

# The County of Santa Cruz Integrated Community Health Center Commission

## MEETING AGENDA

May 1, 2024 @ 4:00pm - 5:00pm

**MEETING LOCATION:** In-Person – 150 Westridge, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060 will connect through Microsoft Teams Meeting or call in (audio only) [+1 831-454-2222,191727602#](tel:+18314542222191727602) United States, Salinas Phone Conference ID: **191 727 602#**

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. April 3, 2024, Meeting Minutes – Action Required
4. FY 24/25 Proposed Budget – Action Required
5. Policy 130.01 - Patient Complaints/Grievance Process – Action Required
6. Policy 300.08 - Referral Tracking - Action Required
7. HRSA Operational Site Visit
8. Appoint at-Large Officer
9. Mental Health Protocols (for Maximus to present as requested)
10. Quality Management Update
11. Financial Update
12. CEO Update

<u>Action Items from Previous Meetings:</u> Action Item	Person(s) Responsible	Date Completed	Comments
Policy 300.05 – Patient F/U Upon Discharge - Is there some sort of prioritization. Would there be a set of patients who would be prioritized, what is the triaging mechanism?	Raquel	4/3/24	
Send out policy/protocol After ER Admissions and ER Visits.	Raquel	4/3/24	

**Next meeting:** Wednesday, June 5, 2024, 4:00pm - 5:00pm **Meeting Location:** In-Person - 150 Westridge, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060. Commission will connect through Microsoft Teams Meeting or call in (audio only) +1 831-454-2222,191727602# United States, Salinas Phone Conference ID: **191 727 602#**

# The County of Santa Cruz Integrated Community Health Center Commission

**Minute Taker: Mary Olivares**

Minutes of the meeting held May 1, 2024

**TELECOMMUNICATION MEETING:** Microsoft Teams Meeting - or call-in number +1 916-318-9542 – PIN # 500021499#

Attendance	
Christina Berberich	Executive Board - Chair
Len Finocchio	Executive Board - Co-Chair
Rahn Garcia	Member
Marco Martinez-Galarce	Member
Maximus Grisso	Member
Tammi Rose	Member
Gidget Martinez	Member
Michael Angulo	Member
Michelle Morton	Member
Miku Sodhi	County of Santa Cruz, Assistant Director HSA
Raquel Ruiz	County of Santa Cruz, Acting Chief of Clinics
Julian Wren	County of Santa Cruz, Admin Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
<b>Meeting Commenced at 4:01 pm and concluded at 5:09 pm</b>	
Excused/Absent:	
Excused: Dinah Phillips Excused: Amy Peeler	
1. Welcome/Introductions	
Introductions were done at this time.	
2. Oral Communications:	
Christina stated the executive board provides a performance review for Amy Peeler. She stated they are a bit behind and there is another evaluation due in a couple of months. They are proposing to do this at July's meeting to have it approved and done. There was much discussion regarding this.	
Rahn stated the bylaws need to be changed/amended eventually. Rahn stated the executive committee prepares the evaluation but listens to feedback from the whole commission.	
<b>Next Steps:</b> At June's meeting have a session of the whole commission to talk about performance and goals and objectives Then invite Amy back only, not staff for discussion of performance. Then invite executive committee.	
Put on next agenda to revise bylaws regarding the executive committee. Put a motion on next agenda seek a third member of executive committee.	
3. April 3, 2024, Meeting Minutes – Action Required	
Review of April 3, 2024, Meeting Minutes – Recommended for Approval. Rahn moved to accept the minutes as presented. Tami second, and the rest of the members present were all in favor. Christina and Len abstained as they were not present at the previous meeting.	
4. FY 24/25 Proposed Budget – Action Required	
Julian presented the 24/25 budget. Julian reported they still have a budget deficit, but things are looking up. Julian reported on the latest estimated actuals, as of 4/8/24 revenue is at \$49,477,307.00 and a deficit of \$4,854,155.00. As of March 2024, there had been a steady increase in all clinic visits, which are at 9205. Julian reported on comparison of total clinic visits. Over the last five fiscal years there was a 6% decrease in total visits between 21-22 and 22-23. Julian provided an estimate for clinic visits for fiscal year 23/24 which is estimated at 95,300. Julian reported on revenue assumptions such as: 232 workdays, he only counted revenue on an average workday; 13.5 encounters per day, the goal is to have 17 on average per provider; \$365 Average FQHC reimbursement rate. Julian utilized 3 years of average reimbursement for each visit which was 365 average. Revenue from 1 FTE Acupuncture Manager and 2 FTE for additional acupuncturists, the new position, Acupuncture Manager that was just hired;	

discount revenue by 15% for each individual Health Center for vacancies; discount revenue by 13% for each IBH unit for vacancies, included Ortho contractor hours. Also factored in an average 51 visits per month for Street Medicine. We recently filled 2 full time Clinician positions, 1 full time Psychologist and Medical Director vacancy. Lastly Julian provided a summary he reported 3.75 FTEs were added, there was a 3.5% increase in salary and benefit costs, slight increase in unique patient seen between FY 22 and FY 23, total visits decreased between FY 22 and FY 23, Clinics met their county budget contribution target for proposed budget FY 24-25, there will be a 12.6% in services and supply costs, and there will be a decrease in grant revenue for 24-25. Rahn made a motion to accept 2024/2025 budgeted as presented. Christina second that motion, and the rest of the members present were all in favor.
5. Policy 130.01 - Patient Complaints/Grievance Process – Action Required
Raquel presented Policy 130.01 - Patient Complaints/Grievance Process. This policy documents how our patients can complain on services they received or any situation they want brought to management. Raquel stated there were minor changes to this policy. Rahn made a motion to accept changes as updated and presented. Len second, and the rest of the members present were all in favor.
6. Policy 300.08 - Referral Tracking - Action Required
Raquel presented Policy 300.08 - Referral Tracking - Action Required. She reported this policy is how referrals are being processed by staff, there were very little changes made to this policy. Len made a motion to accept changes as updated and presented. Michael second, and the rest of the members present were all in favor.
7. HRSA Operational Site Visit
Raquel reported on the up coming HRSA visit. She reported that anyone can attend the entrance and exit of the site visit, Mary will email invite to commission staff. Raquel stated she needs 3-5 commissioners to attend the luncheon on May 15 and asked for volunteers. Len possibly could attend, Christina can attend if needed, Rahn will get back to Raquel, and Michael is interested in attending. Mary will send out invite to staff for luncheon.  At this point Rahn asked that this meeting be extended an additional 5-10 minutes. All commission members in attendance were in favor of time extension.
8. Appoint at-Large Officer
There was a brief discussion on this topic. Rahn stated this committee meets once or twice a year, very limited time is required. It was asked if there are any volunteers interested. Michael Angulo stated he would give it some thought and let them know at the next meeting.
9. Mental Health Protocols (for Maximus to present as requested)
This item is tabled for June's meeting.
10. Quality Management Update
Raquel reported on the quarterly quality improvement project that the Watsonville Clinic was working on. She reported that the Watsonville Health Center presented what they are doing to decrease no shows. They are targeting this with extra communication to get patients by text messaging and auto calls. Raquel reported they also discussed increasing access to care by opening some of the schedule templates, she stated they are making great process there.  Raquel also reported on the Central California Alliance Health (CAAH) Care Base Incentive (CBI). She stated they had a reduced incentive payment last year because they had three measures below the 50 <sup>th</sup> percentile. She reported they went from \$100,000.00 incentive to \$1,882,729.11 incentive payment. Raquel stated she was very proud of the team for working on that.  Raquel reported on peer review and risk management. She reported on mortality Data, she stated 13 mortalities were reviewed and 5 had a substance use disorder and 4 were fentanyl overdoses. She also reported on supervision of NP/PA tiered system, they are working on a tiered system for NP/PA and they will review in basket management.
12. CEO Update
Raquel reported on behalf of Amy. Raquel reported the shigella outbreak has closed, and that 77% of the cases were unhoused individuals. Raquel also was happy to report that Amy will returning back tomorrow, and Raquel also stated she has fliers to share for advertising for commission member vacancy.

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Minutes approved \_\_\_\_\_ / / \_\_\_\_\_  
(Signature of Board Chair or Co-Chair) (Date)



Health Centers Division

# Proposed 24-25 Budget

May 1, 2024



## Vision

Santa Cruz County is a healthy, safe and thriving community for everyone.



## Mission

To promote and ensure a healthy community and environment by providing education, outreach and comprehensive health services in an inclusive and accessible manner.

## Values



INTEGRITY



QUALITY



COMPASSION  
& RESPECT



EQUITY &  
JUSTICE



COLLECTIVE  
IMPACT

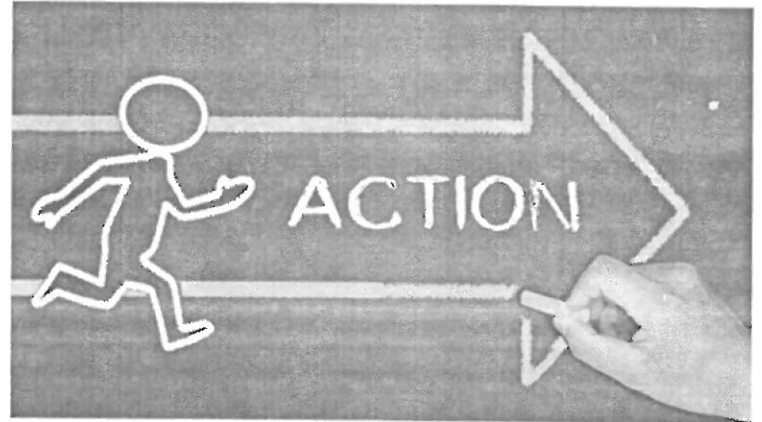


CAPACITY  
BUILDING



POSITIVITY

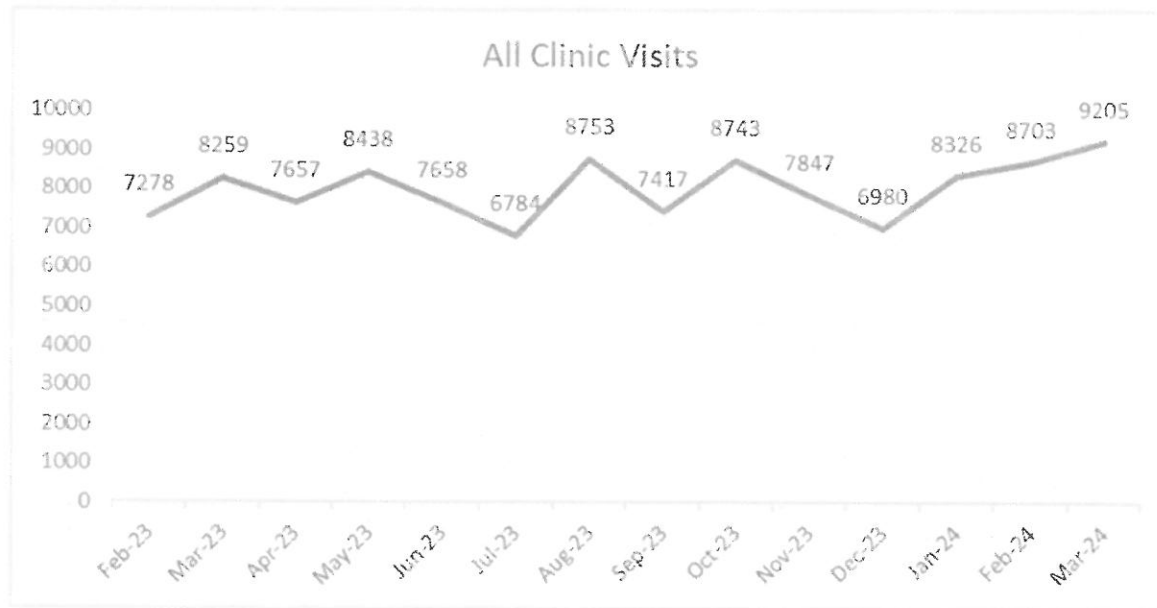
Approve Proposed  
Budget for FY 2024-2025



We still have a budget deficit, but things are looking up.

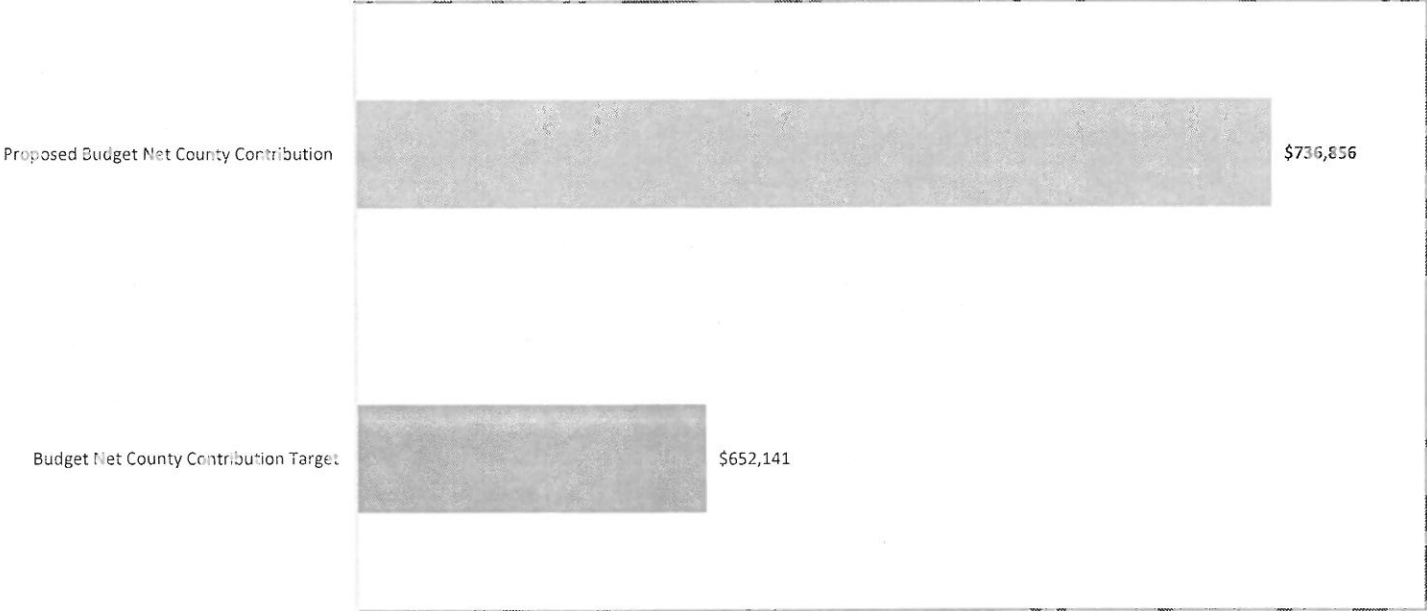
Division	HEALTH CENTERS		
GLKey	(Multiple Items)		
		Division	Division EA
		EA's 4.8.24	Difference 2.12.24
Row Labels	Adopted Budget	Updated	to 4.8.24
+ REVENUE	(59,069,998)	(49,477,307)	3,775,132
- EXPENDITURE	57,102,155	54,331,462	(10,597,130)
+ 50-SALARIES AND EMPLOYEE BENEF	35,325,814	31,209,114	148,732
+ 60-SERVICES AND SUPPLIES	7,677,936	9,217,441	(464,259)
+ 70-OTHER CHARGES	48,404	4,508,292	0
+ 80-FIXED ASSETS	734,388	630,393	0
+ 90-OTHER FINANCING USES	97,875	0	0
+ 95-INTRAFUND TRANSFERS	13,217,738	8,766,222	(10,281,603)
<b>Grand Total</b>	<b>(1,967,843)</b>	<b>4,854,155</b>	<b>(6,821,998)</b>





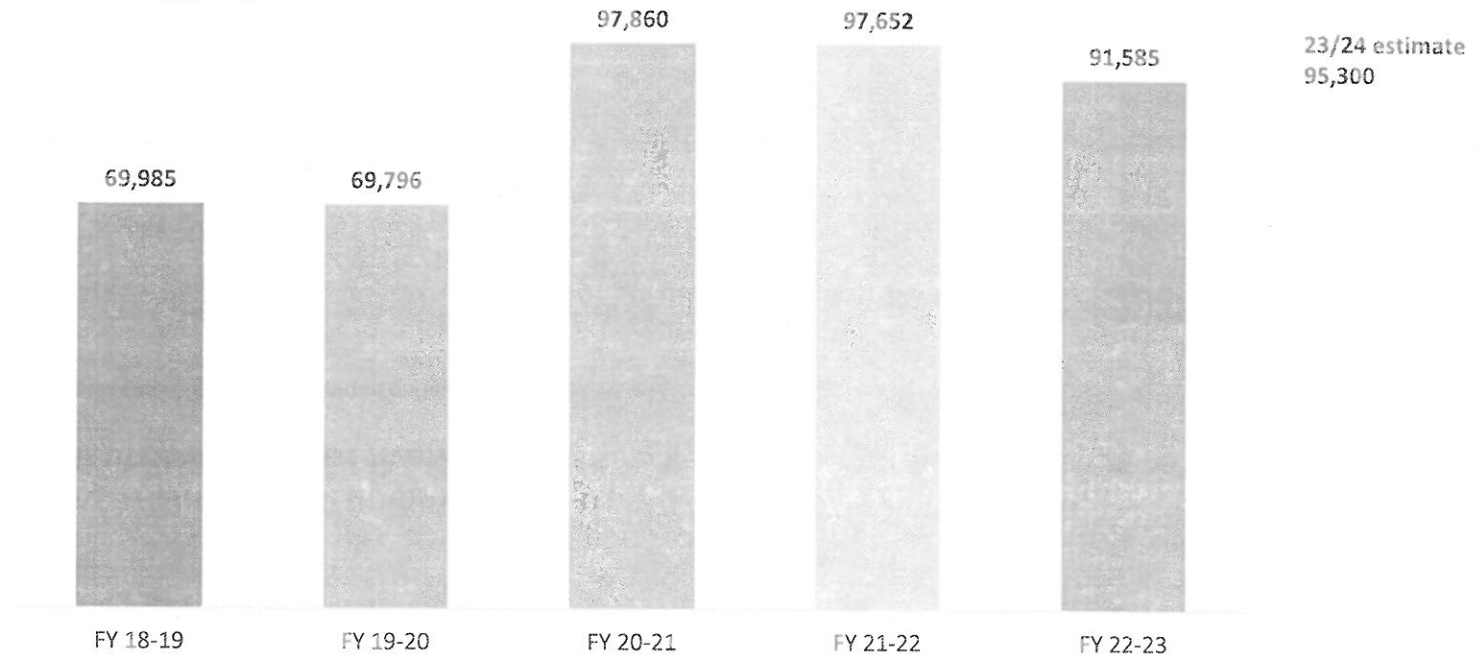
Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
7278	8259	7657	8438	7658	6784	8753	7417	8743	7847	6980	8326	8703	9205

Were given a budget surplus target and we beat that target



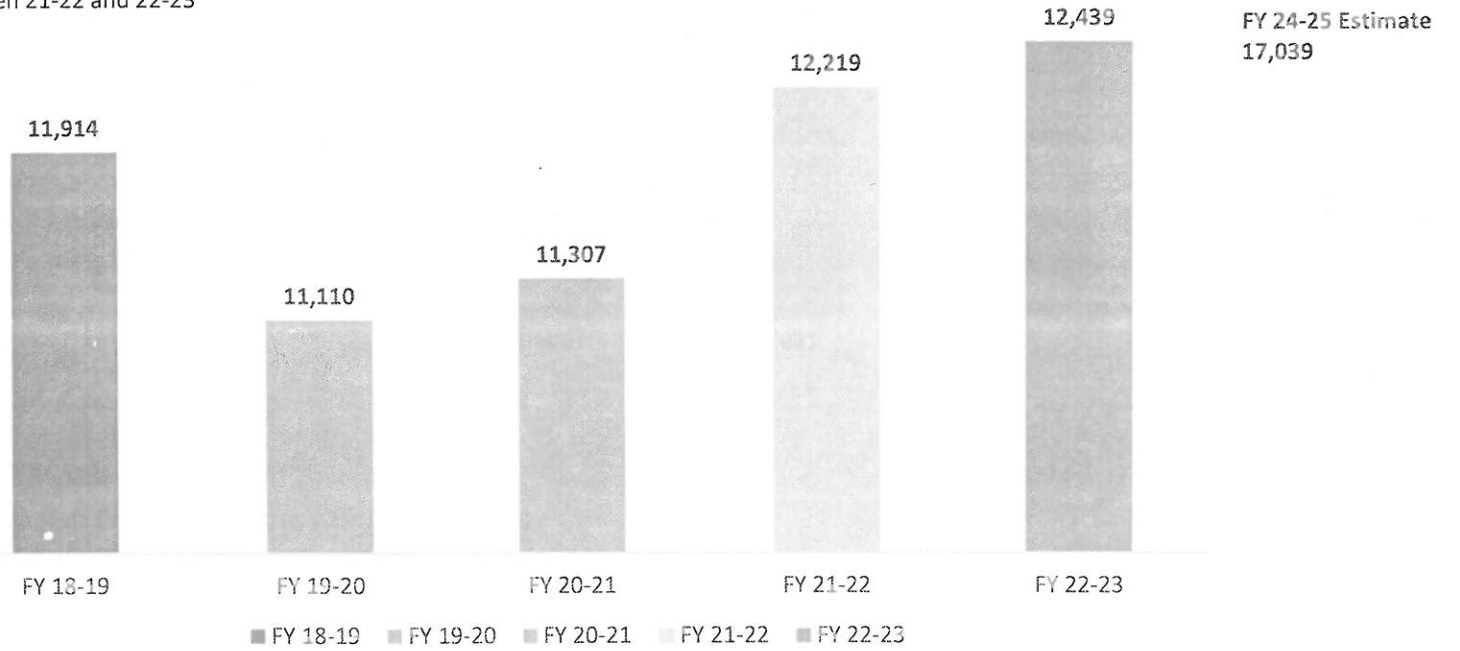
## Comparison of total clinic visits over the last five fiscal years

There was 6% decrease in total visits between 21-22 and 22-23



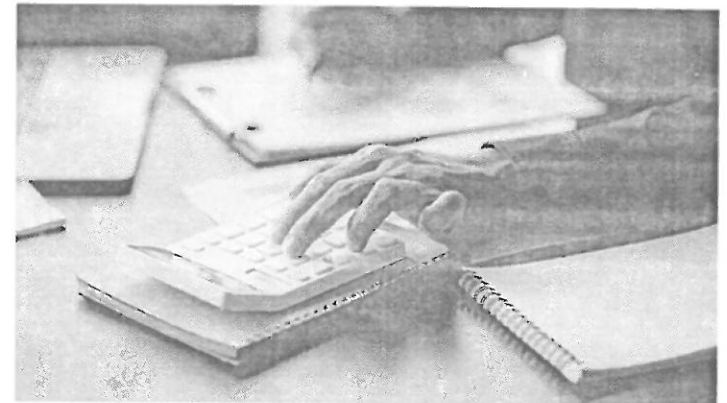
## Comparison of total unique patients over the last five years

There was **1.8% increase** in unique patients between 21-22 and 22-23



# Revenue Assumptions

- **232** workdays
- **13.5** encounters per day
- **\$365** Average FQHC reimbursement rate
- Revenue from **1 FTE** Acupuncture Manager and **2 FTE** for additional acupuncturists
- Discount revenue by **15%** for each individual Health Center for vacancies
- Discount revenue by **13%** for each IBH unit for vacancies
- Included Ortho contractor hours

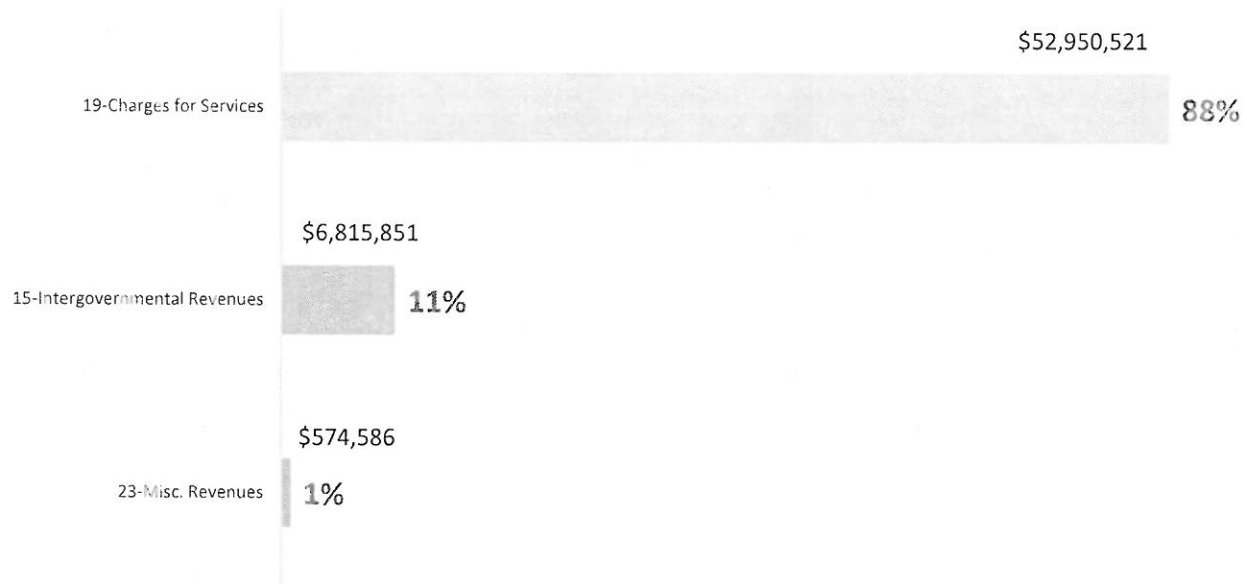




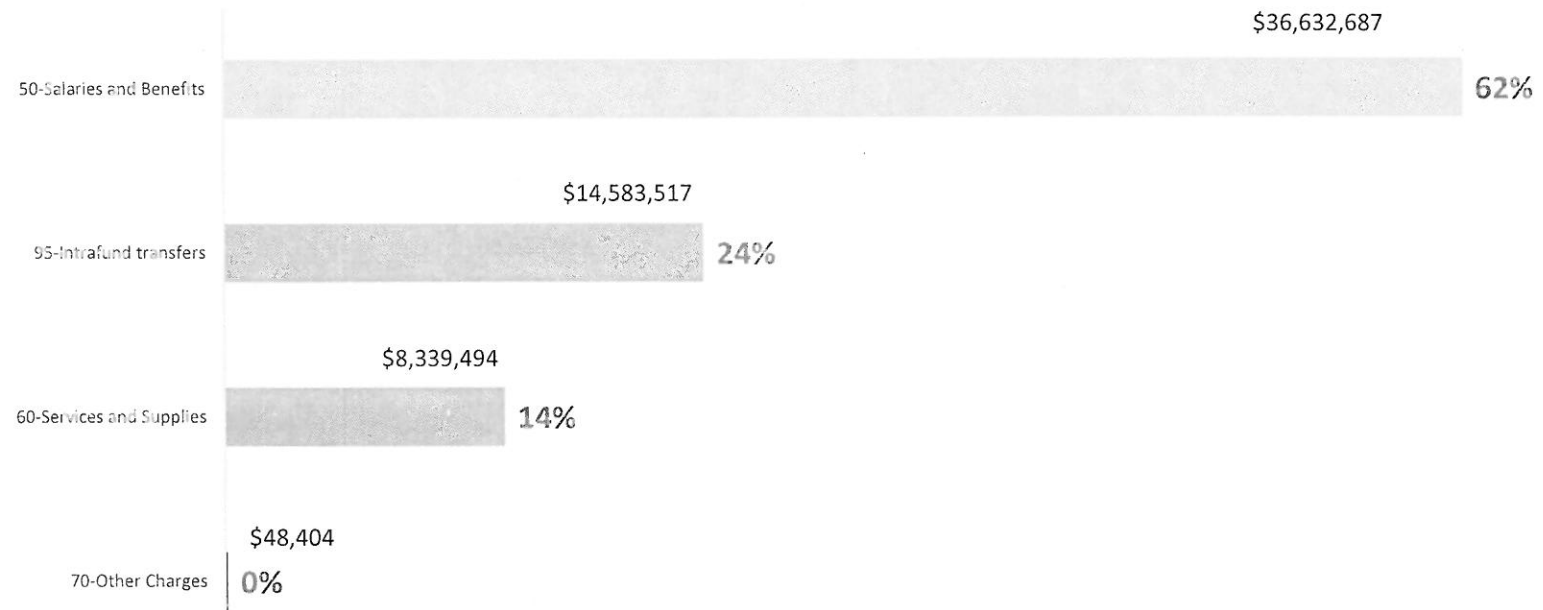
## Revenue Assumptions

- Factored in an average **51 visits** per month for Street Medicine
- Recently filled **2 Full Time** Clinician Positions
- Recently filled **1 Full Time** Psychologist
- Recently filled a **Medical Director** vacancy

**Charges for services are most of our revenues**



### Salaries and Benefits make up most of our expenses





# Health Center Salaries and Benefits Details

EXPENDITURE	FY 2023-24 Adopted	FY 2024-25 Proposed	Percent Change
50-SALARIES AND EMPLOYEE BENEFITS	35,325,814	36,632,687	3.7%
51000-REGULAR PAY-PERMANENT	21,758,837	21,875,425	-0.5%
51005-OVERTIME PAY-PERMANENT	274,500	274,500	0.0%
51010-REGULAR PAY-EXTRA HELP	661,000	661,000	0.0%
51040-DIFFERENTIAL PAY	499,496	657,550	31.6%
52010-OASDI-SOCIAL SECURITY	1,662,611	1,714,802	3.1%
52015-PERS	5,893,938	6,228,675	5.7%
53010-EMPLOYEE INSURANCE & BENEFITS	4,154,920	4,797,540	15.5%
53015-UNEMPLOYMENT INSURANCE	45,586	28,121	-38.3%
54010-WORKERS COMPENSATION INSURANCE	374,926	395,074	5.4%
55021-OTHER BENEFITS MISC	0	0	0%
<b>SALARIES AND EMPLOYEE BENEFITS TOTAL</b>	<b>35,325,814</b>	<b>36,632,687</b>	<b>3.7%</b>

# Budget Changes FY 23-24 and 24-25

	FY 23-24 Adopted Budget	FY 24-25 Proposed Budget	Percent Change	
<b>EXPENDITURES</b>	<b>56,833,410</b>	<b>59,604,102</b>	<b>4.9%</b>	
50-SALARIES AND EMPLOYEE BENEF	35,325,814	36,632,687	3.7%	
60-SERVICES AND SUPPLIES	7,409,191	8,339,494	12.6%	The costs of our supplies and services have all increased
70-OTHER CHARGES	4,508,292	48,404	-98.9%	
80-FIXED ASSETS	734,388	0	-100.0%	These funds are grant funds for HVAC upgrade
95-INTRAFUND TRANSFERS	8,757,850	14,583,517	66.5%	Auditor made administrative decision to budget funds into Intrafund Transfers
90-OTHER FINANCING USES	97,875	0	-100.0%	These funds were spent on outreach vehicle replacement and adds
<b>REVENUES</b>	<b>-58,801,253</b>	<b>-60,340,958</b>	<b>2.6%</b>	
15-INTERGOVERNMENTAL REVENUES	-7,638,506	-6,815,851	-10.8%	Some grants have ended and some were rebudgeted into Misc. Revenues
19-CHARGES FOR SERVICES	-50,905,161	-52,950,521	4.0%	
23-MISC. REVENUES	-257,586	-574,586	123.1%	
<b>NET COUNTY COST (GENERAL FUND)</b>	<b>-1,967,843</b>	<b>-736,856</b>		

## Staffing Changes

	FTE# 23-24	FTE# 24-25	Change From FY 23-24
TOTAL POSITIONS	220.3	224.05	3.75
*ADDED MID-YEAR	0.00	3.00	
*Proposed Position Add	0.00	0.75	

- 1) Bringing 2 Clinic Nurses back to Full Time Positions (+.75)
- 2) Converted 2 Clinic Nurses and 1 Medical Assistant limited term positions to Permanent Positions (+3.0) = \$0

## Supplemental and Mid-year Budget Changes

- Delete 1.0 Limited Term Medical Assistant (-\$89,706)
- Fund 1.0 FTE Medical Assistant and use above to offset cost (+\$89,706)
- Unfund 1.0 FTE Medical Assistant positions and reclass (+\$0)
- Fund 1.0 FTE Public Health Nurse and offset with revenue (+\$0)
- Increasing 2 Clinic Nurses back to Full Time Positions (+.75) = (+\$0)
- Converting 2 CN and 1 MA from limited term to full time = (\$+0)

# Summary Slide placeholder

- 3.75 FTEs were added
- There was a 3.5% increase in salary and benefit costs
- Slight increase in unique patient seen between FY 22 and FY 23
- Total visits decreased between FY 22 and FY 23
- We met our County Budget contribution target for proposed budget FY 24-25
- There will be a 12.6% in services and supply costs
- There will be a decrease in grant revenue for 24-25



Health Centers Division

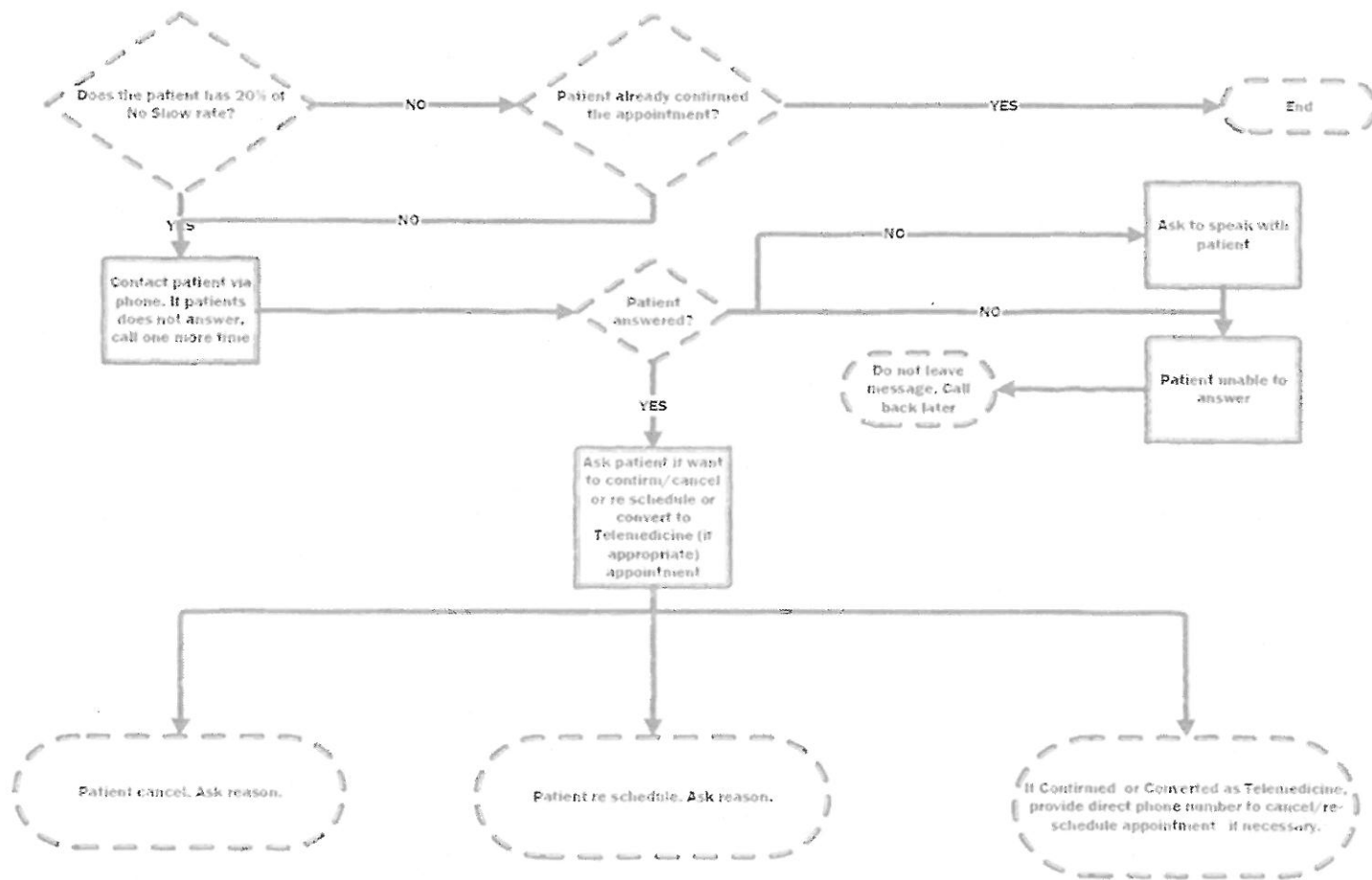
# Quality Management Report

May 2024



## Quality Management Committee

- Quarterly Quality Improvement Presentation-  
Watsonville Health Center: No shows
- Revenue Cycle and Increase Access to Care  
Workplan
- CCAH CBI (\$1,882,729.11 incentive payment)
- Ryan White Committee Update



NO SHOW Workflow  
 Draft v1 04152024 WHC




Quality of Care Measures	Your Practice	Plan Benchmark	Plan Goal	Percentile Group	Eligible for Measure	Possible Points	Practice Points
<i>BMI Assessment: Children &amp; Adolescents</i>	Your Practice						
Members eligible	1,510						
Members screened	1,411						
Rate (%)	93.44%	79.68%	88.31%	≥90th percentile	Yes	4.22	4.22
<i>Breast Cancer Screening</i>	Your Practice						
Members eligible	789						
Members screened	439						
Rate (%)	55.64%	50.95%	61.27%	Between 50th and 75th	Yes	4.22	2.11
<i>Cervical Cancer Screening</i>	Your Practice						
Members eligible	2,709						
Members screened	1,581						
Rate (%)	58.36%	57.64%	66.88%	Between 50th and 75th	Yes	4.22	2.11
<i>Child and Adolescent Well-Care Visits</i>	Your Practice						
Members eligible	2,541						
Members with a visit	1,377						
Rate (%)	54.19%	48.93%	62.7%	Between 50th and 75th	Yes	4.22	2.11
<i>Diabetic HbA1c Poor Control &gt;9.0%</i>	Your Practice						
Members eligible	1,019						
Members in poor control	284						
Rate (%)	27.87%	39.9%	30.9%	≥90th percentile	Yes	4.22	4.22
<i>Immunizations: Adolescents</i>	Your Practice						
Members eligible	150						
Members immunized	91						
Rate (%)	60.67%	35.04%	48.42%	≥90th percentile	Yes	4.22	4.22
<i>Immunizations: Children (Combo 10)</i>	Your Practice						
Members eligible	56						
Members immunized	33						
Rate (%)	58.93%	34.79%	49.76%	≥90th percentile	Yes	4.22	4.22
<i>Screening for Depression and Follow-Up Plan</i>	Your Practice						
Members eligible	3,642						
Members screened	2,376						
Rate (%)	65.24%	7%	17%	≥90th percentile	Yes	4.22	4.22
<i>Well-Child Visits in the First 15 Months</i>	Your Practice						
Members eligible	47						
Members with visits	33						
Rate (%)	70.21%	55.72%	67.56%	≥90th percentile	Yes	4.22	4.22



## Peer Review and Risk Management Committee

- Mortality Data: 13 reviewed; 5 had a Substance Use Disorder; 4 were fentanyl overdoses
- Supervision of NP/PA tiered system.
- Quarterly Quality Improvement Reports for clinician.
- In basket management

<p><b>SUBJECT:</b> Referral Tracking</p> <p><b>SERIES: 300</b> Patient Care and Treatment</p> <p><b>APPROVED BY:</b> Amy Peeler, Chief of Clinic Services</p>	<p><b>POLICY NO.:</b>  <b>300.08</b></p> <p><b>EFFECTIVE DATE:</b> February 2017</p> <p><b>REVISED:</b> March 2020 May 1<sup>st</sup>, 2024</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p><b>Health Center Services</b></p>
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**GENERAL STATEMENT:**

This policy is to promote continuity of patient care and standardize the process for initiating, arranging, following up, establishing reasonable time frames, and documenting patient referrals. The Health Services Agency Clinic Services Division strives to facilitate timely referral appointments for our patients with appropriate specialists. Those referral orders are tracked through to receiving the consult notes/results, providing that information to providers, and importing the results into the Epic electronic health record (EHR). The Health Centers Division will maintain a referral process in accordance with industry standards to assure quality of care for our patients.

**POLICY STATEMENT:**

Our policy is to maintain a highly reliable, closed-loop referral tracking system to ensure appropriate care for our patients with a focus on reducing missed and delayed diagnoses. We strive to refer patients for services deemed important to ensure accurate diagnosis and treatment as well as for services indicated by practice guidelines. We aim to coordinate the care of our patients with shared care partners in ways that facilitate prompt and reliable exchange of information, assist patients with navigating the healthcare system, and track all referrals through to provider acknowledgement, cancellation, or patient no-show (and unable to reschedule).


It is the policy of the County of Santa Cruz Health Services Agency to assign Medical Care Service Workers a specific list of referrals that are generally more complex due to the urgency, limited availability, processing, and prior authorization requirements.

It is the policy of the County of Santa Cruz Health Services Agency to assign Medical Assistants a specific list of referrals that do not require prior authorization, are largely available and easy to schedule, or are services provided within our own health centers.

It is the policy of the County of Santa Cruz Health Services Agency to assign Registered Nurses a specific list of referrals that require specific medical knowledge or training to coordinate.

**DEFINITIONS:**

Outgoing Referrals: ~~Are defined as~~ services that are initiated and ordered by a licensed healthcare provider to be completed by the patient at a facility outside of the primary care clinic they attend. This includes diagnostic studies, pregnancy related services, dental care, consults

<b>SUBJECT:</b> Referral Tracking	<b>POLICY NO.:</b>  <b>300.08</b>	
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with specialists and any other services the primary care physician (PCP) considers necessary for the health and well-being of the patient. For the purpose of this policy, the referral procedures are for medical and behavioral screening, diagnostic or treatment referrals and not for other recommended services (e.g., Alcoholics Anonymous (AA), Women, Infants & Children (WIC)).

**Internal Referrals:** Are defined as services that are initiated and ordered by a licensed healthcare provider to be completed by the patient within the primary care clinic they attend. Included but not limited to; Orthopedics, Integrated Behavioral Health, Acupuncture, and Retinal Photography.

**Staff:** A general term referring to Nurses (RNs), Medical Assistants (MA) or Referral Center (RC) Staff who are processing referrals.

**Referral Center:** A general term referring to the Medical Care Service Workers assigned to the Referral Center (RC).

**Medical Assistant:** A medical assistant (MA) is a certified person who provides administrative, clerical, and technical support in health centers. The practice of MAs is under the authority of the Medical Board of California. Specific guidelines allow a registered nurse (RN) to clinically supervise the medical assistant.

**Emergency Referrals:** Referrals that must be processed (described below) within 24 hours, ideally before the patient has left the clinic. Emergency referrals require coordination between the MA and the Referral Center.

**Urgent Referrals:** Referrals that must be processed within 24 to 72 hours. Staff must call the servicing provider to confirm referral was received and advise specialist of referral status.


**Routine Referrals:** Referrals that must be processed (described below) within 10 business days. ~~All patients with routine referrals must be scheduled within 60 days of the referral order date. Staff must notify the provider if unable to schedule a patient within the 60-day timeframe. Routine referrals should be closed within 120 days.~~

**Processed Referral:** a referral that includes the following

1. Prior authorization documented, if required; and
2. Information faxed to specialist/servicing provider; and
3. Referral status updated to appropriate status

**No-Show:** patient does not call or reschedule appointment and does not show up for appointment with the specialist/servicing provider.

**Patient Declined:** having been informed of the risks, benefits and alternatives, the patient declines the referral exercising their freedom to decide.

<b>SUBJECT:</b> Referral Tracking	<b>POLICY NO.:</b>  <b>300.08</b>	
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**Auto-Expired:** Referrals that have been automatically closed by the Epic EHR because the patient did not schedule, attend or follow up. Auto-Expired referrals are considered unsuccessful.

**Patient Follow Up:** Completed by alerting the patient to or asking the patient on the phone or in person if they have scheduled, or completed the specialty referral and documenting outcome in the referral order in EPIC. These are to be completed by Front Desk, Medical Assistants, Medical Care Service Workers and Registered Nurses per the published protocol any time they are interacting with a patient. Referral center will provide ~~a~~ minimum of one phone call when the referral has been processed, a 120 day expiration automated reminder, and a 60 day expiration letter two attempts and a 90 day automated expiration notification for diagnostic and treatment referrals. ~~The Medical Assistant will provide a~~ minimum of one phone + attempt and a 60 day expiration letter 90 day automated expiration notification will be provided for screening referrals.

## PROTOCOLS:

Referral Processing

## QUALITY ASSURANCE

The Referral Center Program Coordinator and Health Services Manager are responsible to monitor the quality and efficacy of the referral processing protocol, including but not limited to the following tasks:

1. Monitor Outgoing Referral Workqueue for Referrals approaching the processing deadline.
2. Perform monthly audits on referral processing and closing for accuracy and timely processing.
3. Tracking and Status Reports
  - a. On a quarterly basis, the Program Coordinator will meet with the Health Services Manager to review the Quarterly Created and Closed Reports.
  - b. If indicated, a report will be provided to the staff with all any or all of the following:
    - i. Referrals not processed within ~~10 business days, the required deadline~~.
    - ii. Referrals closed with incorrect status, appt dates etc.
  - c. If necessary, ~~the Program Manager the staff~~ will report back to Health Services Manager (HSM) with explanations of why any of the categories of referrals exceeded acceptable timeframes as outlined in this policy and procedure.