

**Health Care for the Homeless /
Farmworker Health Program (HCH/FH)
Co-Applicant Board Meeting**

**February 26, 2015
9:00 AM — 11:00 AM**

**Conference Room Suite 100A
Coastside Clinic
225 South Cabrillo Highway, Half Moon Bay**

HCH/FH Co-Applicant Board Meeting

Coastside Clinic

225 South Cabrillo Highway, Suite 100A (Conference Room) Half Moon Bay

February 26, 2015 from 9:00 AM — 11:00 AM

AGENDA

A. CALL TO ORDER

Robert Stebbins

B. PUBLIC COMMENT

Persons wishing to address items on and off the agenda

C. CONSENT AGENDA

1. Meeting minutes from January 8 ,2015 **TAB 1**
2. Program Calendar **TAB 2**

D. BOARD ORIENTATION

1. No Board Orientation item this meeting.

E. REGULAR AGENDA

1. HCH/FH Program Director's report **Jim Beaumont** **TAB 3**
2. HCH/FH Program Budget & Financial report **Jim Beaumont** **TAB 4**
3. HCH/FH QI Committee Report (verbal report) **Frank Trinh**
4. Board Update of Consumer Input **Jim Beaumont/Others** **TAB 5**
"Hotel 22" article on bus/shelter
(http://www.nytimes.com/2015/01/28/opinion/hotel-22.html?smprod=nytcare-iphone&smid=nytcare-iphone-share&_r=0)
5. HCH/FH Co-Applicant Board Policy on
QI/QA Program documents **Jim Beaumont** **TAB 6**
 - i. **Action Item –Request to Approve HCH/FH QI/QA Policy & 2014-15 Plan**
6. HCH/FH Upcoming NHCHC National Conference D.C. **Jim Beaumont** **TAB 7**
 - i. **Action Item –Request to Approve Board Attendees and Associated Reimbursement for National Health Care for the Homeless Council National Conference**

F. CLOSED SESSION

(Pursuant to Government Code Sec. 54957)

1. Public Employee Performance Evaluation
Title: Program Director

G. RECONVENE OPEN SESSION

1. Report on Closed Session

H. OTHER ITEMS

1. Future meetings – every 2nd Thursday of the month (unless otherwise stated)
 - i. **Operational Site Visit Meeting - March 11, 2015 9:00 A.M. - 11:00 A.M. SMMC (Classroom 1)**
 - ii. **Next Regular Meeting – March 19, 2015; 9:00 A.M. – 11:00 A.M. Health System- 225 37th Avenue (Diamond Room) San Mateo**

I. ADJOURNMENT

Robert Stebbins



Parking Lot

- ⇒ Bylaws Review
(as needed)
- ⇒ Annual Tactical Plan
(no current deadline)
- ⇒ Scope Discussion
(no deadline set)
- ⇒ Transportation
(no deadline set)
- ⇒ Program Website
(no deadline set)

TAB 1
January 8, 2015
Regular Meeting Minutes
(Consent Agenda)

**Healthcare for the Homeless/Farmworker Health Program (Program)
 Co-Applicant Board Meeting Minutes
 Thursday, January 8, 2015
 SMMC Education Classroom 1, 222 W.39th Ave., San Mateo**

Co-Applicant Board Members Present

Bob Stebbins, Chair
 Kerry Lobel, Vice Chair
 Paul Tunison
 Beth Falls
 Daniel Brown
 Steve Carey
 Julia Wilson
 Eric Brown
 Kathryn Barrientos (arrived 9:13)
 Tayischa Deldridge (arrived 9:19)
 Sandra Zuniga Nierenberg (arrived 9:19)
 Jim Beaumont, Program Director &
 Board Secretary (non-voting)

Absent- Brian Greenberg

County Staff Present

Linda Nguyen, HCH/FH Program Coordinator
 Frank Trinh, HCH/FH Medical Director
 Nirit Eriksson, County Counsel
 Gloria Gross, BHRS
 Rebecca Ashe, SMMC, Medical Director- Coastside Clinic

Members of the Public

Pat Fairchild, Consultant
 Candace Kugel, consultant
 (teleconferenced)

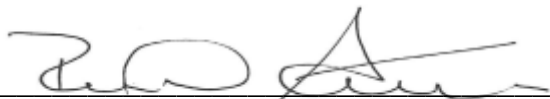
ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Bob Stebbins called the meeting to order at <u>9:07</u> A.M. Everyone present introduced themselves.	
Closed Session	No Closed Session for this meeting	

Public Comment	No Public Comment at this meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from December 11, 2014 and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was MOVED by Beth Falls SECONDED by, Paul Tunison and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting. There was discussion that next Board meeting in February there will be an HR representative present to discuss appropriate Board member language/etiquette during meetings.	Kerry Lobel will contact/explore with HR on being present for next Board meeting (Feb)
Regular Agenda: HCH/FH Program <i>Director's Report</i>	Highlights mentioned from the report- Jim Beaumont reported : <u>Grant conditions</u> - Purchasing/procedure policy of County will be submitted and currently working on site visit grant conditions <u>UDS report</u> - Test file for patients and visits for 2014 reviewed and identified possible errors from possible incorrect coding (doubling up), working with IT on solution. Report due by Feb 15, 2015. HRSA still has not yet posted manual. <u>Staffing</u> - New staff Linda Nguyen started 12/22/14 filling Program Coordinator position. <u>Expanded Services Grant</u> - MOU for Expanded Services Grant through Public Health Mobile Van was submitted and is being finalized. <u>Upcoming activities</u> - HCH/FH activities in next few months include: UDS report	

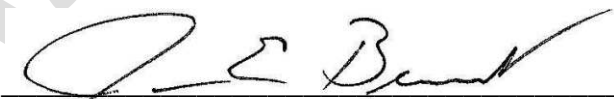
	<p>submittal, submitting quarterly reports on Outreach/Enrollment Grant and Immediate Facilities Improvement Grant, submitting final Co-Applicant Agreement and preparing for March (OSV) site visit (3/9-3/11).</p> <p>Discussion on moving February Board meeting to February 26th to ensure enough time to prepare UDS report in sight of the February 15th deadline</p> <p>Discussion on reserving time for Board members to meet with OSV (site visit) staff and moving March Board meeting, unanimous approval from present members of new dates for March meetings/activities:</p> <ul style="list-style-type: none"> • March 11; 9-10am Board breakfast meeting with OSV staff (location SMMC) • March 19; 9-11am Board meeting moved week later (location TBD) <p><u>Seven-day update-</u> Three day grant conditions submitted should be approved. Dr. Susan Ehrlich requested a meeting with HCH/FH staff to discuss the placement of HCH/FH program in county organizational structure.</p> <p>National HCH conference in DC coming up (May 7-9) and scholarships are available to apply for board members and Board can later discuss if they want to fund any Board members to attend.</p> <p>Please refer to TAB 3 on the January 8, 2015 Board meeting packet.</p>	<p>Motion to move <i>February Board meeting to February 26th</i>: MOVED by Paul Tunison</p> <p>SECONDED by, Kathryn Barrientos and APPROVED by all Board members present.</p>
<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>A brief report was presented indicating that the program is slightly under spending, but much of programs expenditures will occur during next six months that include first months of utilization under new (extended) contracts, having filled vacant Program Coordinator position, and expected costs for conferences attendance. Next month will provide summary of contracts.</p> <p>Please refer to TAB 4 on the January 8, 2015 Board meeting packet</p>	

<p>QI Committee Report</p>	<p>Dr. Frank Trinh, Medical Director for the HCH/FH Program, conducted oral report on initial results from random sample conducted on 30 patients regarding diabetic issues.</p> <p>Request to have results emailed to group.</p>	<p>Frank Trinh will email group results shared.</p>
<p>Regular Agenda: Board Update of <i>Consumer Input</i></p>	<p>There was no update for this month.</p> <p>Discussion on seeking input from patients via a suggestion box placed at clinics as well as a Legal Aid program where medical health staff conducts follow up with legal expertise on health matters.</p>	<p>Sandy Zuniga Nierenberg will come back with more data on Legal Aid program</p>
<p>Regular Agenda: <i>Request to Approve Plan on Funding Decisions for SMMC and other County Entities</i></p>	<p>Please refer to handouts provided on the January 8, 2015 Board meeting packet.</p> <p>During Board Meeting held on August 21, 2014, Board approved going forward with development of a RFP style process or potential funding of the San Mateo Medical Center Clinics an/or other Health System or County entities that are interested in requesting funding to provide HCH/FH appropriate services to homeless and/or farmworker populations. A draft document of a Solicitation for Services (SfS) is provided for review and approval for immediate initiation as budget cycle is coming near and County entities must be able to foresee expenditures and funding for services in their proposed budgets.</p> <p>The Board engaged in a serious discussion regarding draft SfS, that there was less emphasis on serving farmworkers and that more language/definitions should be included in document to prioritize farmworkers in proposal to encourage county applicants to serve farmworkers as well as homeless populations. There was agreement that language needed to be added to define farmworkers and emphasize the importance of serving that population as it has been underserved in the past and currently.</p> <p>Action Item: Request to Approve Plan on Funding Decisions for SMMC and other County Entities</p>	<p>Action Item to approve draft SfS & to include language to prioritize work with farmworkers MOVED by Kerry Lobel</p> <p>SECONDED by, Daniel Brown</p> <p>ABSTAINED by Steve Carey, Tayischa Deldridge and Daniel Brown</p>

	Requires majority vote of the total current Board members for approval.	
Regular Agenda: <i>Discussion on Grant Conditions, Program's Relationship w/ HRSA, and Preparation for Operational Site Visit</i>	<p>Board discussion with Consultants Pat Fairchild & Candace Kugel (conference called in) Board was asked in last Board meeting in December if there was interest in meeting with HCH/FH consultant (Pat Fairchild) in last meeting and Board agreed it would be good idea.</p> <p>Pat and Candace gave insight on grant conditions and what to expect for upcoming (OSV) site visit.</p> <p>Discussion on speaking with Candace at a later time to discuss QI and credentialing with QI Committee/program.</p>	
Adjournment	Bob adjourned the meeting at <u>11:27</u> a.m.	


 Robert Stebbins, Chair

January 9, 2015
 Date


 Jim Beaumont, Secretary

January 9, 2015
 Date

TAB 2
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2015 Calendar (Revised February 2015)

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (February 26, 2015 from 9:00 a.m. to 11:00 a.m.) • Submit UDS Report to HRSA (February 15) • Begin Planning for Needs Assessment • Finalize 2015-2016 Health System Program/SMMC Clinic Funding Awards • Review/approve Credentialing and Privileging Policies • Review/approve revised QI Process and 2015 QI Plan • Western Forum on Migrant and Community Health in San Diego (February 23-25) 	February	Board Meeting Coastside Clinic (Conference Room – Suite 100A) 225 S. Cabrillo Hwy, Half Moon Bay
<ul style="list-style-type: none"> • Board Meeting (March 19, 2015 from 9:00 a.m. to 11:00 a.m.) • HRSA OSV, March 9-12; meeting March 11th 9:00-11:00 a.m. • Needs Assessment Surveys & Focus Groups • Finalize UDS Submission 	March	Board meeting at Health System- 225 37 th Avenue (Diamond Room) -Site visit meeting at SMMC (Classrm 1)
<ul style="list-style-type: none"> • Board Meeting (April 9, 2015 from 9:00 a.m. to 11:00 a.m.) • First Quarter 2015 Contracts Report 	April	
<ul style="list-style-type: none"> • Board Meeting (May 14, 2015 from 9:00 a.m. to 11:00 a.m.) • Initiate Tactical Plan Development • Board Review & Approval of Program Services, Sites and Hours • National Farmworker Health Conference in San Antonio, TX (May 5-7) • NHCHC National Conference IN Washington, D.C. (May 7-9) 	May	
<ul style="list-style-type: none"> • Board Meeting (June 11, 2015 from 9:00 a.m. to 11:00 a.m.) • Initiate Preparation for Service Area Competition (SAC) Submission 	June	

TAB 3
HCH/FH Program
Director's Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: February 26, 2015

TO: Co-Applicant Board
San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH)
Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: DIRECTOR'S REPORT

Program activity update since the December 11, 2014 Co-Applicant Board meeting:

1. Grant Conditions

On January 14, 2015, we received HRSA NOA 14-04 dated 01/14/15, which accepted our plans on the following grant conditions:

- Full Staffed Management Team (Program Director Job Description) – Requirement #9
- Credentialing and Privileging Policies – Requirement #3
- QI/QA Program – Requirement #8
- Program Data Reporting Capacity – Requirement #15

The above actions effectively lifted the 90-day grant conditions to come into compliance or provide a plan to do so, and replaced them each with a 120-day grant condition to implement the accepted plan.

In addition, the NOA completely lifted the following grant conditions:

- Maintaining Accurate Scope of Project – Requirement #16
- Contractual/Affiliation Agreement Approval – Requirement #10 (providing a list of contracts/agreements)
- Required and Additional Services – Requirement #2
- Billing and Collections Policies – Requirement #13 (specifying status of Medicare FQHC)

On January 15, 2015, we received NOA 13-10 dated 01/15/15, which lifted:

- Revised Budget – Requirement #14 (inclusion of overhead/indirect costs)



On February 10, 2015, we received NOA 14-05 dated 02/10/15 which lifted the following grant conditions:

- Accessible Health Center Site Locations/Hours – Requirement #4
- Clinical Performance Measures – Service Area Competition (SAC) approval condition

In addition, the NOA stated that HRSA has accepted our plan on Board Expertise, a SAC approval grant condition. However, we did not submit a plan, we had submitted an updated Form 6A documenting the current Board's expertise as satisfying the requirement. On inquiry, our Project Officer indicated that it was intended to be lifted, so she is checking to get clarification.

To date we have cleared and had lifted all four (4) of the conditions that existed prior to our 2013 Operational Site Visit (OSV) Report, two (2) conditions from our 2015 Service Area Competition (SAC) grant approval award, and seven (7) of the conditions resulting from the 2013 OSV Report (including one (1) administrative lifting). We also have had four (4) plans for achieving compliance with program requirements accepted. These are all in the 120-day period for implementation, with the completion of the QI/QA Policy and Plan effort on today's agenda for Board approval.

This appears to leave only two (2) grant conditions that are still pending some resolution; the condition on Board Policies for Contract/Agreement monitoring (submitted), and the condition regarding the 2013 Single Audit findings (response submitted).

2. UDS Report

On February 14, 2015 we submitted the 2014 Uniform Data System (UDS) Report. The report will now be checked by a reviewer and we will notified of any additional information or work required.

For 2014, we reported a total of 7,077 unduplicated patients receiving services, and increase of 191 from 2013. The change is actually much more dramatic as our homeless service population dropped by 9.3% to 5,596, while our farmworker service population increased by 57.8% to 2,265. In general, we believe this represents good results.

As the report has just been submitted and will likely undergo some changes over the next few weeks, we do not yet have any real final data on which to report. However, some trend have emerged. The Affordable Care Act appears to have had the expected significant impact on coverage as our MediCal covered individual rose from under 33% to over 52% overall, and from 13.6% for homeless adults to 47.1%. While the number of homeless reported as uninsured is still too high (1,753), we now have more homeless adults covered by MediCal (2,235) than we have uninsured.

3. Expanded Services Grant

Both agreements for services under the Expanded Services Grant have been completed. Early reports from the Mobile Van's services at Service Connect appear very positive.

4. Operational Site Visit

Scheduled for March 10th through March 12th, we have completed our pre-visit conference call with the OSV Review Team and have begun full-scale preparations for the visit. As determined at January's meeting, we will be having a Co-Applicant Board meeting on Wednesday, March 11, 2015 at 9:00 AM with a sole agenda item of meeting with the review team. We also encourage Board members to attend – in a coordinated, non-quorum fashion – the Entrance and/or Exit Conferences. These will be on Tuesday, March 10 at 9:00 AM and Thursday, March 12 at 2:00 PM respectively. If interested, please contact Linda or myself so we can coordinate and insure that we do not end up with a quorum.

5. County Budget

As expected, the county's budget process has begun in earnest. We will be putting together our expected county budget for 2015-16 over the next few weeks and hope to be able to provide a more complete report to the Board at the regular March Board meeting (reminder: scheduled for Thursday, March 19th).

6. Solicitation of Services

The Solicitation for Services (SfS) was issued on January 26th with notice provided to the SMMC Ambulatory Clinics, the Health System and the Center on Homelessness. To date, we have had one (1) informational meeting with interested parties to respond to their questions and provide assistance for them in preparing a proposal. Proposals are due by February 25th.

7. Seven-Day Update

TAB 4
HCH/FH Program
Budget & Financial
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: February 26, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

For the first quarter of the 2015 Grant Year (Nov. 1, 2014 through Jan. 31, 2015) the program expended \$196,821.12. Given that we were not fully staffed until December, that contract payments tend to slow toward the end of the contract year and that the clinic funding is still allocated outside of our budget, we are tracking to spend over \$1,600,000 at this point. Since contract spending is expected to be at a higher rate for the rest of the Grant Year than it was during the first quarter, we are fully staffed and there are one-time expenses (such as the national conference) that are still upcoming, we are currently in an acceptable place for expenditures.

For the 2014 contracts and MOUs, the program paid \$695,340 of a possible \$700,500, or 99.26% of the possible total value of the agreements.

We are in the preliminary stages of the County budget process for 2015-2016 & 2016-2017. The expected county budget total is \$2,065,899.



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

TAB 5
Board Update on
Consumer Input
“Hotel 22”



The Opinion Pages OP-DOCS WITH THE SUNDANCE INSTITUTE

A three-part series of videos produced by independent filmmakers, who are supported in part by the nonprofit Sundance Institute.

JAN. 22
[‘The Black Panthers Revisited’](#)

JAN. 26
[‘Midnight, Three and Six’](#)

JAN. 28
[‘Hotel 22’](#)

‘Hotel 22’

JAN. 28, 2015

Op-Docs

By **ELIZABETH LO**

When we think of Silicon Valley, we tend to imagine a world of extreme wealth and limitless opportunity. What we forget are the populations that have been displaced or neglected by the recent tech boom. Rising property prices in the area have created unsustainable living costs, especially for the poor. At the same time, Silicon Valley lacks sufficient affordable housing and homeless shelters.

This Op-Doc video shows scenes from an overnight public bus that has become popular with the region’s homeless. (According to a report last year from the Department of Housing and Urban Development, 75 percent of the more than 7,500 homeless people in the Silicon Valley area are not in shelters, the highest rate among the nation’s major cities.)

Line 22 is a bus route that runs 24 hours in Silicon Valley, shuttling between San Jose and Palo Alto. The homeless pay the fare to ride the bus at night along its hour-and-a-half route, getting off at each end, and often riding several times back and forth. The practice has gone on for years, and the bus is known colloquially as “Hotel 22.”

I heard about this phenomenon while living in Palo Alto as a student at Stanford University. It was such a contrast to my image of Silicon Valley that I decided to ride the bus myself. What I saw seemed like a microcosm of the challenges confronting this dispossessed population. And despite mostly keeping to themselves, the sleepers

sometimes came into direct conflict with late-night commuters who also ride the bus at those hours.

I filmed over the course of a week and edited the footage to represent a composite night on the bus. I hope this film is a window into this nation's inequities that can so easily go unseen.

This video is part of a series produced by independent filmmakers who have received support from the nonprofit Sundance Institute.

Elizabeth Lo is a nonfiction filmmaker and an M.F.A. candidate in the Stanford University Documentary Film program. "Hotel 22" is her first film at the Sundance Film Festival.

Op-Docs is a forum for short, opinionated documentaries, produced with creative latitude by independent filmmakers and artists. [Learn more about Op-Docs and how to submit to the series.](#)

TAB 6
Request to Approve
QI/QA Program Policy
and QI/QA 2014-2015
Plan



SAN MATEO COUNTY HEALTH SYSTEM

DATE: February 26, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST TO APPROVE QI/QA POLICY AND QI/QA 2014-15 PLAN

During 2014, this Board approved a HCH/FH QI/QA Process and a QI/QA 2014-15 Plan. In working with our consultants to address the program's grant conditions and prepare for the Operational Site Visit (OSV), the QI/QA Program Requirement was reviewed.

Based on that review and as recommended by our consultants, a modified QI/QA Policy (nee (Process) and QI/QA 2014-2015 Plan were reviewed and approved by the QI/QA Committee for presentation to the full Board for their approval. That QI/QA Policy and QI/QA 2014-2015 Plan are attached to this Action Request.

This request is for the Board to approve the QI/QA Committee recommended QI/QA Policy and QI/QA 2014-2015 Plan. Approval of this item requires a majority vote of the Board members present.

Attachments:

HCH/FH QI/QA Policy
HCH/FH QI/QA 2014-2015 Plan



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP
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SUBJECT: QUALITY IMPROVEMENT POLICY AND PROCEDURES
DEPARTMENT: HEALTH CARE FOR THE HOMELESS AND FARMWORKER
HEALTH (HCH/FH) PROGRAM
AUTHOR: PROGRAM MEDICAL DIRECTOR AND PROGRAM
COORDINATOR

I. PURPOSE:

The purpose of the Health Care for the Homeless and Farmworker Health Program (HCH/FH)'s Quality Improvement (QI) Program is to evaluate and ensure, on an on-going basis, the effectiveness of health care provided to homeless and farmworker patients and families, success in meeting utilization targets, achievement of clinical and financial performance objectives, and the highest levels of patient satisfaction. The HCH/FH QI Plan will be established and implemented through the QI Policy and Procedure, which will:

- Establish broad performance improvement goals and priorities that are aligned with the goals and objective identified in the Strategic Plan of the HCH/FH Program and meets Section 330-Program requirements.
- Develop and utilize specific mechanisms for the identification, adoption and reporting of performance improvement projects.
- Monitor program performance through appropriate data collection including systematic aggregation and analysis of data from San Mateo Medical Center (SMMC) clinics and program contractors.
- Develop a process by which problems can be assessed and proposed solutions implemented with a method of follow-up that will assure problem resolution.
- Provide information regarding performance improvement activities and education to the HCH/FH Program Co-Applicant Board, San Mateo Medical Center (SMMC) Hospital Board, SMMC Quality Improvement Committee (QIC), program staff, and program contractors.

The HCH/FH QI Program provides the structure, tools, and resources to improve the quality of the HCH/FH Program in three essential areas:

- Patient **Access** to quality care
- Personal and organizational **Excellence**
- **Collaboration** with co-workers and community partners

The HCH/FH QI Plan also provides the outline for monitoring and improving program service delivery in four major areas:

- Quality of **Service**- Patient access and satisfaction
- Quality of **Care**- Clinical indicators and outcome measures

- Quality of **Work**- Staff productivity, satisfaction and retention
- Quality of **Population Health**- Health status indicators for the target population

The HCH/FH QI Policy and Procedures establishes and implements the QI Program and involves the following components:

- Composition and responsibilities of the HCH/FH QI Committee
- Identification of quality indicators
- Selection of quality objectives
- Measurement of progress on quality indicators and objectives
- Risk Management
- System for using data to guide improvements
- Mechanisms for accountability and organizational responsibility
- QI infrastructure support and resources

II. POLICY:

The San Mateo County HCH/FH Program's Co-Applicant Board has instituted a quality improvement program that establishes the structure and process for improving organizational performance. The HCH/FH QI Program will be carried out in accordance with HCH/FH and SMMC policies through:

- Establishing broad performance improvement goals and priorities that are aligned with the mission, vision, values and goals of the program
- Developing and utilizing specific mechanisms for the identification, adoption and reporting of performance improvement projects
- Monitoring program performance through appropriate data collection, aggregation and analysis
- Providing information regarding performance improvement activities and education to the HCH/FH Co-Applicant Board, SMMC Hospital Board, SMMC Quality Improvement Committee (QIC), program staff, and program contractors.

The HCH/FH QI Plan will be submitted by the HCH/FH QI Committee to the HCH/FH Co-Applicant Board. Annual QI plans will include the following components: quality assurance/control activities, quality improvement activities, patient satisfaction measures, and peer monitoring activities. Quarterly reports of performance improvement activities will be provided to the HCH/FH Co-Applicant Board and to the SMMC QIC as appropriate. Subsequent to the quarterly reports, further activities will be determined by the HCH/FH Co-Applicant Board to review and approve indications for evaluation studies, review data looking for trends and significant variance, and make recommendations and/or take action as required. Recommendations and actions involving SMMC clinics will be communicated by the HCH/FH QI Committee to the SMMC QIC. Recommendations and actions involving program contractors will be communicated by the HCH/FH QI Committee directly to the contractors.

III. ORGANIZATION AND REPORTING CHANNELS:

- A. The HCH/FH QI Committee is responsible for implementing the HCH/FH QI Program and development of the annual QI Plan.
- B. The HCH/FH QI Committee will review and analyze data from SMMC clinics and contractors on a quarterly basis. Data collection and analysis of outcome measures indicated by the UDS (Uniform Data System) report are conducted on a yearly basis.
- C. The HCH/FH QI Committee provides reports to the HCH/FH Co-Applicant Board on a quarterly basis and to the SMMC Hospital Board on an annual basis.
- D. Quality improvement concerns regarding services performed by SMMC clinic providers and contractors will be reported as part of quality plan reports to the HCH/FH Co-Applicant Board, SMMC Hospital Board, and SMMC QIC. The HCH/FH QI Committee will make recommendations and/or take action as required.
- E. The HCH/FH Program provides services embedded in the SMMC clinic structure as well as through contracts with community partners. Quality improvement concerns regarding services performed by SMMC clinic providers and contractors will be processed through the HCH/FH QI Committee and the HCH/FH Co-Applicant Board.
- F. HCH/FH QI Committee

The HCH/FH QI Committee provides leadership for organization-wide, ongoing assessment, monitoring and improvement of HCH/FH programs and services in major functional areas and important aspects of care, including clinical primary care, patient and staff education, continuity of care, risk management, patient satisfaction, support services, medical record/information systems, and financial integrity and accountability. The HCH/FH QI Committee is responsible for the planning and implementation of activities to ensure the quality of care delivered by the HCH/FH Program for homeless and farmworker patients and families.

1. The HCH/FH QI Committee will consist of the Medical Director, Program Director, Program Coordinator, representatives of primary care providers, representatives of all program services contractors and other ad hoc members as needed.
2. The HCH/FH QI Committee will meet at least quarterly (a minimum of four times per year). If a problem, incident or urgent business arises between the dates of regular meetings, the HCH/FH Medical Director or Program Director may call an emergency meeting.

The HCH/FH Medical Director establishes the agenda for each meeting. The Program Coordinator records and maintains files of minutes of each meeting. Each meeting agenda may include but will not be limited to:

- Presentation of previous meeting minutes for approval
- Risk management status review

- Review of status of UDS quality of care and health disparities clinical measures
 - Review of HCH and FH utilization trends
 - Review of audits
 - Review of areas of concern/problem reports
 - Follow-up of previously identified problems/opportunities for improvement
3. The HCH/FH QI Committee will review data from SMMC clinics and contractors on a quarterly basis and monitor progress on utilization and clinical performance measure. Reports and recommendations may include but are not limited to:
- Reports on utilization by homeless and farmworker patients and families and sub-populations within these two target populations
 - Findings from applicable internal and external audits
 - Clinical performance measure findings
 - Patient and staff satisfaction survey results
 - Patient and staff concerns or suggestions

SMMC clinics and contractors report risk management and other significant concerns regarding patient safety, including patient-related incident reports, immediately to the HCH/FH Medical Director.

4. The activities of the HCH/FH QI Committee are legally protected under the California Health and Safety Code Section 1370. The law protects those who participate in quality of care or utilization review. It provides further that “neither the proceedings nor the records of such reviews shall be subject to discovery, nor shall any person in attendance at such reviews be required to testify as to what transpired thereat.” All peer review and other confidential reviews and actions will be done during closed session of the QI Committee meeting.

IV. QUALITY IMPROVEMENT ACTIVITIES:

A. Quality Indicators

The HCH/FH QI Committee will carefully select quality and health disparity indicators based on the following priorities:

- Selected practice guidelines - Use of practice guidelines to meet clinical standards for adult, older adult and pediatric health maintenance and for treatment of conditions that disparately affect HCH/FH patients
- Benchmarks for clinical performance measures reported in the annual UDS summary and rollout reports for Section 330 grantees

- Healthy People 2020 and HEDIS measures for chronic disease and preventive care
- New or significantly modified major processes - Impact of processes adopted or modified to improve quality of care
- Requirements of external agencies that have significant consequence in either supporting the HCH/FH Program’s attainment of its mission or financial well-being - Requirements from funders, requirements from regulatory agencies, and Bureau of Primary Health Care (BPHC) measures Indicators that have been identified as having broad impact across organizational functions and that should be considered for immediate action - Clinical and legal compliance issues, training and staff development requirements, and factors that impact community health and relations

B. Selection of Specific Quality Objectives

The HCH/FH QI Committee will develop an annual QI Plan with specific objectives in the areas of access and utilization of care, and clinical performance. The annual work plan is revised on an ongoing-basis and will:

- Outline specific goals and outcome measures for access to care, utilization of services, and clinical performance measures for homeless and farmworker individuals and families
- Propose implementation plan for goals and outcome measures
- Measure and analyze proposed goals and outcome measures
- Revise or add goals and outcome measures as needed with proposed follow-up plan

C. Measurement of Quality Indicators and Progress on Objectives

The HCH/FH QI Committee oversees and coordinates collection and analysis of data by SMMC clinics and program contractors to measure quality indicators and progress toward annual objectives.

1. Data Collection Systems: To ensure the availability of accurate and timely data to inform QI activities, the HCH/FH QI Committee coordinates:
 - Development, testing and application of procedures and tools (forms, charts, logs, etc.) for the collection of data for HCH/FH QI purposes
 - Regular training/re-training of staff on data collection, including “just-in-time” training on changes in procedures and to solve problems
 - Design and posting of simple instructions and reminders about data collection
 - Quality control of data collection and follow-up
 - Assurance that data collection complies with SMMC procedures for data storage, maintenance (including backups) and security; covering

all formats of data (charts, notes, electronic records, etc.) and exchange of data between SMMC and program contractors

2. Patient Records Reviews: Based on SMMC policies and procedures, the HCH/FH Medical Director establishes procedures for and supervises reviews of representative samples of electronic health records and/or SMMC clinic patient charts to measure progress toward selected clinical performance measures and other quality indicators. Contractors have in place procedures and supervision for records review of homeless and farmworker patients. Reviews of patient records are conducted quarterly. A formal Peer Review Program is conducted by SMMC and all providers of primary care.

3. Data Analysis: The HCH/FH Medical Director oversees data analysis conducted by the Program Staff . The Program Director prepares aggregated reports of data from SMMC clinics and program contractors to the HCH/FH QI Committee as requested by the Medical Director. Data performance compared to the goals for Quality Measures and emerging trends derived from the reports will guide the HCH/FH QI Committee in identifying problem areas/opportunities for improvement and planning improvement projects

D. System for Using Data to Guide Improvements

Improvement activities will follow the Plan-Do-Study-Act (PDSA) methodology. This methodology requires careful planning at all stages of the cycle.

	STEPS IN THE QI PROCESS	USEFUL TOOLS
P	Plan the improvement <ul style="list-style-type: none"> ➤ Plan the implementation of the improvement ➤ Plan continued data collection 	<input checked="" type="checkbox"/> Data Collection Methods <input checked="" type="checkbox"/> Group Decision-Making Tools
D	Do the improvement to the process <ul style="list-style-type: none"> ➤ Make the change ➤ Measure the impact of the change 	<input checked="" type="checkbox"/> Flowchart <input checked="" type="checkbox"/> Data Collection Methods <input checked="" type="checkbox"/> Run Chart
S	Study the results <ul style="list-style-type: none"> ➤ Examine data to determine whether change led to the expected improvement 	<input checked="" type="checkbox"/> Cause and Effect Diagram <input checked="" type="checkbox"/> Run Charts <input checked="" type="checkbox"/> Control Charts <input checked="" type="checkbox"/> Histograms

A	<p>Act to hold the gain and continue to improve the process</p> <ul style="list-style-type: none"> ➤ Develop a strategy for maintaining the improvements ➤ Determine whether or not to continue working on the process 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Flowchart <input checked="" type="checkbox"/> Group Decision-Making Tools
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E. Risk Management

The HCH/FH QI Committee will work closely with the SMMC Patient Safety Committee (PSC). The PSC is a chartered subcommittee of SMMC QIC and is responsible for oversight of patient safety at all SMMC patient care facilities. Effective reduction of medical/health care errors and other factors that contribute to unintended adverse patient outcomes in a health care organization requires an environment in which patients, patient families, and organization staff and leaders can identify and manage actual and potential risks to patient safety. This environment encourages recognition and acknowledgment of risks to patient safety and medical/health care errors; initiation of actions to reduce these risks; internal reporting of what has been found and the actions taken; focus on processes and systems; and minimization of individual blame or retribution for involvement in a medical/health care error. Organizational learning is also encouraged regarding medical/health care errors. Sharing of organizational knowledge is also supported to effect behavioral changes within the organization and in other health care organizations to improve patient safety.

HCH/FH complies with the SMMC Integrated Patient Safety Plan (in WorkSite titled PI.03.01.01-A Integrated Patient Safety Program). In compliance with the Integrated Patient Safety Plan, sentinel events and other significant untoward events, or the risk of such events, will be included in the HCH/FH QI Plan through special reporting. Such events are further defined in the Integrated Patient Safety Plan. These events may also be reportable pursuant to the County’s sentinel event reporting ordinance. Actions taken as a result of root causes analyses and focus reviews will be included in the quality improvement program and reported to the HCH/FH Co-Applicant Board, SMMC Hospital Board, and SMMC QIC. Primary care contractors have in place and comply with their individual risk management plans and all related policies and procedures.

F. Patient/Client Complaints

Patient/client grievances and complaints are treated with the highest importance. Complaints and concerns should be resolved at the program level whenever possible. When an issue cannot be resolved, procedures are followed as described in the policy in the Rights and Responsibilities of the Patient chapter in WorkSite titled RI.01.07.01-B Patient Grievance Procedure. Complaints and grievances, which relate to quality of care issues, are referred to the appropriate department or committee for review and action.

G. Credentialing and Privileging

SMMC primary care providers delivering care for homeless and farmworker patients and families are subject to SMMC credentialing and privileging policies and procedures. These policies and procedures ensure the appointment and re-appointment of appropriately licensed and qualified individuals to the medical staff and grant such individuals specific clinical privileges. Primary care contractors have credentialing and privileging policies and procedures in place as well. The HCH/FH Co-Applicant Board will verify annually, or as needed, that SMMC and primary care contractors have credentialing and privileging policies and procedures verifying that all licensed and certified healthcare practitioners delivering care for homeless and farm worker patients and families are in full compliance with the Bureau of Primary Health Care Policy Information Notices 2001-16 and 2002-22.

H. Patient Satisfaction Surveys

The HCH/FH Program will conduct a patient satisfaction survey biennially with homeless and farmworker patients of SMMC clinics and program contractors. The HCH/FH QI Committee will review survey results and use the findings to assist in identifying important issues for patients that may need to be addressed. The survey format may also be used for focused surveys regarding a specific area of patient care.

V. MECHANISMS FOR ACCOUNTABILITY AND ORGANIZATIONAL RESPONSIBILITY:

The HCH/FH Co-Applicant Board has the ultimate authority and responsibility for the implementation and maintenance of ongoing QI activities. This responsibility is delegated to the HCH/FH QI Committee. To ensure accountability for HCH/FH QI, organizational responsibilities are defined as follows:

1. The HCH/FH Medical Director is responsible for ensuring that the HCH/FH QI Plan is properly developed, implemented and coordinated. The Medical Director oversees reviews of patient records by licensed health professionals. The Medical Director is involved in the coordination of QI activities with primary care contractors. The Medical Director assists the Program Director with the preparation and presentation of the HCH/FH QI quarterly report to the HCH/FH Co-Applicant Board.
2. The HCH/FH Program Director is responsible for managing the collection, analysis, and reporting of accurate, timely data to inform QI activities. Program Director works with the Medical Director to prepare and present the HCH/FH QI quarterly report to the HCH/FH Co-Applicant Board.
3. Infrastructure Support and Resources for QI: The SMMC Quality Management Department is responsible for supporting SMMC's organization-wide quality management program, including the HCH/FH QI Plan. The

department provides program support through assisting in the collection of data for performance improvement purposes, conducting clinical review activities, preparing summary reports, reporting data, maintaining a central location for QI records and organizational review activities while safeguarding confidentiality, maintaining records and databases that support performance improvement activities, and providing training related to dissemination and implementation of QI activities.

SUBJECT:	HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH (HCH/FH) PROGRAM QUALITY IMPROVEMENT (QI) PLAN FOR 2014-2015
DEPARTMENT:	HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH (HCH/FH) PROGRAM
AUTHOR:	FRANK DUY TRINH, MD, HCH/FH PROGRAM MEDICAL DIRECTOR
DATE	6/23/2014

I. Purpose

The purpose of the Health Care for the Homeless/Farmworker Health (HCH/FH) Program Quality Improvement (QI) Plan is to evaluate and ensure the effectiveness of health care provided to homeless and farmworker patients and families, achieve success in meeting utilization targets, meet or exceed clinical and financial performance objectives, and provide the highest levels of patient satisfaction.

The HCH/FH Program QI Plan covers a 1 year period. Each annual Plan will be approved by the HCH/FH Co-Applicant Board prior to implementation by the HCH/FH QI Committee. For the 2014-2015 QI Plan, 3 Outcome Measures will be evaluated with data collected and a Patient Satisfaction Survey conducted. Each Outcome Measure will be evaluated approximately over a 3 month period with possible extension, except during the January through March quarter when HCH/FH Program staff will be completing the Uniform Data System (UDS) Report. The present document describes the proposed timetable and Outcome Measures for the 2014-2015 HCH/FH Program QI Plan.

II. 2014-2015 HCH/FH Program QI Plan

A. QI Plan Timetable

The proposed timetable for approval and implementation of the 2014-2015 QI Plan is as follows:

2014-2015 HCH/FH Program QI Plan Time table																
EVENT		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
HCH/FH QI Committee meeting	bi-monthly		X			X		X		X		X				
Approval of QI Plan Outcome Measures by HCH/FH Program Co-Applicant Board		X														
Approval of QI Plan- Patient Satisfaction Survey by HCH/FH Program Co-Applicant Board			X													
Evaluation of QI Plan Outcome Measure 1					X	X	X									
UDS Report completion (no work on QI plan)								X	X	X						
Review/approve Credentialing and Privileging Policies									X							
Evaluation of QI Plan Outcome Measure 2											X	X	X			
Quarterly Contracts progress/report	quarterly	X			X			X			X			X		
Evaluation of QI Plan Outcome Measure 3 (July- Sept 2015)														X	X	X

B. QI Plan Outcome Measures

The HCH/FH Program areas evaluated by the QI Plan include Medical Care, Dental Care, Behavioral Health/Alcohol and Other Drug (AOD) Treatment, and Enabling Services. For the 2014-2015 QI Plan, the HCH/FH QI Committee will evaluate 3 Outcome Measures, with results assessed separately for homeless and farmworker patients. The Measures will be chosen through careful analysis of data derived from reports that indicate any issues or emerging trends. The 3 Outcome Measures:

1. Medical Care:

- a. Determine total number of homeless and farmworker patients receiving care diagnosed with diabetes mellitus
- b. Evaluate the percent of diabetic homeless and farmworker patients receiving care with a HgbA1c <8; between 8-9 and >9 % measured in the last 12 months

2. Dental Care:

- a. Determine total number of homeless and farmworker patients receiving Dental Care services
- b. Assess percent of homeless and farmworker patients receiving Dental Care services who completed their Phase 1 treatment plan in the last 12 months

3. Enabling Services:

- a. Assess percent of homeless and farmworker patients referred for Primary Care services who attended ≥ 2 Primary Care appointments in the last 12 months
- b. Assess percent of homeless and farmworker patients referred for Dental Care services who attended ≥ 2 Dental Care appointments in the last 12 months

C. QI Plan Patient Satisfaction Survey

1. Patient Satisfaction Survey will assess patient views regarding various components of care including quality, access and timeliness
2. 2014-2015 Patient Satisfaction Survey is currently being developed by the QI Committee, and Co-Applicant Board approval will be scheduled for the August 2014 Board meeting

D. Reports to HCH/FH Program Co-Applicant Board

1. HCH/FH Program Medical Director will give monthly QI Plan status reports on progress
2. HCH/FH Program Medical Director and Administrative Staff will report quarterly QI Plan Outcome Measure data, results and conclusions
 - a. Outcome Measure 1 results will be reported at the February 2015 Co-Applicant Board Meeting
 - b. Outcome Measure 2 results will be reported at the August 2015 Co-Applicant Board Meeting
 - c. Outcome Measure 3 results will be reported at the November 2015 Co-Applicant Board Meeting

E. HCH/FH Program Changes and 2015-2016 QI Plan

1. The HCH/FH Program Co-Applicant Board will make recommendations for HCH/FH Program changes based on results of the QI Plan
2. Any programmatic changes recommended by the Co-Applicant Board will be implemented by the HCH/FH Program QI Committee and contracted agencies
3. Results from the 2014-2015 QI Plan will be considered as the 2015-2016 QI Plan is decided

TAB 7
Request to Approve
Board Attendees and
Associated
Reimbursement for the
NHCHC National
Conference



SAN MATEO COUNTY HEALTH SYSTEM

DATE: February 26, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST TO APPROVE BOARD ATTENDEES AND REIMBURSEMENTS FOR TRAVEL FOR THE 2015 NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL'S NATIONAL CONFERENCE

At its March 13, 2014 meeting, this Board approved a policy for determining approval of Board members for attendance at program conferences for reimbursement of travel expenses (in full or in part). That approved policy is attached to this Action Request. In addition, attached is the Board approved policy on travel reimbursement.

As the National Health Care for the Homeless National Conference is approaching and there has been some expressed interest in attendance, the question is being brought to the Board for action in accordance with its approved policy.

This request is for the Board to take action to select Board members for reimbursement for travel expenses to the NHCHC National Conference, and the share of such reimbursement. Approval of these actions requires a majority vote of the Board members present.

Attachments:

HCH/FH POLICY ON REIMBURSEABLE TRAVEL FOR BOARD ATTENDANCE AT TRAINING, MEETINGS AND CONFERENCES

HCH/FH POLICY ON REIMBURSEMENT FOR CO-APPLICANT BOARD MEMBER TRAVEL





SAN MATEO COUNTY HEALTH SYSTEM

DATE: March 13, 2014

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR THE BOARD TO ESTABLISH POLICY OR PROCESS ON REIMBURSEABLE TRAVEL FOR BOARD ATTENDANCE AT TRAINING, MEETINGS AND CONFERENCES.

As the Co-Applicant Board may recall, at their January 9, 2014 meeting, this Board approved a policy regarding travel reimbursement for Board members who may travel for Board and/or Health Care for the Homeless/Farmworker Health Program (Program) business. It is recommended that the Board now establish a policy and/or process for determining how Board members' travel is approved for reimbursement.

The Program operates with a structured budget within the County's budget system. For any given fiscal year, there is a specific approval of expenditure authority for the Program. To the extent that Board members' travel is reimbursed from the Program budget, that budget then has less funding with which to perform other activities. To that end, it is understood that the Program cannot fund or reimburse travel for any or all Board members for any and all trainings, meetings and conferences to which they may wish to attend.

To address this situation, and to try and provide appropriate fairness to all of the members of the Board, we are requesting the Board establish policies and/or processes for the determination of which Board members travel (or portion thereof) will be reimbursed by the Program. Such policy should likely address the potential benefits that may accrue to the Board and/or Program by the travel, benefits that may be accrued to others who might also be able to support said travel, the number of events that may be of interest, the number of Board members who may be interested in attending said events, said Board members reimbursed attendance at other events and the recency of those events, available funding in the Program budget for all potential events, and other issues as determined as relevant by the Board.

The Program has reviewed the above and makes the following recommendation for Board policies and processes for determining the approval of Board members for reimbursement for travel for trainings, meetings and conferences:



- The Board, under consideration of event benefit and cost, may change the following limitations by majority vote at any regular Board meeting at which such item has been agendized.
- For events held in the San Francisco Bay Area; registration for any and all Board members who wish to attend; Board approval required for mileage cost reimbursement pending ride sharing arrangements, etc.
- For national events held elsewhere in California: equivalent of full travel reimbursement of up to three (3) Board members.
- For regional events held elsewhere in California: equivalent of full travel reimbursement of up to two (2) Board members.
- For national events held outside of California: equivalent of full travel reimbursement of up to two (2) Board members.
- For regional events outside of California: equivalent of full travel reimbursement of up to one (1) Board member
- Preference given to consumer members.
- Full travel reimbursement is represented by the cost of registration, travel, accommodations and per diem, as defined by Board policy.
- All Board members will actively pursue any available scholarship support or agency support that might be available.
- Selection shall be based on Board members who express an interest in attending and a willingness to commit to doing so if approved.
- If more Board members express interest than available for full reimbursement, the member(s) who was least recently approved for travel will receive preference. If the preference is equal (and consumer preference has been addressed, the Board Chair shall make the decision in the best interest of the Program.
- Approvals are always contingent on the availability of funds in the Program budget to cover the costs.

It is recognized that this Board has the authority to set the Program budget, and to that extent can create more or less availability of funds for Board travel, at the expense of other activities. It is also recognized that the Program Director makes the determinations on program operations and program expenditures once the budget is set. To that end, the Program Director shall provide to the Board information about the availability of funds within the budget for potential Board travel.

An affirmative majority vote of the Board will establish this policy and process, or as otherwise amended by the Board.



SAN MATEO COUNTY HEALTH SYSTEM

DATE: January 9, 2014

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR THE BOARD TO ESTABLISH POLICY ON REIMBURSEMENT FOR CO-APPLICANT BOARD MEMBER TRAVEL

In an effort to ensure fiscal responsibility and fairness to Co-Applicant Board members who may travel for Co-Applicant Board and/or Health Care for the Homeless/Farmworker Health Program (HCH/FH) business, it is recommended that the Co-Applicant Board establish a policy for reimbursement for costs incurred for such travel.

As the HCH/FH Program and the Co-Applicant Board exist within the San Mateo County infrastructure, we reviewed the County policies (Attachment 1) for guidance in recommending this policy. In addition, we tried to keep the policies basic and simple to understand and to enforce.

Recommended policies for approved travel by a Co-Applicant Board member on Co-Applicant Board and/or HCH/FH Program business:

Travel

Travel shall be by the most cost effective means possible. Car mileage will be at the established IRS allowable rate at the time of travel (Attachment 3). Reimbursement for travel greater than 150 miles outside of the County shall be no more than the typical coach/economy class airfare at the time of travel.

Lodging

Lodging will be reimbursed at the local standard rate, typically as represented by either a) the rate established for the time of travel on the GSA.gov website (Attachment 2 (samples)), b) the rate for a standard room at the site of a conference, meeting or training, or c) the rate for a standard room at a nearby hotel/motel comparable to the conference, meeting or training site.



Lodging will be reimbursed for no more than the night before the start of a conference, meeting or training, through no more than the night of the last day of the conference, meeting or training. Individuals are strongly encouraged to travel on the first and/or last day of the conference, meeting or training whenever reasonably feasible.

Meals

Meals shall be reimbursed at the rate established on the GSA.gov website for the travel destination. For specific meal reimbursement on the days of travel, the following shall apply:

Breakfast for travel beginning before 7:00 AM or ending after 9:00 AM

Lunch for travel beginning before 11:00 AM or ending after 2:00 PM

Dinner for travel beginning after 4:00 PM or ending after 7:00 PM

Meals already covered as part of a registration or conference fee will not be additionally reimbursed.

In extraordinary circumstances, if a meal cost is greater than the routine allowable cost, reimbursement can be requested for the greater cost with the provision of receipts. Final decision on this allowance is up to the Program Director, whose decision is final. At no time will any expense for alcoholic beverages be reimbursed.

Incidental/Other Costs

Other necessary and appropriate costs related to the particular travel undertaken will be reimbursed at reasonable actual costs on the provision of receipts. This may include such items as airport transfers (shuttles, cabs), parking and toll fees. Whenever possible, the least expensive option is expected to be selected.

Reimbursement Request

Requests for reimbursement of travel expenses will be made on a form as designated by the HCH/FH Program staff (Attachment 4).

An affirmative vote will establish this as the policy of the Co-Applicant Board and HCH/FH Program.

Attachment 1
County Travel Policy



ADMINISTRATIVE MEMORANDUM
COUNTY OF SAN MATEO

NUMBER: B-16

SUBJECT: County Travel Policy

RESPONSIBLE DEPARTMENT: County Manager

APPROVED: 
John L. Maltbie, County Manager

DATE: April 2, 2013

This memorandum replaces the prior Administrative Memorandum B-16 dated January 7, 1997, revising the County policy for travel. The County Travel Policy is intended to establish consistent, efficient, and effective guidelines for County employees and officials when traveling on County business.

I. Purpose and Appropriateness of Travel

Travel on County time and at County expense will be permitted for bona fide business reasons that will benefit the County. Travel for attending business conferences, services, and meetings will be permitted only if there is a clear benefit to the County and there is not a more cost effective means of getting the information disseminated at the conference.

II. Reimbursement for Travel Expenses Within the County

Reimbursement for expenses incurred while travelling on County business within the County limits is limited to transportation costs. Pursuant to County Ordinance 2.72.020 (a), the County will reimburse employees for travel in their own automobiles at the rate determined by the Internal Revenue Service. (See County Driving Policy located on the Intranet for further instructions and specifics) Whenever practical, County employees are encouraged to carpool or use public transportation for County related business travel within the County limits.

These restrictions are limited to travel related expenses and do not limit reimbursement for the actual costs of expenses reasonably incurred in the performance of official duties, such as business related meals within the County. However, reimbursement for business related meals requires Department Head approval.

III. Reimbursement for Travel Expenses Outside the County

Reimbursement for expenses incurred while travelling on County business outside County limits shall include:

- Meals (see section IV.e below for further restrictions)
- Lodging
- Transportation

- Incidentals (e.g. tips, baggage transfers)

Such expenses must be necessary and reasonable.

IV. All Travel

When traveling on County time and at County expense, employees should adhere to the following:

a. Advance Planning

Business travel should be planned in advance whenever possible to obtain the lowest possible rates. Reduced rates and fares can generally be obtained by booking in advance.

b. Lodging

Government and group rates offered by a provider of lodging services shall be used when available. If such rate is not available, the maximum reimbursement rate shall be limited to the Continental United States (CONUS) current rate as set forth in the Code of Federal Regulations or double the amount of the CONUS current rate for CONUS designated high cost of living metropolitan areas. If the lodging is in connection with a conference or organized educational activity, reimbursement for lodging costs shall not exceed the maximum group rate published by the conference or activity sponsor, provided that lodging at the group rate is available at the time of booking. If such rate is not available, the maximum reimbursement rate shall be limited to double the amount of the CONUS current rate or the group rate, whichever is higher.

Current CONUS rates can be found at www.gsa.gov/perdiem.

c. Air Transportation

Employees shall use coach or economy classes of air travel accommodations.

d. Ground Transportation

Employees shall use the least expensive and most efficient form of ground transportation (including carpooling and public transportation). When driving, employees must familiarize themselves with the County's Driving Policy, available on the Intranet, and must adhere to the rules and regulations prescribed therein. Employees receiving a biweekly transportation allowance are not eligible to claim reimbursement for ground transportation travel expenses incurred within County of San Mateo and the City and County of San Francisco.

e. Meals

Reimbursements will only be provided for meals incurred for self during business travel when all of the following criteria are satisfied:

- The meal was purchased outside of the County limits;
- The cost of the meal was reasonable and not excessive; and
- The travel required an overnight stay.

These restrictions are limited to meals incurred for self as a result of travel away from the home area and do not limit reimbursement for the actual costs of expenses reasonably incurred in the performance of official duties, such as business related meals outside the County. However, business related meals require Department Head approval.

The maximum reimbursement for the actual cost of travel related meals for self (in conjunction with an overnight stay) will be limited to CONUS except that for CONUS designated high cost of living metropolitan areas the maximum reimbursement rate shall be limited to double the amount of the CONUS current rate.

f. Weekend Travel

Reimbursement for Saturday or Sunday travel will be made when adequate justification is provided on the employee expense reimbursement form.

g. Out-of-State Travel

All out-of-state travel for meetings and conferences must be approved by the Department Head.

V. Advance Claims

An advance claim for travel may be submitted if an employee needs moneys to defray out-of-pocket expenses up to a maximum of \$1,000. Such requests must be made at least 5 working days before travel is to commence. Receipts to support the use of such advances must be provided and accounted for on an employee expense reimbursement form.

Attachment 2 GSA.gov Sample Website Pages



FY 2014 Per Diem Rates for San Mateo / Foster City / Belmont, California

(October 2013 - September 2014)

Cities not appearing below may be located within a county for which rates are listed.
To determine what county a city is located in, visit the [National Association of Counties \(NACo\) website \(a non-federal website\)](#).

The following rates apply for San Mateo / Foster City / Belmont , California														
Primary Destination* (1)	County (2, 3)	Max lodging by Month (excluding taxes)												Meals & Inc. Exp.**
		2013			2014									
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
San Mateo / Foster City / Belmont	San Mateo	140	129	129	129	140	140	140	140	140	140	140	140	61

* NOTE: Traveler reimbursement is based on the location of the work activities and not the accommodations, unless lodging is not available at the work activity, then the agency
** Meals and Incidental Expenses, see [Breakdown of M&IE Expenses](#) for important information on first and last days of travel.

Last Reviewed 2013-11-20

Meals and Incidental Expenses (M&IE) Breakdown

The separate amounts for breakfast, lunch and dinner listed in the chart are provided should you need to deduct any of those meals from your trip voucher. For example, if your trip includes meals that are already paid for by the government (such as through a registration fee for a conference), you will need to deduct those meals from your voucher. Refer to [Section 301-11.18 of the Federal Travel Regulation](#) for specific guidance on deducting these amounts from your per diem reimbursement claims for meals furnished to you by the government. Other organizations may have different rules that apply for their employees; please check with your organization for more assistance.

The table lists the six M&IE tiers in the lower 48 continental United States (currently ranging from \$46 to \$71). If you need to deduct a meal amount, first determine the location where you will be working while on official travel. You can look up the location-specific information at www.gsa.gov/perdiem. The M&IE rate for your location will be one of the six tiers listed on this table. Find the corresponding amount on the first line of the table (M&IE Total) and then look below for each specific meal deduction amount.

The table also lists the portion of the M&IE rate that is provided for incidental expenses (currently \$5 for all tiers), as well as the amount federal employees receive for the first and last calendar day of travel. The first and last calendar day of travel is calculated at 75 percent.

M&IE Total	\$46	\$51	\$56	\$61	\$66	\$71
Continental Breakfast/ Breakfast	\$7	\$8	\$9	\$10	\$11	\$12
Lunch	\$11	\$12	\$13	\$15	\$16	\$18
Dinner	\$23	\$26	\$29	\$31	\$34	\$36
Incidentals	\$5	\$5	\$5	\$5	\$5	\$5
First & Last Day of Travel	\$34.50	\$38.25	\$42	\$45.75	\$49.50	\$53.25

The shortcut to this page is www.gsa.gov/mie.

Last Reviewed 2013-11-22



FY 2014 Per Diem Rates for New Orleans, Louisiana

(October 2013 - September 2014)

Cities not appearing below may be located within a county for which rates are listed.

To determine what county a city is located in, visit the [National Association of Counties \(NACCO\) website \(a non-federal website\)](#).

The following rates apply for New Orleans, Louisiana														
Primary Destination* (1)	County (2, 3)	Max lodging by Month (excluding taxes)											Meals & Inc. Exp.**	
		2013			2014									
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		Sep
New Orleans	Orleans, St. Bernard, Jefferson and Plaquemine Parishes	140	140	140	151	151	151	151	151	151	108	108	108	71

* NOTE: Traveler reimbursement is based on the location of the work activities and not the accommodations, unless lodging is not available at the work activity, then the agent

** Meals and Incidental Expenses, see [Breakdown of M&IE Expenses](#) for important information on first and last days of travel.

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