Miracle of Love Inc.
Clinical Quality Management Program
Quality Management Plan
2024-2030

Plan approved by Committee on April 2, 2024 | Board of Directors Approval April 16, 2024
Amended April 22, 2025

Contents

Signatures

Quality Manager — Date: 04/24/2025

Committee Chair — Date: 4/24/25

Executive Director — Date: 4/25/25

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History

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Executive Summary

Miracle of Love Inc. (MOL) serves the Orlando Eligible Metropolitan Area (EMA), which covers Orange, Osceola, Lake, and Seminole Counties in Florida. MOL is a subrecipient (service provider) of multiple funding sources, including Ryan White HIV/AIDS Program (RWHAP) Part A and B, Housing Opportunities for Persons with AIDS (HOPWA), Targeted Outreach for Pregnant Women Act (TOPWA), as well as prevention programs which include HIV testing and education through the Florida Department of Health. The MOL Clinical Quality Management Plan ("Plan") is a written document that outlines the agency-wide Clinical Quality Management Program ("Program"). The purpose of the MOL Clinical Quality Management Program is:

1. Ensure clients receive services that meet or exceed established clinical guidelines and support service standards.
2. Ensure that services are available, obtainable, and retain clients in HIV care.
3. Identify barriers in HIV care and assess options for reducing and/or eliminating them.
4. Continuously improve service process and procedures to reduce the disruption of client's daily lives, while achieving and maintaining viral suppression.
5. End the HIV Epidemic.

The Program utilizes data collection and analysis to select areas of improvement that can impact the quality of care for people with lived experience (PWLE). The Plan is reviewed annually and updated throughout the year based on available data and analysis and utilizes evidence-based practices to find solutions. With guidance from the various funding source offices and annual program monitoring, the Program works to achieve goals and performance standards set forth.

In accordance with Health Resources and Services Administration (HRSA) Policy Clarification Notice (PCN) 15-02, the Program has been established to include a clinical quality management committee ("Committee"), a Quality Manager, dedicated resources, the ability to collect and analyze data, conduct quality improvement projects, and obtain input from people with lived experience receiving services. As a subrecipient, the program and plan are focused on agency areas of improvement but works collaboratively with recipient offices and other subrecipients to target areas of improvement that are system wide.

The Committee and Program utilize bylaws to govern the procedures and processes in place (Miracle of Love Inc., 2024).

Authority and Accountability

Title XXVI of the Public Health Service Act and PCN15-02 (Health Resources and Services Administration, 2020) requires the establishment of a Clinical Quality Management Program to:

- Assess the extent to which HIV health services provided to clients under the grant are consistent with the most recent Public Health Service 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 services.

Clinical Quality Management Committee

The Committee is a technical work group that has no legal, regulatory, or statutory authority and exists at the discretion of MOL in accordance with the RWHAP Part A office. The Committee is the advisory body of the Program. The Committee is authorized to obtain data from all data collection sources within the purview of MOL services. The data is used to select quality improvement projects and set targets. If an improvement project results in significant change, the Committee can propose, debate, and ultimately approve or deny legislation that will foster the adoption of the change across all areas of impact. Resolutions can be presented as advice for the agency's leadership.

Clinical Quality Management Program

The Program is the "action" part of the improvement process. It carries out Quality Improvement activities set up by the Committee. The Program has one full-time employee and receives additional support and resources from all agency programs. The Program is responsible for ensuring the Committee's decisions are carried out and acts as the liaison between the agency and the Committee. The Executive Director designates the Program's authority.

Quality Manager

The role of the Quality Manager is to plan and organize Committee meetings and directly oversee the implementation of projects, policies, and procedures. With a few exceptions, the Quality Manager handles the program's daily operations and may act without convening the Committee.

Resources

All resources necessary for the operation of the Committee and Program are appropriated when needed. Those resources include, but are not limited to, office supplies, staff, meeting space, access to clients, and access to data. The Program has no designated budget allocation and is not responsible for oversight of agency or program funds.

Quality Statement

Miracle of Love Inc. (MOL) is committed to developing, evaluating, and continually improving an organizational, quality continuum of HIV care, treatment and supportive services that meet the identified needs of people living with HIV and their families, ensures access, and decrease the transmission of HIV to achieve the goal of ending the HIV epidemic.

Vision

To provide a continuum of care and support services that promote optimal health, decrease HIV transmission, eliminate health care barriers, and promote high-quality care, client empowerment, and self-determination.

Mission

To ensure access to comprehensive, high-quality care and support services for people living with HIV/AIDS, services are provided by Miracle of Love Inc:

- Ensuring adherence to clinical guidelines and Standards of Care;
- Maximizing collaboration and coordination of service providers to enhance access;
- Promoting partnerships of clients and providers that are respectful and promote client self-determination;
- Providing services that are appropriate and focused on individual client need; and
- Maximizing the efficient use of resources to provide cost-effective services.

MOL supports this mission by gathering data and information about the services delivered by MOL and its staff, volunteers, and contractors by:

- Analyzing this information and reports to measure outcomes of quality of services;
- Reporting this analysis to identify areas requiring needed improvements;
- Implementing improvement activities to meet program goals; and
- Disseminating related information obtained from outside sources (i.e. Central Florida HIV Planning Council, and related meetings and updates.)

Objectives and Goals

The objectives of the Program at MOL are:

- Evaluate the effectiveness of programs and services.
- Review and analyze data to identify areas of improvement and plan activities.
- Monitor progress of quality improvement activities.
- Foster a culture of improvement across all parts of the agency.
- Recognize those who engage in improvement through various methods.

To establish annual goals for the Program, data is used to identify current performance levels and compare to accepted performance standards. Further review into demographics of recipients of the services and expectations of the service funders helps identify additional areas of improvement and goals. Goals are set based on current level and the incremental improvement to the accepted standard (i.e. current viral suppression is 82%. Standard is 88%. Goal: To increase viral suppression rates by 2% from 82% to 84%).

Quality Goals

The goals for the Quality Management Program through 2030 are:

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Our goals for this fiscal year are described in Table 1, Outcomes and Targets.

Quality Infrastructure

The RWHAP Part A office, the RWHAP Part B Lead Agency, the MOL Board of Directors, and the Executive Director guide the Program.

RWHAP Part A Office

The RWHAP Part A Office coordinates healthcare services in the Orlando EMA. It guides and supports the Program through Technical Assistance (TA) and review of program compliance with PCN 15-02.

RWHAP Part B Lead Agency

The RWHAP Part B Lead Agency is responsible for the oversight of the activities of the Early Intervention Services program. The RWHAP Part B Lead Agency supports the Program through Technical Assistance (TA) and review of program compliance with PCN 15-02.

Board of Directors and Executive Director

The MOL Board of Directors and the Executive Director guide, endorse, support, and champion the Program. They ensure that the Program complies with PCN 15-02, RWHAP Part A Office, and all other governing bodies responsible for determining Program responsibilities and authority. Through ongoing training and attendance at conferences and meetings, the Executive Director can stay apprised of the expectations of stakeholders and clients and guide the Program.

Clinical Quality Management Committee

As the advisory panel, the Committee reviews data, aids in the selection of quality improvement projects, and identifies areas for improvement.

Voting Members

The membership of the Committee represents all departments within the organization and the client population served and includes:

- Representative of the Board of Directors
- Executive Director
- Quality Manager
- RWHAP Part A Representative
- Lake County Client Advisory Board Representative
- *Orlando Client Advisory Board Representative (Latidos) (Future – In Planning)*
- HOPWA Representative
- TOPWA Program Representative
- Prevention Program Representative
- Client(s) receiving services at MOL (when available)

Non-Voting Members

In addition to the voting members, new members enter as Associate Members. Associate Members are appointed by the Executive Director after nomination by a committee member or a program manager. As Associate Members, engagement in Committee business is encouraged, but participation in votes is forbidden. Associate Members shall be granted full membership and voting rights after attending more than 50% of the scheduled meetings, and a vote of the Committee approves the member.

Officers

Voting members will nominate and hold elections for the Committee officer roles of Chair, Vice Chair, Secretary, and Parliamentarian. Associate Members may be nominated for officer roles if they have been approved for voting rights in the following fiscal year and may participate in the votes of officers. The Quality Manager shall be responsible for determining agenda topics and organizing the Committee.

Role of the Committee

1. The development and revisions of the Plan.
2. Monitoring implementation of the Plan.
3. Oversee quality program and team projects.
4. Monitor and measure performance of service standards regarding clinical treatment, case management, and related services to determine effectiveness of the service standards.
5. Educate agency employees, volunteers, clients, and all other stakeholders on the program's tenets.
6. Authorize performance improvement initiatives and set quality expectations for ongoing monitoring.

Participation of Stakeholders

The involvement of stakeholders is critical to the success of the Program. To ensure stakeholders' ability to participate and engage, the Committee offers various methods to request to speak at a meeting, submit feedback, obtain Committee and Program documentation, and review current performance measures.

Any interested party may go to the Program public website at https://molcfl.org/ to view recorded meetings, review reports and plans, see current projects, and submit feedback or request to speak at a committee meeting. Material(s) that cannot be shared publicly are made available internally on the employee hub. Requests for copies of documents may be made on the website.

The Committee shares a public link for anyone to join a committee meeting virtually.

Evaluation

The Committee is responsible for evaluating the Program.

- Evaluation results are derived from the program monitoring process, client satisfaction surveys (both internally collected and by RWHAP Part A Office) and tracking of performance measures quarterly.
- The Committee reviews the evaluation and recommends a plan for improvement to the Quality Manager, and creates workgroups as needed.
- The Quality Manager reports updates to the entire agency during staff meetings on behalf of the Committee.
- Annually the NQC OAT is completed with results incorporated in the revised Plan as necessary.

Evaluation Activities Focus Points

1. Were there improvements?
    a. What created the improvements and how can they be replicated?
2. What were the improvements?

   a. Identify the improvements in writing.
3. Were goals met?
   a. By whom?
   b. What did they do differently to improve results?
4. Is further action required?
   a. How can the organization ensure positive results are replicated?
   b. What policy or process needs to be changed to ensure comprehensive success amongst all staff that work with clients?
5. Which benchmark(s) were consistently not met?
   a. Why?
   b. What can be done to address the barriers?
6. Were stakeholders informed?
   a. Inform them if they have not been informed.
   b. Do they have any suggestions for better success?
   c. Can they be of assistance?
7. Were goals compared with year-end results?
   a. Did the organization make collective improvements since the previous year?
8. What assessment tools were developed?
   a. Checklists, audits, meetings, reports, and other material should be regularly developed and disseminated.

Performance Measurement

Performance Measurement Tools

Selection of performance measures utilizes several tools, including the HIV Care Continuum, HRSA HAB Core Measures, the National HIV/AIDS Strategy Federal Implementation Plan, the Health and Human Services Ending the HIV Epidemic Initiative, input from program representatives, and program monitoring.

HIV Care Continuum

This tool is used internally to measure success within MOL client populations. The HIV Care Continuum (HIV Care Continuum, 2022) consists of several steps required to achieve viral suppression. This model measures linkage to care, retention in care, and sustained viral suppression.

1. Diagnosed with HIV.
2. Linked to Care.
3. Received HIV Medical Care.
4. Retained in Care.
5. Achieved and Maintained Viral Suppression.

HRSA HAB Core Measures

HRSA HAB (HIV/AIDS Bureau Performance Measures, 2019) utilizes a standard formula for the measurement of six areas:

1. HIV Viral Load Suppression
2. Prescription of HIV Antiretroviral Therapy.

3. HIV Medical Visit Frequency.
4. Gap in HIV Medical Visits.
5. Pneumocystis jiroverci Pneumonia (PCP) Prophylaxis.
6. Annual Retention in Care.

National HIV/AIDS Strategy Federal Implementation Plan

The National HIV/AIDS Strategy Federal Implementation Plan (White House, The, 2021) defines four primary goals for HIV related services:

1. Prevent new HIV Infections.
2. Improve HIV-Related Health Outcomes of People with HIV.
3. Reduce HIV-Related Disparities and Health Inequities.
4. Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners and Stakeholders.

Ending the HIV Epidemic in the U.S.

The EHE (Ending the HIV Epidemic, 2023) campaign is composed of four pillars, which can help achieve the goal of reducing new HIV infections by 90% by 2030.

1. Diagnose – Diagnose all people with HIV as early as possible.
2. Treat – Treat people with HIV rapidly and effectively to reach sustained viral suppression.
3. Prevent – Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
4. Respond – Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them.

Annual Performance Measures

The number of performance measures selected for each service category is based on utilization of said service.

Utilization Rate	Performance Measures
Service accessed by ≥ 50% of clients	Two Performance Measures
Service accessed by < 50% but ≥ 15% of clients	One Performance Measure

Gaps in service are reviewed annually to create quality improvement initiatives to eliminate, or at a minimum, reduce the gaps.

Data Sources

MOL case managers must enter client-level data in the Provide Enterprise Care Management Database and/or CAREWare Database, and/or Labcorp Link, Counseling Testing and Linkage System, and/or ClientTrack. The RWHAP Part A Office and the Committee distribute client satisfaction surveys. The Committee distributes employee satisfaction surveys in collaboration with Human Resources.

To the extent possible, data for the performance measures are extracted from Provide Enterprise, CAREWare, Labcorp Link, ClientTrack, Counseling Testing and Linkage System, client satisfaction surveys, employee satisfaction surveys, and reporting from Program Managers and staff. Obtaining and compiling reports in a presentable format is the responsibility of the Quality Manager. Reports are presented to

the entire body of staff during all staff meetings. If the data does not reflect the target outcomes, a representative number of case reviews are conducted to identify the root cause(s) for clients not meeting the identified outcome.

Data Analysis

The Committee uses the Root Cause Analysis method to analyze data. This method includes multiple tools and processes, including but not limited to:

- Cause and effect diagram (aka fishbone diagram or Ishikawa diagram)
- Five whys
- Positive deviance
- Pareto analysis
- Process mapping
- Patient journey mapping

Data shall be stratified by gender, age, socioeconomic status, risk factor, geography, etc., to identify barriers to care. This data shall be made available to all interested parties.

Performance Measures

Table 1: Outcomes and Targets provides a guide for selected performance measures, current measurements, and targets, intended targets for the current monitoring year. Table 2: Performance Measure Standards defines how the data is calculated. For the MOL Quality Program, performance measures will target administrative tasks that contribute to the EMA goals of viral suppression, retention in care, and other clinical measures, as MOL does not provide direct clinical services.

Ryan White HIV/AIDS Program Part A

Intensive Medical Case Management

This service category is accessed by ≤50% of clients, resulting in the selection of one performance measure:

1. Monthly Action Plan/Goal Follow-up

Referral for Health Care and Support Services (Referral Specialist)

This service category is accessed by ≥50% of clients, resulting in the selection of two performance measures:

1. Regular Wellness Check
2. Eligibility Expiration

Food Card

This service category is accessed by <50%, but ≥15% of clients, resulting in the selection of one performance measure:

1. Client Satisfaction

Excluded

Oral Health Care

The Program does not receive direct funding for this service category—clients are referred to directly funded oral health providers.

Ryan White HIV/AIDS Program Part B

Early Intervention Services

This service category performance measures are selected based on expected deliverables and include two performance measures with a focus on newly diagnosed and out-of-care clients:

1. Linkage to Care
2. Return to Care

Housing Opportunity for People with HIV/AIDS (HOPWA)

This service category includes several programs that offer both short-term and long-term services. Due to the nature of these programs, one performance measure for short-term services and one for long-term services has been identified:

1. Unstably Housed Clients for Short-Term (PHP, STRMU, STH, SSCM)
2. Monthly Home Visits for Long-Term (TBRA)

HIV Prevention and Education Services

1. Linkage to Care
2. Linkage to PrEP

Targeted Outreach for Pregnant Women Act (TOPWA)

1. Linkage to Prenatal Care

Mental Health Services

1. Phase Survey Completion

Agency Level Performance Measures

Inclusive of all programs and services, there are two selected agency-level performance measures:

1. Client Satisfaction
2. Employee Satisfaction

Table 1: Outcomes and Targets

Area of Measurement: Service Category	Tool/Method for Measurement: Indicators	Target	2022	2023	2024	2025
Intensive Medical Case Management (RWPA)	Action Plan/Goal Monthly	**90%**	--	--	--	BASE
Referral for Health Care and Support Services (RWPA)	Wellness Check Expired Eligibility	**10%** **8%**	--	--	--	BASE BASE
Food Card (RWPA)	Client Satisfaction	**85%**	--	--	83%	+2
Early Intervention Services (RWPB)	Linkage to Care Return to Care	**95%** **85%**	--	--	--	BASE BASE
Housing Opportunities for Persons with AIDS (HOPWA)	Unstably Housed Monthly Home Visit	**TBD** **99%**	--	--	--	BASE BASE
HIV Prevention and Education Services	Linkage to Care – STI Linkage to Care – HIV Linkage to PrEP	**90%** **95%** **70%**	--	--		BASE BASE BASE
Targeted Outreach for Pregnant Women Act (TOPWA) (RWPD)	Linkage to Prenatal Care	**98%**	--	--	--	BASE
Substance Use Services (SAMHSA)	Phase Survey Completion	**85%**	--	--	--	BASE
Agency – Client	Client Satisfaction	**97%**	96%	92%	96%	+1
Agency – Employee	Employee Satisfaction	**85%**	82%	77%	77%	+8

Table 2: Performance Measure Standards

Performance Measure	Formulary
Action Plan/Goal Monthly	Percentage of clients, regardless of age, with a diagnosis of HIV enrolled in Intensive Medical Case Management who have had an update to the action plan/goal each month. Numerator: Number of clients with updates to action plan/goal each month while enrolled in Intensive Case Management services Denominator: Total number of clients enrolled in Intensive Case Management Services
Wellness Check	Percentage of clients, regardless of age, with a diagnosis of HIV who have not had a 60-day attempted or successful wellness check completed five (5) times during the 12-month measurement year.

	Numerator: Number of clients with five completed 60-day wellness checks Denominator: Total number of clients enrolled with a Referral Specialist.
Expired Eligibility	Percentage of clients, regardless of age, with a diagnosis of HIV whose Ryan White HIV/AIDS Program Part A eligibility expired during the 12-month measurement year. Numerator: Number of clients whose eligibility has expired Denominator: Total number of clients enrolled with a Referral Specialist.
Client Satisfaction – Food Card	Five-point Likert Scale Survey – Very Dissatisfied (0); Dissatisfied (1); Neutral (2); Satisfied (3); Very Satisfied (4) - in four (4) categories: Overall; Process to Receive Card; Amount of Food Card; and Allowable Items for Purchase – completed within the 12-month measurement year.
Linkage to Care – EIS – Newly Diagnosed	Percentage of clients at least 18 years of age, linked to an ambulatory outpatient medical care (AOMC) appointment within two (2) weeks of the reactive rapid test within the 12-month measurement year. Numerator: Number of clients newly diagnosed with a completed eligibility within two weeks of referral Denominator: Total number of clients referred with new diagnoses eligible for Ryan White.
Linkage to Care – EIS	Percentage of clients, regardless of age, with a diagnosis of HIV who are out of care (have not had an ambulatory outpatient medical care (AOMC) appointment within the past 176 days (6 months)) and are linked to care within 30 days from the date of the referral acknowledgement. Numerator: Number of clients out of care who have been scheduled for an AOMC within 30 days of receipt of the referral. Denominator: Total number of clients out of care referred to EIS and acknowledged.
Unstably Housed	Percentage of clients, regardless of age, with a diagnosis of HIV who are indicated as being "Unstably Housed" while enrolled in Permanent Housing Placement (PHP), Short-Term Rent, Mortgage, Utility (STRMU), Short-Term Housing (STH), and/or Supportive Services Case Management (SSCM) within the 12-month measurement year. Numerator: Number of clients with "Unstably Housed" designation enrolled in PHP, STRMU, STH, and/or SSCM. Denominator: Total number of clients enrolled in PHP, STRMU, STH, and/or SSCM.

	successfully completed home visit each month during the 12-month measurement year. Numerator: Number of clients with 12 completed home visits enrolled in TBRA Denominator: Total number of clients enrolled in TBRA
Linkage to Care – HIV	Percentage of clients, at least 18 years of age, with a reactive rapid test for HIV with a completed Early Intervention Services (EIS) and Ryan White HIV/AIDS Program (RWHAP) eligibility within seven (7) days of the result. Numerator: Number of clients with a reactive HIV rapid test without prior knowledge of infection with a completed Ryan White Part A eligibility within seven (7) days of the result. Denominator: Total number of clients with a reactive HIV rapid test without prior knowledge of infection.
Linkage to Care – STI	Percentage of clients, at least 18 years of age, with a lab result indicating positive results for Chlamydia and/or Gonorrhea with a completed ambulatory outpatient medical care (AOMC) appointment within seven (7) days of receipt within the 12-month measurement year. Numerator: Number of clients with a positive chlamydia and/or gonorrhea lab result with a completed AOMC within seven (7) days of receipt of results Denominator: Total number of clients with positive chlamydia and/or gonorrhea lab results.
Linkage to PrEP	Percentage of clients, at least 18 years of age, with a non-reactive HIV rapid test result referred to ambulatory outpatient medical care (AOMC) for prescription of pre-exposure prophylaxis (PrEP) that completed AOMC within the 12-month measurement year. Numerator: Number of clients referred to CAN Community Health for PrEP with a completed AOMC. Denominator: Total number of clients referred to CAN Community Health for PrEP.
Linkage to Prenatal Care	Percentage of female clients, regardless of age, with a diagnosis of HIV and confirmed pregnancy with a completed ambulatory outpatient medical care (AOMC) prenatal appointment within the 12-month measurement year. Numerator: Number of clients referred with a completed prenatal AOMC appointment Denominator: Total number of clients referred
Phase Survey Completion	Percentage of individuals who complete all three phase surveys (baseline, exit, and follow-up).

	Numerator: Total number of completed phase three (3) surveys. Denominator: Total number of phase one (1) surveys.
Client Satisfaction – Agency	Five-point Likert Scale Survey – Strongly Disagree (0), Disagree (1), Neither Agree or Disagree (2), Agree (3), and Strongly Agree (4) - in four (4) categories: Treated with Dignity and Respect; Privacy and Confidentiality; Clear/Understandable Services; and Referrals for Needs – completed within a 12-month measurement year.
Employee Satisfaction – Agency	Seven-point Likert Scale Survey – Strongly Disagree (0), Mostly Disagree (1), Disagree (2), Neither Disagree or Agree (3), Agree (4), Mostly Agree (5), Strongly Agree (6) - in six (6) categories: Position and duties; Workplace dynamics; Training; Belonging and pride; Direct management; and Senior management – completed within a 12-month measurement year.

Table 3: Data Collection Method and Reporting Timeline

Data Source	Parties Responsible	Collection Method	Reporting Frequency
Action Plan/Goal Monthly – RWPA ICM	Ryan White Part A Committee Rep., RWPA ICM Program Manager	Provide Enterprise	Monthly
Wellness Check & Expired Eligibilities – RWPA RS	Ryan White Part A Committee Rep., RWPA RS Program Manager	Provide Enterprise	Monthly
Client Satisfaction – Food Card	Ryan White Part A Case Managers, Program Managers, Quality Manager	Electronic Survey Collected February, May, August, and November	Quarterly
Linkage to Care & Return to Care – RWPB EIS	Prevention & Education Committee Rep, Prevention & Education Program Manager	CAREWare and/or Provide Enterprise	Monthly
Unstably Housed & Monthly Home Visits – HOPWA	HOPWA Committee Rep., HOPWA Program Manager	Provide Enterprise	Monthly
Linkage to Care/Treatment & PrEP – Prevention	Prevention & Education Committee Rep., Prevention & Education Program Manager	Florida Department of Health Document 1628, LabCorp Link, CAN Community Health EMR, Provide Enterprises, CAREWare	Monthly
Linkage to Care – TOPWA	TOPWA Committee Rep., TOPWA Program Manager	CTLS (Counseling Testing and Linkage System)	Monthly
Phase Surveys	Prevention & Education Committee Rep., Prevention & Education Committee Program Manager	Excel Tracking	Monthly
Client Satisfaction – Agency	Agency Employees, Quality Manager	Electronic Survey	Monthly
Employee Satisfaction – Agency	Senior Management, Program Management, Quality Manager	Electronic Survey collected in February, May, August, and November	Quarterly

Quality Improvement

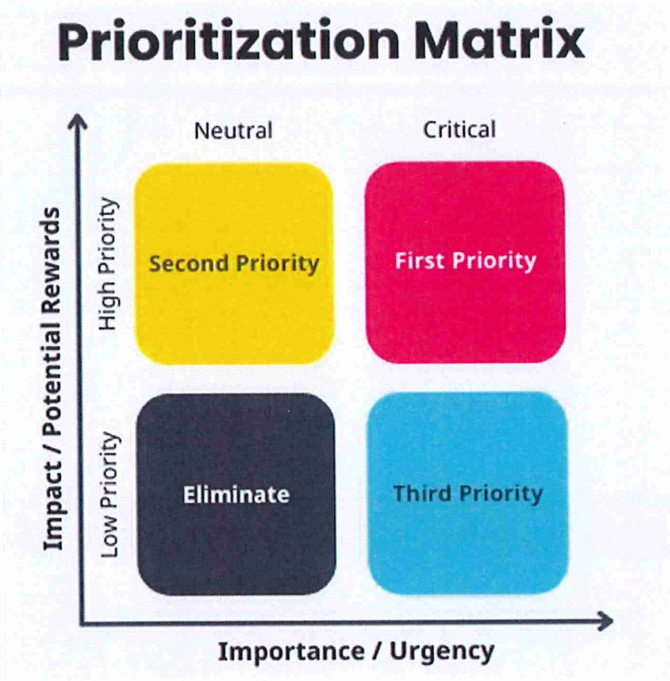
Quality Improvement (QI) projects and activities aim to improve client care, health outcomes, and client satisfaction and are conducted for at least one funded service category at any given time. All funded services are assessed through performance measurement to evaluate their effectiveness. If the

performance measure does not meet expectations, a QI project and activity are implemented to address the service.

Project and Activities Selection and Prioritization

After reviewing and analyzing the available data, the Committee shall identify at least one opportunity for improvement. The Committee determines the accountable participants and specifies the timeline for implementing projects and activities. Quality Improvement (QI) projects and activities are selected using the prioritization matrix (Figure 1). The matrix allows for selecting optimal improvement projects based on their weighted value and the benefit to the client. The matrix also determines the relative costs of the project, if any. Every attempt is made to ensure that the process is collaborative.

Figure 1. Prioritization Matrix



Methodology

Selected QI projects and activities use the Model for Improvement and Plan, Do, Study, Act (PDSA) as the primary methods. All projects are documented using the Model for Improvement worksheet/PDSA worksheet provided by the Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation.

Model for Improvement

There are three steps in the Model for Improvement used to structure the QI project and activity:

1. What are we trying to accomplish?
    a. Create the aim statement.
    b. Formulate a hypothesis.
2. How will we know a change is an improvement?
    a. Determine the measures used to show improvement.

3. What change can we make that will lead to improvement?
    a. Group discussion.
    b. Flow Chart Analysis.
    c. Brainstorming.
    d. Observational Studies/Patient Flow.
    e. Activity Logs.

Plan, Do, Study, Act (PDSA)

Once the Model of Improvement has been utilized to structure the QI project and activity, it will be completed using the Plan, Do, Study, Act (PDSA) methodology. This model is a widely used framework for testing change on a small scale. Figure 2 illustrates the four steps required to assess a change.

Plan

Create a workable and realistic plan to address identified needs. QI plans consist of:

- Aim/Objective Statement (formulated using the Model of Improvement)
- Predictions/Hypothesis (formulated using the Model of Improvement)
- Plan for change/test/intervention
    - Who? (Target Population)
    - What? (Change/Test)
    - When? (Dates of Test)
    - Where? (Location)
    - How? (Description of Plan)
- Measures
- Plan for Data Collection
    - Who? (Will Collect)
    - What? (Measures)
    - When? (Time Period)
    - Where? (Location)
    - How? (Method)

Do

Deploy the steps of the plan. Note when completed, observations, problems encountered, and exceptional circumstances. Include names and details in the documentation.

Study

Follow up to ensure the plan was implemented properly and the desired outcomes are achieved. Summarize and analyze the data, both qualitative and quantitative. Include visuals, such as charts and graphs.

Act

The plan is fully implemented, and the cycle begins again. Document and summarize what was learned:

- Did you meet your aims and goals?
- Did you answer the questions you wanted to address?
- List major conclusions from this cycle.

Then define the next steps:

- Are you confident that you should expand the size/scope of the test or implement it?
- What changes are needed for the next cycle, if a next cycle is needed?
- Do you need to revisit the hypothesis and recraft your aim statement?

Figure 2. Plan, Do, Study, Act (PDSA) Model

Sustaining Improvements

Regular feedback regarding QI projects and activities is critical to sustaining improvements over time. Once an improvement plan has been successful, a regular monitoring schedule is implemented to determine whether it remains successful over time.

Work Plan

Just as it is important to select improvements based on data and utilize evidence-based practices to plan, test, and improve, a clear timeline must be established to ensure accountability. The timeline is used to determine milestones based on a projected period and is used for all the Program's projects and activities. The current work plan can be found in the appendices of this document.

Communication

Communication between the Committee/Program, agency leadership, program staff, the Board of Directors, and other stakeholders is key to successful outcomes and ongoing improvements.

Agency Employees

To ensure that all employees of MOL have access to the information needed, the Committee/Program will maintain a repository of approved meeting agendas, meeting minutes, summaries of QI projects and activities, and the approved Plan in digital format on the employee hub. Additionally, an annual report will be provided to each employee by July 31 each year, that will identify the committee members, associate members, summary of the Plan, identify performance measures being monitored, summary of current and/or planned QI projects and activities, results of previous QI projects and activities, and detail the annual work plan.

This annual report will be drafted by the Quality Manager and made available through the employee hub. There will be a feedback window from August 1 through August 31 annually, in which the employees may comment on the annual report. Submissions will be made via electronic form and can be submitted anonymously. All feedback is compiled and presented to the Committee at the first meeting scheduled after September 1 annually.

Employees who wish to provide input to the Committee may do so at any time of the year through multiple media. A form to request time to speak at a meeting is available on the employee hub. Employees may be invited to speak in person at a meeting or have their input entered into the record via written submission or pre-recorded video. If the selected topic does not have a designated place on the current agenda, the employee comment period will be inserted before the *Old Business* portion of the agenda.

Employees are encouraged to suggest topics, provide input on QI projects and activities, present barriers to effective client services, or seek basic information from any member of the Committee. Employees will be allowed to provide feedback to the Committee/Program during all staff or department meetings after the topic has been presented on the meeting agenda.

Agency Leadership

The agency's leadership will be given regular briefings about QI projects, including what will be monitored and implemented for testing, progress, and results. The Quality Manager will brief agency leadership on a time, place, and method agreed upon by leadership and the Quality Manager. This may include in-person meetings, teleconferencing, or written reports in hardcopy or electronic format.

During any interaction, leadership will have the opportunity to provide feedback, which the Quality Manager will communicate to the Committee and/or QI project and activities staff. Leadership may also request to speak to the Committee via the internal method described in the prior section.

Board of Directors

The Executive Director (ED) is responsible for presenting and seeking board approval of the Plan annually.

A member of the Board of Directors will serve as a Committee Champion, a voting member on the Committee. This representative will present any communications on behalf of the Board of Directors to the Committee and to the Board of Directors.

If the representative is unable to attend, the responsibility for communicating with the Board of Directors and the Committee shall be transferred to the ED.

Ryan White HIV/AIDS Program Part A Office (Orange County Health Services)

In partnership with the Executive Director, the Quality Manager shall communicate the required and requested information to the RWHAP Part A Office. In the absence of a representative from the RWHAP Part A Office at a committee meeting, the Quality Manager is responsible for communicating to the Committee on behalf of the RWHAP Part A Office when necessary.

Ryan White HIV/AIDS Program Part B Lead Agency (Heart of Florida United Way)

In partnership with the Executive Director, the Quality Manager shall communicate the required and requested information to the RWHAP Part B Lead Agency. In the absence of a representative from the RWHAP Part B Lead Agency at a committee meeting, the Quality Manager is responsible for communicating to the Committee on behalf of the RWHAP Part B Lead Agency when necessary.

Other Stakeholders

All other interested parties can obtain public information regarding the Committee and the Program via the Program's public-facing website at https://molcfl.org/. Interested parties may also submit requests to speak at or submit statements to the Committee. A link to the Committee meetings is made public so that interested parties can attend any Committee meeting virtually.

Appendix A

Definitions

Client
A person receiving the benefits, services, etc. of a social service agency, a government bureau, etc.
Performance Measures
The routine measurements of planned activities and assessment of their outcomes and results. A developed standard to measure program outcomes.
People with Lived Experience/People Living with HIV/AIDS
These are two terms, often abbreviated as PWLE and PLWHA, respectively, that refer to a person who has been diagnosed with HIV and/or AIDS, and has in the past, is currently, or may in the future access services.
Quality Assurance
A systematic process used to identify potential mistakes and threat to program success.
Quality Improvement
A systematic process for measuring the degree to which services are provided at the expected levels of quality, satisfaction, and consistency.
Quality Management
A continuous process that is adaptive to change and consistent with other programmatic quality assurance and quality improvement activities.
Quality Planning
The process by which the activities for quality management are discussed, developed, and arranged to facilitate ways to reach goals.
Stakeholder
A person or entity interested in a program's activities or outcomes.

Appendix B

References

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Appendix C

Work Plan

TERM YEAR 2025														
Action Step	Measure of Compliance or Progress	Responsible Party(ies)	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
TASK: Collect, report, and analyze data and performance measure reports to determine areas for improvement.														
Determine the appropriate report to track the performance measure.	Report or Process Defined	Program Managers, Program Committee Reps, Quality Manager	--	X	X	--	--	--	--	--	--	--	--	--
Determine the completion rate of the performance measure for CY2024.	Data Obtained	Program Managers, Program Committee Reps, Quality Manager	--	X	X	--	--	--	--	--	--	--	--	--
Collect report data for each month.	Data Obtained	Program Managers, Program Committee Reps	--	--	X	X	X	X	X	X	X	X	X	X
Report data to the QM Committee.	Data Reported	RWPA Committee Reps	--	--	X	X	X	X	X	--	--	--	X	X
Analyze data and determine systematic/policy improvements.	Committee Analysis	QM Committee	--	--	X	X	X	X	X	--	--	--	X	X
Add performance measure report to QM sites.	Uploaded on QM sites.	Quality Manager	--	--	X	X	X	X	X	X	X	X	X	X

TERM YEAR 2025														
Action Step	Measure of Compliance or Progress	Responsible Party(ies)	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB

TERM YEAR 2025														
Action Step	Measure of Compliance or Progress	Responsible Party(ies)	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB

TERM YEAR 2025														
Action Step	Measure of Compliance or Progress	Responsible Party(ies)	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
Goal:														

Appendix D

Data Collection Tools (Surveys)

Employee Satisfaction Survey (Approved March 2025)

Category	Question/Statement	Entry Type
1	1. I know my program goals and expectations.	7-Point Likert
1	2. I understand my roles and responsibilities.	7-Point Likert
1	3. I understand my roles and responsibilities and how they relate to my program goals.	7-Point Likert
5	4. My input is considered when setting my program goals.	7-Point Likert
1	5. I can access the resources and materials needed to meet expectations.	7-Point Likert
3	6. I have had opportunities to access sufficient training to meet expectations.	7-Point Likert
2	7. I feel empowered to take initiative on my team.	7-Point Likert
3	8. I feel confident in my understanding of all the services offered by the organization.	7-Point Likert
2	9. If I make an unintentional error, it is often held against me by my colleagues and/or management.	7-Point Likert
2	10. People on my team can bring up problems and challenging issues.	7-Point Likert
2	11. My unique skills and talents are valued and utilized.	7-Point Likert
2	12. My team can work together to solve problems.	7-Point Likert
3	13. I have the knowledge and confidence to engage in quality improvement activities.	7-Point Likert
4	14. The organization celebrates accomplishments.	7-Point Likert
1	15. There are clear and documented standards for how I do my work.	7-Point Likert
4	16. I am proud to work for this organization.	7-Point Likert
5	17. I am comfortable communicating with my manager.	7-Point Likert
5	18. I have the support and guidance of management in pursuing my personal growth.	7-Point Likert
6	19. Senior Management understands my needs as an employee.	7-Point Likert
6	20. Senior Management's actions are consistent with their words.	7-Point Likert
N/A	21. Comments, Suggestions, Concerns.	Text

Categories: Position and Duties (1); Workplace Dynamics (2); Training (3); Belonging and Pride (4); Direct Management (5); Senior Management (6)

Client Satisfaction Survey with Translations (Approved October 2024 – Updated April 2025)

English | Spanish | Haitian Creole

1. When did this interaction occur? (date of call, appointment, etc.)
    a. ¿Cuándo se produjo esta interacción? (fecha de la llamada, cita, etc.)
    b. Kilè operasyon sa a te fèt? (dat apèl, randevou, elatriye)
2. What service did you receive from Miracle of Love?
    a. ¿Qué servicio(s) recibió de Miracle of Love?
    b. Ki sèvis ou te resevwa nan Miracle of Love?
        i. Ryan White (Medical Case Management)
            1. Gestión de casos médicos
            2. Jesyon Dosye Medikal
        ii. EHE
            1. EHE
            2. EHE
        iii. Housing Services
            1. Gestión de casos de vivienda
            2. Jesyon Dosye Lojman
        iv. TOPWA Pregnancy Services
            1. Gestión de casos de la Ley de Alcance Específico para Mujeres Embarazadas
            2. Jesyon Dosye TOPWA
        v. HIV/STI Testing
            1. Prueba de VIH/ETS
            2. Tès VIH/MST
        vi. Administration
            1. Administración
            2. Administrasyon
        vii. No services received
            1. No servicio(s)
            2. Pa gen sèvis
3. My interaction with Miracle of Love staff was:
    a. Mi interacción con el personal de Miracle of Love fue:
    b. Entèraksyon mwen ak Miracle nan anplwaye renmen te:
        i. in the office.
            1. En la oficina
            2. nan biwo a
        ii. over the telephone.
            1. por teléfono
            2. nan telefòn
        iii. through video conferencing.
            1. a través de videoconferencia
            2. nan konférans videyo
        iv. in home.

1. en el hogar
2. nan kay

v. outreach event.

1. Alcance
2. Kominikasyon

4. Did you have an appointment?
   a. ¿Tenía una cita?
   b. Èske ou te genyen yon randevou?
      i. Yes
         1. Sí
         2. Wi
      ii. No
         1. No
         2. Non
5. How long after your appointment time were you seen?
   a. ¿Cuánto tiempo después de su cita fue atendido?
   b. Konbyen tan apre lè randevou ou a yo te wè ou?
      i. No wait or seen early.
         1. Sin espera o atendido antes de tiempo.
         2. Pa tann oswa wè bonè.
      ii. Within 15 minutes.
         1. Dentro de 15 minutos.
         2. Nan 15 minit.
      iii. Within 30 minutes.
         1. Dentro de 30 minutos.
         2. Nan 30 minit.
      iv. Within 45 minutes.
         1. Dentro de 45 minutos.
         2. Nan 45 minit.
      v. More than 45 minutes.
         1. Más de 45 minutos.
         2. Plis pase 45 minit.
6. My wait time for testing was:
   a. Mi tiempo de espera para la prueba fue:
   b. Tan mwen tann pou tès la se te:
      i. Less than 15 minutes.
         1. Menos de 15 minutos.
         2. Mwens pase 15 minit.
      ii. Between 15 and 29 minutes.
         1. Entre 15 y 29 minutos.
         2. Ant 15 ak 29 minit.
      iii. Between 30 and 60 minutes.
         1. Entre 30 y 60 minutos.
         2. Ant 30 ak 60 minit.

iv. More than 60 minutes.
    1. Más de 60 minutos.
    2. Plis pase 60 minit.

7. As a walk-in, I was:
    a. Como paciente sin cita previa:
    b. Antanke yon moun ki pat gen randevou, yo te:
        i. Offered an appointment to return.
            1. Se me ofreció una cita para regresar.
            2. Propoze yon randevou pou retounen.
        ii. Seen by the case manager between 15 and 45 minutes.
            1. Fui atendido por el gestor de casos en entre 15 y 45 minutos.
            2. Wè avèk responsab ka a ant 15 ak 45 minit.
        iii. Seen by the case manager after more than 45 minutes.
            1. Fui atendido por el gestor de casos después de más de 45 minutos.
            2. Wè avèk responsab ka a aprè plis pase 45 minit.
        iv. Seen by the case manager's supervisor or another employee.
            1. Fui atendido por el supervisor del gestor de casos o por otro empleado.
            2. Wè avèk sipèvizè responsab ka a oswa yon lòt anplwaye.
        v. None of the above.
            1. Ninguna de las anteriores.
            2. Okenn nan sa ki pi wo a.
8. Were you provided updates on your wait time or given other options for testing?
    a. ¿Le proporcionaron actualizaciones sobre su tiempo de espera o le ofrecieron otras opciones para realizarse la prueba?
    b. Eske w te resevwa enfomasyon sou tan ou te tann nan oswa yo te ba w lòt opsyon pou fè tès?
        i. Yes
            1. Sí
            2. Wi
        ii. No
            1. No
            2. Non
9. If you were given follow-up instructions, did you understand them?
    a. Si le dieron instrucciones de seguimiento, ¿las entendió?
    b. Si yo te ba ou enfòmasyon pou suivi, èske ou te konprann yo?
        i. Yes
            1. Sí
            2. Wi
        ii. No
            1. No
            2. Non
        iii. Not Applicable
            1. Not Applicable
            2. Pa aplikab

LIKERT SCALE CHOICES

Strongly Disagree.| Totalmente en desacuerdo.| Pa Dakò Ditou.

Disagree.| En desacuerdo.| Pa Dakò.

Neither Agree or Disagree.| Ni de acuerdo ni en desacuerdo.| Ni Dakò ni Pa Dakò.

Agree.| De acuerdo.| Dakò.

Strongly Agree.| Totalmente de acuerdo.| Dakò Nèt.

10. I was treated with dignity and respect by the Miracle of Love staff.
    a. Fui tratado con dignidad y respeto por el personal de Miracle of Love.
    b. Anplwaye Miracle of Love yo te trete m avèk diyite epi respè.
11. The Miracle of Love staff took steps to ensure my privacy/confidentiality was maintained.
    a. El personal de Miracle of Love tomó medidas para garantizar que se mantuviera mi privacidad/confidencialidad.
    b. Anplwaye Miracle of Love yo te pran mezi pou yo asire ke yo te kenbe vi prive/konfidansyalite mwen.
12. I was provided services in a way that I was able to understand and given the opportunity to ask questions when I did not.
    a. Me brindaron servicios de una manera que pude comprender y se me dio la oportunidad de hacer preguntas cuando no entendía algo.
    b. Mwen te resevwa sèvis yon jan ke mwen te kapab konprann epi yo te ban m opòtinite pou m poze kesyon lè mwen pat kapab.
13. My needs were assessed, and I was given appropriate guidance.
    a. Mis necesidades han sido evaluadas y me proporcionaron con la orientación apropiada.
    b. Sa m' te bezwen yo te evalye, epi yo te ban mwen konsey ki apwopriye.

~~I was given referrals and other resources that I needed.~~

~~c. Se me proporcionaron referencias y otros recursos que necesitaba.~~

~~d. Yo te ban m referans ak lòt resous ke m te bezwen.~~

14. Which employee did you see/interact with? (RW Medical)
    a. ¿Qué empleado lo atendió durante la visita?
    b. Ki anplwaye ou te wè pandan vizit la?
15. Which employee did you see/interact with? (EHE)
    a. ¿Qué empleado lo atendió durante la visita?
    b. Ki anplwaye ou te wè pandan vizit la?
16. Which employee did you see/interact with? (Housing)
    a. ¿Qué empleado lo atendió durante la visita?
    b. Ki anplwaye ou te wè pandan vizit la?
17. Which employee did you see/interact with? (TOPWA)
    a. ¿Qué empleado lo atendió durante la visita?
    b. Ki anplwaye ou te wè pandan vizit la?
18. Which employee did you see/interact with? (Prevention)
    a. ¿Qué empleado lo atendió durante la visita?
    b. Ki anplwaye ou te wè pandan vizit la?

19. Which employee did you see/interact with? (Administration)
    a. ¿Qué empleado lo atendió durante la visita?
    b. Ki anplwaye ou te wè pandan vizit la?
20. Do you have any additional comments that you would like to provide about your experience during your interaction with Miracle of Love?
    a. ¿Tiene algún comentario adicional que le gustaría compartir acerca de su experiencia durante la visita a Miracle of Love?
    b. Èske ou gen lòt kòmantè ou ta renmen fè sou esperyans ou pandan vizit ou nan Miracle of Love?
21. Can we contact you about your responses?
    a. ¿Podemos comunicarnos con usted para hablar de sus respuestas?
    b. Èske nou ka kontakte w sou repons ou yo?
        i. Yes
            1. Sí
            2. Wi
        ii. No
            1. No
            2. Non
22. Name
    a. Nombre
    b. Prenon
23. Phone
    a. Teléfono
    b. Telefòn
24. Email
    a. Correo electrónico
    b. Adrès imel
25. What is your age?
    a. ¿Qué edad tiene?
    b. Ki laj ou?
        i. 13 – 25
        ii. 25 – 44
        iii. 45 – 64
        iv. 65+
26. What race(s) do you identify as? Select all that apply.
    a. ¿Con qué raza se identifica?
    b. Nan ki ras ou soti?
        i. Alaskan Native
            1. Nativo de Alaska
            2. Natif Alaska
        ii. American Indian
            1. Indígena americano
            2. Endyen Ameriken
        iii. Asian

1. Asiático
2. Azyatik

iv. Black/African American
1. Negro o afroamericano
2. Nwa oswa Afriken Ameriken

v. Native Hawaiian
1. Nativo de Hawái
2. Natif natal Awayi

vi. Pacific Islander
1. Isleño del Pacífico
2. Moun Zile Pasifik

vii. White
1. Blanco
2. Blan

viii. Other
1. Otro
2. Lòt

27. Please Specify
    a. Especifique
    b. Tanpri presize
28. Do you identify as...?
    a. ¿Se identifica cómo...?
    b. Ou idantifye w kòm...?
        i. Not Hispanic or Haitian
            1. Ni hispano ni haitiano
            2. Pa ispanik, pa ayisyen
        ii. Hispanic
            1. Hispano
            2. Ispanik
        iii. Haitian
            1. Haitiano
            2. Ayisyen
29. What gender do you identify as?
    a. ¿Con qué género se identifica?
    b. Èske ou se fi oswa gason?
        i. Female
            1. Femenino
            2. Fi
        ii. Male
            1. Masculino
            2. Gason
        iii. Transgender Female to Male
            1. Transgénero femenino a masculino
            2. Chanje sèks fi vin gason

iv. Transgender Male to Female
    1. Transgénero masculino a femenino
    2. Chanje sèks gason vin fi
v. Transgender Non-Binary
    1. Transgénero no binario
    2. Chanjman sèks ki pa binè
vi. Other
    1. Otro
    2. Lòt

30. Please specify
    a. Especifique
    b. Tanpri presize
31. What is your sexuality?
    a. ¿Cuál es su sexualidad?
    b. Ki oryantasyon seksyèl ou?
        i. Bisexual
            1. Bisexual
            2. Biseksyèl
        ii. Heterosexual
            1. Heterosexual
            2. Etewoseksyèl
        iii. Homosexual
            1. Homosexual
            2. Omoseksyèl
        iv. Other
            1. Otro
            2. Lòt
32. Please specify
    a. Especifique
    b. Tanpri presize
33. Would you be interested in volunteering to serve on the MOL Clinical Quality Management Committee?
    a. ¿Estaría interesado en ofrecerse como voluntario para formar parte del Comité de Gestión de la Calidad Clínica de MOL?
    b. Èske w ta enterese nan benevola pou sèvi nan Komite Jesyon Kontwol Kalite MOL la?
        i. Yes
            1. Sí
            2. Wi
        ii. No
            1. No
            2. Non
        iii. I would like to learn more
            1. Me gustaría obtener más información
            2. Mwen ta renmen aprann plis

Supermarket Card Survey (Approved January 2024)

INSTRUCTIONS: If you experience technical difficulties with accessing or submitting the Supermarket Card Survey via electronic form, the client or case manager should complete this form, and the case manager should enter the electronic submission as soon as possible.

1. In which county do you/client reside? ☐ LAKE ☐ ORANGE ☐ OSCEOLA ☐ SEMINOLE
2. Have you/client received supermarket cards from the program before?
   - ☐ YES
   - ☐ NO (SKIP TO Question 8)
   - ☐ UNKNOWN (SKIP TO Question 8)

Please rate your/client's level of satisfaction for the following items.

	Very Dissatisfied (0)	**Dissatisfied (1)**	**Neutral (2)**	**Satisfied (3)**	**Very Satisfied (4)**
3. Supermarket Card Program Overall	☐	☐	☐	☐	☐
4. Process to Receive Supermarket Card(s)	☐	☐	☐	☐	☐
5. Amount of Money Provided	☐	☐	☐	☐	☐
6. Allowable Items for Purchase	☐	☐	☐	☐	☐

7. If you/client said Dissatisfied or Very Dissatisfied to any question, why? Do you/client have any additional comments, suggestions, or complaints that you/client would like to provide?
What would you want to see happen that can change your response to Satisfied or Very Satisfied? What do you want to see in the future to continue being Satisfied or Very Satisfied?

8. If eligible, would you/client use the supermarket card program in the future? ☐ YES ☐ NO ☐ UNSURE
9. Who completed this survey?
   - ☐ CLIENT/SELF
   - ☐ CASE MANAGER
   - ☐ THIRD PARTY (FAMILY/FRIEND) Name: _____
10. Last seven (7) digits of card. _____