Sacramento Transitional Grant Area
Ryan White CARE Program

Continuous Quality Improvement Plan
July 2018 – March 2020

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Introduction

The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), administer the Ryan White (RW) HIV/AIDS Program. The RW legislation created a number of programs, called Parts, to meet needs for different communities and populations affected by HIV/AIDS. The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides funding to support primary medical care and essential support services. Based on legislation, support is divided into five Parts which includes:

- **Part A** provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.

- **Part B** provides grant funding to states and territories to improve the quality, availability, and organization of HIV health care and support services. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).

- **Part C** provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services.

- **Part D** provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV.

- **Part F** provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include:

    1. **The Special Projects of National Significance Program**, supporting the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations;

    2. **The AIDS Education and Training Centers Program**, supporting the education and training of health care providers treating people living with HIV through a network of eight regional centers and three national centers;

    3. **The Dental Programs**, providing additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program; and

4. **The Minority AIDS Initiative**, providing funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

The County of Sacramento is the Fiscal Agent for the Sacramento Transitional Grant Area (TGA) which receives Part A funding. The TGA is comprised of Sacramento, El Dorado and Placer counties. The State of California receives Part B funding and has contracted with the County of Sacramento to manage Part B funds for Sacramento, El Dorado, Placer, Yolo and Alpine counties.

Title XXVI of the Public Health Service Act (Part A: Section 2604(h)(5)(A) and Part B: 2618(b)(3)(E)) requires that each entity that receives a grant under Section 2611 establish a clinical quality management 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 guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections, and, as needed, develop strategies for ensuring that such services are consistent with the guidelines to ensure the access to and quality of HIV services.

As a Ryan White Recipient, the County of Sacramento, Department of Health Services, Division of Public Health, has as its mission to promote, protect and assure conditions for optimal health for people living with HIV.

The Sacramento TGA's RW CQI Program is outlined in this CQI Plan. This plan is a "living" document designed to be modified and updated as part of the continuous quality improvement process. The CQI plan is effective July 2018 through March 2021, and will be reviewed and revised annually as needed.

If you have any questions or feedback concerning this plan, please contact the CQI staff at (916) 876-5548, or by email at gammellp@saccounty.net.

Quality Statement

Vision
All people living with HIV in the Sacramento Transitional Grant Area (TGA) receive high-quality care and are virally suppressed.

Mission
The mission of the Sacramento CQI Program is to support both optimum health outcomes for people living with HIV and prevent new infections through effective treatment of seropositive persons for people living in the Sacramento TGA. This is accomplished by ensuring the availability of a safety net of quality core medical and support services for all people living with HIV.

Purpose
HAB has defined "quality" as the degree to which a health or social service meets or exceeds established professional standards and user expectations.

The purpose of the TGA's RW CQI Program is to systematically plan for, measure, evaluate, and improve the quality of RW funded care and services delivered to people living with HIV.

Key Terms

CQI Program
A CQI program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. The components of a CQI program are

- Infrastructure
- Performance measurement
- Quality improvement

CQI Plan
A CQI plan describes all aspects of the CQI program including infrastructure, priorities, performance measures, quality improvement activities, action plan, and evaluation of the CQI program

Continuous Quality Improvement Infrastructure

Leadership and Accountability

Continuous Quality Improvement Manager
The CQI manager reports to the Sacramento County Ryan White Care Program Coordinator and is responsible for coordinating the RW CQI program, and other

duties and responsibilities as presented throughout this CQI Plan. The CQI Manager reviews all sub recipients' progress reports and any concerns about CQI activities. The CQI manager is also the RW liaison to external quality management work groups.

CQI Committee

The purpose of the CQI committee is to provide input, oversight, and facilitation of TGA's RW CQI plan. Each member serves an important role in ensuring accountability and standardization efforts, identifying gaps in care, fostering collaboration and sharing of knowledge.

The CQI committee includes members from various program areas as follows:

- CQI Manager
- Ryan White Care Program Coordinator
- Quality Improvement Leads from Subrecipients
- AIDS Education and Training Center
- Assistance Sacramento County Public Health Officer/STD Controller
- Sacramento County Surveillance Coordinator
- Program Manager, Sacramento County CCS Coordinator
- HIV+ Consumers
- HIV Health Services Planning Council Member
- Sacramento County STD/HIV Program Manager

CQI membership will be evaluated every three years or more frequently as needed and changes made accordingly.

The CQI Committee meets on a quarterly basis with workgroups meeting as needed. The ability to meet less frequently can be assessed if the CQI committee is meeting its goals.

CQI Plan

The CQI plan is the document guiding the RW CQI activities. The CQI plan will be revised at least every three years. The CQI plan will be distributed to RW subrecipients.

CQI Committee Work Plan

The *CQI Committee Work Plan* delineates CQI program activities implemented to achieve established CQI goals and objectives. Each activity has a corresponding timeline and responsible parties. Progress on the activities is discussed during the quarterly CQI committee meetings.

The *CQI Committee Work Plan* is an internal document utilized by the CQI committee, and is reviewed annually and revised as needed.

Stakeholder Involvement

Coordination within Sacramento DHS

Internal stakeholders within the Division of Public Health are given the opportunity to provide feedback on CQI activities in order to ensure coordinated efforts across work groups.

The CQI manager meets regularly with other County Public Health programs and community collaborations to inform them of ongoing CQI activities and seek opportunities for collaboration.

Coordination with Other RW Programs in California

The Sacramento RW Program CQI Program will focus on collaboration of quality management activities coordinated by the California State Office of AIDS, HIV Care Branch. This collaboration will be supported by having the State's CQM nurse communicate and share CQI activities with the Regional Quality Groups that are facilitated by the National Quality Center.

Consumer Involvement

The Sacramento TGA values consumer input in planning implementation, evaluation, and quality improvement of HIV policies, programs and services. The CQI program shall solicit consumer input via the Sacramento TGA Part A Planning Council, client satisfaction surveys and subrecipient referrals.

Ryan White Funded Service Survey

The Sacramento TGA conducts an annual postcard survey to evaluate program services and collect feedback. Responses from these surveys is available for planning quality improvement activities.

The CQI program will continue to explore other ways to involve consumers in CQI activities.

RW HIV CARE Program Subrecipients' Involvement

The Sacramento TGA's subrecipients are community based organizations contracted to provide the range of allowable core medical and supportive services.

The Sacramento TGA's CQI committee requires subrecipients to implement CQI activities. Subrecipients are required to submit individual CQI plans and CQI activities will be assessed annually during on-site monitoring visits by the Ryan White Fiscal Agent staff.

Capacity Building

The CQI manager will coordinate webinars and training opportunities around quality management for CQI committee members and RW Program subrecipients.

Subrecipients' CQI technical assistance/training needs will be assessed through requests in subrecipients' applications, monitoring of subrecipients' semi-annual and annual reports, data monitoring, and through training evaluations and/or needs assessments.

The National Quality Center (NQC) and Institute of Healthcare Improvement training material and resources will be utilized where appropriate.

Evaluation of CQI Program

The CQI Committee will evaluate the CQI program using the NQC's *Organizational Assessment for Ryan White HIV/AIDS Program Part B Grantees* at least annually.

The CQI plan is assessed using the NQC's *Checklist for the Review of an HIV-Specific Quality Management Plan*, assessment tool.

CQI Resources

Financial Resources

The Ryan White HIV/AIDS Program legislation (Section 2618 of the PHS Act) allows Part A recipients to allocate part of the grant award to support the clinical quality management program.

Guidance/Technical Assistance Resources

The following resources are available to the CQI program:

- HRSA CQM Consultants
- HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation, formally known as the National Quality Center (NQC)
- Guidance Documents listed below:
    - PCN 15-02 Clinical Quality Management Policy Clarification Notice and Frequently Asked Questions

- HIV/AIDS Bureau Performance Measures
- Department of Health and Human Services HIV/AIDS Medical Practice Guidelines: https://aidsinfo.nih.gov/guidelines
- HIV/AIDS Bureau Part A Monitoring Standards (Part A specific, Universal Monitoring Standards, and Frequently Asked Questions)
- HIV/AIDS Bureau Part A Manual
- National HIV/AIDS Strategy
- Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan

CQI Goals

Goals and Objectives

The CQI goals and objectives are based on the following:

- Findings and recommendations in the HRSA HIV/AIDS Bureau Comprehensive Site Visit Report, August of 2017
- Findings from the National Quality Center (NQC)'s Organizational Assessment for Ryan White HIV/AIDS Programs.
- Strategies from Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan for 2017-2021

Table 1. Sacramento TGA (Recipient) Goals

The activity period for implementing each objective is noted with an "X".

Goals and Objectives	FY 2018	FY 2019	FY 2020
Goal 1 – Build a CQI program infrastructure to support a systematic process with identified leadership; quality planning and accountability; and dedicated resources			
1.1 By July 2018, determine an adequate infrastructure, including resources and staffing, needed to successfully meet CQI program expectations.	X		
1.2 Hold quarterly CQI committee meetings.	X	X	X
1.3 By August 2018, identify and document in the CQI Plan, specific CQI program activities that the subrecipients will undertake every fiscal year.	X		
1.4 Provide at least one training opportunity annually to build the capacity of subrecipients to undertake CQI activities.	X	X	X
1.5 Document each subrecipient's engagement in the CQI plan's performance measurement data and quality improvement projects at least semi-annually.	X	X	X
1.6 By December 2018, develop a mechanism to improve stakeholders' involvement in Part A CQI activities.	X		
1.7 By December 2018, determine a mechanism for consumer involvement to inform CQI activities.	X		
1.8 Provide at least one CQI training opportunity annually for CQI committee and staff.	X	X	X

Goal 2 – Use performance data to identify opportunities for improvement; develop and implement measures to evaluate the success of change initiatives; set funding priorities and allocations; monitor program status; and ensure that accurate, timely data and information are available to subrecipients			
2.1 By August 2018, identify at least two performance measures to evaluate all Ryan White funded services.	X		
2.2 By August 2018, inform subrecipients of the Ryan White performance measures and collection requirements.	X		
2.3 CQI committee to meet quarterly to review and analyze CQI data.	X	X	X
2.4 By December 2018, determine a mechanism to communicate CQI performance data to subrecipients.	X		
2.5 By December 2018, determine whether client satisfaction surveys can be used to inform CQI activities.		X	
Goal 3 – Apply robust process improvement methodology to achieve program goals and maintain high levels of performance over long periods of time			
3.1 Identify a quality improvement methodology by August 2018	X		
3.2 Identify and implement a quality improvement project for at least one funded service category at any given time.	X	X	X
3.3 Document the quality improvement activities that have been undertaken at any given time.	X	X	X

Goal 4 – Evaluate the extent to which the CQI program is meeting the identified program goals related to quality improvement planning, priorities, and implementation			
4.1 By July 2018, determine a process to evaluate the CQI program's infrastructure, activities, processes and systems.	X		
4.2 Study and act on findings of CQI program evaluation at least annually to ensure CQI plan continues to respond to identified goals and activities.	X	X	X
Goal 5 – Provide the framework from which processes and outcomes are measured by updating standards of care for every funded service category in the Sacramento TGA			
5.1 By March 2019, update standards of care starting with at least 10 most highly utilized/funded categories in the state.	X	X	
5.2 By July 2019, identify the peer review process for the developed standards of care.		X	

Table 2. Sacramento RW HIV CARE Program Subrecipient Goals
The activity period for implementing each objective is noted with an "X".

Goal 6- Participate in clinical quality management activities as contractually required			
Goals and Objectives	**FY 2018**	**FY 2019**	**FY 2020**
6.1 Maintain adequate infrastructure and designate staff to conduct CQI activities at any given time.	X	X	X
6.2 Every fiscal year, implement and monitor performance measures as determined by the RW CQI program	X	X	X
6.3 Collect and report RW HIV AIDS Program Services Report (RSR) data for use in performance measurement of RW CQI program by entering client-level data into the Sacramento HIV/AIDS Reporting Engine (SHARE). At the minimum, subrecipients funded for Outpatient/Ambulatory Health Services and Medical Case Management Services must enter these CQI data elements into SHARE: Client Demographics; Current Living Situation, Date First HIV+, CD4 Test Date, T Cell Count, Viral Load Date, Viral Load Value, STI/Hepatitis screening (gonorrhea, chlamydia, and syphilis), ART (Type, start and end date, ART drugs). At the minimum, all subrecipients funded for any other RW service must enter these CQI data elements into SHARE: Client Demographics; Current Living Situation, Date First HIV+, CD4 Test Date, T Cell Count, Viral Load Date, Viral Load Value, Art Start or End Date.	X	X	X
6.4 Review performance data at least quarterly to identify clients that need additional support in staying in medical care or maintaining viral suppression.	X	X	X
6.5 Every fiscal year, participate in relevant capacity building and quality improvement activities as mandated by RW CQI program.	X	X	X
6.6 In coordination with the RW CQI program, conduct quality improvement projects at the subrecipient level.	X	X	X
6.8 Implement the RW Part A standards of care for funded service category standards	X	X	X

Performance Measurement Data Sources

Sacramento HIV/AIDS Reporting Engine (SHARE)

All Sacramento Ryan White providers either manually enter or import their data into SHARE. The Sacramento HIV/AIDS Reporting Engine (SHARE) is a web-based administrative database which allows the Sacramento TGA's Ryan White-funded subrecipients to manage data. Subrecipients input client level data, including demographics, services, and invoicing which is later extrapolated to provide performance outcome measures. SHARE provides comprehensive data for program reporting and monitoring. With client consent, SHARE data is used for coordination of client services among medical, treatment, and support providers. Reports generated from SHARE are used to guide program planning, improve service delivery, evaluate provider clinical performance, and comply with HRSA/HAB reporting requirements on HAB Performance Measures and the Ryan White Services Report (RSR). The Sacramento TGA currently uses SHARE to measure and report on CQI and contract compliance indicators.

The SHARE Medical Performance Indicator Reports allow the CQI Committee to provide service providers performance measures for their entire agency caseload or narrow measures to focus on a particular key population or service category. This capability allows providers to have data informing them where to target their CQI activities.

These reports also provide the CQI Committee with up-to-date data for the CQI performance measures selected for the current years.

Chart Reviews

Client chart reviews may be conducted as needed to inform CQI activities. Selected for the current year.

Performance Measures

The CQI Committee will meet quarterly to review and analyze data on chosen performance measures. The indicators and goals were chosen to align with the HRSA HIV/AIDS Bureau (HAB) performance measures, the National HIV/AIDS Strategy goals, and California's Integrated HIV Surveillance, Prevention and Care Plan for 2017- 2021.

HIV CARE Program Performance Measures

Indicator	Performance Measure	Data Source	Sacramento TGA RW Program Baseline (FY17)	2021 Target
Linkage to HIV Medical Care	Percentage of newly diagnosed clients who attend a routine HIV medical care visit within 1 month of HIV diagnosis	SHARE	58.51%	85%
Prescribed ART	Percentage of still active clients prescribed antiretroviral therapy (ART) for the treatment of HIV infection during the measurement year among all clients served	SHARE	95.11%	90%
In Medical Care	Percentage of still active clients who had at least one medical visit during the 12-month measurement period (a visit documented by one CD4 count or Viral Load Test)	SHARE	79.3%	90%
Retained in Care	Percentage of still active clients who had at least two medical visits at least three months apart during the 12-month measurement period (a visit documented by one CD4 count or Viral Load Test	SHARE	41.69%	82.5%
Viral Load Suppression	Percentage of still active clients who had a known viral load less than 200 copies/ml among all clients served and with at least one viral load test recorded in the measurement year	SHARE	85.66%	90%
Housing	Percentage of still active clients with a diagnosis of HIV who were stably housed in the 12-month measurement period among all client served	SHARE	38.39	54%

HIV CARE Program Performance Measures by Service Category

The CQI committee has identified the following performance measures for services. This is to ensure that each funded service category has a measurable health outcome. SHARE is the data source for all performance measures.

Service Category	Performance Measure	Sacramento TGA RW Program Baseline (FY17)	2021 Target
Outpatient Ambulatory Medical Care	Percentage of clients prescribed ART for the treatment of HIV infection during the measurement year	97.31%	90%
	Percentage of clients who are virally suppressed among all clients served	84.16%	90%
	Percentage of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart	49.07%	90%
Health Insurance Premium and Cost Sharing Assistance for Low-Income individuals	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral Load test during the measurement year	81.82%	90%
Medical Nutritional Therapy	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral Load test during the measurement year	84.89%	90%

Service Category	Performance Measure	Baseline (FY17)	2021 Target
Medical Case Management, including Treatment Adherence Services	Percentage of HIV+ patients, regardless of age, with two visits during the measurement year at least three months apart	45.82%	90%
	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML, at last HIV Viral load test during the measurement year	78.54%	90%
Medical Case Mgmt Clients ages 0 - 19	Percentage of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy who received Pediatric Treatment Adherence Services	95.65%	80%
	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year who received Pediatric Treatment Adherence Services	73.91%	90%
Oral Health Care	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML, at last HIV Viral load test during the measurement year Percentage of HIV+ patients regardless of age,	87.1%	90%
	Oral Health Services: Dental Treatment Plan	100%	100%
Substance Abuse Outpatient Care	Percent of HIV+ patients, regardless of age, with at least one medical visit during the 12-month measurement year (one visit documented by a CD4 count or Viral Load test).	88.71%	90%
	Percent of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year	79.68%	90%

Service Category	Performance Measure	Baseline (FY17)	2021 Target
Non-Medical Case Management Services	Percentage of HIV+ patients, regardless of age, prescribed HIV antiretroviral therapy	96.53%	90%
	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML, at last HIV Viral load test during the measurement year	81.73%	90%
Emergency Financial Assistance	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML, at last HIV Viral load test during the measurement year	81.33%	90%
Food Bank/Home Delivered Meals	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year	81.08%	90%
Health Education/Risk Reduction	Linkage to HIV Medical Care within 30 days	68.42%	90%
Housing Services	Percent of HIV+ patients, regardless of age, with at least one medical visit during the 12-month measurement year (one visit documented by a CD4 count or Viral Load test).	90.91%	90%
	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year	75.52%	90%

Service Category	Performance Measure	Baseline (FY17)	2021 Target
Medical Transportation	Linkage to HIV Medical Care within 30 days	63.33%	90%
	Percentage of HIV+ Ambulatory Care patients, regardless of age, with two visits during the measurement year at least three months apart	44.58%	82.5%
Outreach Services	Linkage to HIV Medical Care within 30 days	46.15%	85%
Substance Abuse Services - Residential	Percent of HIV+ patients, regardless of age, with at least one medical visit during the 12-month measurement year (one visit documented by a CD4 count or Viral Load Test)	88.71%	90%
	Percentage of HIV+ patients, regardless of age, with an HIV viral load less than 200 copies/ML at last HIV Viral load test during the measurement year	67.74%	90%

Data Communication

The Sacramento Ryan White CARE Program utilizes standardized *Medical Performance Indicator Reports* generated from SHARE data to highlight subrecipients' programmatic and CQI data. These profiles are generated and distributed monthly to assist subrecipients identify clients who are out of care, resolve data issues, and identify areas for program improvement. The Sacramento Ryan White CARE Program staff and CQI manager review these reports with subrecipients at the annual monitoring site visits.

External communications with stakeholders will occur through presentations and monthly Subrecipient Caucus meetings'.

Quality Improvement (QI)

The CQI program seeks to use the performance measurement results to implement QI projects aimed at improving patient care, health outcomes, and patient satisfaction. The CQI committee will select and prioritize performance measures for QI projects for at least one funded service category at any given time.

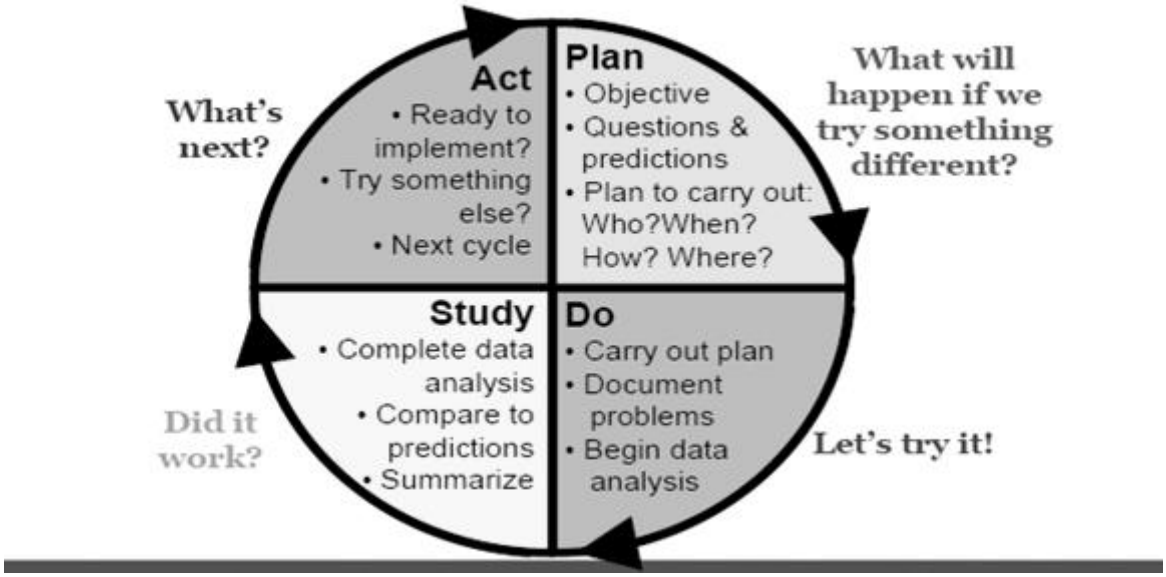
The Sacramento Ryan White CARE Program utilizes standardized *Medical Performance Indicator Reports* generated from SHARE data to highlight subrecipients' programmatic and CQI data. These profiles are generated and distributed monthly to assist subrecipients identify clients who are out of care, resolve data issues, and identify areas for program improvement. The Sacramento Ryan White CARE Program staff and CQI manager review these reports with subrecipients at the annual monitoring site visits.

External communications with stakeholders will occur through presentations and monthly Subrecipient Caucus'.

Methodology

The CQI program will implement and document QI activities using the Model for Improvement methodology developed by Associates in Process Improvement and complemented by the Institute for Healthcare Improvement. This methodology was chosen because it allows for implementation of change while building knowledge sequentially with multiple Plan-Do-Study-Act (PDSA) cycles for each idea.

Figure 1.The PDSA Cycle for Learning and Improvement



Monitoring of Subrecipients Quality Improvement (QI) Projects

Once the CQI committee prioritizes performance measures for QI projects, CQI staff will communicate these measures to subrecipients. Subrecipients that do not meet established benchmarks will be expected to participate in focused technical assistance webinars and then implement at least one quality improvement project to improve the prioritized performance measures.

The CQI committee will meet quarterly to review subrecipients' data and progress in improving the performance measures. For subrecipients who are not able to improve after the webinar, the CQI staff will follow up and provide individualized technical assistance.

Subrecipients will have an opportunity to provide detailed progress of their QI projects in the semiannual progress reports. Sacramento TGA's Ryan White CARE Program staff and CQI staff will follow up and provide feedback and technical assistance as needed.

If a subrecipient is unable to report required data, implement a QI project, or meet established benchmarks after above measures, the Sacramento TGA's Ryan White CARE Program staff and CQI staff will conduct an in-person follow up during the annual monitoring site visits. Subrecipients will be required to develop a corrective action plan if they are unable to meet the CQI standards. Sacramento TGA's Ryan White CARE Program staff and CQI will follow up on the implementation of the subrecipients' corrective action plan as needed.

Current and Proposed Quality Improvement Projects

1. Increasing viral load suppression among youth ages 13-24 years old. (2018)
2. Increasing viral load suppression among all Sacramento Ryan White Program clients (2018)
3. Increasing Retention in Care for Sacramento Ryan White CARE Program Ambulatory Outpatient Care clients

Process to Update CQI Plan

The CQI Manager will create a draft revision, if necessary, of the CQI plan by December 1, 2019. This draft will be circulated among the CQI committee, subrecipients and any other identified stakeholder for input. The final revision will be approved and released by July 1, 2020.

Feedback

If you have any questions or feedback concerning this plan, please contact RW CQI staff at (916) 876-5548, or by email at gammellp@saccounty.net.