

# CQM COMMITTEE MEETING

March 26, 2026

Meeting started at 10:00am – ended at 11:06am

## In Attendance:

Jeremy Hurley	Bernadette Villarruel	Diana Bonilla
Anastasia Kime	Erin Arreola	Binila John
Kristopher Pre	Lorianna Angel-Guadron	Carolyn Chavez
Sandra Najuna	Sherria Taylor	Marcos Paez
Victor Hernandez	Susana Gonzalez	Yajaira Rios
Anastasia Cadwallader	Frances Ashley	Ericka Gonzalez
Karina Bir	M. Gabriel Colbaugh	

## Agenda:

### 1. Attendance:

- G. Hurley took attendance.

### 2. CQM Plan – GY 25-26 Update

Jeremy reminded the committee that the CQM Plan is a living document and serves as the foundation for all statewide CQM activities.

- Key updates:
  - i. GY 26–27 CQM Plan is currently being developed.
  - ii. Plan structure will be revised:
  - iii. Core document is being designed for 3–5 year stability.
  - iv. Appendices will be updated annually or as needed.
- Subrecipients encouraged to submit recommendations for plan updates to the NVCQM shared inbox.

### 3. Office of HIV Updates

- Grant Year 2025 – 2026 status charts updated on website as of 3/1/2026.
- Discussions ongoing with Larson Institute regarding focus groups and town halls.

- CQM Capacity & Coaching Initiative proposed for Northern Nevada (June 2026) Approved.
- Shared inboxes reiterated:
  - i. RWPB: [NVRWPB@health.nv.gov](mailto:NVRWPB@health.nv.gov)
  - ii. CQM: [NVCQM@health.nv.gov](mailto:NVCQM@health.nv.gov)

#### 4. Organizational Assessment (OA) Review

All 10 subrecipients completed the Organizational Assessment.

Purpose:

- Assess statewide operational functioning
- Identify strengths and system-level gaps
- Inform CQM priorities

Jeremy emphasized:

- The OA is not a compliance tool
- It is intended to guide system improvement and technical assistance

Overall Findings:

- Strong operational foundation across network
- Defined leadership structures
- Routine performance monitoring
- Active QI activities
- Strong community partnerships

Common Themes Identified:

- Client retention and re-engagement challenges
- CAREWare reporting and data system challenges
- Workforce capacity limitations in smaller programs

Additional Observation:

Some organizations completed the “Subrecipient Oversight and Monitoring” section despite not managing subrecipients. This did not impact analysis but will be clarified in future instructions.

Jeremy stated individualized feedback will be distributed to each subrecipient once finalized.

#### 5. Quality Improvement Projects

Subrecipients were reminded:

- CQM projects must remain active and demonstrate movement

- Updates are due within 7 days following each committee meeting if there is no update provided at the committee meeting
- The state is available for technical assistance and capacity support
- All subrecipients present provided an update on their QI projects.

## 6. Quality Improvement Planning – QI Focus

The committee reviewed statewide QI priorities:

Data Quality & Reporting:

- Continued CAREWare/RWISE validation
- Documentation gaps identified during site visits
- Standardizing quarterly chart review expectations
- Reinforced HIPAA-compliant uploads
- State developing clearer documentation guidance

Performance Measure Priorities:

- Targeted action for measures below benchmark
- Continued focus on retention in Care and Viral Suppression
- QI alignment with performance data required

Retention & Engagement:

- Addressing technology barriers
- Increasing outreach visibility
- Strengthening follow-up workflows

Organizational Assessment & SWOT:

- Updated SWOT templates will be sent out next time with the proper text boxes.
- Alignment of strengths/gaps with QI priorities.

Accountability:

Jeremy emphasized that compliance and documentation alone do not constitute an effective CQM program. The focus must remain on implementation, operationalization, and demonstrated use of data to drive improvement.

## 7. Site Visits

Site visits are being moved to better align with the grant year. This helps with the review so that there is no overlapping in documentation or review periods.

Northern Nevada site visits scheduled:

- May 4-6, 2026

Southern Nevada:

- Anticipated June (dates pending)

Documentation period for review:

- October 1, 2025 – March 31, 2026

Site visits will focus on workflow and process monitoring, not only document review.

#### 8. Consumer Feedback Discussion (AHN Update)

AHN reported:

- Quarterly review of consumer feedback
- Increased survey distribution by over 3,000 surveys
- 75 additional surveys received back compared to previous year
- Current response rate 7.58%
- While 20% target was not met, improvement in volume and engagement noted.

AHN reported that consumer surveys are distributed twice annually (April and October) and reviewed quarterly to identify trends and areas for improvement. Feedback is shared internally to address services concerns in real time.

#### 9. Grant Year Closeout & Data Reporting

Jeremy stated:

- End-of-grant-year data collection and analysis will occur rapidly
- Performance measure results will be distributed once finalized
- Final SWOT analysis will be shared upon completion
- Meeting minutes will be distributed and posted online

#### 10. Grant Award Question

Carolyn Chavez inquired about the anticipated release of Part B grant award (2026 – 2027 cycle)

Response:

- No Notice of Award has been received at this time
- Subrecipients will be notified immediately once received

#### 11. Next Meeting

Tentatively scheduled:

June 25, 2026 (tentative; date and time subject to adjustment pending Southern Nevada site visit scheduling)

## 12. Action Items

- Finalize and distribute SWOT analysis review
- Complete end-of-year data collection and performance analysis
- Distribute meeting minutes
- Continue QI project updates
- Prepare for May and possibly June site visits
- Prepare for June Northern Nevada Capacity & Coaching Initiative