-manual.pdf)
  - Ending the Epidemics: Addressing HIV, Hepatitis C, and STIs in California - Integrated Statewide Strategic Plan Overview, 2022 2026 (https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CDPH_StratPlan2021_FINAL_ADA.pdf)
  - Pacific AIDS Education and Training Center Program: California local partners (https://paetc.org/contact/)

Appendix

Appendix A: RWHAP Part B Subrecipients

Sub-recipients who do not provide direct services but contract with service providers

- City and County of San Francisco Department of Public Health
- Imperial County Public Health Department
- Los Angeles County Public Health
- Sacramento County Department of Health and Human Services

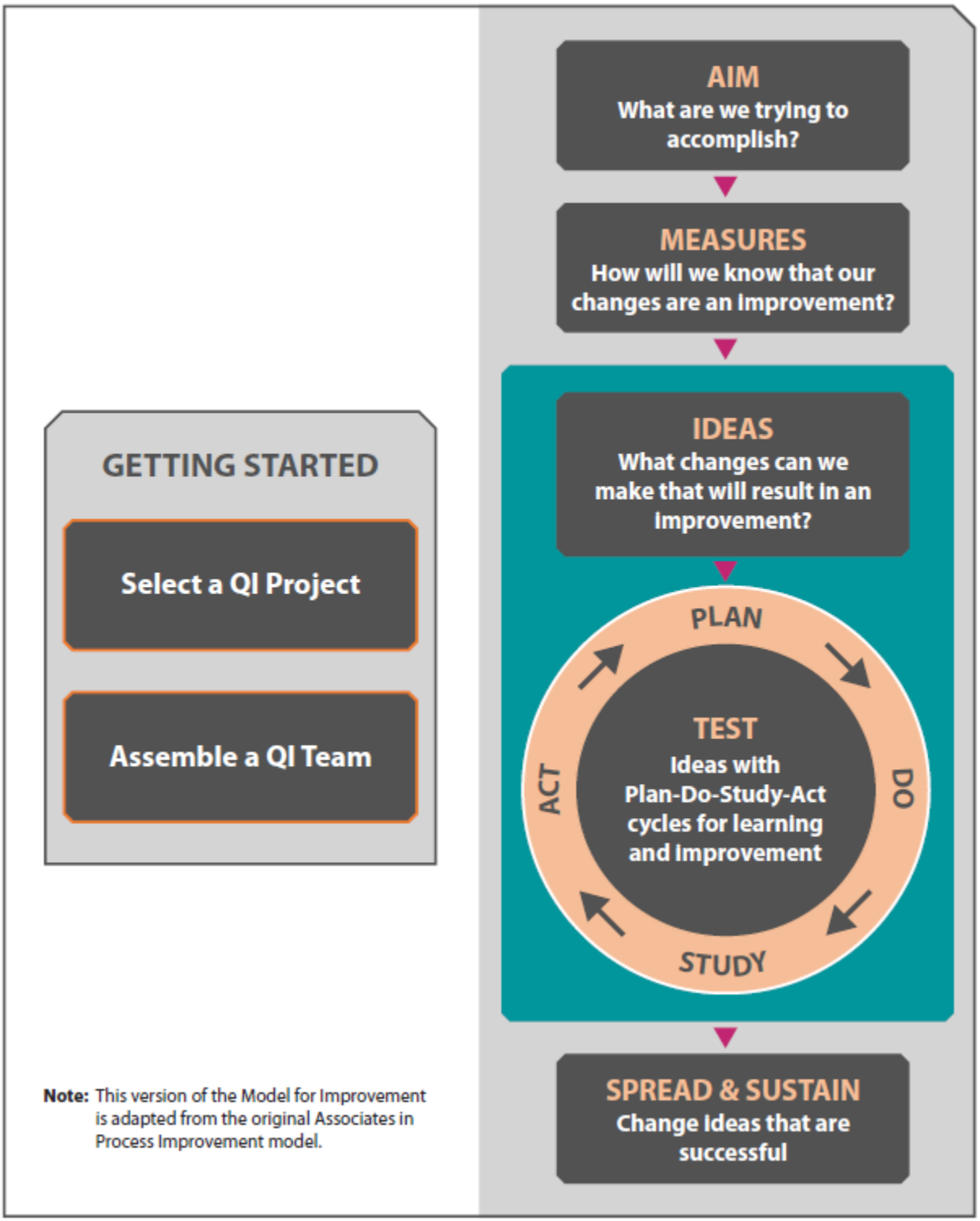
Sub-recipients who provide direct services and do not contract with service providers

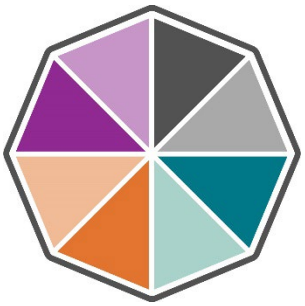
- Access Support Network
- Ampla Health
- Butte County Public Health Department
- City of Long Beach Department of Health and Human Services
- Community Care Management Corp.
- Community Medical Centers
- Humboldt County Department of Health and Human Services
- John C Fremont Healthcare District
- Kings County Health Department
- Madera County Public Health Department
- Merced County Department of Public Health
- Nevada County Health and Human Services Agency
- Orange County Health Care Agency
- Queen of the Valley Medical Center, CARE Network
- San Joaquin County Public Health Services
- San Mateo County Public Health
- Santa Barbara County Department of Public Health
- Shasta Community Health Center
- Sierra HOPE
- Solano County Health and Social Services Department
- Stanislaus County Health Services Agency
- Ventura County Public Health

Sub-recipients who provide direct services and also contract with service providers

- Alameda County Public Health Department
- Contra Costa Health Department
- Kern County Department of Public Health
- Marin County Health and Human Services
- Monterey County Health Department
- Plumas County Public Health Agency
- Riverside County Department of Public Health
- San Bernardino County Department of Public Health
- San Diego County Health and Human Services Agency
- Santa Clara County Public Health Department
- Santa Cruz County Health Services Agency
- Santa Rosa Community Health Centers
- Tulare County Health and Human Services

Appendix B: Quality Improvement Roadmap





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