



Tarrant County HIV Administrative Agency

Clinical Quality Management Plan

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Mission & Vision:

The Clinical Quality Management Program (CQM) will work with all subrecipients to continuously improve the care and health outcomes among People living with HIV (PLWH) particularly around consumer care, consumer satisfaction, and health outcomes.

The CQM program will improve patient care, health outcomes, and patient satisfaction for PLWH by utilizing all available data to understand needs in the service population, present this data to stakeholders to steer QM/QI projects, educate subrecipients, consumers, and the community about QM/QI, and facilitate QI activities with our subrecipients.

Quality Statement:

Tarrant County HIV Administrative Agency (TC AA) is committed to developing and continually improving a quality continuum of HIV treatment and supportive services that meets the identified needs of people living with HIV/AIDS (PLWH) and their families. The Clinical Quality Management (CQM) Program supports this mission by gathering and reporting on the data and information needed to measure both program and service quality and then implementing improvement activities based on the data analysis. The key components of the CQM program are:

- Performance measure outcome data;
- Data analysis and presentation;
- Identification of data driven opportunities for improvement by clinical chart review abstraction, program monitoring, and client satisfaction;
- Monitoring compliance with the grant, including adherence of clinical services to Department of Health and Human Service guidelines;
- Implementation of performance improvement initiatives utilizing Plan, Do, Study, Act (PDSA), and Lean Six Sigma framework;
- Facilitate the active involvement of subrecipients in the implementation of multidisciplinary data driven quality improvement/assurance projects; and
- Promote communication among the Administrative Agency, subrecipients, Planning Council, and PLWH regarding performance improvement issues.

Authority:

Title XXVI of the Public Health Service Act, Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, requires the establishment of a clinical quality management (CQM) program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service/HHS guidelines for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV core medical and support services.

CQM is a key RWHAP and Ending the HIV Epidemic (EHE) component for optimizing health outcomes for all persons living with HIV (PLWH), and ultimately for decreasing HIV incidence. CQM costs are required to maintain a CQM program to assess the extent to which services are consistent with the current HHS guidelines for the treatment of HIV and to develop strategies to improve access to and quality of services. Examples of CQM costs include:

- Implementation of CQM program;
- Clinical quality improvement activities;

- Data collection for CQM purposes (collect, aggregate, analyze, and report on measurement data quarterly at a minimum);
- AA CQM staff training/TA (including travel and registration) - this includes HRSA sponsored or HRSA approved training; and
- Training of subrecipients on CQM.

Quality assurance activities are administrative costs and are not considered CQM costs. For further guidance on CQM, refer to PCN 15-02 Clinical Quality Management Policy Clarification Notice.

Definition of Quality:

HRSA defines "quality" as the degree to which a health or social service meets or exceeds established professional standards and user expectations. To continuously improve systems of care, evaluation of the quality of care should consider:

- The quality of the inputs,
- The quality of the service delivery process, and
- The quality of outcomes.

Quality Infrastructure:

Leadership and Accountability:

Tarrant County designates the HIV Administrative Agency to provide oversight and management of all HIV treatment and care grants received by Tarrant County. The HIV Grants Manager is responsible for all HIV treatment and care grant related activities and resides under the Tarrant County Judges Office—the HIV Grants Manager guides, endorses, supports, and champions the CQM program. The Grant Coordinator Quality and Planning reports to the HIV Grants Manager and has responsibility for oversight of clinical quality management and planning activities. The HIV Grants Manager and the Grant Coordinator Quality and Planning are involved in all aspects of the clinical quality management program.

The Grants Manager guides, endorses, supports, and champions the CQM program by attending monthly and quarterly meetings, staying current on all quality improvement activities, and closely monitoring collaborative activities. Leadership is engaged in and supports the establishment of clear goals and objectives, communication of program/organizational vision, creating and sustaining shared values, active support of ongoing quality improvement (QI) activities, and provisions of necessary resources for implementation.

Quality Management Committee:

The TC AA designed a quality management program that enables the Grant Coordinator Quality and Planning to oversee quality management activities in collaboration with the Quality Management Committee and the Consumer Advisor Board (HIT HIV). The CQM committee develops the CQM program and corresponding activities.

The Quality Management Committee is scheduled to meet quarterly but is required to meet at a minimum biannually to provide guidance, consultation, and input regarding the overall Quality Management program. The Quality Management Committee establishes annual quality improvement goals, assesses performance data, promotes quality improvement within provider agencies, and monitors quality assurance initiatives.

Membership shall consist of TC AA staff, including the HIV Grants Manager and the Grant Coordinator, Quality and Planning, Grants and Data Coordinator; multidisciplinary service provider staff representing Ryan White Part A, B, C, D, State Services, and EHE programs, including

physicians, nurses, data managers, case managers, and PLWH. For current membership, please refer to the **Quality Management Committee Roster**.

The Quality Management Committee provides leadership by determining system-wide quality initiatives and prioritizing performance indicators. The committee establishes quality improvement goals, reviews performance related data, develops strategies to improve care, and tracks quality improvement initiatives.

The committee is co-chaired and facilitated by the Grant Coordinator Quality and Planning and a committee member living with HIV or the CQM Consultant. The Co-Committee Chairs are responsible for:

- Establishing agenda for CQM meetings based on data, performance measures, and current trends;
- Facilitating CQM committee meetings;
- Preparing and distributing minutes of the CQM meeting;
- Providing data;
- Establishing timelines; and
- Documenting quality improvement projects

All meetings' minutes are sent to the CQM Committee for reference.

Quality Management Committee Roster ¹

Committee Member	Specialty	Agency / Affiliation
Tameka Johnson	Nurse, Clinical Manager	AIDS Healthcare Foundation
Sandra Najuna	Senior Project Manager Quality Contracts	AIDS Healthcare Foundation
Kimberly Russell	Director of Client Services	AIDS Outreach Center
Will Mitchell	Director of Community Outreach	AIDS Outreach Center
TBD	Nurse Practitioner	CAN Community Health
TBD	Practice Administrator	CAN Community Health
Courtney Sherman	Director of Clinical Quality	CAN Community Health
Heather Vaughan	Ryan White Program Manager	CAN Community Health
Tim Manzi	Grants Data Analyst	CAN Community Health
*****	Consumer	Consumer/PC Member
*****	PLWH, Public Health EHE	Consumer, TCPH EHE
*****	Consumer	Consumer
Donna Carter	Nurse	JPS Healing Wings
Dani Cameron	Project Manager/Quality Management	JPS Healing Wings
Tilena Conner	HIV/AIDS Clinic Manager	Preventive Medicine Clinic
Venette Meacham	Program Manager	Salvation Army of Fort Worth
Raiven Smith	Lead Case Management Specialist	Salvation Army of Fort Worth
Kianna Cureaux	Director of Programs	Samaritan House
Niger Williams	Housing Program Manager	Samaritan House
Jeremy Bradford	Planning Council Coordinator	Tarrant County Planning Council
Barbara Kakembo	Financial Coordinator	Tarrant County HIV AA
Lounetta Wilson	HIV Initiatives Program Manager	Tarrant County HIV AA
Jonathan Ford	EHE Community Engagement Specialist	Tarrant County HIV AA
Lisa Muttiah	HIV Grants Manager	Tarrant County HIV AA
S. Renee Thomas	Grants and Data Coordinator	Tarrant County HIV AA
Kaitlyn Malec	Asst. Quality and Planning Coordinator	Tarrant County HIV AA
Kaitlin Lopez	Grant Coordinator, Quality and Planning	Tarrant County HIV AA

Committee Roles and Responsibilities:

- 1) Strategic planning
 - Developing the HIV quality management plan
 - Prioritizes goals and projects
 - Outlines the quality program infrastructure
 - Identifies performance measures
 - Plans for program evaluation
- 2) Facilitating innovation and change
 - Removes barriers to making and sustaining improvements
 - Prepares staff for change
- 3) Promotes communication and gives everyone at the facility a voice in the quality management program
- 4) Providing guidance and assurance
 - Oversees the progress of quality activities
 - Helps quality improvement teams in their work
 - Supports changes that result from quality improvement projects
 - Listens, observes, and responds to staff concerns
 - CQM Contractor attends CQM Committee meetings to provide additional technical assistance and guidance
- 5) Allocating resources
 - Makes staff time available for quality committee meetings and quality improvement project teamwork
 - Ensures that staff has the tools, knowledge, and data necessary to participate in quality improvement work
- 6) Establishing a common culture
 - Demonstrates a true commitment to the quality program
 - Successful buy-in to the quality program means “not to get people to do what they are told but to do what they are not told”

Administrative Agency Responsibilities:

The TC AA oversees and facilitates quality management activities throughout the system of care for Ryan White Part A, Part B, Part C, Part D, HOPWA, State Services, and Ending the HIV Epidemic. The Grants Manager is ultimately responsible for all CQM-related activities and authorizes the Grant Coordinator Quality and Planning to plan, implement, and evaluate performance improvements in the Fort Worth/Arlington TGA and HSDA. The Grant Coordinator Quality and Planning position has the following responsibilities in accordance with Policy Clarification Notice 15-02:

- Ensuring compliance with HIV Standards of Care and Department of Health and Human Services guidelines;
- Co-chairing CQM meetings;
- Researching and providing information on best practices among subrecipients;
- Monitoring performance measure data on a quarterly basis;
- Identification of quality improvement/assurance activities;

- Providing capacity building activities, including training and technical assistance to enhance quality improvement activities for AA staff, the community, PLWH, and subrecipient agencies;
- Collecting client satisfaction data, including following up on suggestions by PLWH to improve care and services;
- Assess the extent to which core medical and related support services for improving access and reducing disparities in health outcomes for the MAI population are being provided;
- Assures compliance with all HRSA Conditions of Award related to the Part A and MAI grants;
- Participating in Planning Council committees; and
- Assuring consumer participation in CQM activities.

To address the bold challenges of Ending the HIV Epidemic (EHE) the TC AA introduced the Ending the HIV Epidemic in Tarrant County Plan. Together with the National HIV/AIDS Strategy and pillars two and four of the Ending the HIV Epidemic (EHE) Initiative, TC AA's CQM program outlines strategies to address the following goals:

- Increase the percentage of diagnosed PLWH who are virally suppressed to 90% by 2025
- Increase the percentage of diagnosed PLWH who are linked and retained in care to 90% by 2025
- Link individuals newly diagnosed with HIV to care and treatment, including through Rapid Start treatment programs.
- Find innovative and effective ways to re-engage individuals who are aware of their infection but are not receiving HIV care and treatment.
- Support those already in care who have not yet achieved viral suppression.

The *HIV Grants and Data Coordinator* is responsible for client and provider level indicator data.

The TC AA contracts with an HIV professional service contractor for Clinical Quality Management initiatives. The contractor is contracted to define and execute the process for performing routine medical record/chart abstraction reviews to verify compliance with current HIV treatment guidelines.

See [Appendix E for CQM](#) staff roles, responsibilities, and job descriptions.

Subrecipient Responsibilities:

The current Ryan White-funded Continuum of Care includes medical clinics and social service organizations that provide services through contracts with Tarrant County.

- All subrecipients will fulfill CQM activities outlined in PCN 15-02, with a focus on improving patient care, health outcomes, patient satisfaction and removing barriers and disparities to care. Subrecipients will implement and maintain a Quality Management program which complies with HRSA Clinical Quality Management Policy Clarification Notice #15-02. The Ryan White program requires the establishment of a clinical quality management (CQM) program that assesses the extent to which care and services provided are consistent with federal, state, and local standards of HIV/AIDS care and services, and develops strategies for ensuring that such services are consistent guidelines for improving access to, and quality of HIV Service. Subrecipients will:
 - Develop a CQM program that improves patient care, health outcomes, and patient satisfaction, and consists of:
 - Specific aims based on health outcomes.
 - Support by identified leadership.

- Accountability for CQM activities.
- Dedicated CQM resources.
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.
- Have a CQM committee:
 - With at minimum two people living with HIV.
 - That meets quarterly but at minimum bi-annually, in a stand-alone meeting, with an agenda and meeting minutes.
- Have a CQM plan:
 - Detailing at minimum two quality improvement projects per calendar year.
 - Identifying at minimum two performance measures to be reviewed.
 - Explaining the CQM infrastructure within the agency.
- Consistently monitor service utilization data and measurable outcomes data to make improvements and measure progress towards improving health outcomes across the HIV Continuum of Care, and review performance data at least quarterly.
- Dedicate staff responsible for carrying out CQM responsibilities who attend TC AA CQM capacity building activities.
- Involve people with HIV that reflect the population that is being served in quality initiatives.
- Focus on linkage to HIV medical care and support services.
- Focus on Viral Load Suppression
- Focus on Retention in HIV medical care and support services.
- Track client perception/satisfaction and effectiveness of services and share results at minimum annual with the TC AA.
- Conduct quality management activities, including participation on jurisdiction wide CQM committee, and participation in jurisdiction wide CQM initiatives.
- *Ensure participation by clinical staff in the formulary committee (only applicable to subrecipients with clinical staff).*
- Further, the Subrecipient will, upon request, provide evidence that the Quality Management Program is active and on-going. The TC AA may inspect the minutes of the Quality Management Committee; documentation of quality improvement activities/projects and outcomes; and other summary documents related to quality improvement activities.
- HRSA performance measures and health outcomes will be tracked, documented, and reported to the TC AA through the Provide Enterprise™ client-level data system.
- Subrecipients will participate in system-wide quality management activities and be responsible for developing quality management activities at the subrecipient level.
- All funded service categories should have two (2) identified performance measures and the corresponding performance measure data collected. Provide Enterprise™ is the data collection system for performance measure data to demonstrate health outcomes. The two (2) performance measures that apply to all funded service categories are annual retention in care and viral load suppression.
- Quality improvement activities should be implemented based on, at a minimum, viral load suppression and retention in care performance measure data.
- Subrecipients will participate in TC AA Client Satisfaction Surveys initiatives and all other Client Perception/Experience activities.

- Subrecipients will annually complete a Quality Management Organizational/Cultural Assessment and a Telehealth Capacity Assessment

Consumer Involvement:

People living with HIV (PLWH) in the Fort Worth/Arlington TGA/HSDA are encouraged to participate in the clinical quality management committee and the quality consumer advisory board known as the HIV Health Improvement Team (HIT HIV). HIT HIV participants receive training based on the Center for Quality Improvement and Innovation (CQII), PLWH in Quality Training, and the National Minority AIDS Council (NMAC) Building Leaders of Color. The HIT HIV training is offered annually. HIT HIV is a consumer driven advisory board, with PLWH taking the lead in trainings and meeting facilitation. The HIT HIV consumer advisory board meets monthly (at minimum quarterly) and advises the CQM Committee and the TC AA on grant-related activities.

In addition, the CQM Committee and Local AIDS Pharmaceutical Assistance Program (LPAP) Medication Formulary Committee has a minimum of two consumer representatives.

Performance Measurement:

The HRSA HIV/AIDS Bureau (HAB) has developed performance measures that subrecipients use to monitor the quality of care they provide. In addition, there are seven Common Indicators for HHS-funded treatment and care services. TC AA tracks and monitors the HHS Common Indicators and the HAB Core performance measures for all service categories.

Performance measures reflect key aspects of care, can be either clinical or service oriented, and can evaluate processes or health outcomes. Important considerations in the development of performance measures include the following:

- Relevance to the overall mission and vision;
- National, state, and local initiatives;
- Consumer input and meaningfulness (i.e., results easily understood, potential for improvement, etc.).

Selection of specific performance measures is based on the goals and objectives of the TC AA plans, consumer feedback, and in combination with HRSA/HAB recommendations and other local, state, and national initiatives including the national Ending the HIV Epidemic (EHE) initiative. Data from selected performance measures are reviewed regularly and data are stratified to evaluate for disparities and target improvement activities. Provide Enterprise™ has reports which support evaluating HIV/AIDS Bureau (HAB) performance measure data with a built-in disparities calculator. The report analyzes aggregate data for disparities and produces the results in a table format. The report shows disparities identified in the following populations: transgender, MSM of color, Black and Hispanic Women, and Youth (age 13-24). Results are analyzed and shared with subrecipients monthly during one-on-ones. The TC AA will monitor Viral Load Suppression and Retention in Care of all Service Categories for 2025 and the Medical Case Management Care Plan indicator.

Performance Measure: HIV Viral Load Suppression
National Quality Forum #: 2082

Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year.

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions: None

Data Elements:

- Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N)
 - i. If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

Performance Measure: Annual Retention in Care

National Quality Forum #: None

Description: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year.

Numerator: Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.

Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year.

An HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test.

Patients Exclusions: Patients who died at any time during the measurement year.

Data Elements: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)

- a. If yes, did the patient have at least two medical care encounters during the measurement year? (Y/N)
 - i. If yes, did the patient have a HIV viral load test within the measurement year? (Y/N)
 - ii. If yes, did the patient have at least one additional medical visit encounter with a provider with prescribing privileges within the measurement year? (Y/N)
 - iii. Or, did the patient have two medical visit with provider with prescribing privileges within the measurement year? (Y/N)

Performance Measure: Medical Case Management: Care Plan

National Quality Forum #: None

Description: Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan¹ developed and/or updated two or more times in the measurement year

Numerator: Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year

Provide Enterprise™™ has a HAB measure compliance report, which has built-in reports that calculate compliance of the measures. Furthermore, key performance measures are reviewed at a minimum quarterly, desktop monitoring is conducted using Provide Enterprise™, and through quarterly chart abstraction. Performance measure data is analyzed first by the Grant Coordinator, Quality and Planning, Assistant Quality and Planning Coordinator, Grants Manager, and the Grants and Data Coordinator. Performance measure data is shared with Subrecipients, Planning Council, CQM Committee, HIT HIV, and the community at minimum quarterly but often monthly. Each Subrecipient is given a baseline figure representing their accomplishments regarding each measure during the prior calendar year and receives monthly performance measure reports. Progress against baselines is checked monthly during one-on-one's and quarterly communicated back to each provider during Quality Management meetings, with recommendations for improvement. If a provider distinguishes itself among its peer subrecipients by achieving exemplary results, those subrecipients are then paired with struggling sites as a promising practice model to work together on improving results. In addition to the HRSA HAB performance measures, The Common Indicators and HAB performance measures are:

Common Indicators:

- HIV Positivity
- Late HIV Diagnosis
- Linkage to HIV Medical Care
- Retention in HIV Medical Care
- Antiretroviral Therapy Among Persons in HIV Medical Care
- Viral Load Suppression
- Housing Status

Core Measures:

- Viral Load Suppression
- Prescribed Antiretroviral Therapy
- Medical Visit Frequency
- Gap in Medical Visits
- PCP Prophylaxis

Data Collection Plan and Process:

The HIV Grant & Data Coordinator (Data Manager) and the Data Analyst ensure that subrecipients enter necessary data into the client-level data system, Provide Enterprise™, to assure the ability to measure performance. The Data Manager and Data Analyst review provider compliance with data entry and importing requirements to track baseline and quarterly compliance with set goals and objectives. Monitoring of data accuracy and integrity allows the quality of the data used for performance measures to be as error free as possible. The Data Manager and/or Data Analyst refer performance measurement concerns to the Grants Manager and Grant Coordinator Quality and Planning for consideration of referral to CQM committee. All Subrecipient staff must take the online DSHS Security and Confidentiality Training upon hire, annually, and/or prior to gaining access to data system(s). The purpose of the Security Training is to ensure staff are aware of and adhere to security and confidentiality requirements.

LPAP Medication Formulary Committee:

The Formulary Committee will meet quarterly to review the formulary and can be called upon for expedited evaluations. The Formulary Committee will complete periodic reviews of the formulary to ensure it is current and meets USPHS guidelines. Medications approved by the Texas HIV Medication Program (THMP) will be added to the formulary when the approval notice is distributed. The Formulary Committee may choose to have the ability to meet more frequently or add needed meetings if requests to add medications to the formulary are received. If a third-party payer is not available, the subrecipient may choose to use EFA as a stopgap to pay for the off-formulary medication until the LPAP Medication Formulary Committee meets and approves the addition.

The committee make-up, must include the following required representatives:

- medical professionals with prescribing ability
- pharmacists
- consumer representation

Agency leadership is recommended but not mandatory.

Clinical and Program Monitoring:

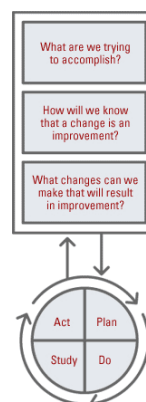
On an annual basis, comprehensive programmatic, fiscal, clinical, universal standard, eligibility, support and Housing Opportunities for Persons with AIDS (HOPWA) will be monitored for compliance with program requirements. Clinical consultants conduct chart abstractions for Outpatient Ambulatory Medical Care, Oral Health and Medical Case Management. The Grant Coordinator, Quality and Planning will participate in each of the clinical reviews and conduct Quality Management monitoring. The Data Manager, and Data Analyst will participate in reviews as well. Blinded results from all clinical and quality monitoring will be presented to the CQM Committee for review and consideration for quality improvement initiatives.

Utilizing Data for Quality Improvement:

The CQM Committee will track the HRSA HAB clinical performance measures and outcomes data, and specifically focus on the annual improvement goals for quality improvement projects (QIPs). Emphasis will be placed on measures which relate to the National HIV/AIDS Strategy, including retention in care and viral load suppression. The Quality Management Committee recommends subrecipients use the Model for Health Care Improvement from the Institute for Healthcare Improvement to accelerate the improvement process. The model is data driven and utilizes The Plan, Do, Study, Act methodology to test improvements. Improvement will be monitored over time using data from Provide Enterprise™ and LifeQL. The CQM Committee will provide oversight for at least one system-wide quality improvement initiative annually.

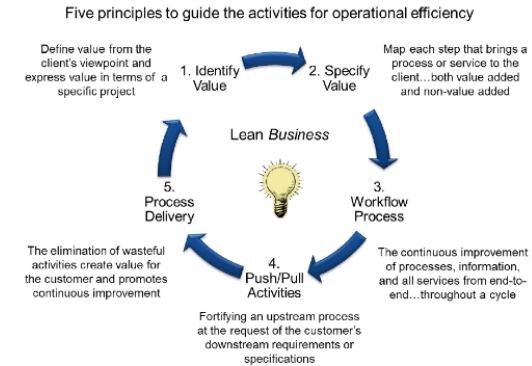
Continuous quality improvement (CQI) refers to a management process or “approach to the continuous study and improvement processes or providing health care services to meet the needs of individuals and others. The CQI process facilitates the primary goal of improving health outcomes and quality of life for people living with HIV.

QIPs are established by the CQM committee and through data and analysis that the TC AA pulls. If technical assistance or other support or resources are needed to implement a QI project, TC AA CQM staff and leadership will work directly with the project teams/subrecipient to build capacity for these efforts. Quality improvement projects are documented using various methods, including templates, storyboards, LifeQL, and meeting minutes. Information is shared with stakeholders through routine and ad-hoc meetings, in-person and phone communication, emails, and newsletters.



Utilizing Lean and Six Sigma:

Since 2020, subrecipient and AA staff began taking Green Belt certification courses in Lean Six Sigma. Key Lean principles that were implemented were of reducing non-value-added activities, mistake-proofing tasks, and relentlessly focusing on reducing waste to improve healthcare delivery. Lean helps operationalize the change to create workflows, handoffs, and processes that work over the long term.

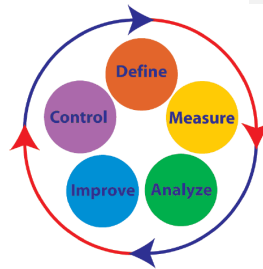


A key focus of change is on reducing or eliminating seven kinds of waste and improving efficiency:

- Overproduction
- Waiting; time in queue
- Transportation
- Nonvalue-adding processes
- Inventory
- Motion
- Costs of quality, scrap, rework, and inspection

Six Sigma is used to improve coordination between care coordination, providers, and clients, reduce unnecessary appointments and reduce waiting times for appointments. The initiative defines and measures process indicators, analyzes descriptive statistics, and develops strategies based on the results. These strategies involve changing clinical protocol for clients, increasing the autonomy of staff, reorganizing the scheduling office, and specializing processes. Locally a CQI initiative using Six Sigma adheres to five principles:

- Define
- Measure
- Analyze
- Improve
- Control



Quality Improvement Initiatives & Resources:

Lean Six Sigma Green Belt Certification Program:

The Lean Six Sigma program will aid in quality improvement efforts and increase the capacity to improve health outcomes and client/patient experience and access to care. Six Sigma training is a supplement to PDSA cycles. Six Sigma aims at improving agency efficiency and the client/patient experience. Six Sigma will aid leaders within the TC AA and subrecipient agencies to define, measure, analyze, improve, and control processes and improvements throughout the services they provide.

Life QI:

At a minimum, one person from each subrecipient and two from the TC AA have access to Life QI. Life QI is an all-in-one web-based solution for quality improvement. Life QI will allow the members to share projects, track QI data, analyze outcomes and performance measures, and

improve accordingly. Life QI will help develop PDSA cycles, charting, collaboration, productivity, increasing patient satisfaction, response times, and improving health outcomes.

IHI Open School:

The TC AA and all subrecipients have access to IHI Open School for one year. IHI Open School courses aim to improve HIV care and health care services. This tool provides a framework for assessing a quality management program's organizational framework and identifying areas in a quality management program that need development. Assessment tools for Ryan White are available as guidance.

Care Coordination Check-ins:

Care Coordination Check-ins are for all Care Coordination staff; this includes Case Managers, Non-Medical Case Managers, Patient Navigators, Peer Navigators, Outreach, EIS, and AEW staff. This meeting provides critical quality improvement initiatives and training are for all staff. Care Coordination meetings cover quality initiatives, needs assessments of clients, and offer useful resources to the Care Coordination staff. Meetings occur bi-weekly but at minimum once a quarter.

Collaboratives:

CAI Trauma-Informed Care (TIC) Collaborative

One of the key goals of this collaborative is to support subrecipients and jurisdictional leaders in understanding and addressing that integrating trauma-informed care supports improved outcomes for clients living with HIV and the staff that care for them. This is an important strategy to support ending the epidemic. The focus of this collaborative will be TIC and client-centered care that is culturally competent, addresses Social Determinants of Health, improving health outcomes, and can transform systems so clients are more likely to engage in care and stay engaged.

Community of Practice

RWHAP Part D Trauma-Informed Care/Behavioral Health Community Of Practice

One of the key goals of this collaborative is to support subrecipients and jurisdictional leaders in understanding and addressing that integrating trauma-informed care supports improved outcomes for clients living with HIV and the staff that care for them. This is an important strategy to support PLWH. The focus of this collaborative will be trauma informed care and client-centered care that is culturally competent, addresses Social Determinants of Health, improving health outcomes, and can transform systems so clients are more likely to engage in care and stay engaged.

Evaluation and Review:

Clinical Quality Management Plan:

The Grant Coordinator Quality and Planning will review the overall CQM plans, as well as focus on the goals and objectives on an annual basis, completing the process and producing a revised plan by the beginning of the next Calendar Year. The plan will be reviewed and approved by the Quality Management Committee and the TC AA. The CQM Plan is a living document that can be updated as the CQM Committee and the TC AA deems necessary based on data, trends, and performance measures.

Quality Management Committee & HIT HIV CAB:

The Grant Coordinator Quality and Planning will evaluate the execution of the CQM committee by collecting evaluations at the end of each meeting that will survey the preparedness of the staff, the applicability of the topics, and overall productiveness of the committee. Additionally, at the

end of the calendar year, the committee will produce a report on all the activities that the CQM committee took part in throughout the year. This report will be written by the Grant Coordinator Quality and Planning, with participation from the committee, and will be published on the TC AA Website.

HIT HIV will evaluate the effectiveness of HIT HIV activities and the applicable RWHAP grant activities conducted by the TC AA during a year-end assessment.

Subrecipient QI projects:

The CQM staff will collect data in a variety of ways to evaluate performance regarding the training of subrecipient staff in QI and providing TA for QI projects. The CQM staff use an evaluation tool to survey the subrecipients for knowledge and skills in QI at the beginning, as well as at the end of a training or project. Lastly, the CQM staff will rely on utilization and outcomes data to evaluate success of individual QI projects. Performance Measures: Performance measures, definitions, and indicators will be reviewed every six months. At the end of each calendar year, the QM team will compile a report detailing outcomes on performances measures for each subrecipient, service category and for the jurisdiction overall.

The Grant Coordinator Quality and Planning in collaboration with the Quality Management Committee will evaluate the CQM program at the end of the calendar year and set goals for the upcoming year. Evaluation will include:

- Assessment of the effectiveness of the CQM infrastructure;
- Review of quality improvement initiatives to determine if improvements have been made;
- Evaluation of quality management goals to determine if goals were achieved;
- Review of performance measures;
- Review of training needs in comparison to training provided in person or online;
- Review of use of client satisfaction data;
- Review of provider level quality management programs;
- HIV QUAL annual assessment; and
- Goal setting for upcoming year.

Clinical Quality Management Program Evaluation:

The objectives, scope, and organization of the CQM program is evaluated at least annually by the CQM committee and revised as needed. The evaluation will also look closely at the effectiveness of the program including the collaborative, interdisciplinary involvement, services and stakeholders, and the impact of QI initiatives on HIV care, health outcomes, and patient satisfaction. As a central element of the evaluation, the CQM committee uses the HRSA/DSHS Organizational Assessment Tool with local edits to assess the CQM program and infrastructure. Results of the evaluation findings are used to develop new and/or revised CQM program activities, performance measures, and quality goals.

The purpose of the CQM program and infrastructure evaluation is to:

- Evaluate the overall effectiveness of the CQM program
- Identify quality issues and make recommendations for improvement in the quality of HIV clinical care and services to consumers
- Identify barriers and solutions to address unmet goals
- Identify new goals and/or re-establish unmet goals for the upcoming year

Capacity Building:

The Center for Quality Improvement and Innovation (CQII) formally known as the National Quality Center's (NQC) quality academy will be used as the model for online training. Staff and stakeholders will be given copies of the CQII quality improvement resource site to use for continued self-learning. The CQII quality academy can also be accessed on the Web via: <https://targethiv.org/cqii>.

HRSA Technical Assistance Provider

HRSA Technical Assistance Provider helps RWHAPs strengthen its capacity to provide high-quality services through training, technical assistance, and research. TC AA partners with the HRSA Technical Assistance Provider through focused collaboratives to improve health outcomes, reduce disparities, and help remove barriers to care throughout the jurisdiction. Additionally, HRSA Technical Assistance Provider provides technical assistance through Data Integration, System and Quality (DISQ) which focuses on improving quality and strengthening data of Ryan White Programs.

AIDS Educational Training Centers (AETCs)

AETCs support workforce development and training for healthcare professionals to help end the HIV epidemic in the United States. Healthcare professionals trained by the AETCs develop the confidence and competency to address HIV-related issues and are more willing than other primary care providers to treat persons with HIV. The AETC Program supports the goals of the National HIV/AIDS Strategy and the End the HIV Epidemic in the United States initiative by increasing the number of healthcare teams educated and motivated to care for individuals with HIV, and increasing access to care, thereby reducing HIV-related health disparities. The mission of the AETC Program is to improve the quality of life of persons with or at risk of HIV throughout the U.S., the District of Columbia, the Virgin Islands, Puerto Rico, and the six U.S.-affiliated Pacific Jurisdictions.

Process to Update CQM Plan:

On an annual basis, the Quality Management Committee will provide guidance on updates to the CQM Plan. The Grant Coordinator Quality and Planning and Assistant Quality and Planning Coordinator will survey TC AA staff, RWHAP/EHE Care Coordination Staff, CQM Committee members, and HIT HIV members and then revise all applicable sections based on data and feedback.

Annual Quality Performance Goals

Quality Performance Goals	Baseline	2019	2020	2021	2022	2023	2025	2025
1. By the end of 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 3% percent. (NHAS) Data Source: Provide Enterprise™ (PE)	80%	79.6%	83%***	80%***	83%***	84%***		
2. By 2025, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 84 percent. (NHAS) Data Source: Provide Enterprise™ (PE)	71%	86% (PE)	73%***	70%***	76%***	68%***		
3. By 2025, Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 84 percent. (NHAS) Data Source: DSHS	Will establish baseline	---	Pending DSHS Surveillance Data	Pending DSHS Surveillance Data	Pending DSHS Surveillance Data	Pending DSHS Surveillance Data		
4. By 2025, reduce disparities in the viral load of the following populations: Youth, Black MSM Youth, and Hispanic Youth. Need to establish baseline data. The goal is to increase viral load suppression among the identified populations by 3%. Data Source: Provide Enterprise™ (PE)	Will establish baseline	---	77.08%/77.78%/76.47%	74.59%/70.73%/84.38%***	83.57%/73%/63%	80%/81%/86%		
5. In 2025, grow the CQM Program and build capacity for providing TA to subrecipients focusing on creating a culture of	---	---	The TC AA provided subrecipient agencies	The TC AA provided subrecipient agencies with new QI resources,	The TC AA provided subrecipient agencies with	The TC AA provided subrecipient agencies with new QI resources, professional development		

continuous quality improvement by improving and supporting a CQM Committee, establishing a system to visualize and communicate performance measure data, and engaging and supporting subrecipients in implementing QI projects within their agencies. See Appendix A .			with three new QI resources and professional development opportunities	professional development opportunities, and technical assistance.	new QI resources, professional development opportunities, and technical assistance.	opportunities, and technical assistance.		
6. Trauma Informed Care Evaluate pre-and post-training assessments to measure staff knowledge of trauma-informed care principles by July 1, 2025. Implement Trauma Informed Care and Behavioral Health training materials and resources that align with the organization's budget and capacity by August 30, 2025. By December 30, 2025, train at least 95% of staff in trauma-informed care principles focused on behavioral health. By February 2026 provide a report of the pre-and post-test evaluation results.	---	---	---	---	---	---		
7. Rapid Start. Goal: Rapid Viral Load Suppression in support of Ending the HIV Epidemic Focus Areas:	---	---	---	---	---	---		

Promptly linking individuals newly diagnosed with HIV to care and treatment, including through rapid start treatment programs. Contract requirement is 72 hours from diagnosis to appointment with a medical provider.
Finding innovative and effective ways to re-engage individuals who are aware of their infection but not receiving HIV care and treatment; and
Supporting those already in care who have not yet achieved viral suppression to achieve control of the virus.

***EMR/EHR IMPORT to Provide Upload Errors, **Provisional Data, *Due to the ARIES limitations, the data validity cannot be substantiated.

Participation of Stakeholders

21

Stakeholder Participation	Involvement in CQM Program	CQM Program Communication Methods
PLWH	<ul style="list-style-type: none"> Representation on CQM Committee Provides feedback through Positive Voices Coalition Participates in client satisfaction surveys Make suggestions/ recommendations for quality improvement initiatives to the CQM program. Reviews CQM reports Makes suggestions/recommendations to subrecipients on quality improvement needs 	<ul style="list-style-type: none"> Quarterly CQM reports Quarterly CQM updates at planning council meetings Participation on CQM committee Periodic presentations at Positive Voices
Subrecipients	<ul style="list-style-type: none"> Provide care to PLWH consistent with Department of Health and Human Service guidelines Ensure that quality management components of their contract are met Assist the grantee in meeting the medical and supportive service needs of PLWHA Adhere to standards of care specific to their program service area(s) Develop a quality management plan for their agency or project Provides grantee with requested performance data in respective service category Participates in continuous quality improvement 	<ul style="list-style-type: none"> Quarterly CQM Committee meetings Technical assistance and education via NQC tutorials and quality improvement workshops Quarterly CQM performance reports Detailed annual CQM performance report
Quality Management Committee	<ul style="list-style-type: none"> Determines quality goals and improvement priorities Participate in discussions about performance results Participate in quality improvement projects as needed Review needs assessment and epidemiological data to identify quality improvement needs at a systems level. 	<ul style="list-style-type: none"> Quarterly meetings Quarterly reports to the Planning Council at large Written and verbal reports
The Ryan White Planning Council	<ul style="list-style-type: none"> Works in collaboration with the CQM committee in defining the standards of care for medical and supportive service categories Reviews and updates standards of care on an annual basis Review standards of care reports The AA provides CQM Updates monthly on data, QI projects, and performance to help inform service standards development, directives, the How Best to Meet the Need process, and Priority setting. 	<ul style="list-style-type: none"> Monthly meetings Quarterly updates Annual report card
Grants and Data Manager	<ul style="list-style-type: none"> Provides technical support and data on service utilization. 	<ul style="list-style-type: none"> Email Written and verbal reports Written data requests

Appendix A: FY 2025 Annual Quality Goal 5:

Goal 5: To create a culture of continuous quality improvement within the HIV System of Care and among Subrecipients		
Objective 1: Support the QM Committee, Grant Coordinator Q&P meets with QM Committee at least 4 times a yr. and develops the QM Plan and corresponding activities.		
Action Steps	Responsible Party	Deadline
1. Continuous growth of the QM Committee through guidance from a HRSA TA, recruitment of members, and creation of a yearly committee charter.	Grant Coordinator Quality and Planning & Assistant Quality and Planning Coordinator	Q1 2025
2. The CQM Committee will conduct regular meetings during which data is presented and reviewed and decisions are voted on that influence the work of the QM Program.	Grant Coordinator Quality and Planning & Assistant Quality and Planning Coordinator	End of 2025
3. Both process and impact evaluations will be conducted on QM Committee activities. Process evaluations will be conducted through evaluation forms completed by the QM Committee members at the end of each meeting. Impact evaluation will be completed at the end of each calendar year to evaluate QM Committee activities	Grant Coordinator Quality and Planning & Assistant Quality and Planning Coordinator	End of 2025
4. There will be an established set of activities for which the QM Committee is responsible for each year	Grant Coordinator Quality and Planning and QM Committee	End of 2025
5. QM Committee will represent the demographic makeup of the Tarrant County, accomplished through strategic recruitment and outreach.	Grant Coordinator Quality and Planning	End of 2025

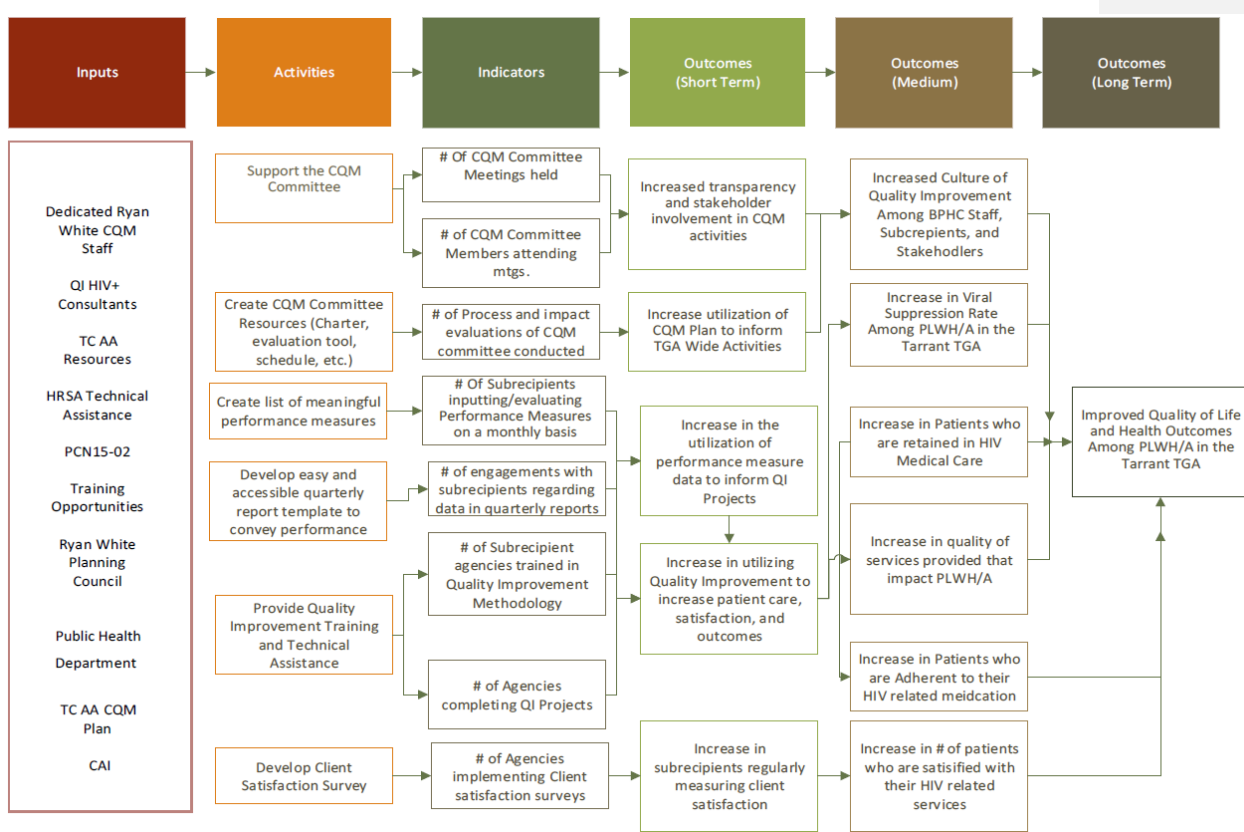
Objective 2: Develop a robust portfolio of performance measures and data displays that are meaningful for each service category and subrecipients by 2025

Action Steps	Responsible Party	Deadline
1. The TC AA will have an efficient system (judged by how easy to navigate, enter data, and understand data in the system) for tracking data on a quarterly basis.	Grant Coordinator Quality and Planning	End of 2025
2. There will be a practice of evaluating performance measures annually to make sure they are meaningful for agencies and the goals of the TC AA. This evaluation process will include reviewing and collecting input on performance measures with agencies, as well as through analysis of data that was collected throughout the year.	Grant Coordinator Quality and Planning & Program and Data Coordinator	End of 2025
3. The QM Program will develop a "user friendly" report to deliver to subrecipients to communicate about performance measure data on a quarterly basis.	Grant Coordinator Quality and Planning & Data Analyst	End of 2025
4. There will be regular communication with subrecipients regarding CQI projects including monthly calls or correspondence to collect information on QI projects (PDSA cycles, projects plans, troubleshooting, etc.), and to receive updates on QI/QA activities.	TC AA Staff	End of 2025
6. The TC AA will host CQM TA sessions during the RWHAP/EHE convenings where subrecipients will be able to present story boards of QI/QA projects and the TC AA will host speakers on the	TC AA Staff	End of 2025

importance of QI in improving health outcomes for PLWH		
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Living Document

Appendix B: FY 2025 Logic Model



Appendix C: Quality Improvement Projects 2025

1. Viral Load Suppression
 - a. Improving Viral Load Suppression Rates through Targeted Adherence Interventions
2. Linkage and Retention in Care
 - a. Jail Linkage Project
 - b. Street Outreach
3. Trauma-Informed Care
 - a. Case Management
 - b. Behavioral Health
4. Rapid Start
 - a. Newly Diagnosed
 - b. Lost to Care

Full matrix available upon request.

Appendix D: Work Plan 2025^{up}

Commented [KL1]: Update once we get the data from Rasheda

Goal: By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 88 percent. (NHAS) Data Source: Provide Enterprise™ (PE)				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase the number of PLWH who are Aging (50+) to become virally suppressed	Use lessons learned, challenges, and best practices from Aging Study, client satisfaction survey, secret shopper activity, and Non/VLS Project. Conduct 2025 Needs Assessment.	6/2025-12/2025	Kaitlin Lopez Kaitlyn Malec H.O.P.E HIV professional services contractor 24-25 Interns	Develop improved strategies for People Aging with HIV to be implanted at clinic and service organizations
Increase the number of PLWH who are in priority populations to become virally suppressed	Conduct QIPs and CQII EHE Interventions & Collaborative Non/VLS Project	24 months (ending 12/2025)	Kaitlin Lopez Kaitlyn Malec Subrecipient agencies Lisa Muttiah Lionnetta Wilson Renee Thomas Rasheda Bell 24-25 Interns	13 months of activities
Increase the number of PLWH who are youth, MSM, and Newly Diagnosed to become virally suppressed	Conduct QIPs in HIT HIV Non/VLS Project Develop innovative Social/Digital Media Interventions	CY 2025	Kaitlin Lopez Kaitlyn Malec HIT HIV Lionnetta Wilson Jonathan Ford	Ongoing Activities Evaluation begins Dec 2025
Goal: By 2025, increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 84 percent. (NHAS) Data Source: Provide Enterprise™ (PE)				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase the number of PLWH who are in priority populations to become virally	Conduct QIPs and CQII EHE Interventions & Collaborative Non/VLS Project	24 months (ending 12/2025)	Kaitlin Lopez Kaitlyn Malec Subrecipient agencies Lisa Muttiah Lionnetta Wilson Renee Thomas	13 months of activities

suppressed and retained in care			Rasheda Bell 24-25 Interns	
Increase the number of PLWH who are youth, MSM, and Newly Diagnosed to retain in care	Conduct QIPs in HIT HIV Non/VLS Project Develop innovative Social/Digital Media Interventions	CY 2025	Kaitlin Lopez Kaitlyn Malec HIT HIV Lionnetta Wilson Jonathan Ford	Ongoing Activities Evaluation begins Dec 2025
Goal: By 2025, increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 84 percent. (NHAS) Data Source: DSHS				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase the number of PLWH who are in priority populations to become virally suppressed	Conduct QIPs and CQII EHE Interventions & Collaborative Non/VLS Project Beat HIV website advancements	24 months (ending 12/2025)	Kaitlin Lopez Kaitlyn Malec Subrecipient agencies Lionnetta Wilson Jonathan Ford	13 months of activities
Increase linkage for PLWH who are youth, MSM, and Newly Diagnosed to care	Conduct QIPs in HIT HIV	CY 2025	Kaitlin Lopez Kaitlyn Malec HIT HIV	Ongoing Activities Evaluation begins Dec 2025
Goal: By 2025, reduce disparities in the viral load of the following populations: Youth, Black MSM Youth, Hispanic Youth. Need to establish baseline data. Goal is to increase viral load suppression among the identified populations by 3%. Data Source: Provide Enterprise™ (PE)				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments
Increase the number of PLWH who are youth, Black MSM, and Hispanic MSM Diagnosed to become virally suppressed	Conduct QIPs in HIT HIV Acuity Tool Development CQM Mini Grants Trauma Informed Collab	CY 2025	Kaitlin Lopez Kaitlyn Malec Subrecipient agencies Lisa Muttiah Lionnetta Wilson Renee Thomas Rasheda Bell 24-25 Interns	Ongoing Activities Evaluation begins Dec 2025
Goal: In 2025, grow the CQM Program and build capacity for providing TA to subrecipients focusing on creating a culture of continuous quality improvement by improving and supporting a CQM Committee, establishing a system to visualize and communicate performance measure data, and engaging and supporting subrecipients in implementing QI projects within their agencies. See Appendix A.				
Objectives	Key Actions	Timeline	Person(s)/Area(s) Responsible	Outcomes/Comments

Build capacity for RW Subrecipient agencies in Tarrant County	Sub report cards CQM Committee Meetings Organization Culture Assessments Telehealth/med assessments CQM Mini Grants Technical Assistance LifeQI Lean Six Sigma Non-VLS Project IHI Open School	CY 2025	Kaitlin Lopez Kaitlyn Malec	Ongoing Activities Evaluation Jan 2025 by CQM Committee
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Appendix E: CQM Staff Roles, Responsibilities, and Job Descriptions

Manager, HIV Grants

SUMMARY:

The HIV Grants Manager is responsible for overall administration of the Ryan White Part A, Part B, Part C, and Part D; State Services; and Housing Opportunities for People Living with HIV (HOPWA) grant programs. The federal funding from the Health Resources and Services Administration (HRSA) and state funding from the Texas Department of State Health Services (DSHS) are for HIV core and support services in the Fort Worth/Arlington Transitional Grant Area and the Tarrant County Health Services Delivery Area. The Grants Manager is responsible for overseeing the preparation of competitive grant applications; the procurement process; and financial, quality management, and programmatic compliance. The Grants Manager ensures Tarrant County complies with federal and state regulations and ensures subrecipients maintain compliance with Federal, State, and locally defined regulations; standards of care; performance measures; and outcomes. The incumbent directs and provides oversight for the County's appointed External Review Committee and External Grievance Committee. This position provides critical input on the overall development and coordination of the local HIV/AIDS Care Continuum and provides leadership in support of the state and federal plans to End the HIV Epidemic.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Serves as project director and administrator for HIV/AIDS federal and state grants. Acts as primary point of contact for funders. Interprets Ryan White legislation and HRSA and DSHS policy. Ensures adherence to legislative and policy requirements.
2. Manages the daily operations of the HIV Administrative Agency including ensuring all grant deliverables are met, providing budget oversight, hiring and supervision of staff, ensuring staff are appropriately trained for their respective positions, coaching staff, and completing performance evaluations according to grant regulations and internal county procedures.
3. Oversees annual HIV administrative and service delivery budgets for state and federal grants including the development and management of budgets for grant applications and vendor contracts.
4. Responsible for the coordination and implementation of subrecipient monitoring for compliance with federal, state, and local regulations and standards of care.
5. Directs the development and implementation of programs, policies, and procedures as required by grant funding sources.
6. Responsible for the preparation and submission of grant applications for federal and state funding.
7. Responsible for the procurement of subrecipients and vendors including requests for proposal development, technical assistance workshops, working with external committees, and contract preparation for each subrecipient.
8. Oversees the client level database. Participates in clinical quality management program and quality improvement projects, data collection and analysis, and performance review and reporting. Participates in AA Clinical Quality Management Committee (CQM).
9. Directs and coordinates all grievances filed by subrecipient service providers or clients.
10. Coordinates with other county departments including Auditor's Office, Criminal District Attorney's Office, Purchasing Office, and Administrator's Office.

11. Participates in state-wide and national HIV services workgroups and conferences, including presentations at meetings.
12. Develops and maintains orientation materials for all new subrecipient service providers. Plans annual subrecipient trainings.
13. Promotes and maintains positive working relationship with North Central Texas HIV Planning Council, subrecipients, community organizations, and federal and state partners.
14. Ensures capacity building by fostering medical and support service providers especially in rural counties.
15. Responsible for preparation of federal and state compliance monitoring visits.

Coordinator, Grant/Quality and Planning

SUMMARY:

Coordinates and implements quality management (QM) and continuous quality improvement (CQI) activities and leads planning efforts to improve and enhance delivery of quality HIV services. Oversees a structured, system-wide approach for quality management and service delivery planning. Performs complex analysis of performance data including health outcome, compliance, patient satisfaction, and epidemiologic data. Prepares reports, develops requests for proposal/quote and assists with federal and state grant applications. Provides quality assurance oversight specific to HIV medical and support services provided by subrecipients. Provides technical assistance and guidance to subrecipients to ensure compliance with applicable federal, state, and local regulations.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Researches and implements the HIV QM program; initiating on-going data collection, integration, analysis, and reporting activities to ensure funded primary care and health-related support services meet established Public Health Service and other guidelines for service delivery.
2. Provides training, support, and technical assistance to subrecipients in the development and implementation of agency-specific outcome measures and CQI efforts consistent with Health Resources and Services Administration (HRSA) and Texas Department of State Health Services (TX DSHS).
3. Analyzes and researches performance data for quality and planning purposed. Tracks performance measure data and continuum of care data. Oversees the collection of patient satisfaction data for all funded services. Provides an analysis of the data to appropriate stakeholders.
4. Actively works to identify and recruit agencies to deliver Ryan White HIV services based on strategic planning initiatives, service gaps and needs.
5. Assists with the coordination of HRSA and TX DSHS competitive grant applications. Assists in preparing Conditions of Award for HRSA and TX DSHS, and grant related reports.
6. Participates in all activities related to the design and implementation of the QM program including meetings with consultants, subrecipients, people with HIV, planning bodies, and other stakeholders involved in QM activities.
7. Participates in the development of the Integrated HIV Prevention and Care Plan, needs assessments, and work plans to assure progress towards ending the HIV epidemic, and to support strategic goals. Facilitates focus groups and consumer advisory boards, as needed.

8. Participates in planning council meetings to share current guidance regarding federal, state, and local regulations which impact the delivery of services.
9. Develops and maintains mechanism for implementing and monitoring HIV Standards of Care.
10. Provides training, support, and technical assistance to subrecipients to ensure compliance with applicable federal, state, and local grant reporting requirements.
11. Provides written reports to HIV grants manager, subrecipients, planning council, and funders.

MINIMUM REQUIREMENTS:

Bachelor's degree in Business Administration, Public Health/Administration, Social Work, or a related field with four (4) years relevant experience in quality management and continuous quality improvement (CQI) program implementation activities, planning, and technical assistance. A Master's degree in Business Administration, Public Health/Administration, Social Work, or a related field can substitute for two (2) years of experience. Experience with federal grants is preferred.

Coordinator, HIV Grant and Data

SUMMARY:

Responsible for researching, identifying, developing and responding to HIV/AIDS competitive grant opportunities. Collects, analyzes, summarizes and reports data, including epidemiologic, demographic and HIV/AIDS service outcomes data, for grant preparation and reporting. Prepares and submits federal, state and local conditions of grant award and required reports. Develops, edits and modifies local requests for proposals in accordance with federal, state and local regulations. Manages the HIV/AIDS client level database for HIV/AIDS services within a 38-county region. Determines trends and develops graphs and charts to visually display performance data. Provides technical assistance and creates a curriculum for training data improvement staff at subcontracting service providers. Conducts compliance site visits with subcontracting agencies to ensure compliance with data requirements. Provides statistical analysis of client-level data for evaluation and planning. Ensures HIPAA compliance related to protected health information for the HIV Administrative Agency (AA) and subcontractors. Performs initial and periodic compliance data security risk assessments and conducts ongoing compliance monitoring at subcontracting service provider locations.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Researches, identifies, develops and responds to HIV/AIDS competitive grant opportunities. Coordinates grant preparation team to efficiently respond to grant opportunities. Serves as lead, coordinates timelines, and serves as the liaison to the funder entity.
2. Develops, edits and modifies local requests for proposals in accordance with federal, state and local regulations.
3. Collects, analyzes, summarizes and reports data, including epidemiologic, demographic and HIV/AIDS service outcomes data, for grant preparation and reporting. Provides statistical analysis of client level data for evaluation and planning.
4. Manages the HIV/AIDS client level data base for HIV/AIDS services including monitoring, researching, analyzing and summarizing client services data. Ensures HIPAA compliance.
5. Assists with the technical review process for grant applications from potential service providers.

6. Submits a subcontractor training plan and data improvement plan to the Texas Department of State Health Services as required. Submits reports to funders as required.
7. Prepares and submits federal, state and local conditions of grant award and required reports.
8. Examines service utilization data trends based on client level data from the HIV database. Provides trend data analysis to the HIV Planning Council for purposes of determining funding allocations.
9. Creates curriculum for and provides training on use of client level data system based on changes developed and required by funders, rules and regulations.

MINIMUM REQUIREMENTS:

Master's degree in Business Administration, Public Health or a related field with two (2) years relevant experience in grant preparation and writing and database management, monitoring and technical assistance or Bachelor's degree in Business Administration, Public Administration or a related field with four (4) years relevant experience in grant preparation and writing, database management, monitoring and technical assistance. Must possess a valid Texas Driver's License. Experience working with databases; managing, analyzing, and interpreting data; displaying data with consideration given to health literacy levels of the audience; working with performance outcome data and working on data improvement plans; and providing data-related training. Must have excellent written and verbal communication skills and be proficient in researching, interpreting, summarizing and analyzing data. Requires analytical and quantitative abilities to produce reports based on outcomes and health indicators and knowledge of federal and state grant guidelines and regulations pertaining to grants administration.

Assistant Coordinator, Quality and Planning

SUMMARY:

The Quality and Planning Specialist will aid in the coordination and maintenance of quality management (QM) and continuous quality improvement (CQI) activities; and support planning efforts to improve and enhance delivery of quality HIV services. Monitors contractor compliance with contracts, grants, and quality assurance. Participates in development of Request for Proposals and proposal scoring. Collects relevant data and prepares reports on performance data including health outcome, compliance, patient satisfaction, and epidemiologic data. Provides quality assurance assistance specific to HIV medical and support services provided by subrecipients. Coordinates technical assistance to subrecipients to ensure compliance with applicable federal, state, and local regulations and compliance with contract guidelines, contractual and programmatic service standards.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Contributes to the design and execution of the QM/Planning program including meetings with consultants, subrecipients, people with HIV, planning bodies, and other stakeholders involved in QM/Planning activities.
2. Assists in conducting annual chart abstractions and studies to ensure established performance measures and quality indicators are met. Conducts technical assistance when service standard measures are not met.
3. Evaluates performance data for quality and planning purposes. Tracks and reports performance measure data and continuum of care data. Creates programmatic monitoring reports with corrective action plans as needed.

4. Serves as an advisor in the collection and dissemination of patient satisfaction survey/data for all funded services.
5. Identify and build opportunities for collaboration with other local, State, and Federal organizations, actively working to identify and recruit agencies to deliver Ryan White/Ending the HIV Epidemic services and/or create community partnerships with.
6. Conducts contract monitoring of 77 contracts for compliance and performance. Assists in annual contract review and updates. Reviews and reports status on all ongoing contracts.
7. Assists in the development and implementation of relevant policy and procedures.
8. Participates in preparing and scoring Requests for Proposals, Requests for Bids and Requests for Quotes.
9. Participates in the development of the Integrated HIV Prevention and Care Plan, needs assessments, and work plans to assure progress towards ending the HIV epidemic, and to support strategic goals.
10. Develop and conduct consumer focus groups to identify program priorities and needs.
11. Participates in planning council meetings to share current guidance regarding federal, state, and local regulations which impact the delivery of services.
12. Provides written reports to HIV Grants Manager, Grant Coordinator Quality and Planning, subrecipients, planning council, and funders.
13. Performs all other related duties as required.

MINIMUM REQUIREMENTS:

Bachelor's degree in Business Administration, Public Health/Administration, Nursing, Social Work, or a related field with two (2) years relevant experience in quality management and continuous quality improvement (CQI) program implementation activities, planning, and technical assistance. A Master's degree in Business Administration, Public Health/Administration, Social Work, or a related field can substitute for one (1) year of experience. Experience with federal grants is preferred. Knowledge of Public Health Services guidelines and health care service delivery systems, sensitivity to community needs, and understanding of critical funding processes for HIV/AIDS programs. Understanding of health outcome and performance measure data. Ability to conduct strategic planning. Knowledge of federal and state grant guidelines and regulations pertaining to grants administration.

Commented [KL2]: Add Lonnetta to job descriptions

Commented [KM3R2]: Added.

Program Manager, HIV Initiatives - HIV Administrative Agency

Summary

The HIV Initiatives Program Manager oversees implementation of the Ending the HIV Epidemic grant activities for the Tarrant County HIV Administrative Agency (HIV AA). This position focuses on operational functions while working with community partners and sub-recipients to drive changes impacting the lives of more than 6,000 clients living with HIV. The Program Manager will assist with preparing the grant application, developing the workplan, overseeing grant-related reporting, monitoring the budget, and supervising staff.

Essential Duties and Responsibilities

1. Coordinates and oversees the Tarrant County response to Ending the HIV Epidemic treatment initiative and collaborates with other HIV AA staff to ensure coordination across other HIV-related funding streams.

2. Collaborates with external government and non-profit agencies to accomplish project deliverables, including overseeing a leadership team.
3. Evaluates complex, interagency progress to ensure that all project goals are achieved and timelines are followed. Develops corrective actions plans as necessary.
4. Identifies and recommends operational and administrative improvements impacting contracts and service delivery for a network of providers and 6,000+ people living with HIV in Tarrant County.
5. Conducts grants management responsibilities including grant writing, workplan development, oversight of contractors, reporting, and all other aspects of grants management.
6. Coordinates development of requests for proposals for all procured services, participates in bidders 'conferences, coordinates an objective evaluation process and negotiates contract deliverables.
7. Ensures accurate completion of reports published by the Ending the HIV Epidemic program and quality management review assessments submitted to HRSA, County Administration, the HIV Planning Council, another governmental organizations.
8. Builds and maintains relationships with community groups, businesses, universities, and other organizations to create awareness and promote program services.
9. Provides direct supervision and oversight to staff.
10. Performs other duties as assigned to support the work of the HIV Administrative Agency.

Minimum Requirements

Bachelor's degree in Public Health, Public Administration, Health Administration, Business Administration, Social Work, or a related field. Master's degree preferred. Four (4) years of experience in health administration, public administration, public health, or other related field. Experience in the field of HIV prevention or care is preferred. Experience managing complex projects from inception to completion. Experience serving in a lead or supervisory capacity. Knowledge of the Ryan White CARE Act. Current and valid driver license and acceptable driving record.

Knowledge of contract management, procurement processes, budgets, and management of federal grants. Knowledge of performance measure data. Knowledge and skill working with communities of color. Strong analytical and problem-solving skills. Skill in project management. Knowledge of structural barriers and institutional racism. Ability to practice cultural humility. Effective communication skills and the ability to get along with diverse populations. Strong writing skills. Knowledge of health inequity. Ability to use good judgement indecision making. Ability to establish and maintain cooperative relationships.

Physical Demands and Work Environment

While performing the duties of this position, the incumbent is regularly required to bend, carry, climb stairs, grasp/squeeze, use hand tools, hear, keyboard, kneel, lift below the waist, lift between the waist and shoulder, lift overhead, lift to the side/twist, tolerate noise, pull, push, reach, reach overhead, perform repetitive tasks, see color, see far, see near, sit, squat, stand, stoop, talk, use his/hands, drive, walk, work alone and with others, and work overtime as needed.

Other Requirements

Regular attendance is essential. Incumbent must arrive at work on time, prepared to perform assigned duties and work assigned schedule. Incumbent must have the ability to work well with others. Incumbent must be able to perform the essential functions of the position without posing a direct threat to the health and safety of themselves and others. Requested accommodations to work hours and schedules are considered on an individual basis.

Tarrant County will conduct background checks on new hires that will include a criminal background check related to convictions and deferred adjudications in the past seven years and

may include credit reports, motor vehicle records, employment records, and educational attainment. A conviction or deferred adjudication is not an automatic bar to employment. Each case is considered individually.

Decision Making

This position exercises discretion and independent judgment within the parameters of applicable federal, state, and county requirements as well as internal policies and procedures.

Contacts

Interacts with Health Resources and Services Administration (HRSA), Tarrant County subrecipient agencies, Department of State Health Services (DSHS), HIV Planning Council, Tarrant County Public Health, community organizations, Purchasing, non-profit agencies, and County Administration.